Cleveland Perpetrator Project, 2021/ 22 Evaluation

October 2022

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 Perpetrator Project, sought to identify perpetrators with complex needs of their own. A trauma informed approach to the perpetrators needs with an offer of therapeutic interventions was to be piloted to assess whether this approach supported the readiness and motivation of perpetrators to address perpetrator behaviour after their own complex needs were met or supported (via assessment from the Complex Needs Coordinators with support of the programme Navigators). The approach also tested whether, through the Complex Needs Coordinator, the communication between victim and perpetrator support partners improved the safety for the victim where they intended to remain in the relationship and whether there was any impact on disguised compliance.

With funding from the Home Office, and match-funding from the Office of the Police and Crime Commissioner for Cleveland (OPCC), and the councils of Hartlepool, Middlesbrough, Redcar-and-Cleveland, and Stockton-on-Tees, it was delivered between 2021 and 2022 (and has received continuation funding for a further 12 months) by two voluntary sector agencies on Cleveland coordinated by the OPCC. The idea for the work developed out of consultation with local MATAC and MARAC partners surrounding challenges around perpetrator programme readiness, capacity to engage in cognitive behaviour change given levels of complex needs in perpetrator profiles and levels of disguised compliance from high-risk victims remain in relationships with perpetrators.

Project Outputs

Over a 10-month operational period, the project has produced the following outputs:

- Referrals: 17 perpetrators (majority male, n=14) and 17 victims (majority female, n=15) referred by MATAC or other domestic abuse services. The majority of the victims were either the perpetrator's partner or ex-partner (n=14) the remaining included a brother, grandparent and mother.
- 65% (n=11) of perpetrators voluntarily engaged with the project and the Navigators with the remainder refusing contact.
- 47% of partners contacted chose to engage with the project where either action plans or risk assessments took place. 53% of people contacted did not require further support.
- Of those who engaged, 63% (n=7) were referred into counselling service, of these 27% went on to receive counselling from My Sisters Place.

- Ethnicity: all of these were White British, which reflects the diversity of referrals from MATAC. It is likely that efforts to increase ethnic diversity of clients would include a more diverse referral source (for example contact and relationship development with Halo for BME referrals).
- 4.7% of service users identified as gay or lesbian.

Project Learning

The evaluation has taken a narrative approach in order to document innovations that take place, enabling both the project and others to learn and develop. The evaluation makes the following observations:

The project has taken an exploratory approach to a new area of intervention: experience and expertise have been used by domestic abuse specialist services including a specialist therapy service to develop an emerging intervention approach. This model consists of engaging a specific group of complex and high-level offenders referred into MATAC[1], who would otherwise not receive the level of service they would require in order for them to change their behaviour. The project has also importantly provided support to victim/survivors where appropriate/required (as had been done in seven cases to date).

The project has used a relationship model of interventions, which rely on quality of relationship and engagement with a service users, building trust and engagement with service users: these relationship-based interventions require a longer implementation time as they are in their very nature only effective if they are well made and endure over the long term (or at least medium term).

Delivering therapy in a different way: a traditional entry into counselling would be to find a counsellor and book an appointment. This project has tried to embed a different delivery approach, which incorporates proactive engagement with clients to increase access to therapeutic interventions. Reports into MARAC suggested that many perpetrators had deep

[1] Multi-Agency Tasking and Coordination protocol exists as regular meetings led by Cleveland Police, along with key partners, which assesses and plans a bespoke set of interventions to target and disrupt serial perpetrators domestic abuse and/or support them to address their behaviour.

seated trauma and emotional issues which would benefit from therapeutic intervention but had previously not accessed this or did not meet threshold for more mainstream counselling or mental health services. In order to introduce this new way of working there was significant work needed and invested in developing and maintaining relationship with service users based on trust and collaboration.

The Complex Needs Coordinators, who were based within Harbour and My Sister's Place, engaged effectively with almost half of all partners, with the remaining choosing not to engage to date. The latter is important as it has been found by the project that despite early refusals from service users to engage, some did choose to reengage at a later date. The research will pay more attention to this in the second year of delivery.

The purpose of the Complex Needs Coordinators role was to ensure that victims/survivors were safe whilst a perpetrator was engaged on project and ensure monitoring in relation to behaviour change or escalation of risk. This work has consisted of updates being provided regarding the perpetrator engaging with the Navigators, assessments being completed with the victims in order to look at the potential risks of the abusive behaviour and a selection of other support. The Complex Needs Coordinator role was considered by the project as being integral to the success of the project and outcomes for victims/survivors. A contributory factor in the successful coordination was the Complex Needs Coordinator's direct access to police systems and the value that this has added.

Conclusion

The Cleveland Perpetrator Project was an attempt to pilot a new way of working with a relatively small cohort of high-risk perpetrators with entrenched behaviours. It was anticipated that it would enable domestic abuse specialist services to address an unmet need and test a new approach to the roll out of a therapeutic trauma informed approach with perpetrators which would change behaviour and reduce reoffending. At the time of writing the evaluation, there had been 10 months of operational experience which is sufficient to monitor and examine project implementation and early delivery, but not to observe any real change in the service users. Fortunately, the project has received a further 12 months funding with evaluation, which will enable those outputs to be examined after a more prolonged contact period. In this period, the project has demonstrated itself to be flexible and responsive and open to reflective critique, which is a requirement for an experimental approach.

Recommendations

As a result of the formative nature of the evaluation, changes have been made regularly after the reflective sessions, in order to correct any project divergence. These adaptations had consisted of increasing communication and inter-service training within the delivery team, increased integration between therapeutic and Navigator service, increased communication with partners and a widening of referral agencies. At our last reflection sessions, we examined future directions of the project with project staff. The requirement was for a continuation and consolidation of project delivery in order to create more learning, with an eagerness to see what the next 12 months of project experience will deliver. In the year two evaluation we will examine the emerging outcomes of the work, including impact on attachment related behaviour.

