Final Report

# A Long and Winding Road: An Evaluation of the Safe and Together London Partnership 2021-2026

September 2026

Prof Liz Kelly and Dr Maria Garner

LONDON METROPOLITAN UNIVERSITY

CWASU
CHILD & WOMAN ABUSE STUDIES UNIT

# Table of Contents


**Acknowledgements** ..... 4

**Glossary** ..... 5

**Executive summary** ..... 6

**1. Changing the frame** ..... 11

*The Safe and Together framework* ..... 11

*The S&T London Partnership* ..... 13

*Structure of this report* ..... 16

**2. An embedded evaluation** ..... 17

*Process and data collection* ..... 17

*Ethics* ..... 21

*Challenges and limitations* ..... 21

*Into the weeds: indicator data* ..... 21

**3. Process evaluation** ..... 26

*Year 1: Will time win?* ..... 26

*Year 2: Going beyond training* ..... 28

*Year 3/4: A community of practice* ..... 29

*Year 4/5: 'Context is everything'* ..... 29

**4. A responsive and contextual training offer** ..... 33

*The training offer* ..... 33

*Training organisation and delivery* ..... 35

*Overview training* ..... 36

*Core training* ..... 39

*Supervisor training* ..... 46

*Working with perpetrators training* ..... 47

*Refresher training* ..... 48

*Reflections* ..... 48

**5. Embedding as outcome** ..... 51

*Case consultations* ..... 51

*From case audits to learning reviews* ..... 55

Learning reviews in years 4/5 ..... 59

Reflections ..... 60

*Responsive workshops* ..... 61

*The professional hub and marketplace* ..... 62

*A conducive context for systems change* ..... 63

**6. Aligning and fortifying: systems within systems ..... 64**

*Pivoting to perpetrators at system levels ..... 64*
On the system ..... 65
Complaints ..... 66

*Aligning policy and practice ..... 69*
Quality Assurance ..... 69
Systemic approaches in social work ..... 70

*New challenges, new opportunities ..... 72*
Social work reforms: S&T and family group decision making ..... 72
A Crucial distinction ..... 73
S&T & Family Group Conferences ..... 74
Artificial intelligence in social work ..... 76
MASH ..... 77

*Systems within systems and embedded evaluation ..... 78*

**7. Conclusions and reflections ..... 79**

*Reflections and recommendations ..... 81*

**Appendix 1: Briefing paper 1, S&T and systemic approaches ..... 84**

**Appendix 2: Briefing paper 2, S&T and QA ..... 89**

**Appendix 3: Briefing paper 3, S&T and complaints from perpetrators ..... 93**

**Appendix 4: Briefing paper 4, S&T and FGDM ..... 100**

**Appendix 5: Perpetrator data collection requirements ..... 110**

**Appendix 6: Marketplace offer Year 2 ..... 111**

**Appendix 7: Family Group Conference practice guide ..... 112**

**References ..... 129**

## List of figures

Figure 1: Safe and Together principles ..... 12
Figure 2: Partnership borough composition, 2021-2026 ..... 14
Figure 3: Emotions linked to working with perpetrators, pre-Core training ..... 42
Figure 4: Embedding S&T ..... 51

## List of tables

Table 1: Four tracks of implementation ..... 15
Table 2: Data Collection from 2021-2026 ..... 19
Table 3: Training delivered and attended across the project (2021-2026) ..... 35
Table 4:Number of case consultations by borough, Years 1-4/5 ..... 52
Table 5: Visits to the professional hub by page Years 2-5 ..... 62

# Acknowledgements

We thank the team in Waltham Forest and Respect and the partnership overall for choosing to work with us in an embedded way. Particular thanks go to the implementation leads, borough leads and all the practitioners who have been interviewed, participated in action learning sets and roundtables and offered case studies. It has been a privilege to shadow this work for the past 5 years, it has been a long and winding (bumpy even) road for the core project team, including for us as evaluators. We have had to flex and flow, follow the unpredictable course of the work, and have been impressed by, albeit frustrated at the necessity, the sheer level of tenacity, commitment and graft of the team, in the face of precarity - endeavouring to change one system, whilst navigating multiple others.

# Glossary

| | |
|---|---|
| ALS | Action Learning Set |
| CCB | Coercive and Controlling Behaviour |
| CoP | Community of Practice |
| CSC | Children's Social Care |
| CWASU | Child and Woman Abuse Studies Unit |
| DA | Domestic Abuse |
| DV | Domestic Violence |
| FGC | Family Group Conference |
| FGDM | Family Group Decision Making |
| IPV | Intimate Partner Violence |
| LP | London Partnership |
| LPM | London Partnership Model |
| MOPAC | Mayor's Office for Policing and Crime |
| S&T | Safe and Together |
| VAWG | Violence Against Women and Girls |
| QA | Quality Assurance |

# Executive summary

This is the final evaluation report on the implementation of Safe and Together (S&T) by the London Partnership, which set out to transform how children's social care (CSC) responds to Intimate Parter Violence (IPV). The partnership links six London boroughs (Barking and Dagenham, Barnet, Hackney, Hammersmith and Fulham, Newham, Waltham Forest)[1], a delivery team based in Respect and the Safe and Together Institute in the USA. The impetus for change was that too often victim-survivors were being held responsible through notions that they 'failed to protect' their children, when they too were subject to repeated violence. This left perpetrators invisible in child protection processes. S&T begins from seeking to keep children safe and together with their non-abusive parent whilst holding the perpetrator to account for their harmful parenting practices. Pivoting to the perpetrator and partnering with victim-survivors are core practice principles.

The goals the partnership set at the outset were:

- to build a shared framework for improvement across managers and frontline staff in social care and the wider intervention network;
- to increase identification of domestic abuse in social care assessments;
- to increase worker confidence and engagement with perpetrators;
- to increase options for behaviour change for perpetrators across the boroughs;
- to increase actions for perpetrators in social care plans;
- to shift the language and approach to victim-survivors, a decrease in making them responsible for change.

As evaluators we have observed implementation in real time and in our process evaluation explored the wider contexts that affected implementation, whilst tracing the outcomes for social workers, victim-survivors, children and perpetrators. The primary intended changes concern the policy and practice within CSC and adjoining systems.

We have documented and named a unique implementation model, since most previous implementations have relied on training alone and been located in a single administrative district. The London Partnership Model rests on three other pillars; implementation leads whose role is to embed the principles in practice; a governance model across six boroughs; and an embedded evaluation. All contributed to the circular learning which

[1] Tower Hamlets and Redbridge were part of the original partnership.

has been a feature of this project. The identification of, and responses to, actual and potential blockages in systems within systems is a key feature of this project.

## Methods

This is a mixed method evaluation collecting both quantitative and qualitative data to trace implementation and observing project governance to undertake the process evaluation. Key data sources are: five sets of phased interviews with the team; interviews with CSC staff; surveys across all training with over 1000 participants; activity logs and case learning reviews undertaken by the implementation leads; a series of five thematic action leaning sets; and case studies created by practitioners.

Our embedded approach has created opportunities to bring evidence into use - with interim reports and briefing papers leading to adaptions and strategic engagements.

## Process evaluation

The project began with a surge of enthusiasm as social workers welcomed the re-framing, with a number regarding it as transformational. From the first year funding has been short-term; the partnership has had to navigate uncertainty and unclear timelines, with redundancy processes begun several times creating a disruptive rhythm of gearing up and winding down. That broadly the same staff team has been maintained throughout is a tribute to their commitment and tenacity: they have led and developed a context-led, responsive approach to implementation.

Implementation has been context-led, as each borough has a different profile, structure of CSC and internal priorities. Membership of the partnership has shifted over time, creating four separate timelines of implementation; whilst a challenge, it has also been instructive to see the increased pace of change in the newer boroughs as they are able to benefit from lessons already learnt.

As the staff team took over the training programme it has become more responsive to the local contexts and the processes of recruitment and retention honed.

By Year 3 the operational group become a community of practice linking project staff with borough leads in a creative synergy which has driven the process of embedding the framework not just in practice but also into policy and adjacent systems. That the partnership has achieved layers of system change in such uncertainty is a considerable achievement.

One indicator of success is that the project adapted to, and navigated through these contexts, reaching a point at the end of Year 4/5 where investment in a randomised controlled trial by Foundations extended the funding for another two years and offered the potential for much wider roll out.

## Training as a foundation

From August 2021 to March 2026 over a hundred (102) training courses have been delivered, attended by over 3000 people, with over 1000 completing the foundational 4-day Core training. At least 1000 separate individuals (we cannot be exact as responses are anonymous) gave feedback for the evaluation. All training resulted in gains of knowledge and confidence, shifted focus to perpetrators and recognition of survivor strengths. The messages about language and documentation were clearly received, as was an understanding that victim-survivors are invariably doing their best rather than 'failing to protect'.

Feedback surveys and interviews revealed that the largely female minoritised CSC workforce were understandably reticent and anxious about more direct engagement with perpetrators. This showed the importance of the London Partnership model in which the physical and emotional safety of workers is held in mind and addressed in case consultations and supervision. This is the scaffolding of individuals which is needed if S&T is to become embedded.

## Embedding as outcome

Embedding is the process that goes beyond training, developing strategies to ensure that the workforces within boroughs move towards what the Institute calls 'domestic violence informed practice'. It is primarily the work of implementation leads within boroughs which achieves this. The key mechanisms involved are case consultations and case audits/learning reviews. Across the six boroughs 1808 case consultations were delivered to individual social workers, with an additional 150 in Redbridge and Tower Hamlets, who left the partnership at the end of Year 2. Case audit/learning reviews showed clearly the difference they made to documentation, partnering with victim-survivors and pivoting to perpetrators. They also evidenced clear differences across the established and newer boroughs, with change being strongest in year 3/4. Case studies showed the difference this makes in both family and criminal court cases. The proximity to practice of implementation leads enables challenges and blockages to be uncovered swiftly and addressed, creating a conducive context for systems change.

Change is most deeply embedded in Hammersmith and Fulham, a smaller borough with a stable workforce and lower-case numbers. Almost all CSC staff are now Core trained and S&T is the second pillar, alongside a systematic approach, for all work in CSC. This success is underpinned by a consistent borough and implementation lead team, supported by a committed head of service.

## Fortifying and aligning – systems change

Embedding took place through scaffolding individual workers and teams, but there were challenges at system levels that were addressed through the embedded evaluation and

cross-borough action learning sets. The co-production of solutions included working with complaints staff, integrating S&T into quality assurance processes and demonstrating how systemic approaches in social work could be aligned with S&T principles. In the final year the challenges from social work reforms and AI were addressed.

The co-produced practice checklist from one of the action learning sets is now part of overall practice guidance in three boroughs. We argue that such aligning and fortifying is evidence of system change.

## Conclusions and recommendations

That the project covered eight boroughs over the five years led to the development of a context-led responsive approach to implementation.

Progress was made on all six of the goals with the strongest evidence for: building a shared framework across managers and frontline staff in social care; increased naming of IPV and differentiating between victim-survivors and perpetrators; increased worker confidence in engaging with perpetrators; changing the language and approach to victim-survivors.

We make the following recommendations to further scaffold and fortify S&T within the London Partnership.

- To take space to revisit the implementation lead post, which has been shaped organically, in terms of capacity to deliver training, case consultations, learning reviews and responsive embedding tasks.
- Perpetrators need to be on borough case management systems, with some mandatory fields, including actions on plans. This data should be brought quarterly to the community of practice for review.
- Linked to this we suggest an action learning set for practitioners to adapt the existing tool into a menu of appropriate behaviour changes which could be included in plans.
- A reflective practice session for implementation leads on why the harmful parenting practice framing, intersectional thinking and worker safety aspects of Core training seem to be less in evidence in learning reviews.
- Serious discussion is needed at senior leader level of how case management systems can be simply adapted to distinguish between current IPV, post-separation IPV and other forms of family violence. This would have benefits for internal monitoring.
- The partnership needs to explore what proportion of IPV cases coming into CSC, including through MASH and Early Help, are post-separation abuse. If it is as significant a proportion as in the recent learning reviews (over half) the Respect team should develop a short training/briefing, to

be rolled out across the partnership, covering why this undermines the 'failure to protect' discourse, that it is definitely not family conflict making mutualising language inappropriate.

