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# Complex Needs Project Evaluation 2022/23

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October 2023



## About the Delivery Organisations

Harbour is a domestic abuse voluntary sector organisation that works with families and individuals who are affected by abuse from a partner, former partner or other family member. They have a number of refuges across Cleveland and provide related services, such as advocacy, therapy and livelihood support (e.g. employment, education, legal) delivered by a small and committed workforce. They also have a service that works with those who perpetrate abuse which requires a unique blend of skills to challenge inappropriate attitudes whilst showing respect for an individual who is stating they want to change. Harbour is an independent registered charity, a company limited by guarantee and their activities are governed by a Board of Trustees. Harbour is affiliated to the Women's Aid Federation of England.

More information <https://www.myHarbour.org.uk>



My Sister's Place is an independent voluntary specialist 'One Stop Shop' for women aged 16 years old and over who have experienced or are experiencing domestic violence. Established in 2002, their approach is rooted in an understanding of the gendered nature of violence against women and girls, and recognises the way intersecting factors such as age, ethnicity, sexuality and disability can affect women's experiences and the journey through recovery. Women and children have a right to live free from all forms of violence and abuse, and society has a duty to recognise and defend this right. They provide a range of services from one to one support to counselling. They also run a parallel gender neutral service, called Route2 which is a RESPECT accredited gender neutral intervention service and available to perpetrators of abuse.

More information <https://www.mysistersplace.org.uk>



## **Executive Summary**

This is an evaluation of the Cleveland Complex Needs Pilot which was funded by the Home Office, with matched funds and strategic oversight from the Office of the Police and Crime Commissioner (OPCC) for Cleveland, Hartlepool, Middlesbrough, Redcar-and-Cleveland- and Stockton-on-Tees Borough Councils who commissioned two voluntary sector providers to deliver the project in partnership with the police, between 2021 and 2023. The project trialled an approach to address the complexities in the issues and needs of perpetrators of domestic abuse, focusing on those cases that were well known to services, such as repeat referrals into MATAC/MARAC and where there were concerns about an increased risk of harm to individuals and couples.

## **Findings**

The evaluation made the following findings.

1. This intervention was designed by the OPCC's office in collaboration with the local authority domestic abuse leads and the police as an approach to address the complexities behind entrenched patterns of domestic abuse within high offending couples and perpetrators. The intention was to support and complement other work ongoing within the MATAC forum (Multi-Agency Tasking and Coordination tasked with identifying and tackling serial perpetrators of domestic abuse) into a different form of intervention for the most complex offenders. The project worked closely with the police to manage risk and coordinate contact (referrals which came from outside the police did not carry with them the same degree of information and therefore the ability to conduct detailed risk management).
2. The intervention trialled an approach to address the complex issues which sat behind domestic abuse-related offending. The innovation within this approach was the introduction of a therapeutically and relationship-based approach to intervention, with an understanding that behaviour patterns may have their origins in the experience of trauma and abuse, or other Adverse Childhood Experiences.

A dynamic of this approach [underscored by Attachment Theory<sup>1</sup>] was that support interventions, including the delivery of therapeutic interventions, were relationship based and generally needed to take place over the long term.

3. The project engaged with two voluntary sector providers with many years' experience of delivering these styles of interventions with women and with men and with victims/survivors and perpetrators. Both agencies have Respect accreditation, the national standard for work in the arena of domestic abuse, and service guidelines about professional interventions and safety of personnel, particularly bearing in mind high risk levels.
4. The project ran initially for 12 months and received continuation funding for a further 12 months. To date, the number of referrals is presented below.

Total Project Referrals, 2022 & 2023\*

<b>Referral Source</b>	<b>2022</b>	<b>2023</b>	<b>Total</b>
MATAC	11	13	24
Harbour/MSP	3	6	9
MARAC <sup>2</sup>	0	4	4
Police (MAPPA <sup>3</sup> )	0	1	1
Police (top 50)	3	0	3
<b>Total</b>	<b>17</b>	<b>24</b>	<b>41</b>

\*up to June.

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<sup>1</sup> Bowlby, J. (1988). A secure base: Parent-child attachment and healthy human development. New York, NY, US: Basic Books.

<sup>2</sup> Multi-Agency Risk Assessment Conference is a meeting where agencies talk about the risk of future harm to adults experiencing domestic abuse and draw up an action plan to help manage that risk.

<sup>3</sup> Multi-Agency Public Protection Arrangements is the process through which various agencies such as the police, the Prison Service and Probation work together to protect the public by managing the risks posed by violent and sexual offenders living in the community.

5. The cases where engagement took place between service user and the project, where although small (n=11 up to June 2023), demonstrated the potential impact and confirms the appropriateness and efficacy of the approach. Data demonstrated that there were a number of positive outcomes associated with the support and therapy interventions. For example, at the assessment stage where needs were identified, the project was able to identify the issues and complexities within service users, which indicated that the highest needs amongst the client group were for thinking, behaviour and attitudes interventions, followed by ways to improve mental health and well-being; then interventions and education around relationships and finally improved management/abstinence of drug use. Project interventions based on the assessments were made across all reoffending pathway outcome areas, in particular accommodation and thinking, behaviour and attitudes. The project took an intensive approach focusing work on a smaller caseload group. Service users reported they appreciated the level of support, felt listened to and they also reported improvements in well-being, empowerment, quality of life and in feelings of safety.
6. Strategic stakeholders were interested to examine the effectiveness of the approaches used, particularly in the light of an absence of a track record in working with perpetrators of abuse. The pilot emphasised the need for learning and took an experimental approach which did not consider low caseload numbers as a barrier to successful intervention. There may have been issues which developed out of questions and uncertainties which were not addressed at source (in the context of the strategic partnership). The reasons behind this may stem from the chief architect of the project leaving the OPCC very early in the project life-cycle, returning towards the end. This may have led to some confusion in relation to how the project was conceived as a learning pilot, resulting in some mismatched expectations.
7. There were some constraints associated with the relatively short timescale, which included:

- Relationship development often takes place over extended periods and in some cases will not be realised. In the female estate experience with women with complex needs, relationships can take years to develop. On occasions, contact and engagement can take place after a considerable delay, with clients re-making contact again with the support worker after months and sometimes years. A general atmosphere to relationship development amongst service users is one where a high level of distrust exists about community services.
- Associated with relationships is the development of the reputations and knowledge of services amongst clients past and present. In other words, people need to know that a service is there and this is helped by service longevity and a measure of the success of a service, is how many self-referrals there are. It tends to be the case that the longer the service has been in existence and its reputation for providing a quality service, the more of these referrals occur. The project encouraged this by taking a holistic approach supported by a personalisation fund, which provided cash for essential resources such as washing machines.

## **Conclusion**

As a result of the small number of projects focusing on perpetrators of abuse in England and Wales, little is understood about intervention effectiveness, despite numerous reviews of practice. There are general calls from the criminal justice and social welfare community for a greater number of trials and pilots into what works for perpetrators as individuals and for those in couples. This pilot was an attempt to address this and learn lessons from delivery and was initially intended to be an experiment with everything that entails, i.e. an open learning approach, flexibility and an absence of metrics. As a result of staff movement, there was at times a lack of clarity on this issue which ultimately affected how the project was conceived across all stakeholders, sometimes affecting partnership relations.