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1.0 Introduction

This is an evaluation of the Cleveland Perpetrator Project, sought to identify perpetrators with complex needs of their own. A trauma informed approach to the perpetrators needs with an offer of therapeutic interventions was to be piloted to assess whether this approach supported the readiness and motivation of perpetrators to address perpetrator behaviour after their own complex needs were met or supported (via assessment from the Complex Needs Coordinators with support of the programme Navigators Secondly, the approach was to test whether, through the Complex Needs Coordinator, the communication between victim and perpetrator support partners improved the safety for the victim where they intended to remain in the relationship and whether there was any impact on disguised compliance. Thirdly, the impact of the personalisation fund.

1.1 Background

This is a perpetrator focused initiative which attempts to achieve its aims by deterring and effectively intervening with perpetrators in order to increase the long-term safety of victims and survivors. It provided practical, emotional and therapeutic support to both the perpetrator and their partner.

The perpetrator project is a pilot initiative, which has been based on policy and practice developments over the last 10 years and the collected delivery experience of the project stakeholders. The converging and contributory factors include:

- The development of interventions for perpetrators of domestic abuse in the 2000s and the corresponding developing evidence base about what works.
- The strengthening and consolidation of the Violence Against Women and Girls thematic area and the development of related policies and associated funding from the 2010s.
- The development of innovative practice by voluntary sector specialist agencies, many of whom are gender focused (women and girls only).

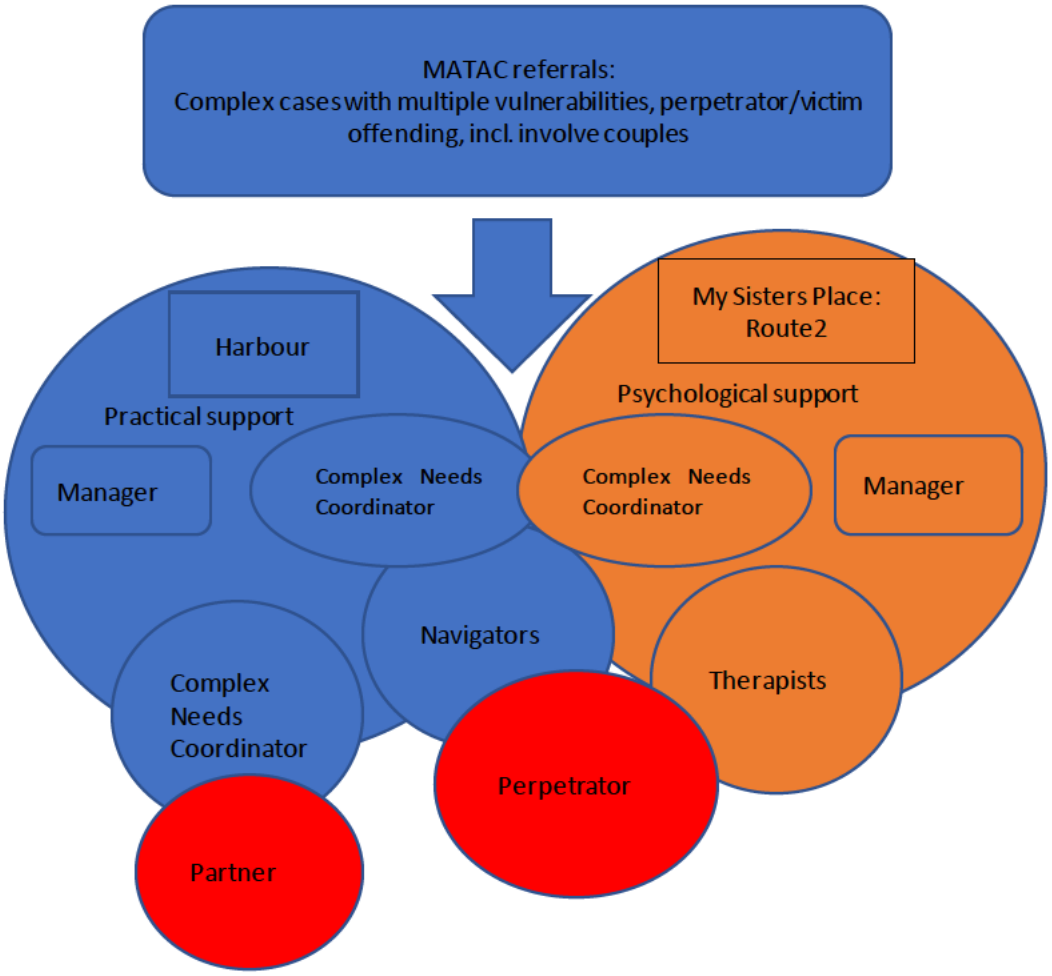
On a local level this was consolidated through the Cleveland Force Area and the corresponding Office of the Police and Crime Commissioner. The Cleveland OPCC has all three strands which have been in development over the last 10 years, resulting in a multi stakeholder expert group comprising voluntary sector specialists, the police and researchers. The narrative of an architect of the project illustrates the reasons behind the development of the project:

> *[The OPCC] pulled a multi-agency meeting together with the local authorities and the force to discuss police referrals where there was evidence of victims being perpetrators (and vice-versa) and how there was no provision in place for such instances. It was especially inappropriate to put a potential perpetrator through a victim's service as it may have equipped with them with tools to further manipulate/disguise their abuse. Following on from this we also had a meeting with MATAC/MARAC[2] where we were discussing the issue of couples and 'disguised compliance'.*

The project specification which included provision for an action-oriented evaluation, was developed by this strategic group in 2021 (see following figure). There were time constraints, resulting in a more rapid lead in time than would be preferred, but the project became operational in October with staff recruitment and started receiving referrals in December 2021. The referrals into the service were to come from MATAC which incorporates the following agencies: Police, National Health Service, local authority children's and adult social care, probation, housing, victim support services, substance misuse support services, Harbour and Route2 (My Sisters Place).