- Consider developing a short workshop on mutualising language – possibly using a version of the re-writing exercise which proved so effective in Core training.
- As the partnership shape shifts again it is worth considering creating a library of implementation lead resources - briefing session outlines/slides, strategies that have scaffolded staff and or enabled systems change.
- The partnership to monitor use AI in case files through one learning review and explore how S&T principles can be embedded within the training of and on emerging AI systems.
- The partnership to explore a different approach to engage police in boroughs about S&T, as the invitation to Overview training has not been effective.
- The community of practice to continue to track how the social work reforms are being implemented and possibly to echo the approach taken to systemic thinking of reading S&T principles into the overarching framework.
- Within this to use the recently developed FGDM and FGC tools a 'live' and adapt as practice develops over the next two years.
- The implementation leads, in their ALS, to explore how the reflective tool developed for FGDM could be adapted for use in MASH.

# 1. Changing the frame

For decades, social work responses to intimate partner violence (IPV)[2] have been critiqued for holding victim-survivors[3] to account for 'failing to protect' their children (Hester & Pearson, 1998; Humphreys, 2000; Kelly, 1994). Victim-survivors' experiences of children's social care (CSC) in England are too often patterned by 'discourses of mother-victim-blame' (Wild, 2022), which shape responses through a deficit approach. This implied lack in parenting undoubtedly reproduces ways a victim-survivor has already been diminished by a perpetrator (Katz, 2023). An emphasis on risk assessment, and short- term risk reduction, in policy and practice has also increasingly worked to 'responsibilise' (Coy & Kelly, 2019) victim-survivors for their own and their children's safety. Hadjimatheou (2022) shows how domestic abuse disclosure schemes, originally envisaged as an empowerment process, are increasingly shaped by CSC, which uses them as a lever to make victim-survivors responsible for protecting children. This signifies a shift away from the recognition in the 1990s that woman protection could be the best form of child protection (Kelly, 1996) and the requirement to make perpetrators visible.

Despite domestic abuse representing 'a prolific and persistent issue' (Domestic Abuse Commissioner, 2025, p109) in CSC caseloads, social workers often report feeling unprepared to work with victim-survivors and perpetrators. Limited content on domestic abuse, including coercive control, in social work curricula has created a knowledge and confidence gap, despite intimate partner violence being present in over half of their caseload (op cit). This is the problem some London boroughs set out to change through implementation of Safe & Together.

## The Safe and Together framework

Safe & Together (S&T) is an internationally recognised systems change intervention based in the US, which combines a trademarked training programme with linked tools and resources to improve responses to what they term domestic violence[4]. The fundamental premise is that it is the behaviour of perpetrators that sits at the heart of what we term intimate partner violence (IPV,) which has a range of consequences for victim-survivors and their children. Too often it is the consequences which are identified as problems by professionals – resulting in responses to symptoms rather than the cause. The framework

[2] We use this term as an internationally recognised reference to violence that takes place within partner relationships, S&T was designed in relation to this context of violence, not the wider definition of domestic abuse within the Domestic Abuse Act 2021, which folds IPV and other forms of family violence, which have different dynamics, into a catch all concept.

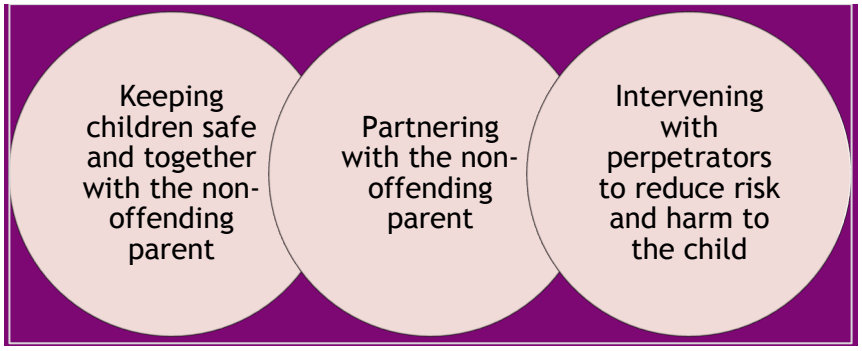
[3] We use this concept to indicate that both are present within abuse and its aftermath.

[4] https://safeandtogetherinstitute.com/

was developed to apply in child protection systems, as it is here that a large proportion of IPV cases become known to statutory agencies and too often child protection trumps woman protection. The S&T Institute now argues for relevance and applicability in a range of institutional contexts including health and criminal justice systems.

S&T seeks to change both practice and systems through the application of three basic principles summarised in Figure 1.

*Figure 1: Safe and Together principles*




A key element that unlocks the principles is defining IPV as a harmful parenting practice which can be evidenced through tracing and recording the pattern of abuse and its impacts over time. This then reveals the context in which victim-survivors are acting, in which their 'space for action' (Kelly, Sharp, Klein, 2014) is relentlessly diminished over time by the behaviours of perpetrators, allowing a different sense to be made of their actions and inactions. The concept of 'pivoting' offers a route away from familiar notions of 'failure to protect' to asking questions about the behaviour of perpetrators and how it influences victim-survivors and children. A practice that holds perpetrators to account for the harms they cause does not mean that the only response is a punitive one, S&T envisages that practitioners find ways to engage with perpetrators and offer opportunities to change.

The training programme offered by S&T is designed to fill a gap in social work education and training - even if they have input on IPV, it is rarely intensive and even less likely to address working with perpetrators. Three trainings are offered.

- A one-day Overview, designed as an introduction to the approach.
- A four-day Core training offering foundations for creating domestic abuse-informed practice through exploring: the impact of domestic abuse on children and family functioning; fact-based assessments of the perpetrators' patterns of behaviour; partnering with adult survivors; intervening with perpetrators; how domestic abuse intersects with other issues like substance abuse and mental health.
- A two-day Supervisor course focusing on how to endorse the S&T framework and embed it within teams.

The Institute and its website also offer additional resources. The ownership of the framework means all training has to be delivered in formal partnership with the Institute.

S&T now has global reach with significant adoptions in Australia and the UK. Previous implementations, according to the Institute, have seen a 44-66% decrease in domestic abuse related removals of children and almost a third reduction in re-referrals into children protection. Evaluations have also shown that it can reduce those subject to formal child protection procedures (Humphreys & Nicholson, 2017) and the extent that victim-survivors are held responsible for protecting their children (Mitchell, 2017).

## The S&T London Partnership

The first S&T implementation in London ran from 2019-2021 and was comprised of Waltham Forest and Hackney, with Respect[5] as delivery partner. In 2021, following a bid supported by The Mayor's Office for Police and Crime (MOPAC), Home Office funding enabled an expansion to five boroughs with external evaluation. Newham, Tower Hamlets and Redbridge joined and the five became the East London Partnership with Respect remaining as core delivery partner, and CWASU appointed as evaluators. Funded initially for 12 months, renewal has been negotiated at the end of each period to cover five years 2021-2026. The insecure funding regime, and the requirement that boroughs also contribute, has meant that over time the shape of the partnership has changed. Figure 2 shows two boroughs (Tower Hamlets and Redbridge) left at the end of Year 2, but Hammersmith and Fulham had joined earlier that year. The entry of a borough from West London led to a name change to the London Partnership. Barnet and Barking and Dagenham joined at the start of the Year 3/4 funding period. Eight boroughs have been part of the project since 2021.

[5] Respect began as the second tier membership organisation for community-based domestic violence perpetrator programmes. Its work has expanded to encompass a helpline for abusive men, working with the Drive partnerships and policy advocacy.

*Figure 2: Partnership borough composition, 2021-2026*

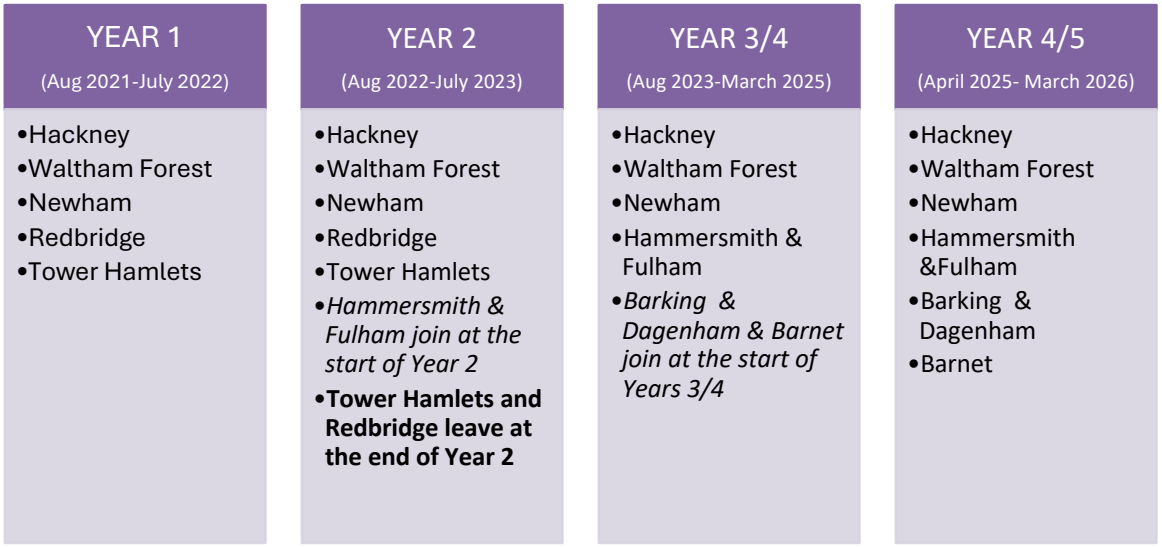



Table 1 shows that this changing membership resulted four tracks of implementation, which created challenges for project management and the evaluation. In the report we refer to Year 1, Year 2, Year 3/4 which was a period of 18 months and Year 4/5 as shown in Figure 2.

The structure of the core project team has remained the same with a part-time project manager based in Waltham Forest: the borough has held the funding and been the vector between the project and funders (Home Office and then MOPAC). There is then a delivery team in Respect that supports workforce development, coordinates training and project funding and employs three implementation leads. Each borough has a part-time implementation lead whose role is to ensure that the learning in training is maintained, reinforced and applied in practice: a key element in this is the offer of case consultations to practitioners. Each borough proposes a 'borough lead' who participates in governance and acts as a communication line between the partnership, the local authority and CSC in their borough. As future chapters will show this is a unique implementation model which recognises the necessity to go beyond training, especially if the goal is to effect systems change.

*Table 1: Four tracks of implementation*

| | **Borough** | **Joined** | **Time in partnership** |
|---|---|---|---|
| **Track 1** | Hackney<br>Waltham Forest | Year 1 with 2 years prior implementation | 6 years 8 months |
| **Track 2** | Newham<br>Tower Hamlets<br>Redbridge | Year 1<br>Year 1<br>Year 1 | 4 years 8 months<br>2 years<br>2 years |
| **Track 3** | Hammersmith and Fulham | Year 2 | 3 years 8 months |
| **Track 4** | Barnet<br>Barking & Dagenham | Year 3/4<br>Year 3/4 | 2 years 8 months<br>*2 years 8 months* |

Across all funding periods the partnership has:

- delivered Overview, Core and Supervisor training;
- offered a training for trainers option;
- created and delivered bespoke Working with Perpetrators and Refresher trainings;
- provided case consultations;
- undertaken case/learning reviews;
- offered borough-based workshops and briefing meetings;
- developed a suite of online resources housed in a professional hub;
- conducted oversight and governance through an operational (now community of practice) and steering group.

As Chapter 3 shows, activities have expanded in response to borough specific contexts and needs.