The conclusions that we can make from the results that have been presented in this report are that there have been both project successes and a number of learning points. These include: referrals should come from a wider selection of agencies;

engagement was challenging with the complex target group and more and different approaches need testing including the provision of men's space/location; counselling showed promising early results in the number of sessions delivered with beneficiaries describing behaviour changes; attachment based approaches require long term investment which may be best achieved through investing in an organisation as opposed to a project; it may be the case that the project is ending just as it started to make progress with referrals, relationship development and a physical presence.

The report's only recommendation is that stakeholders should not give up developing and trying innovative approaches to engaging perpetrators in addressing their abusive behaviours.

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## **1.0 Introduction**

This is an evaluation of the Cleveland Complex Needs Pilot which was funded by the Home Office, with matched funds and strategic oversight from the Office of the Police and Crime Commissioner (OPCC) for Cleveland, and the four local authorities, who commissioned two voluntary sector providers to deliver the project in partnership with the police, between 2021 and 2023. The project trialled an approach to address the complexities in the issues and needs of perpetrators of domestic abuse, focusing on those cases that were well known to services, such as repeat referrals into MATAC/MARAC and where there were concerns about an increased risk of harm to individuals and couples.

### **1.1 Evaluation Methodology**

The evaluation was conducted by an independent research organisation (Barefoot Research and Evaluation) with specialisms in Violence Against Women and Girls (VAWG) sector and has taken the form of both a formative and summative evaluation and has been in place since the programme accepted its first case in December 2021.

The aim of the evaluation was to document and analyse the implementation of the complex needs project and share that learning. The evaluation wanted to understand:

- a. If the approach taken was effective/transferable;
- b. If the referral route was effective;
- c. If the organisational arrangements worked and to what degree;
- d. what learning was produced in relation to attempting to apply an attachment-based approach to a cohort of offenders with complex needs (understood to be multiple factors which combine and interplay to influence an offending career which can include being both victim and perpetrator of abusive relationships).

The pilot nature of the project influenced the structure of the evaluation and its methodological approach. In the first year a more explorative and formative approach was employed in order to assist project development. At the end of each quarter, reflection sessions were held with the project team including therapist, notes were

taken and learning shared. In the second year, evaluation became more focused on examining project development and impact. As a result of the characteristics of the client group (perpetrators and victims of domestic abuse) and the low numbers involved, the nature of the project (attempting to engage with a very difficult group of people usually resistant to engagement), and not wanting the evaluation to negatively impact these attempts at engagement in any way, we were unable to conduct primary research with service users. Consideration was given to the ethics of conducting research with vulnerable service users and the evaluation team took the decision that it would negatively impact both beneficiaries and the project if attempts were made to approach and interview. Instead, the project focused upon the project delivery team made up of highly experienced support workers, therapists and ex police officers, many of whom had worked in a similar way in the female estate, and using their critical analysis to produce narrative data. There was also an examination of case study material, service user testimonies, project output and reporting data (the project reported to the Ministry of Justice). The qualitative data produced was grouped into themes, analysed and those themes are presented in this report. Where the report users verbatim comments from stakeholders, they are presented in italics. Quantitative data were analysed and are presented graphically in the report.

## **1.2 Project Configuration**

The project design was led by the OPCC and included contributions from domestic abuse coordinators in the four local authority areas and the police. There was some urgency in the development of the proposals as a result of tight funding schedules. The project was configured and the following way:

- Two Complex Needs Coordinators (located at Harbour and My Sisters Place): one to cover the north and the other the south of the region. At the time of writing the evaluation, the coordinators were attending the region's weekly MARAC and four weekly MATAC meetings, identifying and coordinating referrals and conducting other coordination activities. Complex Needs Coordinators were meant to provide

problem solving responses to cases in MATAC and MARAC (later including adult and social services from the local authorities).

- Two Navigators (at Harbour): these provide interventions for individuals with complex needs offering a more bespoke approach to responding to perpetrators to that which is available as standard.
- One Partner Link Worker (at Harbour): providing interventions for the partners or family members associated with the referral.
- A counselling service (provided from My Sisters Place): providing attachment-based therapeutic interventions with service users.
- A personalisation fund: which aimed to remove financial barriers to rehabilitation.

The Partner Link Worker played an important role in the project, providing a specific independent support service to the partner of the perpetrator being supported by the navigator. In each case of those accepted into the project, a specialist Complex Needs Coordinator, located at Harbour, attempted to contact their partner.

The next section presents a series of case studies from the project.

## Case Study: Jack & the Need for Persistence

Jack\* was 38 when he first came to the attention of the project at a MATAC meeting. Jack had an extensive criminal history, was hostile to professionals, ongoing drug alcohol and mental health issues with a history of self-harm and he was in a relationship.

After referral, the navigator attempted to contact with Jack who said he was unable at the moment as a result of a lack of the basic needs of money and food. This presented an engagement opportunity to the project and a navigator dropped off a food parcel for him. Jack then agreed to an assessment which we carried out on the telephone. and then the first thing we did was to sort out his Universal Credit application online. Jack then caught Covid and could not make the next appointment and the project dropped off another food hamper. When we asked Jack to make another meeting he became aggressive and said he did not want to engage anymore.

After a few weeks, Jack got back in touch and said he wanted to engage, blaming mental health for his anger. The navigator recommenced supporting Jack, helping him get a bank account, address his mental Health and providing challenge on areas such as relationships and substance misuse. The project then asked Jack to consent to the partner link worker contacting jack's partner to offer support. As Jack refused to consent, the project was no longer able to continue with support as this was a condition of project support and so the case was put on hold. One month later Jack phoned and said he wanted to engage again and gave consent to the navigator to contact his partner. The project then restarted wraparound support which progressed with support around lifestyle change and addressing substance misuse. This culminated in Jack being ready to engage in a structured domestic abuse perpetrator programme and was described as being *group ready*.

At the start and throughout the contact, Jack was resistant to engagement and kick back at the support offered, it was only through persistence and an open and flexible approach that allowed Jack the freedom to engage when he was ready.

\* Not real name.

## Case Study: Cheryl & Her Grandson

This case study is about a grandmother, Cheryl\*, the victim and her grandson, Robert\*, the perpetrator of physical, financial and emotional abuse towards her. Robert was a 22-year-old who had grown up seeing his father physically and emotionally abuse his mother and he saw both of them using drugs. As a result of this, Robert turned to his grandmother who has helped him since he was small child.

The relationship became abusive a number of years ago when Robert started misusing drugs and he started asking his grandmother for money. His behaviour became worse to the extent that when she was refused, his violent outbursts would cause significant criminal damage to her home. The situations when this would happen became more serious over the years and more common. However, when Cheryl ever suggested for him to get any help, Robert would get even more abusive. When the complex needs project received a referral from MATAC, there had already been a number of attempts at getting in contact with Robert, none of which were successful; Robert simply would not engage.