[2] MARAC or 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.

Figure 1.0 Project Structure



Operationally, the project would work with those cases that were considered too complex by MATAC or were out of scope of existing services, e.g. for those who are subject to MAPPA[3] and already receiving wrap around support, they would not be accepted into service. Prior to accepting the referral, the project would take into account the level of risk presented by the service user and also the nature of the offences. The project importantly also offered

[3] MAPPA or 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.

the partner a level of support (also risk assessed) if required via the Complex Needs Coordinator and also access to therapeutic interventions and trauma informed counselling. This introduced a model which addressed the therapeutic needs of both perpetrators and the victims/ survivors.

The ultimate aim of the project was to deliver a coordinated intensive trauma informed response which attempted to address practical issues and deep seated trauma and emotional difficulties with high risk perpetrators in an attempt change their behaviour, deter them from violence and abuse and increase engagement on behaviour change programmes

1.2 The Project

The Perpetrator Project consists of two Domestic Abuse Complex Needs Coordinators who oversee a team of 'Navigators'. The Navigators role was based on a model introduced in a previous DHCLU funded project Domestic Abuse Navigator Project which was delivered across the Region. The purpose of the Domestic Abuse Navigators (DAN) ,which were based in each local authority area local authority area, was to provide intensive support package to victim/survivors to reduce barriers which prevented them to remain in or being able to access safe accommodation.

Using what worked from this project , the Perpetrator project aimed to switch this model and way of delivering and instead focus the intensive support on perpetrators of domestic abuse and particularly those who were not estranged and continued to remain together. . For those who remain in a relationship it can sometimes create a barrier for working with them effectively and the project intended to offer a dual intervention with Navigators, supporting the perpetrators, and the DA Complex Needs Coordinator, supporting the victim . This general approach is summarised below by the project coordinator:

> *Every effort is made to achieve and maintain engagement with the service user for as long as possible in order to maximise the chances of successful support and intervention. In order to achieve this every client's circumstance*

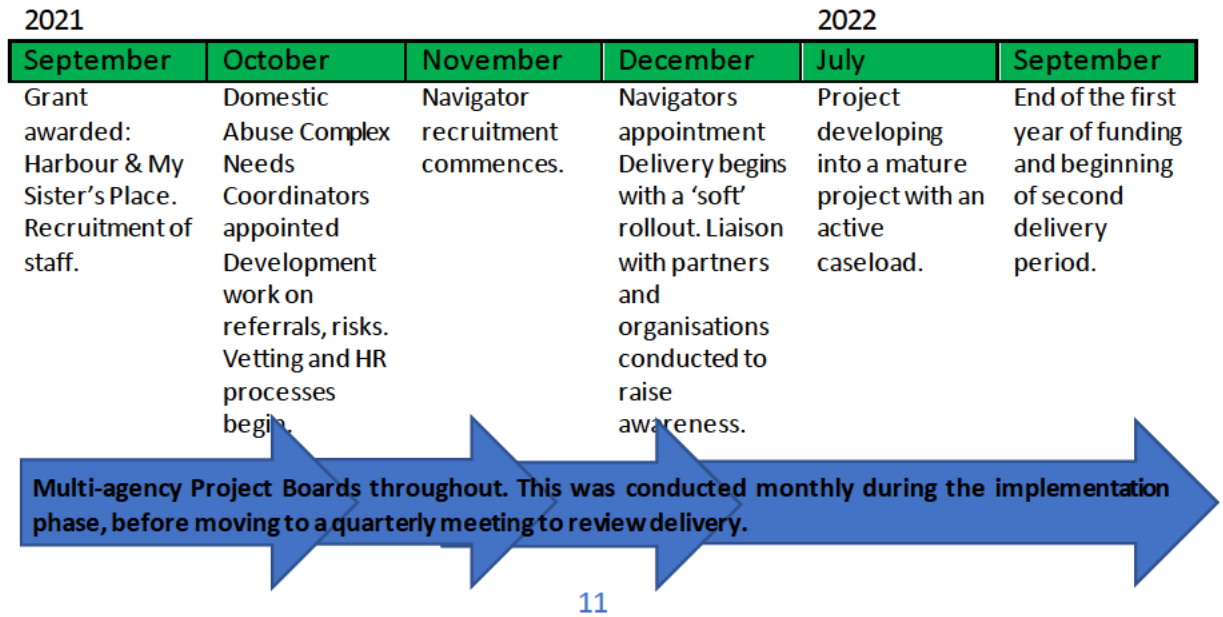
are assessed on an individual basis and the barriers to engagement or factors causing the service user to regularly fail to attend appointments or support sessions are monitored and discussed.

Following table presents the range of outcomes to which the project was working towards achieving (in recognition that there are a number of contributory services from different organisations working towards the same goal).

Table 2.0 Outcomes of the Perpetrator Project

1. Reductions in frequency of domestic violence offending
2. Reductions in severity of domestic violence offending
3. Improvements in the relationship with the partner
4. Improvements in the relationship with the children
5. Understanding of impacts of abusive behaviour
6. Improvement in quality of life
7. Client awareness of impact of their actions
8. Client understands that abusive behaviour is unacceptable
9. Client takes responsibility for actions
10. Increased feelings of safety for the victim(s)
11. Improved quality of life for the victim(s)
12. Improved wellbeing for the victim(s)
13. Improved engagement with services

Figure 2.1 Project Timeline



Trauma & Attachment Based Interventions

The project used trauma and attachment based theory as a foundational element of the project. In practice, this consisted of the Navigators using principles of the approach within their work, for example, being sensitive to certain behaviours of clients that may be related to past trauma and their faulty internal working model linked to internal permission for abusive behaviour created by attachment deficiencies. For therapists, this meant focusing upon trauma and attachment in the therapeutic journey, with the understanding that attachment-based deficiencies caused by trauma and/or neglect, need to be resolved if offending behaviour is to be addressed[4]. The following two boxes present information about attachment and trauma informed practice.