The original bid included what was termed a 'marketplace': building a set of intervention and behaviour change options for perpetrators through opening access across boroughs, three of which already had in house perpetrator programmes. Extending opportunities was to be achieved through partnership referral pathways, including into less mainstream provision: in community languages and that for female and LGBT perpetrators. The offer went live at the end of Year 1, made up of six Respect accredited

organisations. Unfortunately, the marketplace was suspended at the end of Year 2 (see Chapter 4) due to funding shortfalls, but some of the links remained over the life course of the project.

## Structure of this report

The next chapter describes our methodological approach through the concept of embedded evaluation. That is followed by the process evaluation and then three chapters that focus on outcomes - through training, implementation, embedding and transforming roadblocks into opportunities for systems change.

# 2. An embedded evaluation

This evaluation has been subject to uncertain timeframes and shifting contexts, requiring an iterative, agile and adaptive approach. Whilst the ambition of the partnership has always been transformation, that funding was initially for a single year meant this timeframe was an unrealistic ambition for evaluation: it would however, be possible to chart a 'direction of travel' and this was the focus for Years 1 and 2. As we became more trusted partners, in part through membership of the governance structures, our embedded approach deepened as we applied our findings and skills in identifying barriers to embedding and systems change (Years 3-5). Embedded evaluation is an emerging approach in which evaluators are part of the project from the outset, providing ongoing feedback through data in order that adjustments and improvements can take place in real time. It is an approach which recognises that implementation is invariably messy, taking place in contexts of uncertainty. It requires depth of understanding of projects at the level of practice, not just outcomes, ongoing communication and an emphasis on learning and collaboration.

Some approaches to evaluation seek to document change through cause and effect chains, with direct linkages between goals, inputs and outcomes. Systems change is a nonlinear, multifaceted and complex process, located within multi-layered contexts: what we have come to term 'systems within systems'. We approach outcomes in a more spacious frame, focusing not only on whether but also on why and how change does and does not happen. We also recognise multiple ways of knowing, that knowledge is culturally, socially and temporally contingent, within which we explicitly recognise and value practice-based knowledge.

Since Year 1 we have shadowed the life course of the project and worked in partnership on elements of evaluation design, collating existing and collecting original data. With each funding period we have advanced further into an embedded approach, with a focus on learning, co-production and collaboration, adapted to the processes of implementation and embedding. This widens and complicates what counts as an indicator of change: going into the weeds of this process we claim unanticipated outcomes, such as an increase in complaints from perpetrators, as evidence of change. Similarly, we conclude this chapter explaining why the original indicators offer little when seeking to document what this project has achieved.

## Process and data collection

One of the first activities of the evaluation was to produce a theory of change which linked the project activities to outcomes which could be measured. During the workshop, existing data sources within the boroughs and project were identified, as well as those

that needed to be created to monitor and evidence process and progress. The consensus on what the evaluation should address covered:

- building a shared framework for improvement across managers and frontline staff in social care and the wider intervention network;
- increased identification of domestic abuse in social care assessments;
- increased worker confidence and engagement with perpetrators;
- increased options for behaviour change for perpetrators across the five boroughs;
- increased actions for perpetrators in social care plans;
- shifts in the language and approach to survivors, a decrease in making them responsible for change.

Implementation was observed in real time which fed into the process evaluation questions:

- what adaptions have been necessary and why?
- what were the wider contexts that affected implementation?

The initial time frame for the evaluation, like the project, was 12 months, with extensions being added as and when funding was renewed. This, combined with the changing membership of the partnership with different tracks of implementation (see Table 1), means that there is no singular simple story to tell, and our approach has had to develop in the field, in response to the ebb and flow of funding renewals.

Working in partnership on evaluation design, collating existing and collecting original data, highlighted the multiple systems at play that intersect with, and overlay how, CSC can and does respond to IPV. This is made even more complex by the multiple sites of the project. Assessing outcomes and processes of systems change requires a proportionate and contextual approach, which takes a reasonable view of what can be achieved in the time frame with the resources available and how competing and existing broader systems can act as barriers as well as enablers.

In Yearn 3/4 we moved more firmly into an embedded approach - both generating evidence and providing support to operationalise and use it. As embedded evaluators we have been able to identify ‘evidence-into-use’ pathways and build ‘relational bridges’ (Forbes, 2022, p3) for collaborative work to identify roadblocks and how they may be overcome.

### Data collection

Some aspects of data collection have remained the same across the project (see Table 2) with adaptions and additions based on our embedded approach. We have taken a multi-methodological approach combining qualitative and quantitative data from a number of standpoints to enable triangulation and strengthen findings.

The first year of the project and the evaluation was affected by the Covid 19 pandemic with all meetings and training undertaken virtually.

*Table 2: Data Collection from 2021-2026*

| | |
|---|---|
| **Year 1 & 2** | ➢ Phased interviews with partnership team<br>➢ Training Surveys<br>➢ Interviews with CSC professionals<br>➢ Analysis of activity logs and case audits<br>➢ CSC indicator data |
| **Year 3/4** | ➢ Phased interviews with partnership team<br>➢ Training Surveys<br>➢ Interviews with CSC professionals<br>➢ CSC indicator data (adapted)<br>➢ Analysis of activity logs and case audits<br>➢ *Rolling action learning set with Implementation Leads<br>➢ *Thematic Action Learning Sets x 3 |
| **Year 4/5** | ➢ Phased interviews with partnership team<br>➢ Training Surveys<br>➢ CSC indicator data (adapted)<br>➢ Rolling action learning set with Implementation Leads<br>➢ Thematic Action Learning sets x 2<br>➢ *Thematic roundtable<br>➢ *Practitioner case studies |

*Indicates new activities that period

Phased interviews over the five years have been undertaken with borough leads and the project team to capture staff and stakeholder perspectives. The tone and content were inflected by whether funding had been renewed or was uncertain: redundancy processes were begun several times in the evaluation period. With the more longstanding partnership members the interviews increasingly became reflective spaces.

Given the foundational role of training in S&T online survey links have been provided at the end of all Overview courses and pre and post Core training and after the Working with Perpetrators courses. All comprise both forced choice and open-ended questions and are reported on in Chapter 4. Whilst we cannot identify individual participants due to anonymisation we estimate around 1000 people have been part of this feedback process

Between Years 1-3 we interviewed 28 CSC professionals including: newly qualified social workers; service managers; early help teams; family therapists; intervention workers; and quality assurance professionals. Interviews allowed deeper explorations of how trainings landed, perspectives on S&T, and what the challenges and opportunities might be for embedding learning into practice. As our embedded approach developed from Year 3, we

worked with a further 28 professionals, through action learning sets, and round table discussions.

The activity logs of implementation leads record the number of case consultations they have undertaken, briefing meetings and other activities. Since Year 2 implementation leads have undertaken much of the training, alongside CSC staff who also completed the training for trainers course offered by the Institute.

Case audits were undertaken by implementation leads at several points from Year 2 to a look for changes in language, increased actions for perpetrators and other indications of change. Over time boroughs sought more focused reports on local issues and in Year 3/4 the process was reframed as learning reviews. These are reported on in Chapter 5.

Action learning sets (ALS) became a core element in the evaluation from Year 3. The issue of increased complaints from perpetrators was raised in a partnership meeting, our suggestion to explore this with cross borough complaints staff was welcomed. This was followed by ones on quality assurance, aligning S&T and systems theory, and social work reforms (see Chapter 6). A rolling action learning set with implementation leads was convened initially to adapt the case audit process, it then morphed into a live learning and reflective space and has been a source of insight on new glitches in the process of embedding change. This method has been central to our embedded evaluation, creating direct evidence into use pathways. Findings have been fed back into the partnership, through direct feedback and briefing papers, and the co-production of tools and materials to support implementation (see Appendix 1-4 and Chapter 6). We also convened one roundtable discussion in Year 4/5 on the implication for S&T of the use of Artificial Intelligence (AI) in CSC processes, and one ALS session on Multi Agency Safeguarding Hubs (MASH).

As the project advanced, through the community of practice, examples of S&T effecting significant change for victim-survivors and children began to emerge. An example from Hammersmith and Fulham showed how the perpetrator pattern tool was used to compile a report for family court, with the judge commending the report as making it possible for him to refuse contact (see Chapter 5). To capture these examples as evidence and learning, in Year 4 /5 an online space was created for practitioners to upload case studies on the difference S&T made to their practice.

The final section of this chapter addresses the complexity of working with CSC data to evidence change and offers in depth discussion of the indicators included in the original funding application.

# Ethics

We work to the British Sociological Association's ethical framework which emphasises professional integrity and building relationships characterised by trust. As far as possible our approach to evaluation is based on collaboration and building partnerships. Ethical approval was granted by London Metropolitan University's Faculty of Social Sciences and Professions research ethics review panel. A data sharing agreement was devised early on, adapted several times and was adhered to throughout. All data has been anonymised to ensure confidentiality. Data was stored on a firewalled section of the university data storage system only accessible by CWASU staff and IT support.

Interview participants were provided with clear information about what taking part would involve, enabling them to give informed consent, which was renegotiated at different stages of data collection. Research activities were planned to be accessible and flexible so as not to encroach too much on work time, and to afford some form of reciprocity: both interviews and surveys were designed as reflective spaces in which participants were encouraged to think with us. The action learning sets were also designed to be reflective and productive spaces, where professionals could work with us to produce something of value to their own work.

# Challenges and limitations

Recurrent funding challenges shifted the focus of project staff meaning interviews had to offer space for frustrations to be aired. Staff changes in one borough meant commitment to contribute to the evaluation waned. Recruiting to, and retaining, social care professionals in action learning sets was a challenge, undoubtedly fuelled by workloads. We learnt to work with who turned up and not make too many demands on their time. Where we had a task, we would draft a first version but devote a full session to discussing and re-working with participants.

The indicator data proved to be the biggest challenge in this study, but as the next section shows we learnt more than we could have imagined about how these were not reliable measures of changes that could be attributed to S&T. It serves as a case study of the pitfalls of relying on quantitative data that requires making assumptions about what it refers to, and that it can be comparable across London boroughs.

# Into the weeds: indicator data

A set of quantitative indicators for tracking progress were part of the original funding application to the Home Office, based on how S&T has been evaluated elsewhere: the thinking being that increased confidence enables identification of IPV, partnering with

victim-survivors and pivoting to perpetrators. These shifts are then assumed to lead to better outcomes, less abuse which will decrease the need for child protection plans or children being taken into care. The indicators were:

- increased identification of DA[6] at referral and after assessment;
- a decrease in child protection plans where DA was a factor;
- a decrease in admissions into care where DA was a factor;
- an increase in interventions with perpetrators.

Tracking each proved much more complex than anticipated and as the partnership grew in confidence all were the subject of scrutiny in terms of both the validity and comparability of data and whether any change could be reasonably linked to S&T.

In this section we explore this interrogation, the limitations of the data sets and whether any claims could be made through them.

Three key issues emerged in Year 1. Firstly, that there were three (and as the boroughs in the partnership changed four) different case management systems in use, with varying non comparable fields, different intake and assessment processes, and whether and how DA was flagged on the system. Secondly, the only fields where interventions with perpetrators could be found would be free text which meant this could not be a measured systematically. Thirdly, how interventions were recorded also created dilemmas: actions or steps would be recorded numerically, at times differentiated by children and parents, but never in relation to victim-survivors or perpetrators specifically. For the two boroughs which had internal perpetrator programmes it was possible to get data on referrals, those who began and completed work, but this is not an indicator of change in social work practice in CSC. Only one borough had direct control of their case management system, meaning they could make adaptions internally: all the others were outsourced so any structural changes incurred substantial costs and were ordered in priority for the local authority. All of these discoveries had serious implications for the evaluation using the indicators as measures of change.