The Partner Link Worker however was able to make contact with Cheryl and offer the project support. The worker said that Cheryl was in a very distressed state, fearful with high anxiety and stress levels. Cheryl was having difficulty coming to terms with protecting herself over protecting Robert, and despite the abuse that was targeted at her, her guilt what is continuing to protect Robert. The support helped her process these feelings and encouraged her to call the police and press charges. The project was able to successfully support Cheryl with developing diaries of abusive behaviour, arranging a non-molestation orders and other criminal justice related activities. Robert was eventually convicted of domestic abuse and is currently serving a custodial prison sentence. Cheryl has gone on to access counselling from the project and was reported to be happy with the outcomes.

\* Not real name.

## Case Study: Jane, Victim & Perpetrator

Jane\* is 30 and was referred into the service via Harbour, where she was receiving ongoing support. It was during this she reported that after drinking a bottle of vodka, she had an altercation with her partner which culminated in her being charged with assault. After this, she was accepted onto the Complex Needs Project. Jane has history of substance and alcohol abuse as well as having mental health problems. She has also been in a relationship with Keith\* and is both a perpetrator and victim of domestic abuse. When looking into Jane's history, in the last 12 months there have been eight Police call outs to her address, seven of which identify Jane as a victim of domestic abuse.

During the first appointment, Jane was open regarding her abusive behaviour, identifying that it was not a healthy relationship and something she wished and "needed" to work on in order to have better relationships. Jane also appeared able to identify other areas outside of domestic abuse which she needed support with, specifically identifying issues with alcohol and debt and wishing to reengage with support to address her alcohol dependency. The project capitalised upon Jane's willingness to make changes in her behaviour and started to work more closely and in any more supportive way.

As the support continued, Jane appeared more independent and said she needed less support from the project. From an internal Working Model Perspective (Attachment Theory understands patterns of behaviour in individuals is modulated through such a model, which develops as a young child), as the project continued to address Jane's issues which lay behind the substance abuse and debt problems on a more fundamental level, Jane started to withdraw more from the project. The project realised this may be part of a pattern with Jane rejecting the support she is offered and attempting to distance herself from the support. Although Jane cancelled her following appointments the project under the auspices of Harbour and their support services was able to keep her file open. The partner link worker expected Jane to be back for support at some point and will continue to work with her when she is ready.

\* Not real name.

## Counselling Case Study: Jimmy

Jimmy\* was a man in his late 20s. We completed a pre therapy call before arranging the assessment. He attended twelve sessions in total with a blended approach of telephone and face to face sessions. We agreed with the client that we could facilitate a blended approach to accommodate when he was working away to ensure we did not lose his engagement. Due to his previous domestic abuse awareness course, he was more cognisant of his own behaviour and took responsibility where appropriate. At the start of therapy, he would talk about his abusive behaviours as if they were carried out by someone else (he used his full name) and would talk about himself in the present using his shortened name. This enabled us to look at types of abusive behaviour, personalities, and the cycle of abuse in an objective manner while he gained further understanding of these concepts. As therapy continued the use of his full name lessened and it became “when I...” showing the effectiveness of therapy

This was further evidenced by an incident in which he got into a disagreement with a family member and the police were called. The client kept calm, listened to the police officer’s advice, and removed himself from the property, before they both apologised the next day which would not have happened previously. This was also helped by our work around his own childhood, family dynamics and learned roles from childhood to gain a better understanding of his behaviour in romantic and familial relationships. Calling Time lost contact with him when a family member of his died suddenly when they had previously been his biggest support. He continued attending for a while after their death, but engagement became more difficult as he had been staying with them and so became homeless. He was told that if he wished to access Calling Time again, he could through complex needs. During the time in which he was supported by Calling Time, he passed multiple hair strand drug test and was granted by social services, unsupervised contact with his children.

Jimmy said this about his therapy:

“Things have been really difficult recently and if it wasn’t for therapy I would have been kicking off but I haven’t for months.”

\* Not real name.

## Counselling Case Study: John

John\* was in his early 30s. We completed a pre therapy call before arranging the assessment. He has attended 8 sessions to date all of which have been face to face. He was referred by Harbour's main service as he had been referred to them to complete their domestic abuse awareness course. The reason given for this was that he was focusing on the abuse he experienced in his previous relationship, rather than his own abusive behaviour so the referral to Harbour was denied.

Therapy has focused on the abuse he experienced as a child and in his previous relationship. This was done by providing him with grounding techniques to better manage his anxiety and anger. Therapy also provided him with a safe place to explore and reflect upon his feelings, fears, and guilt, to increase his understanding of the impacts the abuse has had on him and the children as well as his own abusive behaviours. He has been provided psychoeducation around abuse dynamics, the stay/leave process, types of and the cycle of abuse. This has enabled him to identify and take responsibility for his own abusive behaviours in his previous relationship. While he is currently unable to see his children, he has been accepted onto the domestic abuse awareness course – which is a stipulation for him gaining access to them again.

John had this to say about his therapy:

*“At the start I hated coming here because it was too hard but I’m enjoying it now. I was never judged. I have been a victim and perpetrator. The first was out of my control but the second wasn’t and therapy has made me realise that.”*

\* Not real name.



## Counselling case study: Mike

Mike\* was in his early 30s. We carried out the assessment which took two sessions as he felt anxious about accessing therapy. He has attended just over 35 sessions to date, with a blend of telephone and face to face sessions. We agreed with the client that we could facilitate a blended approach to accommodate when he was feeling too anxious to come to the office but still wanted to attend. He previously had worked with another of our therapists, but that work came to an unforeseen end. He initially said he did not want to continue therapy if it was not with the therapist he worked with before, however through three pre therapy calls, he decided to re-access therapy. He had initially struggled forming a therapeutic relationship with the previous therapist so we discussed that it may take time for the new relationship which seemed to make him feel more comfortable.

Around the time in which he started therapy, he had attempted to take his own life, which led to his previous therapist creating a safety plan if he felt like this again. Since then, he has not attempted to take his life again, is looking for a job and his own property. He has also been granted by social services, unsupervised overnight weekend contact with his children with the prospect of more soon. He also has been working with a support worker around his behaviour and she has been providing him with psychoeducation around abuse dynamics and behaviours which therapy has been able to expand upon. We have also carried out work around the recognition of the overt and covert signs and forms of abuse as he believed that because he was not physically abusive with his partner that he had not been abusive at all. A lot of our work has been around his own childhood and the abuse he witnessed and experienced. This has led us to look at how these experiences normalised this type of behaviour which he then repeated in his relationship with his children's mother and current partner. This understanding alongside grounding techniques has helped him manage his anxiety and anger better and improved his relationships with his partner and his children.

Mike had this to say about his therapy:

"You have helped put things into perspective and helped me manage my emotions better."

\* Not real name.



## 2.0 Evaluation Findings

### 2.1 Project Outputs

Between October 2021 and June 2023, the complex needs project had received a total of 41 referrals and the complex needs navigators worked directly with 11 of these, representing an approximate engagement rate of one in three (n=27%). Of those referrals, 90% have been male [n=37<sup>4</sup>], 10% female [n=4]; all but one of the referral group were White British, with one being of mixed ethnicity.

Calling Time, the therapeutic Side of the project provided a total of 80 therapy sessions and carried out 13 assessments, to clients from the complex needs project.