Box 1.0 Attachment

Attachment theory after John Bowlby[5] says that it is the relationship that you have with your primary caregiver (generally the mother, but it does not have to be) between the ages of zero and four (and reinforced thereafter) that gives you the tools you need to negotiate the complex social world and lead a good life. The important parts of this attachment relationship create patterns, that Bowlby referred to as internal working models, which give us our perception of the self and of others, and that direct our emotional responses and in our interactions with people. There are four attachment types/categories which detail the likely responses of people who find themselves in this group. The majority of people are securely attached (approximately three quarters), the remainder are either insecure avoidant or insecure ambivalent and a small percentage are insecure anxious/fearful. Insecure attachment is caused by damaged early relationships and may be the result of early trauma, neglect or separation from caregivers (e.g. growing up in care). People who have insecure attachment types often run into significant problems throughout their lives, that are likely to require external emergency and support services.

4 Bowlby, J. (1969). Attachment and loss, vol. 1: Attachment. London: Hogarth Press and the Institute of Psycho-Analysis.
5 Ibid, (1969).

Attachment styles become hardwired into an individual's psyche and general approach to life through something called an internal working model. This consists of a series of patterns and expectations, based on how you have been brought up as a very young child, which provide the template for future relationships. For example, people with insecure ambivalent attachment styles may have an internal working model which expects rejection and disappointment from people and they will behave accordingly with mistrust and inconsistent contact.

Whilst the majority of people pass down their attachment types to their children, Bowlby found that it was possible to change people's own children's attachment style, from insecure to secure and vice versa. Interventions to address attachment problems in adults are necessarily long-term, similar to the caregiver and child relationship and provide the functions of a secure base and caregiving (e.g. role modelling, positive reinforcement, education, et cetera). Interventions into improving the child caregiver bond (e.g. Headstart in the US, Sure Start in the UK) have been shown to impact upon children's grades at high school, which is commensurate with attachment theory.

Box 1.1 Trauma Informed Practice

Trauma refers to experiences that cause intense physical and psychological stress reactions, which result from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being[6]. Trauma-informed Practice is grounded in and directed by a complete understanding of how trauma exposure affects service user's neurological, biological, psychological and social development. Trauma informed practice is informed by neuroscience, psychology and social science as well as attachment and trauma theories, and gives a central role to the complex and pervasive impact trauma has on a person's world view and relationships. It is applicable across all sectors of public service, including social care, physical health, housing, education, and the criminal justice system. Key principles of trauma-informed practice include:

1. Safety: Efforts are made by an organisation to ensure the physical and emotional safety of clients and staff. This includes reasonable freedom from threat or harm, and attempts to prevent further re-traumatisation.
2. Trustworthiness: Transparency exists in an organisation's policies and procedures, with the objective of building trust among staff, clients and the wider community.
3. Choice: Clients and staff have meaningful choice and a voice in the decision-making process of the organisation and its services.
4. Collaboration: staff and clients' experience in overcoming challenges and improving the system as a whole is valued. This is often operationalised through the formal or informal use of peer support and mutual self-help.
5. Empowerment: Efforts are made by the organisation to share power and give clients and staff a strong voice in decision-making, at both individual and organisational levels.

Source: Stage Partnership, 2022[7]; Scottish Government[8].

[6] Substance Abuse and Mental Health Services Administration [SAMHSA], Trauma and Justice Strategic Initiative, 2012, p. 2.
[7] Op cit. 2022.
[8] https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/pages/4/

1.3 The Evaluation

The evaluation was included as a foundational element to the project as a result of its innovative and pilot nature. The work was carried out by an independent sector specialist and began at the start of the project, and continued using an action oriented evaluative approach. This meant that the evaluation constantly fed back into the project the results of ongoing research, allowing the project to adjust and adapt implementation if required/appropriate. The mainstay of the evaluation was a qualitative critically reflexive examination of project progress and delivery. Critically reflexive sessions were undertaken with all levels of delivery, incorporating coordinators, Navigators and therapists. The reason we chose this method (explained in the following box) was to capture the learning that developed from the implementation of this gender-neutral service. The latter was particularly interesting as the majority of interventions conducted by the Coordinators and Navigators were directed towards victims/survivors, commonly women and girls. This was the first time some project staff had been involved with delivering services to male perpetrators, and the evaluation was interested to know what were the main differences and similarities

Box 1.2 Reflective Versus Reflexive Practice

Reflective practice is an important part of professional development. It means we look at what went well and what did not and this allows us to tweak and amend our approach in the future. Reflexive practice is more transformational because it is often done in the moment and takes our level of understanding much deeper. Reflexive practitioners have a higher level of self-awareness because they are not only able to assess a situation as it is happening and tweak things as they go, but they also have the ability to look at why things are the way that they are and consider the role they are playing in the work.

Source: adapted from www.parenta.com

A total of 12 reflection sessions were conducted at regular periods, starting at the beginning of the project and continuing to date. In this way, we were able to capture and consider real time data/project information and operationalise any changes, where required. The process was intended to create a project which shared information and reflections, was able to scrutinise its own delivery. After each reflection session, the notes and learning were

recorded and shared across the entire project delivery team, with analysis and recommendations. The evaluation also examined project data sets, case notes and associated records.