In Year 1 we asked for two years baseline data before S&T was implemented and then to follow the indicators from there. Three-way meetings between the evaluators, borough leads and local analysts confirmed that the different file structures, data entry rules and local metrics used to monitor CSC cases meant that analysts could not easily provide data that was comparable. An additional wrinkle was that Hackney suffered a cyberattack meaning they could not provide baseline data for the years before implementation. Chasing the indicator data was one of the more frustrating tasks of this project for partnership members and evaluators.

[6] We use DA here as this was the concept in the funding application

In Year 2 the indicators were revisited and clarified: the number of new cases in which domestic abuse was identified at referral; the number of new cases where it was identified within assessment; the number of new child protection plans where DV was a factor; and the number of children taken into care where DV was a factor. We created a pro-forma for analysts to try to increase consistency in returns. Five of the boroughs provided all of this data for July 2022-June 2023 and some changes were noted in the intended directions.

- Hackney, Newham and Waltham Forest increased identification of domestic abuse.
- Hackney and Waltham Forest saw a decrease in child protection plans where domestic abuse was identified.
- Newham, Redbridge and Waltham Forest saw a decrease in looked after children where domestic abuse was identified.

Creating data on interventions with perpetrators was addressed through a co-produced template of five fields intended for introduction into case management systems (see Chapter 6 and Appendix 5).

Given the project's length at that time (two years), these were considered proportionate for the longer-term aim of sustainable systems change, and were most evident in the two boroughs with the longest engagement with S&T. One of the project team made clear that systems change is a gradual process, with shifts in practice being the necessary first steps.

> *Fundamentally this is an attempt to change a workforce approach, and to change systems which over the longer term will have direct changes for families, but if you're looking for the direct change in the families before practitioner change has happened, you're looking in the wrong place* (Project team member, interview, Year 2).

Some other observations were made about Year 2 indictor data and discussed in the operational group.

- There were wide variations in case identification with very low numbers in Hammersmith and Fulham (n=278) and the highest in Redbridge (n=4173), this was not solely due to size and composition of the boroughs.
- Identification recording was significantly different with at referral high in Hackney, Tower Hamlets, Redbridge and Hammersmith and Fulham and at assessment in Waltham Forest and Newham.
- The proportions of cases resulting in child protection plans and children taken into care are low as percentage of identified cases, the care figures could be less than 10 in any quarter. The low base N means that it is not possible to control for random variations in any one year; for example, taking five siblings into care in a

single case could increase the rate. Similarly, despite beginning from a much lower base numbers a higher proportion of cases in Hammersmith and Fulham resulted in care plans.

The evaluation did not have the resources to explore and understand these variations, reflections in Year 3 focused on comparability across boroughs and whether it was legitimate to attribute changes in the indicators in the intended directions to the specific impact of S&T.

Several discussions took place in the operational group/community of practice in which further complexities emerged as we got deeper into the weeds of understanding what the data was and was not telling us. S&T is an intervention focused on IPV but many local authorities use the definition of domestic abuse within the Domestic Abuse Act 2021 which folds IPV and family violence into a single concept. No borough was able to select only the IPV cases for the indicators, which lowers the validity of any claims we might make. In some boroughs the DA flag did not distinguish between identification at intake or assessment, and there is limited opportunity to update other than in open text fields. Assessing increased identification after intake was, therefore, virtually impossible, but some analysts did their best using different routes to estimate this. DA is rarely selectable as a factor in either a care plan or a decision to take a child into care, so analysts were again correlating several fields without knowing whether they were in fact connected. It is possible, probable even, that the decision to take a child into care is connected to substance misuse or mental health, which may or may not be linked to DA. Moreover, one longstanding borough lead pointed out that the presumed relationship that partnering with victim-survivors would decrease care orders was disconnected from the intention to increase identification: the latter could dampen the impact on the former or even offset it. The more we entered the weeds the less confident the partnership and evaluators became that the indicators could be a reliable basis for claims about change without substantially greater investment in collating the data in the same way and data cleaning to make it more reliable.

The partnership considered letting go of the indicators altogether, but MOPAC – the funder at this point – argued for their retention. The final adaption was to replace the reception of children into care with re-referrals for domestic abuse which was considered to have a more direct connection to S&T practice. We asked for two previous years data so we could trace change over time.

By year 4/5 two new boroughs joined, meaning that we have four different timelines in the partnership in terms of implementation of S&T. At the time of writing this report there is no single time series where all of the requested data is present, and two for which only a single year can be presented. The incompleteness of the time series and the multiple caveats outlined here mean that the original indicators cannot be the metric through which S&T is assessed, nor can we make comparisons between boroughs given their different intake processes and data recording practices.

There are learnings to be heeded here for funders, evaluators and project teams across multiple research contexts in terms of selecting indicators only where the data is known to be available and if multi-site comparable.

# 3. Process evaluation

This chapter presents findings from the process evaluation, addressing the wider contexts that affected implementation, and what adaptions have been necessary and why. Findings are based on: qualitative interviews with the partnership team and practitioners across the whole time period; participation at the community of practice; and the rolling action learning set with implementation leads. We present findings in chronological order, offering a summary of the enablers and barriers in the first three funding cycles and closing the chapter with a discussion of the most recent funding period. Through this, we offer a life story of the project, highlighting that multi-site implementation is messy and unpredictable. One indicator of success is that the project adapted to and navigated through these contexts, reaching a point at the end of Year 4/5 where investment in a randomised controlled trial by Foundations extended the funding for another two years and offered the potential for much wider roll out.

## Year 1: Will time win?

With a tenacious and committed team the project 'hit the ground running'. Year 1 emphasised mobilisation, setting up of operational systems and processes to recruit to and deliver training alongside familiarisation for implementation leads with the boroughs they were located in. Familiarisation required scoping and mapping borough contexts, identifying and connecting with key members of staff and teams that would enable implementation. This process was, however, slower in some boroughs due to delays in access to tech systems – vital as much work continued to be online in 2021. That Hackney and Waltham Forest had been implementing S&T for two years already meant that from Year 1 there was a two-track timeline.

One of the key enablers in Year 1, and subsequent funding periods, was the level of buy in from senior leadership and team leaders in boroughs. Whilst rarely consistent over time or across boroughs, having 'the scaffolding for change' was identified by the project team and social workers alike, as being imperative for the change the project sought to effect.

> *... this is not just some good training that you go on... it has to have the borough buy in, it has to be top down and bottom up... it is a culture shift* (Project team member, interview, Year 1).

> *Bottom-up top down, we need to be living and breathing this* (Social worker, interview, Year 1).

There was also a notable 'surge of enthusiasm' from social workers, with some in interview demonstrating relief, energy and excitement about the S&T framework. For others S&T evoked a sense of what we term 'practice grief': the principles of partnering with survivors and pivoting to perpetrators proved so revelatory that they sparked reflections on past practice which had, in their view, served to blame victims and protect perpetrators. A smaller group of seasoned professionals had a more critical perspective viewing S&T as a commercialised repackaging of feminist ideas. This was expressed by a few through cynicism, for others, it was offset by the way S&T offered a 'legitimising framework' and suite of tools to institutionalise practice principles they had long been holding.

Overall, the mobilising of success in Year 1 was a combination of practitioner and senior level energy and support for S&T, and the pace and commitment of a delivery partnership, led by a tenacious project lead.

Having been funded for only eight months, with four months match funding from boroughs meant that Year 1 was characterised by time pressure.

> *Unfair timelines feel like we're being set up to fail… I'm here for the change; we need time to do it well* (Project team member, interview, Year 1).

Last minute to the bone decisions about funding continuation had impacts for core staff as well as operations. For the Respect team, remaining focussed on delivery whilst in the midst of personal financial insecurity, began to take its toll.

> *… the Respect team would have been gone by March. And so, it's like the Home Office giving us this little piece of money and being like, 'Start', and then being like, 'You pick up the pieces', and this is why I'm like it needs to be funded for two solid years as opposed to this… it's actually quite strenuous* (Project team member, interview, Year 1).

Lack of clarity on future funding inevitably impacted partnership cohesion, and order of ceremonies.

> *I would have loved for us to have a launch, then the training, but we were having training, then the launch, because of time.* (Project team member, interview, Year 1).

Nonetheless, support from MOPAC and borough level commitment, saw proportionate change for the time frame, 'green shoots' of change, including increased worker confidence, less victim blaming language and more perpetrator accountability (Kelly and Garner, 2022).

# Year 2: Going beyond training

At the start of Year 2 energy, focus and morale had to be reinvigorated and recalibrated from precarity back into delivery mode: one team member described this as 'getting the steam train going again'. Hammersmith and Fulham, a West London borough, joined the group, having heard positive things about S&T, which led the project to change its name to the London Partnership. A new project manager, based still in Waltham Forest, meant that time was needed for familiarisation and re-setting.

Continuation meant the partnership could build on learning from Year 1, and in Year 2 moved firmly into establishing an organic but structured implementation model, unique to the London Partnership. It comprised: training; implementation leads; the marketplace and toolkit; governance and reflection. The dual track of boroughs meant that implementation became increasingly contextual and responsive: an approach that developed in subsequent funding periods into a context-led responsive approach. The unique model evolved and through it early indications that their work was going 'beyond training', to embed learning and effect changes across the broader system.

Quality assurance staff were beginning to use S&T principles in their auditing of case files, to notice intended changes in documentation, language and approaches to victim-survivors and perpetrators: an indication of the beginnings of systems change. The increase in complaints by perpetrators in the two boroughs with the longest history of using the S&T approach, also emerged as a potentially important indicator of change.

Towards the end of Year 2 two boroughs left the partnership raising complexity in funding structure and partnership composition. However, Respect's project manager had strategically invested time and energy into showcasing the project and building relationships such that two new boroughs were onboarded into a tense and unpredictable context. The skill this involves and how central it has been to sustainability and success should not be underestimated.

In this period, we described the 'double burden' of having to both deliver on project activity while securing funds for sustainability. This became a defining context of implementation and through it the project team learnt to 'hold space' to recognise and accept that systems change is complex and requires time.

Towards the end of Year 2 discussions about a pan London roll out emerged between the partnership and MOPAC: while this never came to fruition, it highlighted the growing confidence and interest in the partnership work, and S&T as a promising intervention.

# Year 3/4: A community of practice

Year 3/4 began with a period of recalibration and recovery. At the same time, there was a renewed confidence and cohesion within the project team. That two of the original boroughs had left, changed the dynamic and another new project manager in lead borough Waltham Forest, brought refreshed energy. The operational group was renamed a community of practice and more clearly reflected the circular learning the partnership had already developed. A success of this funding period was the space created here, to share and reflect - it became a core site to 'hold' space', and collaboratively identify and explore the barriers, enablers and complexities of the change they sought to effect. This created a buoyant environment for new boroughs to learn and establish their own work, evident in the speed new boroughs were able to adopt previously agreed steps, such as the perpetrator engagement form (see Chapter 6). Barnet and Barking and Dagenham benefited from activity and operations being well established, and accumulated learning could be shared to support their own implementation. That said financial precarity affected staff retention albeit minimally and losing an implementation lead at the end of Year 2 meant time lost to recruitment and a period where both new boroughs were without a lead. Once in post, the lead met similar challenges to those reported in Year 1, in terms of gaining access to borough systems and needing time to map the layout and get to know the cultural climate in each borough.

Older boroughs were established in their works streams, systems and processes and moved into more strategic work. The project team had developed a deeper level understanding of the complexity of systems change, and in this funding period, the project could confidently identify the 'hinge points' culminating in material outputs to help build capacity, embed learning and effect change. The use of action leaning sets to address complex barriers became a core part of evaluation and embedding. This led us to title the evaluation report on this period On the Cusp of Systems Change (Garner & Kelly, 2024).

# Year 4/5: 'Context is everything'

> *Looking back across all this time, you really realise that context is everything, it's key... so much of what we have done and been able to do, and not been able to do has been determined by this set of changing, sometimes crazy contexts... and I think you guys have helped us stay on it, and not get bogged down by that but work through them you know?* (Project team member, interview, Year 4/5).