Table 2.0 Total Project Referrals, 2022 & 2023

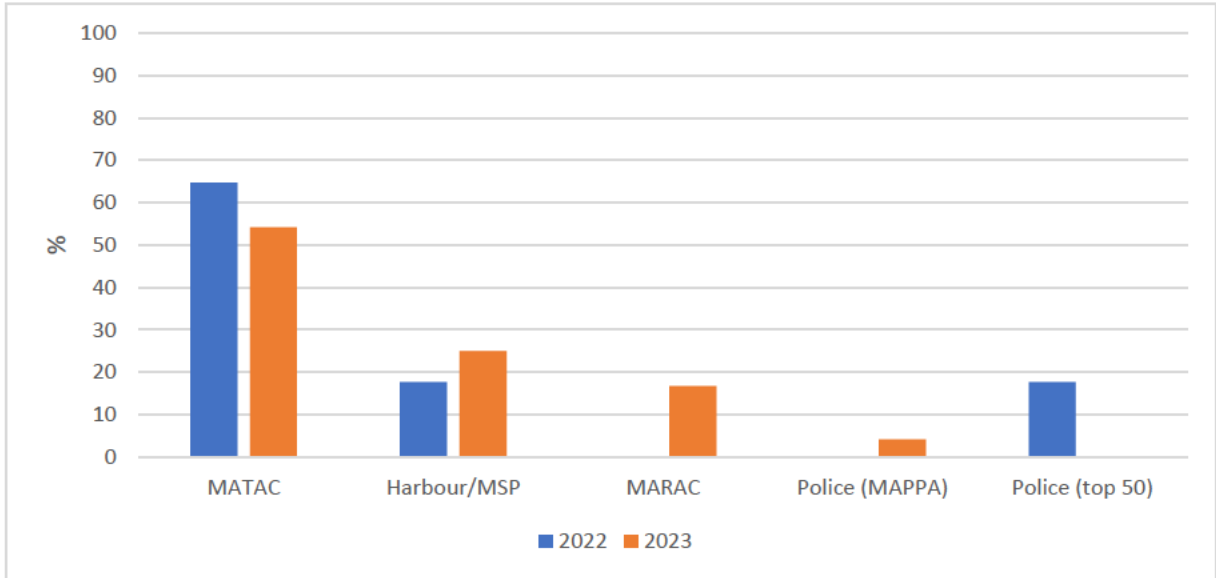
<b>Referral Source</b>	<b>2022</b>	<b>2023</b>	<b>Total</b>
MATAC	11	13	24
Harbour/MSP	3	6	9
MARAC	0	4	4
Police (MAPPA)	0	1	1
Police (top 50)	3	0	3
Total	17	24	41

The following figure presents the origins of those referrals, with the highest proportions coming from MATAC as intended, followed by referrals which came through the voluntary sector providers and finally through various different police mechanisms, including MARAC, MAPPA and the top 50 domestic abuse perpetrators.

Figure 2.0 Source of Referrals 2022 & 2023

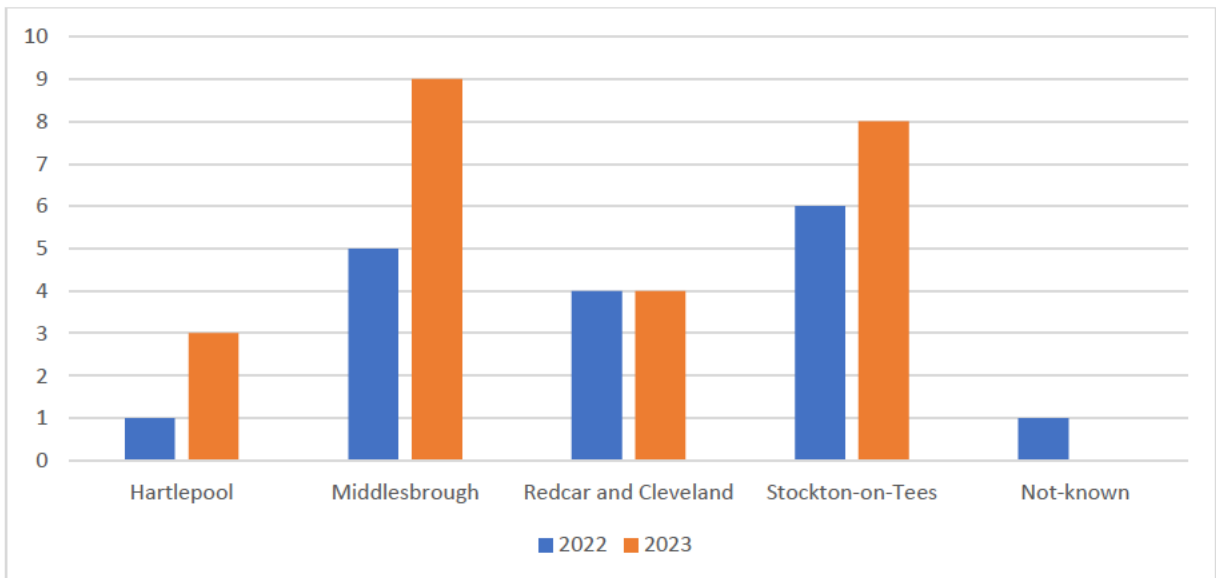
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<sup>4</sup> Where 'n' denotes number.



The referrals came from across the four local authority areas, broadly commensurate with population centres in the area, with most coming from Middlesbrough and Stockton on Tees.

Figure 2.1 Origin of Referrals, 2022 & 2023



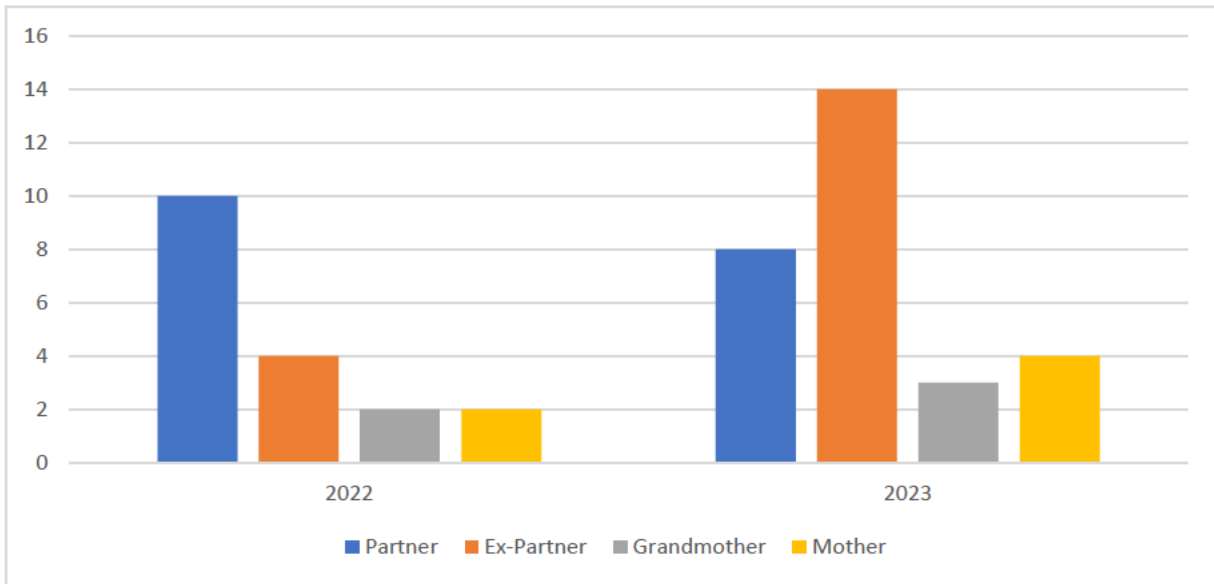
The following figure presents the number of risk assessments and action plans completed, of which the latter equates to the number of people engaged. As can be seen, although low, there has been an increase in the number of people engaged in year two.