As a result of the level of innovation within the project, the evaluation naturally takes on a more narrative form, documenting and reflecting on project progress and delivery. As a result of the entrenched nature of many of the problems experienced by perpetrators and victims, and the importance of relationships to that work, which can often take time to develop, it is too early to tell if there has been any significant impact of that work. In the second year of the project we will be in a much better position to provide a level of commentary on achieving outcomes (see box 2.0).

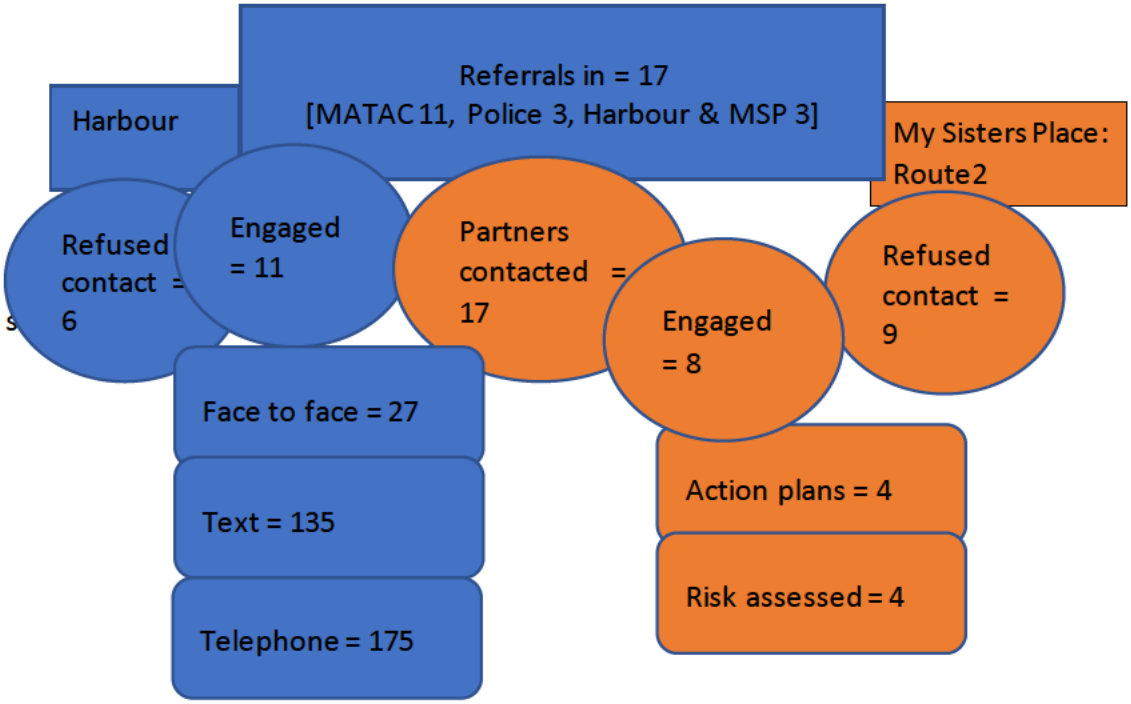
2.0 Evaluation Findings

Much of the evaluation's findings relate to the learning that has taken place during the first year of the work. Through an action oriented approach, this learning will be fed back into the project development cycle. The evaluation first presents the outputs associated with the project.

2.1 Project Outputs

Over approximately 10 service delivery months, the project has received a total of 17 referrals and worked directly with 11 of these, representing an engagement rate of 65%. In each case, a specialist Complex Needs Coordinator, located at Harbour, attempted to contact a partner or family member associated with the referral. As a result of these contacts, Harbour has supported a total of eight women (see following figure)