Moving into Year 4/5, for the first time borough composition remained the same (see Figure 1). Newer boroughs moved firmly into strategic level work to embed the approach, and established boroughs were able to further deepen this work. As in previous years

there was a period of re-orientation, recovery and rebuilding: most acute for the core Respect team, where redundancy processes had threatened their livelihoods and disrupted workflow clarity. It is easy to underestimate the impact of thinking you are winding work down – the focus shifts from deepening systems change to scaffolding what has been achieved to date.

A central theme across each year has been the power of individuals to act as enablers, or blocks to implementation. This played out across all boroughs to varying degrees, where support for, or resistance/indifference, to change from strategically placed individuals had profound influence. There was, for example, a marked difference in how much the implementation lead in newer boroughs was able to achieve compared to the halting progress in the previous period. This was, in part, due to in changes in where S&T was located and the leadership in that department. At the same time, in one of the older boroughs the retirement of a key supporter in the local authority meant that buy in loosened, and with it space and buoyancy for the implementation lead to continue embedding. There was a sense in this borough that there was a retreat from some of the successes from preceding years. In contrast, one borough retained both borough and implementation leads for four years, encountered limited resistance and much enthusiasm in their stable workforce. By the end of this period virtually all of their staff were core trained and S&T was linked with a systemic approach that characterised all work in CSC.

These examples illustrate the unpredictable rhythm of systems change work within changeable contexts, some as seemingly mundane as having the right person in the right place at the right time. Project teams need to be open, agile and responsive to unpredictability and precarity. In turn, evaluation approaches need to be spacious and generous to hold complexity and contradiction: the ebb and flow of success and set back.

The previous funding period was marked by an expanded understanding of systems change. Part of this was a recognition that sustained and deep change in CSC responses was contingent on alignments in multiple internal and external spheres: conceptualised in Years 3/4 as 'systems within systems'. Recognising the complexity, multiple layers of, and long-term nature of change is a strength and sign of the partnership's own development. In this fifth year rather than disheartened the central team was deepening a sense of ambition and horizons.

> ... *we need to think about the entire journey through all of the systems that are designed to protect both adult and child survivors, but in fact often fail* (Project team member, interview Year 4/5).

Focus for the future moved more firmly to aligning external systems, including health, policing, family courts and education. As well as ensuring interconnected services and teams across local authorities were invited into the S&T approach.

> *... if we're asking social workers to practice in a way that they feel is then being batted back down as soon as they get to family court, they're not going to continue to practice in that way. They need to feel like they're doing things in a way that feeds into a system that is also responsive to this way of working* (Project team member, interview, Year 4/5).

The partnership also continued to take implementation 'beyond training' through developing a flexible and responsive approach to learning and development, with implementation leads devising and delivering thematic workshops based on local need.

The bi-weekly, cross borough community of practice continued to be a rich source of reflection and learning, generating streams of work for the evaluation, and routes to explore and strengthen implementation at a cross-borough level.

> *... off the back of the briefing papers event[7], there's huge buy in and appetite, for us to replicate the work of Newham in creating a IPV informed practice guidance for practitioners... so that feels really positive, and really shows the power of the circular learning, and community of practice* (Project team member, Interview, Year 4/5).

As with previous funding periods there were 'shifting sands' of policy changes locally and nationally which had the potential to create blockages, but also offer 'hinge points', opportunities to embed S&T through different routes. In this period CSC across all the boroughs were grappling with new social work reforms, which, to varying degrees involved restructuring of teams and workflows, reconfiguring the spaces where IPV might be identified and S&T principles applied. The heavy emphasis on families and joint decision making in the interests of children carries the potential to override the differentiation of victim-survivor and perpetrator which is foundational to S&T.

Through discussion at the community of practice, the reforms were recognised as having potentially undermining as well as enabling impacts for S&T; to meet this, we established a thematic action learning set (see Chapter 6). Continued contexts of austerity within local authorities also contributed to organisational restructuring across boroughs, evoking a sense of one step forwards, two back.

> *... you might be making really great progress somewhere and then there'll be a restructure and then it will be like, oh OK, I've got to report to someone new now who has loads of questions about this terminology or how it relates to other aspects of our work more broadly as a borough* (Team member, interview, Year 4/5).

[7] This was a well-attended online event where the evaluators presented, with practitioners, the three briefing papers produced in Year 3/4 on complaints, quality assurance and aligning with systems thinking in social work.

The partnership has developed a professional vigilance and resilience to respond to, and work with, shifting sands. Having more time, combined with embedded evaluation means potential roadblocks to, and opportunities for, implementation are identified. Interviews with the team revealed, for example, a stark acknowledgment of broader shifting political and social landscapes, which could pose barriers to their work.

> *... there is a pull back on EDI policy happening... and whilst that's going on, trying to like teach about intersectionality, which is a core part of VAWG work and the Safe and Together model... that feels like it could be a - what's the word? ... it's a vulnerability... the far right is worsening, and I think will show up in the services we deliver, so the threat feels greater, but the insecurity and instability remains the same. So yeah, the work feels more vital than ever* (Project team member, interview, Year 4/5).

These broader contexts were recognised as having a potentially negative effect on how far the issue of IPV, and specifically perpetrator accountability, would be institutionally, systemically and individually championed in the future. The most resounding and recurring barrier to implementation however, continued to be funding arrangements: 'it's just the ongoing pillar of struggle that doesn't seem to ever go away' (Project team member, Year 4/5). Once again, this funding period was punctuated by renewal negotiations, and the beginning of redundancy processes. We have previously documented the personal, and operational costs for the team and project of this. In this final reporting period, the impacts resonated yet again, but also extended into a sense of frustration, of not being afforded a runway to develop staff.

> *... after so long, and so much commitment, and retention - we want to be able to develop the team, and keep them engaged and vital - yet the insecurity does not afford this* (Project team member, interview, Year 4/5).

In light of this, staff retention has been remarkable: a key enabler has been the tenacity, commitment and expertise of this all-woman team at Respect, and predominantly female team across the borough leads. Towards the end of this funding period, the Labour government published its violence against women and girls (VAWG) strategy, following a manifesto commitment to halve VAWG within a decade. The tensions between the achievability of this ambition, and the lack of long-term funding for the experts who have the knowledge and skills to help achieve it is stark. There have been prior critiques of commissioning and the negative impacts it has had on community based VAWG projects (Gunby et al, 2024, WRC, 2008, 2017): that it stifles development of staff and responses, leaving organisations treading water and doing more for less. Such models preclude the kinds of systems change that five years of the London Partnership has begun to demonstrate.

# 4. A responsive and contextual training offer

Training is the foundational international pillar of S&T, and many implementations have rested only on this. The London Partnership Model has additional pillars which serve to embed the model in practice, as covered in the next chapter they enhance, sustain and incubate a changed institutional culture conducive to systems change. In this chapter we illuminate the training offer and delivery over the five years of the partnership drawing on survey and interview data with social care professionals to assess the reception, impacts and outcomes of the training. As noted in Chapters 1 and 2, training was intended to enable practitioners to pivot to perpetrators, partner with victim-survivors and build confidence in holding perpetrators to account.

## The training offer

Over the course of the project the following training courses have been offered, with both the working with perpetrators and refresher training developed by the London Partnership.

### Overview

This is a one-day introduction to the S&T framework and principles, delivered online, sometimes divided into two half days. It is non-interactive, accommodating up to 200 participants. The London Partnership initially offered Overview to CSC workers, but increasingly the offer now includes other relevant local authority staff, police, health and education staff.

### Core

This four-day course is the cornerstone of S&T, delivered to up to 40 participants, and initially during the COVID period included significant self-guided e-learning. The intention is for all staff in CSC to be Core trained, but only Hammersmith and Fulham are close to this ambition. Larger teams and workforce churn make this a much bigger ask for other partners. Core training offers skills, strategies and tools across: identifying the impact of IPV on children and family functioning; fact-based assessments of the perpetrator patterns of behaviour; partnering with adult survivors of IPV; intervening with perpetrators; how IPV intersects with other issues like substance abuse and mental health. Specific attention is given to documentation and case planning. The content has been adapted by the Institute following feedback from the partnership in Years 1-3. The

new content created additional work in relation to those who had completed training for trainers before the adaptations.

### Supervisor

This 2-day course recognises that IPV can be the most challenging aspect of child protection work and that support and supervision have a key role in enabling practice which draws on S&T principles. Participants must be Core trained and the content covers: assessing and supporting social workers; decision-making; worker safety.

### Working with perpetrators

Developed by Respect in Year 1 drawing on the initial rollout in Hackney and Waltham Forest as an area practitioners sought additional input on. A two-day course delivered to up to 30 participants designed to enhance skills, explore what safe engagement with perpetrators consists of and how to unpick some of the messy and contradictory aspects of cases. This course did not continue after Year 2 due to funding shortfalls.

### Refresher

Developed within the London partnership in Year 3, in recognition that the online delivery in Year1 was not optimal: it was offered to those who had attended Core previously.

Table 3 shows the number of trainings and participants across the five years of the project: 104 courses have been offered with over 3000 attending. Some double counting will be involved here, but it is likely that 2000 separate individuals across eight London boroughs have had some training on the S&T framework through the partnership. Most significantly 1174 have completed the 4-day Core training. Over the lifetime of the project 20 (12 from Respect and eight from boroughs) have completed the training for trainers certification through the Institute which licences them to deliver Overview and Core training: 15 are still active – nine from Respect and six from boroughs.

Table 3: Training delivered and attended across the project (2021-2026)

| TRAINING | No of courses per year | | | | | Number of participants | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Y1 | Y2 | Y3&4 | Y 4/5 | Total | Y1 | Y 2 | Y 3/4 | Y 4/5 | Total |
| Overview | 6 | 6 | 17 | 3 | 30 | 286 | 258 | 717 | 186 | **1447** |
| Core | 10 | 12 | 14 | 4 | 40 | 236 | 344 | 455 | 139 | **1174** |
| Working with perpetrators | 10 | 12 | - | - | 22 | 173 | 137 | -- | - | **310** |
| Supervisor | - | 2 | 2 | 2 | 6 | - | 14 | -- | 13 | **27** |
| Refresher training | - | - | 2 | 2 | 4 | - | - | 55 | 45 | **100** |
| **Total** | 26 | 32 | 35 | 11 | **104** | 695 | 753 | 1227 | 383 | **3058** |

# Training organisation and delivery

Training in the first year was delivered by the Institute through their online platform, with the Respect Training and Resources Manager responsible for registration and enabling digital access, tasks which absorbed considerably more of her time than anticipated. Recruitment was organised by the implementation leads, boroughs invited different layers of staff, with some presuming there would be specific training for managers and the two boroughs with previous S&T input extending the profile of staff who had access to S&T training given they had participated 2019-2921.

Since Year 2 delivery has been hybrid to enable participation across the partnership boroughs, delivered by partnership members, as Respect staff, borough leads and others completed the training for trainers qualification offered by the Institute.

For the last 3 years of the partnership the training offer to each borough – number of places on each course and how to register trainees – has been refined and clarified. The number of places funded for year 4/5 was considerably lower (see Table 3). The recruitment processes and retention strategies have been honed with the Training and Resources Officer drawing on both implementation leads and borough leads in both respects.

We present evaluation data on each of the training courses and then draw some conclusions and reflections.

# Overview training

In Year 1 CSC staff were prioritised for Overview, but all boroughs also extended invitations to voluntary sector partners, commissioners, police, health and housing. A hundred places were made available to each borough; unsurprisingly take up was higher in the three boroughs new to S&T, total attendance was 286. Disappointingly, almost half the places were unused, despite being booked: a downside of online delivery. The evaluation survey was completed by 139 participants, although not all answered each question.

Most survey questions were intentionally open ended, to get a clear sense of what had been learnt, but the first asked participants to rate their knowledge about perpetrators on a scale of 1-9 before and after the training – this showed that the training increased knowledge by almost two points. Over two thirds (68%) thought the training had made them rethink their response to domestic violence at lot, with a further 23% a little. A selection of the most common examples of this rethinking show that the key principles of S&T had been absorbed and reflected on.