Figure 2.2 Risk Assessments & Action Plans Completed (Number Engaged), 2022 & 2023



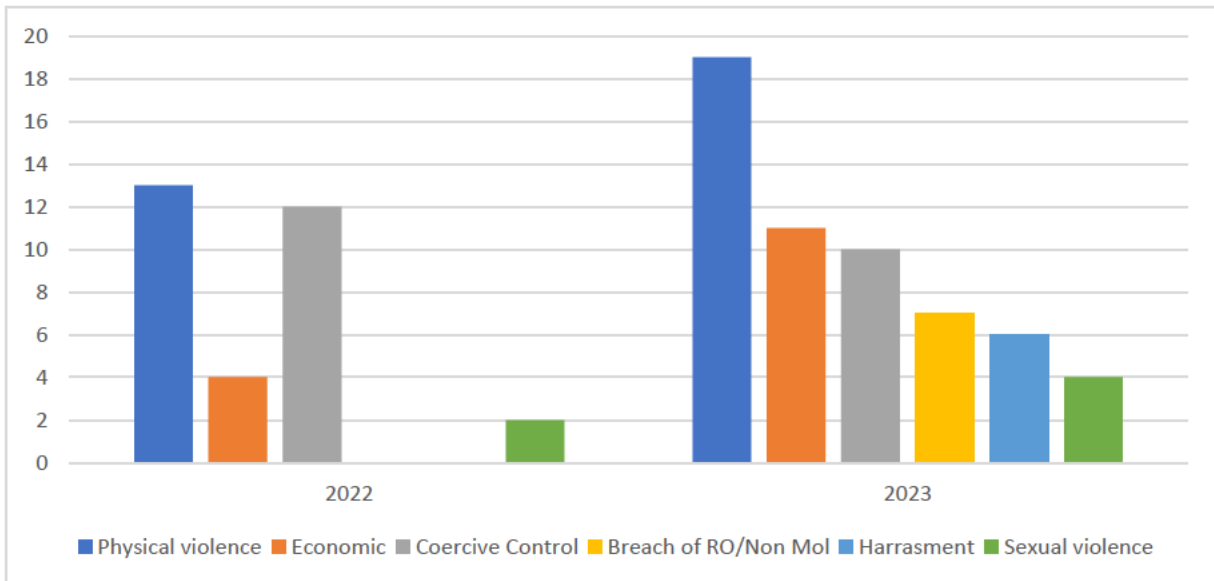
The following figure demonstrates the relationships which exist between the perpetrator and victim. As can be seen and commensurate with the target group of the project, the majority of referrals were part of couples. The majority of victims were women that were part of heterosexual relationships and there were three referrals from the LGBTQ+ community. Roughly half of the referrals [n=23] were fathers, although with only with one exception, all of the children lived separately to them.

Figure 2.2 Perpetrators' Relationship With the Victim, 2022 & 2023



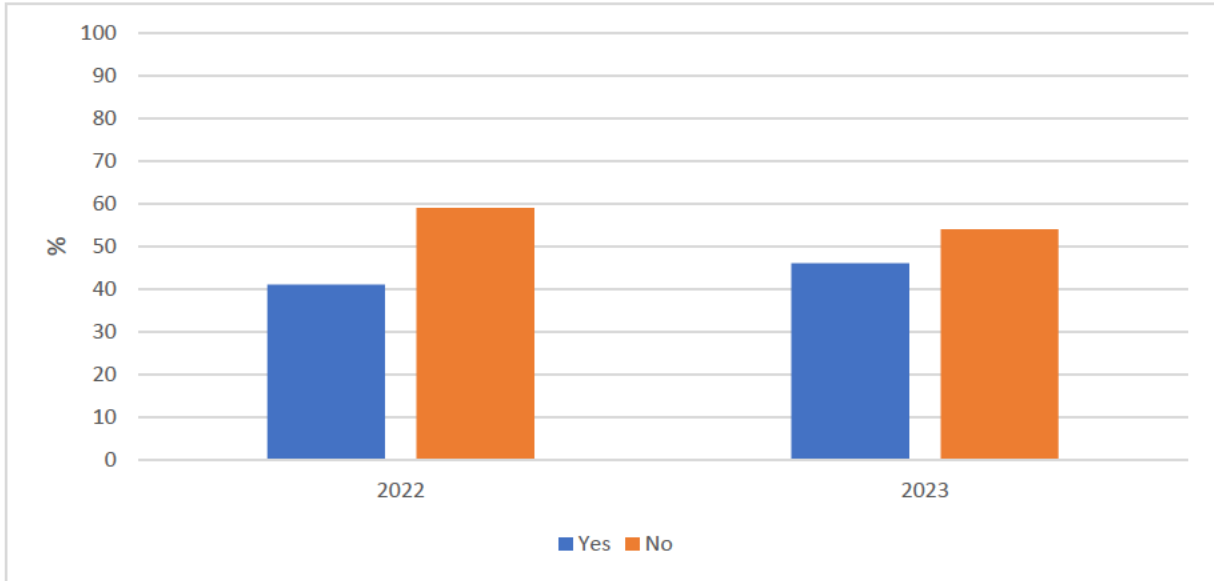
As can be seen, there were a range of abusive behaviours apparent, including: physical violence, economic abuse and coercive control [see following figure].