Figure 2.0 Project Schematic With Numbers, 2021/22

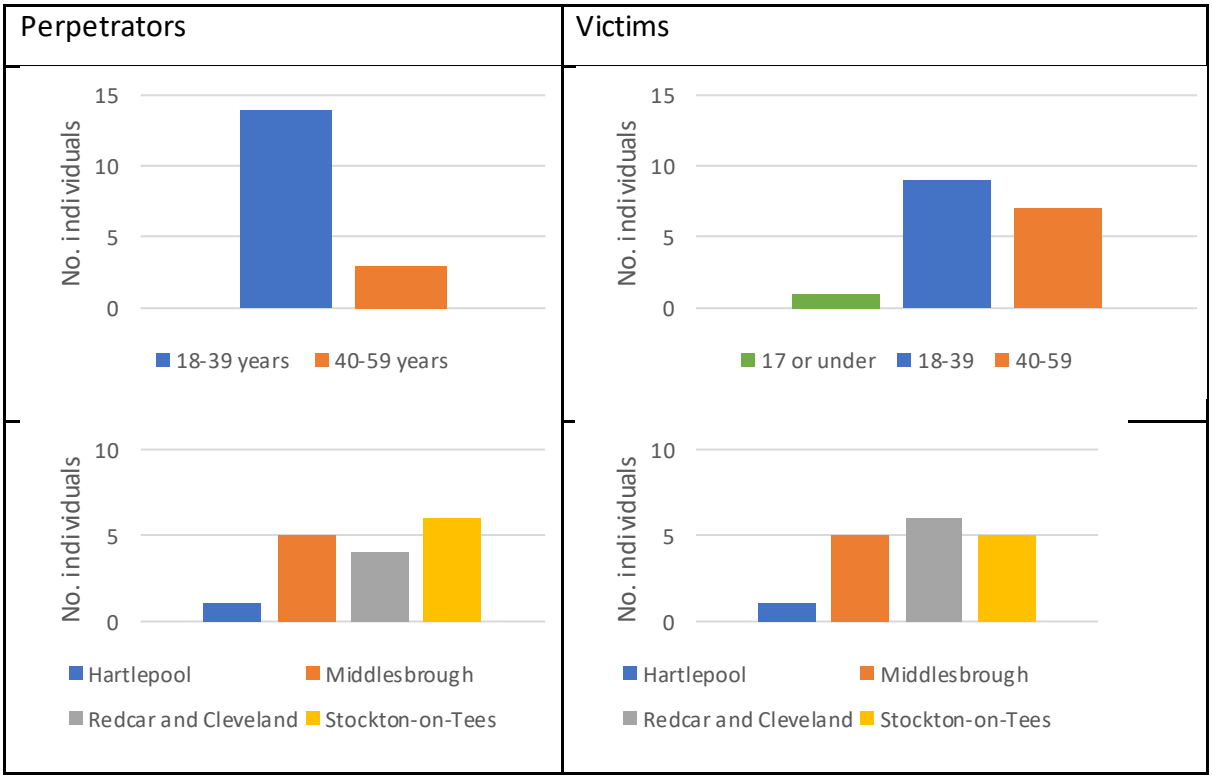


Key Project Data

- Referrals in: 17 perpetrators (majority male, n[9]=14) and 17 victims (majority female, n=15). The majority of the victims were either the perpetrator's partner or ex-partner (n=14) the remaining included a brother, grandparent and mother.
- 65% (n=11) of perpetrators voluntarily engaged with the project and the Navigators with the remainder refusing contact.
- 47% of partners contacted chose to engage with the project where either action plans or risk assessments took place. 53% of people contacted did not require further support.
- Ethnicity: all were White British, which reflects the diversity of referrals from MATAC. It is likely that efforts to increase diversity of clients would include a more diverse referral source (for example contact and relationship development with Halo for BME referrals).
- Ages of perpetrators and victims: most of the former belonging to a younger age group and the latter consisting of both younger and older (see following figure).
- Location of referrals: the following figure also shows the low numbers of referrals from Hartlepool and a relatively even spread across the other three local authority areas. This reflects the importance of taking a Cleveland wide approach.

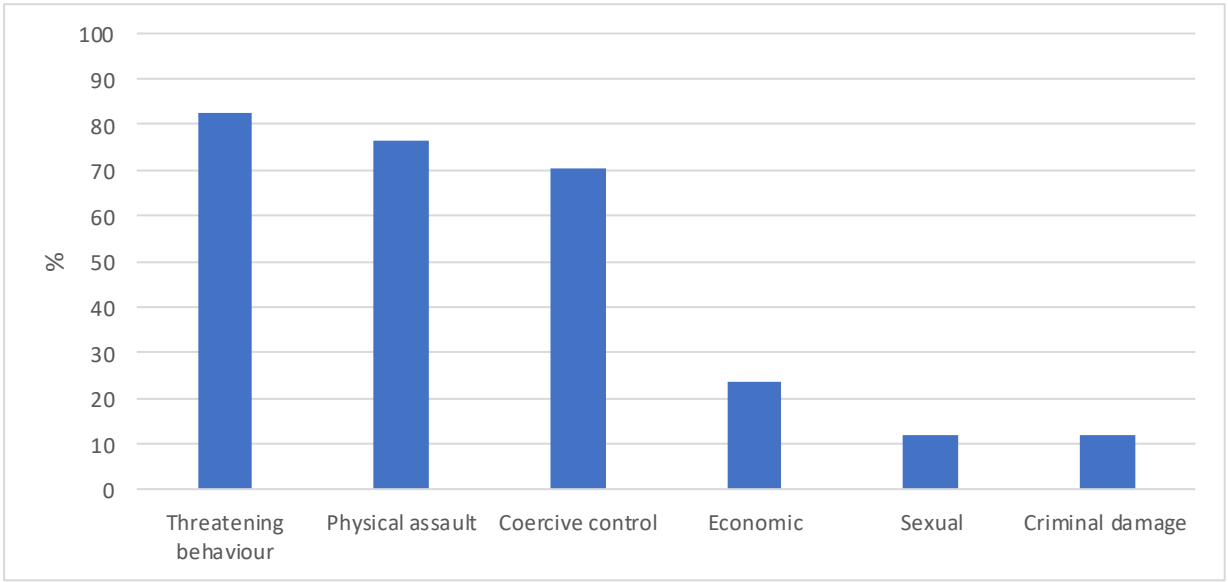
9 n=number.

Figure 2.1 Ages & Locations of Perpetrators & Victims



The following figure presents the experience of the victims in relation to the type of abuse which was perpetrated. As can be seen, they were high levels of violence and control across a number of areas, from sexual assault to criminal damage.

Figure 2.2 The Experience of Victims, 2021



The evaluation can conclude from the presentation of these outputs that in the first 12 months the project has developed valuable experience in how to engage practicality and therapeutically with this group of offenders. There has been a degree of success with engagement levels, with roughly two thirds of perpetrators and almost half of their partners engaging with the project.

2.2 Project Learning

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

- **The project has taken an exploratory approach to a new area of intervention**: experience and expertise have been used by domestic abuse specialist services including a specialist therapy service to develop an emerging intervention approach. This model consists of engaging a specific group of complex and high level offenders referred into MATAC, who would otherwise not receive the level of service they would require in order for them to change their behaviour. The project has also importantly provided support to victims/survivors where appropriate/required (as had been done in seven cases to date). The project took an approach which understood that many reasons that lie behind an individual's motivations for offending are linked to past trauma and attachment related deficiencies. This therapeutic approach recognises that irrespective of perpetrator or victim/survivor, all of those with trauma and attachment related problems will benefit from this form of intervention, attempting to correct faulty internal working models.