> *I like the holding perpetrator to account as well as offer them some intervention, which I think in the long run will have some impact on outcomes for children and their family who are facing IPV* (Overview survey response, Year 1).

> *It helped me to see the perpetrator as a parent who makes a choice to behave in abusive way* (Overview survey response, Year 1).

> *During the training we looked at two case notes and I was amazed at how different they were, the second one being a lot more detailed and not targeting the victim as much but sharing the type of abuse she is experiencing and how this has impacted on the child. It was good to think about how we need to bring the accountability to the perpetrator... I also feel that I will focus on the language I use... This is definitely something I would share with my team and encourage them to access this training* (Overview survey response, Year 1).

A number of contributions showed how S&T was received as 'refreshingly different' to the orthodoxy of holding victim-survivors responsible and the fundamental challenge that this represented: one participant who had worked with perpetrators previously reflected on how they had been drawn into the organisational culture of the CSC approach.

> *Worked with perpetrators for many years but for the past 4 years have worked in X support service and whilst I firmly believe that perpetrators should be held accountable it is easy to slip into CSC model of focusing on the changes that the victim-survivor needs to make and it is good to go back... this training was very beneficial to the work that I do. It has really made me think about how I approach families and rewording my case notes* (Overview survey response, Year 1).

Year 1 survey responses confirmed that practice tended to make victim-survivors responsible for protecting children and that S&T offered a welcome different starting point.

There were six overview trainings in Year 2 delivered by the partnership itself attended by 258 people: 154 participants completed the feedback, with slightly more from outside CSC than in Year 1. As before the majority were female (88%), with just under two-thirds minoritised. The knowledge rating rose from an average of four pre-training to 5.5 after. Responses to a question on what had changed produced three key take aways: perpetrator accountability; focusing on the strengths of victim-survivors and not holding them responsible; the importance of language and documentation.

> *Paradigm shift from victim blaming to strength-based perpetrator pattern focus* (Overview survey response, Year 2).
>
> *It made me realise how powerful language can be - both in terms of when we speak to families and document our intervention. What intervention is offered to families is shaped by our language, in terms of ensuring that we are placing responsibility of the perpetrator's actions on them and not on the victim/survivor. This in turn will help focus intervention on perpetrators and allow us to partner with the victim/survivor* (Overview survey response, Year 2).
>
> *The impact of DA/DV even if the child is not present. i.e. taking the survivors energy and the survivor having to calculate ways of parenting to ensure their child/ren exposure to violence is none/minimum* (Overview survey response, Year 2).

Welcome connections between language, documentation and intervention are evident here.

In Years 3/4 there were 12 overview trainings attended by 717 participants: 342 of whom completed the feedback survey, with slightly more from Barnet and Barking and Dagenham as this was Year 1 for them. Whilst staff from CSC were the majority (41%), 14% came from health, 7% education and the voluntary sector respectively and 3% from adult social care. Over a quarter (27%) came from other sectors – some of this would be complaints and quality assurance staff in local authorities who were encouraged to attend in this period as their role in systems change was recognised. The vast majority were female (92%) with 65% minoritised, over a tenth (12%) reported having a disability.

Knowledge about perpetrators increased from an average of four at the outset to 5.5 following the training and the vast majority (96%) reporting their perspectives on the role of children's social care in IPV, changed a lot or a little . Six key take aways were: the importance of language/re-framing and documentation - this included stopping using victim-blaming language (n=83); seeing abuse as a parenting choice requiring

perpetrator accountability (n=41); how living with IPV affects children (n=20); mapping perpetrator patterns (n=16); seeing survivor strengths/partnering (n=15).

> *The way we speak and view the victim survivor, the training was transformational to my practice and viewpoint* (Overview survey response, Year 3/4).

> *The way I will initiate my contact I will be more descriptive writing notes instead of vague terms. Emphasis more on fathers' engagement. Hold father accountable and shift more responsibility onto him. The way I devise my questions I will be more careful with language… more based on curiosity and to encourage conversation. My approach will be more purposeful* (Overview survey response, Year 3/4).

> *It helped me develop a language to frame instances through perpetrator patterns rather than falling into traps of victim blame* (Overview survey response, Year 3/4).

> *Realised how many of own notes didn't centre around perpetrator behaviour and missed opportunities to better risk assess because of this* (Overview survey response, Year 3/4).

These responses show participants making connections, especially the ways language and documentation influences the work that follows. For the minority who said they were not affected, most noted that the training echoed a perspective they already worked with, but even here some of the clarity of language was welcomed. Similar learnings were reported in Years 1 and 2, but an interesting addition was many calls for the training to be compulsory across all agencies and even within university qualification: that everyone needed to be working from this framework.

In Year 4/5 only three overview trainings took place attended by 186: 53 feedback surveys were begun. Half of attendees were from CSC, the least attendance was by police across the five years. The average rating for knowledge about perpetrators before the training was 4, it was 5.7 at the end. The majority (80%) stated that the training had changed their thinking, as in previous years key take aways were: language; recording perpetrator patterns in case notes; holding perpetrators to account for their behaviour; recognising victim-survivor strengths and coping strategies.

> *Change the language, change the lens; perpetrator behaviour patterns and who is the source of disruption to the child; strength based and survivor/child aligned* (Overview survey, Year 4/5).

> *Document the perpetrator patterns so they are not invisible in assessments; include victim in plans. what is best for them? How are they trying to protect themselves?; make sure that the right service is available for the victim and that they are supported to access the services* (Overview survey, Year 4/5).

Reponses to open ended questions showed that the core messages were not always grasped so clearly, but where they were the practice changes trainees were taking forward chimed with them.

> ... *remove blaming language, move emphasis to perp* (Overview survey, Year 4/5).

> *More focus on perpetrator rather than victim blaming* (Overview survey, Year 4/5).

> *Upskilling business support, administrative staff so they can factor this in at the earliest stage (updating demographics, linking families etc)* (Overview survey, Year 4/5).

Two questions asked what needs to change locally and nationally for them to make and embed these practice changes.

> *Multi-agency training would help joint response from professionals; holding the perpetrator accountable for their actions rather than all on mother/survivor; roll out core training to health and education and police, not just social care teams; make it common practice - embedded in how we work with families* (Overview survey, Year 4/5).

This local desire for a shared perspective was also a theme in relation to the national level.

> *More time when working with such cases; assessment and case recording training; need to look at other SW models being used and how they can integrate/dovetail not an add on approach, system wide approach needed not just mapped on as another SW tool* (Overview survey, year 4/5).

Over the five years 485 people took part in the overview survey, the majority of whom were female minoritised CSC staff. The mode of delivery was adjusted after Year 1, and the findings on the content show it is successful in communicating the core messages of the S&T framework, and that even in large groups these ideas landed in ways that were challenging and change making for participants.

## Core training

In Year 1 ten blocks of Core training were offered with 236 attendees. Here a pre-training survey was sent out before joining and a post training survey sent to those who completed the course (not all who began completed).

The pre-Core survey was completed by 118, virtually all (98%) were located in children's social care, overwhelmingly female (92%) with over half (56%) minoritised. The most common thing they wanted to know being how to work with perpetrators.

> *I would say evidencing the abuse. How to write about what is being written in a way that is appropriate for court, especially evidencing coercive control. Also language when speaking with perpetrators* (Pre-core survey, Year 1).

When asked to assess how confident they were working with perpetrators on a scale of 1-10, the average response was 4, with a range of 1-5, after the training it was 6, a clear increase across all attendees. Forty-two completed the post survey, just over a third of those who completed the pre survey: the proportion is however much greater of those who completed the training. A higher proportion of this group were white (61%) raising a question of whether completion was more of a barrier for minoritised staff. Whilst the content and framework were welcomed the mode of delivery was not.

> *I think the course provides very good information but the way the course is delivered is not conducive to learning. I understand having participants watch Youtube video's saves money but I do not think it is beneficial to have participants watch a recording of a training day, it is not engaging or interesting. In addition, the Youtube videos are not culturally appropriate. It is a recording of training in the US being watched by participants in the UK. The individuals being recorded often talk about services that are not provided in the UK and there is a big focus on working with individuals who use guns, this is not a widespread issue in the UK* (Post-core survey, Year 1).

Responses about the role of CSC when there is IPV were more aligned to the principles of S&T.

> *...holding them accountable for their behaviour and how it impacts on the child and family functioning* (Post-core survey, Year 1).

> *To engage them in discussing the impact of their behaviour on their children and family functioning. To set high parenting standards and make plans with them to achieve this* (Post-core survey, Year 1).

This was echoed in response to the three things participants had learnt, with the most frequent being: a strength-based partnership with victim-survivors; planning and engaging with perpetrators; accountability; IPV as a parenting choice; perpetrator patterns; language and documentation.

A number of issues emerged about the Core training including the amount of e-learning (5/6 hours before each online session) which many practitioners found impossible to complete given the urgent demands of their roles. Interviews with practitioners and reflective practice sessions revealed that many found the taught elements unsatisfactory

as their participation was limited to a chat window and they were in effect watching other groups being trained. The mode of delivery findings, due in part to Covid restrictions, were presented to the operational group and taken forward as a key learning into Year 2, with local staff who had completed the training for trainers programme facilitating Overview and Core.

Despite these limitations the actual content and the model were welcomed and embraced.

> *I really like the model, and for me it was quite revolutionary. And when I say that I'm a little bit embarrassed to say that because when you actually break the ideas down, they're really quite logical, they're really quite straightforward* (Interview with family therapist, Year 1).

Practitioners either referred to the content as a familiar approach or a revelation, with both recognising it as valuable. For many social workers the Core training was illuminating and transformative: it challenged what were described as deep-rooted practices in which perpetrators were invisible, and victim-survivors held responsible for on-going abuse and their children's safety.

> *I felt that using this tool, the questionnaires from Safe & Together and also the mapping tool to actually draw together all the issues that impact on the family functioning... that made me much more confident to engage the perpetrator and he owned up. He owned up for his actions*! (Interview with social worker, Year 1).

The shift in focus to holding perpetrators to account for their parenting and applying a strengths-based approach to victims-survivors was powerful and the difference it made palpable.

> *It's been, it's just outstanding, I just can't believe it really to be honest, and I know that sounds dramatic, but partnering with her it's changed how she's talking to professionals, what's she's sharing, she's more confident, yes, thus far it's been brilliant* (Interview with senior social worker, Year 1).

Key learnings at the end of Year 1, primarily linked to Core, were fed back to the partnership and shaped delivery in Year 2: that the amount of e-learning was not sustainable and was affecting completion rates; training needed to be delivered by trainers familiar with the UK context.

In Year 2 almost all of the training was delivered by the Respect S&T team, whilst decreasing mode of delivery complaints there were comments about the video resources being US focused and considered by some to be outdated. Explicitly recognising this and adding context were adaptions to address this.

Twelve blocks of Core training were delivered in Year 2 attended by 344, with 223 completing the pre- and 95 the post-evaluation surveys. As in Year 1 most were ethnically

diverse female members of the CSC workforce. The average assessment of knowledge about perpetrators was 3 pre-training and 5 in the post survey, showing clear gains.

An open-ended question asked what they wanted to learn from the training, the most common response by far was how to hold perpetrators to account and work with them.

Figure 3 is a word cloud of the emotions that came up when thinking about working with perpetrators, showing that anxiety, anger and fear featured strongly. post training some of the same words remained, but there was less uncertainty with confidence and work featuring strongly, showing a direction of travel.

*Figure 3: Emotions linked to working with perpetrators, pre-Core training*




Additional questions in the post survey asked what they would seek to communicate to perpetrators with responses reflecting the core elements of the S&T approach: that IPV is a parenting choice and the impacts of their behaviour on children. We also asked the three things they had learnt with the most frequent responses being: the importance of language and documentation; mapping perpetrator behaviour and recognising victim-survivor strengths.