Figure 2.3 Types of Abuse Amongst Service Users, 2022 & 2023



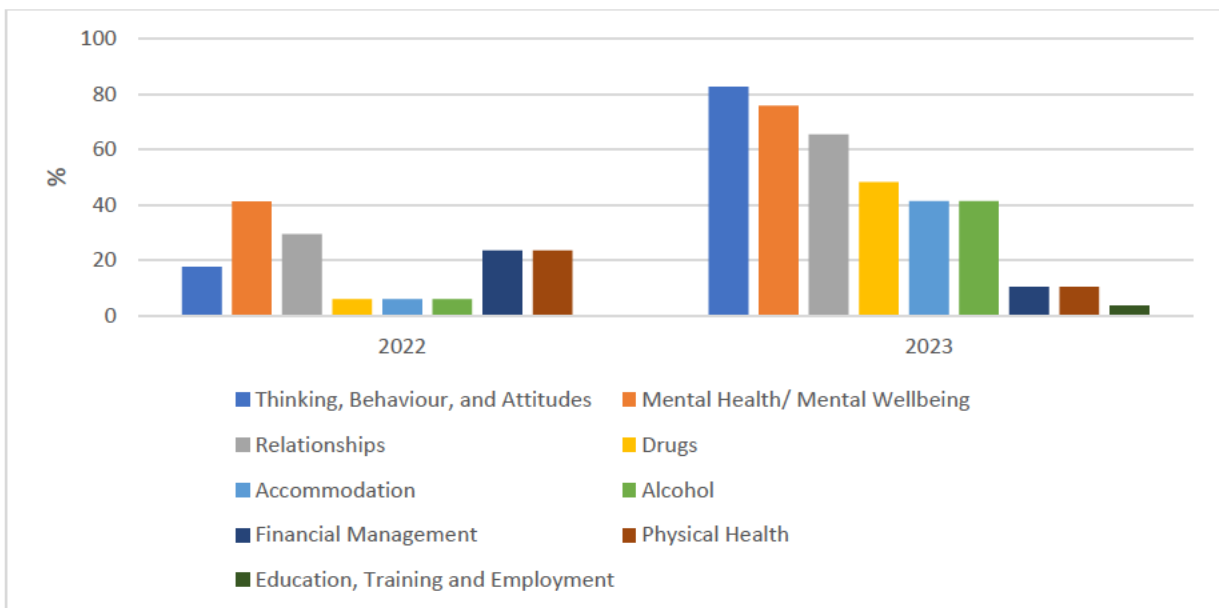
A total of 41% (n=7) of referrals in the first year was subject to a court order, and in the second it had increased to 46%.

Figure 2.4 Service Users Subject to a Court Order, 2022 & 2023



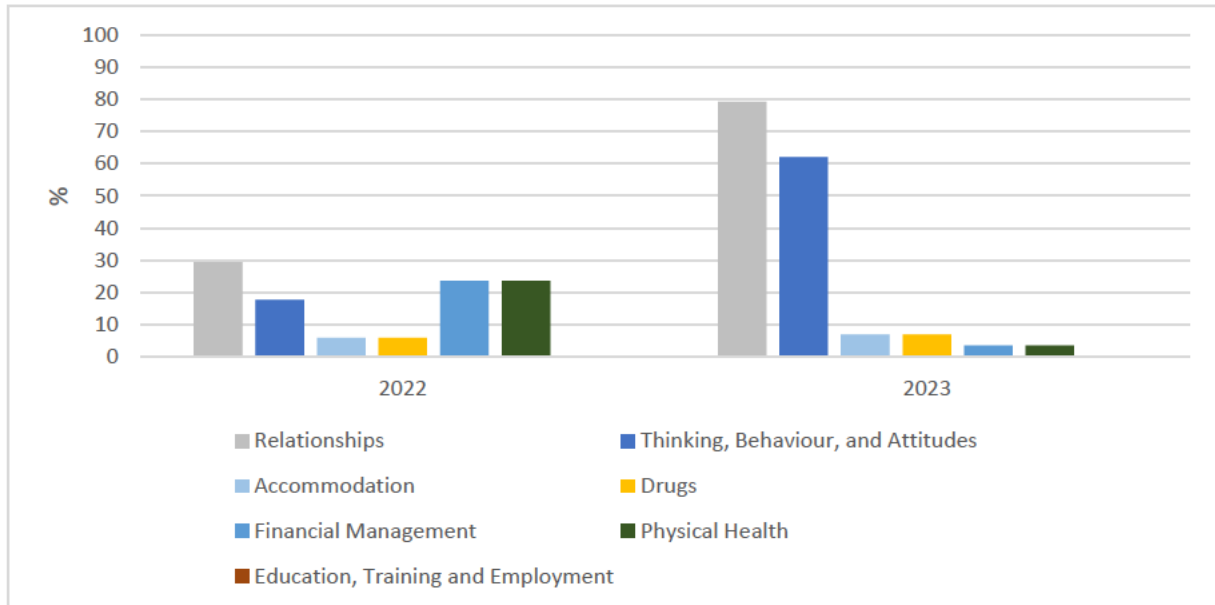
The referrals had a range of needs associated with them, as did the victims that were associated them. As can be seen, the identified needs increased in year two, with those being dominated by: thinking, behaviour and attitudes, mental health, relationships, and drugs. The increase in needs identified may reflect the staff team’s increasing proficiency at identifying issues within the client group opposed to an absolute increase in degree of need.

Figure 2.5 Need Amongst Referrals, 2022 & 2023



The following figure shows the needs of victims. As can be seen, there are fewer types of needs and those that are identified are dominated by relationships and thinking, behaviour and attitudes.

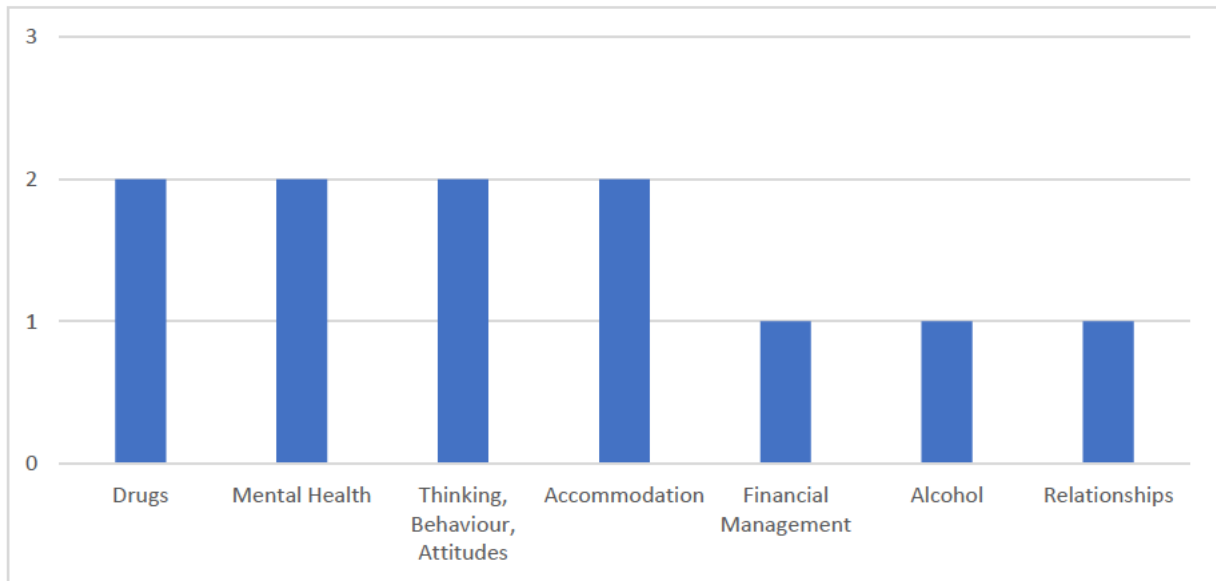
Figure 2.6 Need Amongst Victims, 2022 & 2023



The following figure presents the number of service users who have reported improvements in these areas in 2023 [these were introduced by the project team as a measure in the second year of operations]. As can be seen, there have been improvements demonstrated in a small number of individuals across a range of areas, from drugs to accommodation.