  The project has been set up to provide both practical support and psychological interventions, dealing with the body and mind. The reason for this is the recognition that both domains are intrinsically linked and impact upon each other, for example, if someone is suffering from mental health problems, their practical situation is also likely to deteriorate and if practical arrangements are threatened, this can lead to poor mental health. In addition to these more common-sense reasons, there is a body of knowledge

which connects both substance misuse and offending to the presence of trauma and poor attachment in individuals (e.g. Cihan et al, 2014[10]; Fletcher et al, 2015[11]). For example, connections related to the chemical effects of close attachment relationships have been found to mirror that of endogenous opioid alkaloids in the brain (the relationship between attachment and chemical reinforcement likely has the evolutionary purpose of making the attachment process rewarding for both parties) (Insel & Young, 2001[12]).

Referrals have come into the project slowly at first and then at a greater pace. This was a managed process by the project who were cautious about receiving a high number of referrals (it was necessary for the project to carry a small caseload number as a result of client complexity and time demand). There has been some discussion within the project about increasing the number of agencies from where referrals can be taken. We will report on this in the year two evaluation.

- **The project has used a relationship model of interventions**, building trust and engagement with service users. These relationship-based interventions require a longer implementation time as they are in their very nature only effective if they are well made and endure over the long term (or at least medium term). Other research has also identified that such approaches are best delivered over the long term and expecting change in behaviours in only six months was premature (Cassidy at al, 2014[13]). As a result,

[10] Cihan, A., Anthony Winstead, D., Laulis, J. & Feit, M.D. (2014) Attachment Theory and Substance Abuse: Etiological Links, Journal of Human Behavior in the Social Environment, 24:5, 531-537, DOI: 10.1080/10911359.2014.908592.
[11] Fletcher, K., Nutton, J. & Denise, B. (2015) Attachment, A Matter of Substance: The Potential of Attachment Theory in the Treatment of Addictions, Clinical Social Work Journal, Vol.43(1), pp.109-117.
[12] Insel, T. R., & Young, L. J. (2001). The neurobiology of attachment. *Nature reviews. Neuroscience*, *2*(2), 129–136. https://doi.org/10.1038/35053579.
[13] Cassidy, J., Jones, J. D., & Shaver, P. R. (2013). Contributions of attachment theory and research: a framework for future research, translation, and policy. *Development and psychopathology*, *25*(4 Pt 2), 1415–1434. https://doi.org/10.1017/S0954579413000692

the 12 month extension was welcomed, although 24 months is still not long enough an intervention period to build relationships sufficiently to investigate trauma and develop remedial interventions. As one frontline worker reported:

> *It takes a while for them to trust you and build a relationship, at least a year and then you have to find out what makes them tick so you can work properly with them.*

In practical terms, the relationship driven approach is started through responding to the first contacts, queries and expectations of service users. Navigators first come into contact with service users either through a telephone call or in a face-to-face situation. At this point they present the service offer, explain its voluntary nature and importantly attempt to engage the service user and provide them with the sense of the Navigator's commitment to them, i.e. to convince them it is a good thing to engage with the project. This is a highly skilled role and requires a body of knowledge/experience which arises from interactions with a complex and demanding client group. Indeed, the project has been proactive in ensuring supported professional peer support and inter-project learning.

At these introductory points of contact, service users have been resistant or reluctant, others have been dismissive and others have been open to contact. In many respects the openness of service users depends upon timing, with the best opportunities for engagement not being in crisis times. The project has found that it is beneficial to attempt to create as many contact points as possible with the service user and present them with multiple opportunities of engagement.

In the early stages of the project, the Navigators would explain their role and purpose but would wait to broach the idea of counselling with service users, until they were more stable or more used to the relationship where more sensitive issues could be raised. However, after reflection, it was decided by the project to introduce the idea of

counselling from the beginning of contact and included it in the offer to the service user (see following point).

Thereafter, contact with the clients varied from no contact to erratic to regular. In one of the case studies (Box 2.1), contact was made and lost a multitude of times.

- **Delivering therapy in a different way**: a traditional entry into counselling would be to find a counsellor and book an appointment. This project has tried to embed a different delivery approach, which incorporates proactive engagement with clients to increase access to therapeutic interventions opportunities. Anecdotal evidence from MARAC suggested that many of perpetrators had deep seated trauma and emotional issues which would benefit from therapeutic intervention but had previously not accessed this or did not meet threshold for more mainstream counselling or mental health services. After some inter-project technical exchanges/training, Navigators would take opportunities to introduce the idea or suggest a phone call with the therapist. There is evidence that this approach has had some success in engaging hard to engage clients and they have had meaningful conversations on the telephone at an early stage with prospective clients. My Sisters Place through the Calling Time (works with both males and females) service has engaged three people out of seven who were referred. In the following box we present brief notes from the therapists an illustration of engagement patterns.

  In addition to repeated attempts at contact, the project has also been able to offer flexible therapy sessions over the telephone, when clients mental health prevented them from attending in person. Non-attendance or non-communication were not reasons for the project to suspend engagement efforts, in response to the potential for clients to have sometimes chaotic lives.

  This emerging experience over the last eight months also contributes to the debate on when is the best time to receive/deliver counselling to vulnerable individuals with complex needs. A prevailing wisdom is that an individual must have a degree of stability

in order for therapy to be effective. This entails stability in housing, employment/benefits and substance use. Some clients/service users may be unlikely to achieve a level of stability necessary to receive counselling and therefore may never get the opportunity. This Perpetrator Project experience has been not to wait until there is the assumed required stability to offer, but instead offering the opportunity at an early stage in the intervention.