> *Changing the language used e.g. "I am here because I am concerned about your partners' behaviour and I want to help keep you and your children safe"* (Post-core survey, Year 2).

> *Everything changes! I am more mindful of patterns of abuse and perpetrators patterns, ensuring they take accountability of their actions and always link conversations to ask how this affects the children* (Post-core survey, Year 2).

> *The mapping perpetrator patterns exercise is a good tool to understand the impact of the perpetrator's behaviour on the child and survivor and family functioning. It helps to intervene and develop and plan* (Post-core survey, Year 2).

The increased use of the concept of survivor - which creates more space to recognise strengths and efforts to protect children - and the limited reference to risk are also notable in these responses.

In Year 3 /4 14 Core trainings were attended by 455, 348 took the pre-Core survey, but only 54 completed the post-Core. Across both trainees were overwhelmingly female CSC staff with close to two thirds minoritised. This represents a shift from previous years where completions seemed less frequent for minoritised staff. The average assessment of knowledge about perpetrators was under 4 pre-training and 5 in the post survey.

Before the training participants saw the role of CSC in terms of child protection, family functioning with some focusing on risk. Post training there was an emphasis on holding perpetrators to account, creating safety for children and victim-survivors and partnering with non-abusive parents. These are shifts in thinking within the S&T framework that pivoting to perpetrators requires. Word clouds were created of the three emotions evoked by thinking about working with perpetrators: whilst the post training word cloud had some of the same words, there were interesting qualifications – more fear of getting it wrong, rather than fear of entering into engagements with perpetrators.

This analysis reveals the emotional burden that pivoting to the perpetrator carries for a largely female minoritised workforce. It supports the London partnership model of not relying on training alone: implementation leads through case consultations (see Chapter 5) and attending team meetings acknowledged fears and anxieties as part of enabling a shift to more principled practice.

The final question asked how they would change their practice as a result of the training, the examples below show how clearly the ambitions of the training had been met.

> *I will be more prepared with a clear agenda. Through case notes, outlining the patterns of abuse and the impact on individual children* (Post Core survey, Year 3/4).
>
> *To name the behaviours. To focus on how the victim is keeping the child safe. To ensure split meetings are used and be careful what is on file* (Post Core survey, Year 3/4).
>
> *Hugely [how practice will change] - engaging with perpetrators directly and focus in on their behaviour, changing plans and wording* (post Core survey, Year 3/4).
>
> *I have understood the importance of naming the behaviours, aligning with the survivor and affirming the steps they are using to keep their children safe* (Post Core survey, Year 3/4).

A lengthy answer to this question shows the places participants got to if they engaged fully with Core training.

- *Use less neutralising language like DA relationship*
- *Be intentional and specific in naming the behaviours*
- *Be conscious about partnering with survivors -both mum and children*
- *Find a safe way of recording safety planning that will not be shared with the perpetrators*
- *Be clear about how the perpetrator directly impacts the behaviour of the children*
- *Holding both mum and dad to equal parenting standards*
- *Know more about the intersections* (Post Core survey, Year 3/4).

In Year 4/5 only 4 Core trainings took place attended by 139, 91 began the pre-core survey, but a proportion were incomplete. Almost all (95%) were based in CSC, the vast majority female (95%} and minoritised (65%). The average for both knowledge about, and confidence intervening with, perpetrators was 4, the post survey score was 5.3.

When asked what they wanted to know more about several themes emerged: how to engage perpetrators; how to make them accountable including when they are unco-operative; what shifting to strengths-based work with victim-survivors looked like.

> *How to engage perpetrators when they do not want to engage but the parents remain in the relationship. Despite escalating and using child protection measures, we often have to close when there are no further reported incidences but we haven't actually brought about change or sustained change for the family* (Pre-Core survey, Year 4/5).

> *How to work with them when they do not acknowledge they are perpetrators* (Pre-Core survey, Year 4/5).

> *Everything. Their mindset, the practices that have worked for working with perpetrators to make changes. To feel safe myself when working with perpetrators. Safety planning* (Pre-Core survey, Year 4/5).

A cascade effect was visible by this point – with some still using the language of parents/families (the first two quotes) and others the more differentiated through a S&T vocabulary (the third), possibly due to attending an Overview course or being influenced by colleagues who were themselves Core trained.

> *To assess risk within the family and provide intervention services. To monitor and respond to the needs of the child* (Pre-Core survey, Year 4/5).

> *More knowledge around parental conflict and domestic violence and legal input alongside being in a family services team* (Pre-Core survey, Year 4/5).

> *I need to know how to link the abuse/violence as a parenting choice and to feel greater confidence in demonstrating the impact of domestic violence and abuse on family functioning and supporting my social workers in partnering with survivor parents and children while holding perpetrating parents accountable throughout our involvement* (Pre-Core survey, Year 4/5).

Responses to question on the role of CSC in relation to perpetrators reflected this difference between more conventional positions (safeguarding and risk, the first two) and those which already chimed with S&T principles (third and fourth), especially in terms of accountability.

> *Exploring the violence and impact from the child's perspective in order to assess the risk posed by the perpetrator and the perpetrators motivation and capacity for change. CSC can then refer the perpetrator to services to bring about change for the family* (Pre-Core survey, Year 4/5).

> *… to help understand them with the view to assessing risk* (Pre-Core survey, Year 4/5).

> *SW should document and hold the perpetrators accountable and how their behaviour impacts on the children* (Pre-Core survey, Year 4/5).

> *Children's Social Care workers are responsible for holding perpetrators accountable for their abusive behaviour and its impact on children, while prioritising child safety, partnering with the non-offending parent, and using domestic violence-informed practice to assess risk and plan interventions* (Pre-Core survey, Year 4/5).

Some managed to merge the two approaches, demonstrating how S&T can align with mainstream approaches.

> *Children social workers have a statutory duty under the children Act 1989/2004 to safeguard and promote the welfare of children. So when domestic violence is present, the perpetrators' behaviour is a primary source of risk to the child and the non-abusing parents. Therefore, the focus is not only on the victim's protective capacity, but also on holding the perpetrator accountable for creating and sustaining harm* (Pre-Core survey, Year 4/5).

Unfortunately, only 14 completed the post-core survey, although they were across the boroughs, making direct comparison of results problematic; that four had skipped most questions makes this data even less reliable.

For those who completed the assessments of what they knew and their current confidence, both increased following the training. Responses to the three things they wanted to communicate to perpetrators showed a strong grasp of the S&T principles.

> *That abusive parenting behaviour is a choice; that their behaviour choices influence their partner's and children's wellbeing; that there is an expectation that they will change their behaviour* (Post-Core survey, Year 4&5).

Learnings from the training were focused on not just language, but also the importance of clear and precise documentation, mapping perpetrator patterns, pathways to harm, how living with IPV affects children. The changes in practice participants anticipated were linked to these learnings.

> *I have begun thinking more about how I write case notes and assessments, taking on board the destructive nature of writing in a manner which minimises the perpetrator's role. I have begun focusing more on mapping the perpetrator's patterns of behaviour to better understand impact and to document these behaviours over a longer period of time* (Post-Core survey, Year 4/5).

In boroughs with high turnovers of staff the importance of such documentation cannot be underestimated.

Pre-Core surveys were undertaken by 760 mainly CSC staff, and post by far fewer, 190. There were minimal critical comments, apart from the mode of delivery in Year 1. Requesting open ended responses to what had been learnt and the role of CSC made it easier to document changes of perspective. What was also evident was not only the intended increased confidence in engaging with perpetrators, but also a commitment to doing it as a strategy to create safety for survivors and their children.

## Supervisor training

This course was delivered as self-study e-learning, with 14 taking it in Year 2 of which 10 completed the feedback survey. Participants were from across the boroughs, albeit that for three only one person responded. Most worked in CSC, were female and minoritised.

Nine reported that the training had made them a lot or a little more confident in: partnering with survivors; mapping perpetrator patterns; assessment and planning; offering guidance and supporting staff in making decisions; managing staff safety; engaging with perpetrators.

Participants were split about the mode of delivery; two thirds said they preferred e-learning as it was easier to fit with work, a third that they would prefer face to face. When asked to rate the content and delivery out of ten the average score for both was 8. The format was adjusted to opt in seminars and a further 13 attended in subsequent years.

# Working with perpetrators training

In Year 1, 73 participants from the 10 trainings (173 attendees) completed the survey, spread across the boroughs, almost 80% worked in children's social care, a higher percentage were female (88%) and 83% minoritised. Knowledge pre and post training was assessed on a 1-7 scale with the average 4-5 at the outset and 7-8 after the training, a clear and stronger increase than for Core training. More than three-quarters said the training made them think differently how to respond to perpetrators. The most frequent learnings were: how to engage; patterned behaviour; interviewing skills/techniques; stance/position; language in case notes; and perpetrator case planning.

> *Stance - stay grounded and calm. Set direction before session (*Post training survey, Year 1).

> *Case planning - clear expectations for change and setting them. (*Post training survey, Year 1).

The intention of the course was to increase confidence and virtually all participants thought that this was the case in relation to: addressing denial and minimisation: enabling perpetrators to identify non-abusive behaviours; motivating perpetrators to change. These findings show that a course developed by Respect not only reinforced S&T principles but built confidence in a predominantly female minoritised workforce to engage directly with perpetrators, the vast majority of whom would be male.

The course was offered 12 times during Year 2 and attended by 137, 52 participants completed the feedback survey, an even higher proportion than Year 1 were female (93%), minoritised (83%) CSC staff (85%). The average on a scale of 1-7 of knowledge about perpetrators was 4, after the training this increased to 6. Key take away learnings were: interview questions and techniques; language and documentation; and stance, including body language. Over three-quarters (77%) reporting feeling 'a lot' more confident and the role plays featured strongly in what had enabled this change.

> *Challenge pertains if perpetrators refuse to engage, ie, not accept phone calls, not turning up at sessions* (Post training survey, Year 2).

> *Fear and personal feelings around perpetrators! It's easy to freeze and revert back to old habits instead of using the new things you've learnt* (Post training survey, Year 2).

In comparison the anticipated benefits of working with the S&T model were linked to more effective child protection, having the space to support survivors and getting whole teams on board.

> *I will be able to help a perpetrator realise how his/her actions affect others* (Post training survey, Year 2).

> *Being able to document things better, being able to support survivors better, and being able to hold perps accountable better and having better boundaries with them and clearer expectations* (Post training survey, Year 2).

Over the two years 125 people gave overwhelmingly positive feedback on this training course, noting especially the input about seemingly mundane aspects as body language and stance. That so many noted this as what they had learnt shows that S&T training can span both ideas and practicalities.

## Refresher training

There was no original evaluation survey for the refresher training introduced in Year3/4, but we were given access to the feedback that Respect sought at the end which used some of our questions from previous surveys. Four courses were offered in years 3-5 attended by 100 people.

Participants were asked what their key takeaways were and things they could change as a consequence. The training content encouraged managers/supervisors to draw on the S&T tools more in their practice, as these responses show, that message was definitely heard.

> *Two things that I will put into practice, sharing resources with my practitioners and getting practitioners to work with survivor. Thank you for this lovely training* (Respect feedback, Year 3/4).

> *Pivoting was extremally helpful, and the mapping tool is something they will start using immediately. Intersectionality is also helpful* (Respect feedback, year 3/4).

> *Supporting workers to use the perpetrator pattern of behaviour tool to identify which behaviours are contributing to the multiple pathways to harm for the child and how we document to keep perpetrators accountable from assessment plans all the way through to case recordings* (Respect feedback, year 3/4).

There is something to be noted here about how implementation, especially embedding, cannot be taken for granted – principles need to be reinforced and prioritised by managers and supervisors.

## Reflections

The project delivered 104 trainings with over 3000 attendees across eight boroughs attending.

The training and resources manager in Respect honed the processes over the first two years for recruitment, retention and completion. She created a system that was responsive, adaptative and efficient: a definite benefit to the two new boroughs joining in Year 3. That she also delivers core training, means she has a front-line sense of how the training lands, feeding this back into adaptations and learning development. A notable strength has also been the use of data to identify gaps, leading to learning opportunities and content on the professional hub as work advances.