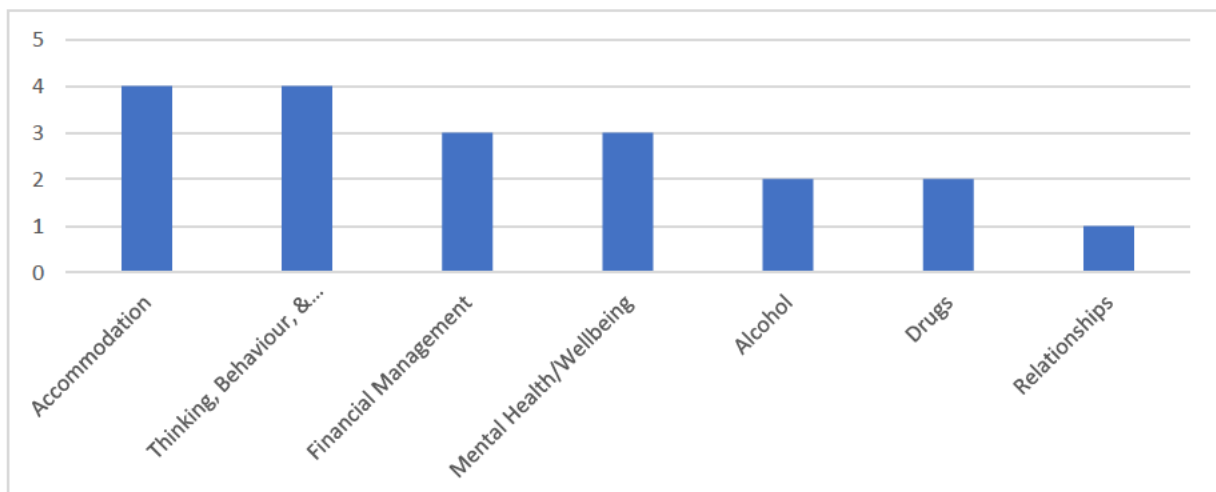
Figure 2.7 Improvements in the Areas of Need of Perpetrators, 2023





Measures were also taken by the project of improvements across the re offending pathway outcomes (such as mental health, accommodation and thinking and behaviour). This is demonstrated by the following figure which shows improvements in several outcome areas such as accommodation and thinking, behaviour and attitudes.

Figure 2.8 Improvements in Re Offending Pathway Outcome Areas in Service Users, 2023

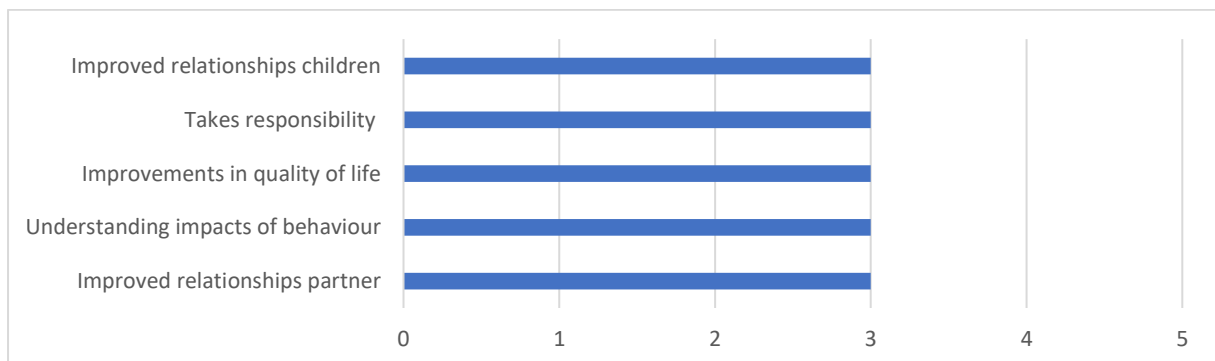


There were further assessments of impact of intervention conducted at the review stage. As can be seen, perpetrators reported impact including improved relationships with partners and children, and improvements in understanding about the impact of their behaviour and reported taking responsibility for their actions. The table below presents the number of domestic abuse incidents perpetrated by referrals 12 months before they came onto the project, compared with the number of offences whilst engaging with the intervention. As can be seen, there has been a significant reduction (with the caveat that timescales are different).

Table 2.1 Reduction in Incidence of Domestic Abuse Amongst Referrals, 2022 & 2023

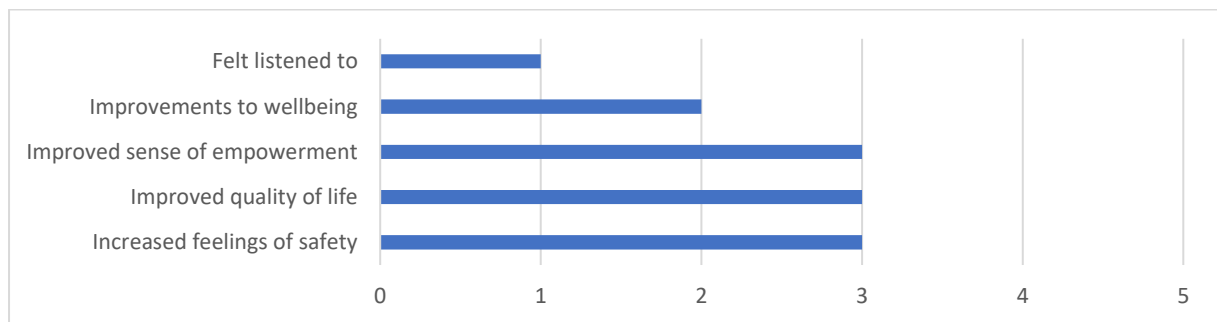
Total number of known domestic offences in the 12 months prior to engaging with the service (all participants)	210
Total number of known domestic offences whilst engaging with the service (all participants)	30

Figure 2.9 Impact on Relationships, Understanding & Responsibility Amongst Service Users, 2023



The following figure presents a similar set of metrics, this time concerning victims. As can be seen having impacts associated with Increased feelings of safety, quality of life, sense of empowerment, well-being and having a feeling of being listened to.

Figure 2.10 Impact on Relationships, Understanding & Responsibility Amongst Service Users, 2023



## 2.2 Other Findings

Based on the research conducted for this evaluation, we present the following learning points:

- If we take the cases where meaningful engagement has taken place between service user and the project, where although small (n=11 up to June 2023), we get a sense of the potential impact which confirms the appropriateness and efficacy of the approach. As the data presented in the previous section demonstrated there were a number of positive outcomes associated with the support and therapy interventions. Firstly, at the assessment stage the project was able to identify the needs of service users, with the highest needs for thinking, behaviour and attitudes interventions, ways to improve mental health and well-being, interventions and education around relationships and improved management/abstinence of drug use. Project interventions were made across all reoffending pathway outcome areas, in particular accommodation and thinking, behaviour and attitudes. Service users reported they appreciated the level of support, felt listened to and they also reported improvements in well-being, empowerment, quality of life and in feelings of safety. For example, beneficiaries reported the following:

*You have helped put things into perspective and helped me manage my emotions better.*

Service users also reported that as a result of the intervention they have been able to take responsibility for the offending and understand what the impacts of their behaviour has been. They also reported better relationships with their children and partners, which in turn they reported improved their quality of life.