However, it should be noted that trauma informed interventions do not always need to be counselling. Some men may find it very difficult to talk about emotions and may find it more accessible to engage in a practical way such as walk and talk sessions before committing to any therapeutic work. Trauma is a complex subject which requires innovation and this may entail working in a different way with male perpetrators such as fishing trips, walking or mechanics etc. The research team will continue to monitor and reflect on developments in this area over the next 12 months.

- **The importance of the Complex Needs Coordinator to the success of the work**: the initial project experience has confirmed the expectation that the Complex Needs Coordinator plays the vital role in the project. The Complex Needs Coordinator, within Harbour, has been able to engage effectively with almost half of all partners. This work has consisted of updates being provided regarding the perpetrator engaging with the Navigators, assessments being completed with the victims in order to look at the potential risks of the abusive behaviour. The Complex Needs Coordinator will also refer internally within Harbour if additional support is required for the client, such as outreach, refuge, counselling or support for children if needed. If support is required from an external agency they will support the client to self-refer or refer directly or on behalf of the client.

- **The use of the personalisation fund**… (pot a money to remove barriers to engagement with the programme and/ or pathway areas of need. Uses of this has included: paying for replacement identification so that a person is able to open a bank account, and then be

able to accept employment, a cooker to prepare their own meals (independent living skills), paying for a bicycle so that they are able to get to work.

Box 2.0 Notes on People in Therapy, 2022

Example one: woman in early 30s, therapy is ongoing with one appointment attended, two cancelled and another did not attend The phone calls before we began face to face therapy helped her feel more at ease with the whole process and travelling in on her own. This enabled the therapeutic relationship to form as up until this point she had struggled to trust other professionals. Attendance has haltered due to ongoing issues, but she has agreed to attend a telephone session, where we can work on her anxieties. She said being able to have sessions over the phone when her anxiety worsens enables her to still attend.

Example two: man in late 20s, completed introductory call and assessment and has completed one therapy session. It has been agreed to provide a blended approach of online and face to face therapy. The client is more aware of his own behaviour and is taking responsibility where appropriate; and there is early evidence to indicate improvement in behaviour increasing his access to community services.

Example three: man in early 30s, introductory calls (three sessions), assessment completed (two sessions). Therapy is ongoing (nine sessions attended, three cancelled, and one did not attend). This man previously had worked with another therapist, 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, but through a phone call, he decided to try it out. He had struggled forming a therapeutic relationship with the previous therapist and it may take time for the new relationship to form. As a result of this, he seems to be more relaxed in therapy.

Box 2.1 Case Study of Luke*, 31 Years Old From Middlesbrough

Luke was referred in via MATAC with the following characteristics:

- Ongoing drug and alcohol issues.
- Extensive criminal history, which includes violence, theft and domestic abuse.
- Untreated mental health issues and history of self-harm.
- Not actively engaging with probation service and hostile to professionals.
- No bank account.
- Recently bereavement of grandmother, his primary carer.
- Alleged sexual abuse from father.
- History of use of weapons (knife and baseball bat). Threats to stab police officers.
- Breach of bail conditions.
- Perpetrator of domestic abuse, including front of children.
- Complex relationship with ongoing domestic abuse.

Navigators provided the following for Luke:

- Food parcels and basic resources, including new smart phone
- Sorting out benefit and universal credit
- Setting up a bank account
- Taking to appointments
- Assisting with job search
- Providing ongoing support and coaching
- Applying for new housing
- Facilitating counselling.

Contact with Luke was characterised by the following behaviours:

- Welcoming contact and recognising intervention was necessary
- Being compliant
- Resistant to continuing contact, presenting intermittently anger and disinterest
- Concealing certain behaviours
- Being under the influence of drugs and/or alcohol
- Displaying primitive emotions and overreacting to certain situations
- Work sometimes on/case open and sometimes off, with case closed
- Numerous associates
- Often talking about money.

* Not real name.

3.0 Conclusion & Recommendations

3.1 Conclusion

The Cleveland Perpetrator Project was an attempt to pilot a new way of working with a relatively small cohort of high risk perpetrators with entrenched behaviours. It was anticipated that it would enable DA specialist services to address an unmet need and test a new approach to the roll out of a therapeutic trauma informed approach with perpetrators which would change behaviour and reduce reoffending. At the time of writing the evaluation, there had been 10 months of operational service delivery experience which is sufficient to monitor and examine project implementation and early delivery, but not to observe any real behavioural changes in the service users. Fortunately, the project has received a further 12 months funding with evaluation, which will enable those outputs to be examined after a more prolonged contact period. In this period, the project has demonstrated itself to be flexible and responsive and open to reflective critique, which is a requirement for an experimental approach.

3.2 Recommendations

As a result of the formative nature of the evaluation, recommendations are made regularly throughout delivery after the reflexive sessions, in order to correct any project divergence. These adaptations have consisted of increasing communication and inter-service training within the delivery team, increased integration between therapeutic and Navigator service, increased communication with partners and a widening of referral agencies. At our last session, we examined future directions of the project with project stuff. The resultant calls were for a continuation and consolidation of project delivery in order to create more learning, with an interest and enthusiasm in what the next 12 months of project experience will deliver. In the year two evaluation we will examine the emerging outcomes of the work, including impact on attachment related behaviour.

Appendix One: Referral Criteria/Complex Need Process Flow Chart

Coordinators: [redacted] and [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
Emily and Tim 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]
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:

Office of the Police and Crime Commissioner for Cleveland

Phone: 01642 301861

Email: pcc@cleveland.pnn.police.uk

Postal Address: c/o St Marks House, St Marks Court, Thornaby, Stockton-On-Tees, TS17 6QW

Website: www.cleveland.pcc.police.uk

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 &s Harbour). He can be contacted via:

Email: Christopher@barefootresearch.org.uk

Phone: 07813 789529

Website: www.barefootresearch.org.uk/

Barefoot Research and Evaluation