Calling Time, the therapeutic side of the project had to overcome the difficulty of engaging with complex perpetrators, and in particular engaging them about counselling. The project team responded by attempting different ways of contacting and engaging with service users. One issue that was experienced early on was conveying the message from the project to the service users about therapy and its

purpose and potential opportunities and drawbacks. Within the project, psychotherapy was provided by specialist therapists working for My Sisters Place delivered from a pre-arranged venue (My Sisters Place is a female-only venue) and support was provided by navigators who were employed by Harbour. There was a transfer of knowledge and understanding from My Sisters Place to Harbour which fully explained the mechanics and purpose of therapy, which could hopefully enable the navigators to explain fully to the prospective service users about the service, giving them an opportunity to make informed consent. Navigators have reported that Service users were initially enthusiastic when hearing about the potential of counselling but when hearing it was provided by a different organisation that enthusiasm declined and resulted in no contact. Following on from this approach, after the navigators had received positive responses to the proposition of counselling, a phone call was made that connected the therapist and the service user, to enable the client to receive an accurate breakdown of what the counselling consists of.

In the development of this approach, it was found that there were many therapy opportunities which may not exist as minutes in a therapy room (there is an existing body of knowledge which questions the format of standard room-based sessions when applied to complex and vulnerable groups and men). These could exist as telephone calls, drop ins or other occasional contact between service user and therapist. The project was able to deliver a number of listenings/ instructions/ opportunities for therapeutic input with service users (a total of 34 engagement calls were made across the lifetime of the project). That said, Calling Time was able to provide a total of 80 therapy sessions based out of a building, in a standard format. For those men who did access the therapy, there was evidence of some early impact, for example, one service user reported:

*Things have been really difficult recently and if it wasn't for therapy I would have been kicking off but I haven't for months.*

Another reported:

*Without therapy I would have ended up like my mam but I can do a time out and think about things instead of reacting like I did before.*

The case studies in the previous sections also illustrate the impact of this counselling on individuals.

### Reflections From a Calling Time Therapist

The clients of Calling Time have had better outcomes are those who have done previous domestic abuse awareness work and have stable life circumstances. A lot of the referrals which came through complex needs had multifaceted difficulties going on and were preoccupied with other factors that were going on for them or did not want therapy. Most of the clients from this pathway, who started therapy disengaged early on due to complex life factors such as homelessness, decline in mental health or being arrested. Those of which who had done previous work or had stable foundations were more likely to keep engaging when factors in their everyday life became more complicated.

The pre therapy calls helped clients to understand what the service was and how it was going to help them. Before we implemented these calls, clients referred to Calling Time stated they had not heard of the service or know what we did – despite the referrer explaining this to them. Through one of these calls one of the clients stated that he was on a domestic abuse awareness course and another group member had mentioned the service and how useful he was finding it. This client later admitted that it was this person’s endorsement of the service which encouraged him to start therapy with us.

We set a criterion that clients had to have Adverse Childhood Experiences (ACEs) and/or traumatic attachment. While there were different ACEs present in the clients’ histories, all of them had experienced or witnessed abuse as a child. A lot of the work at the start of therapy was like the therapy I provide to my survivor clients. This then provided a foundation which enabled them to explore and reflect on the abusive behaviours they were carrying out in relationships. The focus on their own experiences of abuse as well as connecting this to their own behaviours

as adults, has enabled them to gain understanding, compassion and empathy towards their former and current partners and children.

- There was a very specific context set to this intervention, which consisted of trial and experimentation, and the project was designed with this in mind. The emphasis was on learning about what works when addressing the complexities within perpetrators automatic abuse. Over the project period there were times when this context was missed or overlooked and some miscommunications occurred about project performance. This was caused in part by the absence of the project architect who temporarily moved out of the OPCC. However, the context and concept remains the same and there is evidence of constructive project learning, and so from that perspective, the project has been a success.

### **3.0 Conclusion**

As a result of the small number of projects focusing on perpetrators of abuse in England and Wales, little is understood about intervention effectiveness, despite numerous reviews of practice. There are general calls from the criminal justice and social welfare community for a greater number of trials and pilots into what works for perpetrators as individuals and for those in couples. This pilot was an attempt to address this and learn lessons from delivery and was initially intended to be an experiment with everything that entails, i.e. an open learning approach, flexibility and an absence of metrics. As a result of staff movement, there was at times a lack of clarity on this issue which ultimately affected how the project was conceived across all stakeholders, sometimes affecting partnership relations.

The conclusions that we can make from the results that have been presented in this report are that there have been both project successes and a number of learning points. These include: referrals should come from a wider selection of agencies; engagement was challenging with the complex target group and more and different approaches need testing including the provision of men's space/location; counselling showed promising early results in the number of sessions delivered with beneficiaries

describing behaviour changes; attachment based approaches require long term investment which may be best achieved through investing in an organisation as opposed to a project; it may be the case that the project is ending just as it started to make progress with referrals, relationship development and a physical presence.

The report's only recommendation is that stakeholders should not give up developing and trying innovative approaches to engaging perpetrators in addressing their abusive behaviours.



# Appendix One: Referral Criteria/Complex Need Process

## Flow Chart

Coordinators: [REDACTED]

Mission statement: We work with clients who, have been identified as having complex needs as well as concerns surrounding domestic abuse. We make no judgement in the choices that people have made; rather we aim to support them to help people improve their future

Referral Sources:

MATAC or MARAC identification, Top 50 list (Abusive Partner) Top 20 Victim List

Client Profile:

Aim: To assess client suitability for complex needs service

[REDACTED] to collate client profile on client to determine suitability as assess criteria:

Client must have DV and one other need – Mental Health, Drugs, Alcohol, Homelessness

Look at Recency and Frequency of DV offending

Check to see if Abuse Person has been known to Services currently/previously on Harbour, Route 2, MSP and Police system, Adult Safeguarding

If client is identified with Sexual Offending only to be worked with on a one to one basis

Client identified as suitable for Complex Needs:

Consent to be gained from client to engage with service

If consent gained to be informed of Complex Needs Coordinator CNC

Consent for information sharing with Professionals if involved EG – Social Worker

Navigators

Aim: to support clients in accessing other complex need service identified

The Domestic Abuse Complex Needs Coordinators will then allocate case to be picked up by Navigators

Areas: Middlesbrough and Redcar – [REDACTED] / Stockton and Hartlepool – [REDACTED]

[REDACTED]

Navigators to hold up to 6 cohort

Navigator to complete full Assessment Process (2 Assessments to be completed) –

Risk assessment and Support Plan (this will determine areas of support required)

(1st Assessment) Referral information to be checked / Consent to be gained / Motivation for engagement / Risk Assessment to be completed

(2nd Assessment) Fill in any gaps in information missed in first assessment / Risk Management Plan to be completed / Time Out to be discussed and provided to client

/ determine area of support needed to focus on

Referrer to be updated as well as CNC

During engagement case reviews to be completed with CNCCNC

All information to be uploaded to secure system (this to be determined)

## Exclusion Criteria

Aim: To be able to keep client engaging with the service however if engagement is lacking ... do not be deterred by silence and keep on trying.

For more information about the project contact:

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The views expressed in this report are those of Dr Christopher Hartworth of Barefoot Research and Evaluation and may not necessarily be those of the Office of the Police and Crime Commissioner for Cleveland and the partnership agencies (My Sister's Place & Harbour). He can be contacted via:

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