> *We're thinking about how we plug this gap of people who were trained with the blended model [online during Covid] at the start of the project… this is only really a problem for Hackney, Waltham Forest and Newham, because Hammersmith & Fulham joined while we moved to live delivery, and obviously Barnet, and Barking & Dagenham were new - having identified this problem, we can offer refresher session* (Project team member, interview, Year 3/4).

Over the five years there was a noticeable increase in training delivery, peaking in Years 2-4, made possible by the increase in completion of the training for trainers course: all training is now delivered by implementation leads and borough-based practitioners. The reduction of delivery in Year 4/5 was due to funding shortfalls. In addition, the partnership responded to need over the course of the project, including the addition of Working with Perpetrators, Supervisor and Refresher courses.

The evaluation garnered substantial feedback on training through surveys and in Years 1 and 2 interviews with social workers. If all the survey participants were separate individuals the sample would be 1,400, some were likely to have taken more than one course, so we estimate that close to 1000 have given some feedback.

All of the trainings communicated the S&T principles, and the vast majority of participants welcomed the approach, with a fair proportion finding it transformational. All training increased knowledge and confidence and shifted to focusing on perpetrators and recognising survivor strengths. The messages about language and documentation were clearly received as was the shift in thinking about victim-survivors as doing their best rather than 'failing to protect'. Survey responses showed a professional appetite and need - that practitioners are committed and curious to gain the skills and confidence to work with perpetrators. The refresher training responses suggest that the project team have honed their messaging and emphasised the tools that are available to support practice. We also note that hardly any responses in open ended responses questioned the use of the term perpetrator, rather the majority used it unapologetically, it was understood as a source of clarity and focus. The increased use of the concept of survivor (or victim-survivor) also provides space to recognise strengths and efforts to protect children.

That said the largely female minoritised CSC workforce were understandably reticent and anxious about more direct engagement with perpetrators, and whilst trainings increased

confidence and knowledge fears were not entirely allayed. This shows the importance of the London Partnership Model in which the physical and emotional safety of workers is held in mind and addressed in consultation meetings and supervision. This is the scaffolding of individuals which is needed if S&T is to become embedded.

# 5. Embedding as outcome

This chapter focuses on how the London Partnership has taken implementation 'beyond training' through activities to embed learning and move closer to systems change. This work has evolved over time, and has been undertaken primarily by implementation leads, themselves a unique and central aspect of the model. Figure 4 shows the elements of embedding activity which have evolved from the originally envisaged case consultations and case audits (now learning reviews) to include a professional hub, workshops and strategic and responsive work to align and fortify systems (see Chapter 6). Through an embedded evaluation lens, which pays attention to context and process, findings from the embedding process are identified in this chapter as outcomes achieved by the London Partnership model. Evidence is presented from the implementation lead activity logs, learning reviews, case studies and the rolling ALS: the activities taken together created a conducive context for systems change.

*Figure 4: Embedding S&T*




## Case consultations

From Year 1, case consultations were the main means of embedding learning into practice. Being co-located within boroughs, implementation leads were able to offer 1-2-1 sessions with practitioners, to consider and workshop cases through an S&T lens. For new boroughs it can take time to gain the momentum for this aspect of work to be established. Table 4 shows there have been 1808 case consultations for the current

partnership members, a further 150 were delivered in Years 1 and 2 for Tower Hamlets and Redbridge.

Table 4:Number of case consultations by borough, Years 1-4/5

| Borough | Y1 | Y2 | Y3/4 | Y4/5 | Total |
|---|---|---|---|---|---|
| Hackney | 81 | 63 | 113 | 67 | 324 |
| Waltham Forest | 99 | 63 | 214 | 138 | 514 |
| Newham | 38 | 93 | 184 | 47 | 362 |
| Hammersmith and Fulham | - | 27 | 112 | 93 | 232 |
| Barnet | - | - | 75 | 89 | 164 |
| Barking and Dagenham | - | - | 76 | 136 | 212 |
| **Total** | **218** | **246** | **774** | **570** | **1808** |

Practitioner feedback suggests that consultations improve practice, confidence and deepens professional commitment.

> *It's been amazing working. with her, she's given me the confidence, and knowledge, and what I loved is the recording… In the past, I might have said, telephone Dad, can't get him", but now it's "call asked him if he would come"… I'm getting more concise with recording his actions which has been fantastic* (Social worker, interview, Year 2).

The value and functions of case consultations developed such that by Year 2 they had become not only a way to embed learning but also an invaluable site to build commitment and to understand the limits and strengths of the training. Through proximity to practice, implementation leads have been able to build their own learnings to develop strategic and targeted streams of work. Having more time also means leads in established boroughs, have been able to work, across time and in more depth with professionals on particular cases and points of tension. By Years 3-5, the impacts of this in-depth work, was beginning to emerge. In this period several examples were brought to community of practice of social workers taking the training and case consultations to new levels and spaces. In Year 4/5, in order to capture this, we designed a case study template for professionals to reflect on how S&T had shaped their practice. Case study 1 shows how the mapping of the pattern of abuse not only changed how the victim-

survivor was positioned but also fed into a report to the family court, and the judge noting explicitly that it had enabled a reversal of a previous decision in favour of child contact. In another case documentation of the perpetrator pattern was shared with the police, contributing to a prosecution and conviction.

***CASE STUDY 1***

*Without Safe & Together, I can fully see how this could have escalated to the child being removed from his mother's care. The model provided a framework that allowed us to re-evaluate the situation through a lens of perpetrator accountability and survivor strengths… using Safe & Together, we were able to reflect that the mother's parenting was more than good enough. Despite the abuse she was enduring, she was doing an excellent job of keeping her child's development on track and maintaining as much normalcy as possible, as well as doing things that protected the child from the abuse…This approach allowed us to focus our safeguarding efforts where they were most needed—on the perpetrator… Nine months after I began working with the family and introduced Safe & Together, they stepped down from both the Child Protection Plan and pre-proceedings for the first time since the child was born… The mother received specialist domestic abuse support, the child has not witnessed violence for 13 months and now enjoys safe, supervised contact…The family is thriving, with strong ties to extended family and no ongoing child protection involvement…The case closed after 18 months, with the mother expressing sadness at the end of support due to the positive relationships built with professionals …. We initiated Public Law Outline (PLO) proceedings but made a deliberate and unusual decision (now becoming standard in these cases for us): to assess only the father. Traditionally, assessments would be conducted on both parents. The PLO process also enabled us to request that private court proceedings be temporarily adjourned. It was not appropriate to make recommendations while the father's abusive behaviour continued unchecked. The PLO framework gave us the space to conduct meaningful safeguarding work and return to private court with a clearer, safer plan* (Consultant social worker, case study, Year 3/4).

Case study 2 relates to a heterosexual couple with a three-year-old child, who had been involved with CSC for 12 months due to IPV. Whilst the perpetrator no longer lived with the mother and child, he had child contact and there were concerns about post separation coercive control. Through effective partnering work the social worker was able to build the mother's confidence and capacity and help her to maintain a strong relationship with her child. The social work team were then able to create a secure safety plan, and with S&T principles hold the abusive parent to account.

***CASE STUDY 2***

*Through S&T I was able to identify the non-abusing parent's strengths and help build their confidence in their parenting… I was able to be child focused whilst trying to work with both parents… In this case I was unable to make any changes with the perpetrator but I was able to hold him accountable for his lack of engagement in my case notes… The perpetrator did not seem to be affected by CSC but he did react to the non-abusing parent having more confidence… The child was able to have a safe and loving relationship with the non-abusing parent without worrying about the perpetrator…The child has a secure safety* plan (Social worker, case study Year 4/5).

Reflections offered in case study 3 highlight the power of the partnering principle to help move victim-survivors into a space where they choose to engage with CSC. It also highlights what pivoting to perpetrators of abuse can mean for them. The victim-survivor had been in an off/on relationship with the perpetrator, with a children in need plan in place due to concerns about IPV. The mother had withdrawn consent for the plan, and it had been very difficult for the CSC team to gain trust and engagement: 'agencies concerned she was not being transparent'. A new referral was made, following a serious assault which the children witnessed and the perpetrator was recalled to prison. CSC became involved again and were able to work with the victim-survivor to advocate with housing, to rebuild her life and that of her children.

***CASE STUDY 3***

*We worked quite closely with the IDVA to think about the mother's perspective, separating out how she should not be held accountable for the perpetrator's behaviours, the strengths to her parenting (of which there were many) and working with her to think about safety in the future, as opposed to holding her account… This helped us to reach a point of wanting to end the child protection plan, the mother has built a good relationship with the new social worker and me as the manager. The focus now is on building safety for the future. The mother feels she has been listened to. She likes that we are holding him to account for what he did, and not her. She likes that the social worker had a meeting with him in prison along with his probation officer, challenged him for his behaviours and has enquired about him receiving support and intervention to address his behaviour… she is now more able to work with us to think about safety in the future. She is a parent who will hold professionals to account and critique things, and I have approved of this and welcome her voice, as part of partnering with her. I feel this has encouraged her involvement which is safer than driving her away. S&T helped me to think about the direction of our involvement, ensuring the social worker met with him, ensuring that my comments in reports were aimed at him, and that she was not being held accountable for his violence against her and the children* (Team manager, case study Year 4/5).

The difference case consultations make was also evidenced in the learning reviews from more established boroughs which showed less victim blaming language, and pivoting to the perpetrators through clarity in language, on IPV as a parenting choice (see next section). In years 4/5 consultations continued to form a central part of the implementation leads work, but to varying degrees. In the established boroughs they formed less of the workload, whereas in the newer boroughs they were beginning to gain significant traction (see Table 4). Staff turnover in CSC in many London boroughs means that there will continue to be a demand for training and for the case consultation. Through them, learning from the training is embedded into practice, with material impacts for victim-survivors and their children. Being part of creating such outcomes, enhances practitioner's commitment to the S&T principles.

## From case audits to learning reviews

Case audits have been promoted by the Institute as a way to evaluate the impact of S&T, and researchers have used them as an evaluation method (see, for example, Humphreys et al, 2017). Undertaking them was written into the job description for the implementation leads, the evaluators were never afforded direct access to CSC case files, relying instead on the internal reports as a source of change data.

Establishing the project in Year 1 meant this activity was postponed to Year 2 in order for the leads to complete the training for trainers qualification. The delivery of training since Year 2, alongside the demand for case consultations, meant the ambition of auditing 10 cases per quarter in each borough (n=60 per quarter, 240 per year) proved unrealistic. In Year 2, 80 cases were audited across the six boroughs, with several implementation leads expressing frustrations that the selected samples did not reflect the agreed protocol, which further elongated the process. The activity was, therefore, subject to pressure and time constraints, with little opportunity for piloting or reflection. The reports did, however, show that the different time frames for implementation could be detected. The two boroughs with the longest track record showed more evidence of language shifts, recognition of victim-survivor strengths and pivoting to the perpetrator. There were also areas noted for improvement in documentation, case planning and making specific requirements for change from perpetrators. In two of the newer boroughs there was some evidence of shifts in language, less responsibilisation of victim-survivors and in the other two considerable inconsistencies in responses.

The evaluation report in Year 2 noted a need for a more standardised approach, whilst recognising the complexities of a multi-site project. A recommendation was made for: ‘An action learning set with implementation leads [to] focus on honing the case audit tool, develop shared understandings of the assessment and learning functions of this activity’ (Garner & Kelly, 2023).

## Learning reviews

The ALS began in Year 3 with consensus that the process needed to be more than a measurement tool of change, it needed to benefit boroughs and enable implementation leads to identify and explore areas which needed strengthening. This led to a reframing of the activity from 'audits' to 'learning reviews'. A new template was created and a sampling frame of 5 cases where the social worker was Core trained and had a case consultation and 5 cases where neither applied were agreed on to pilot in one quarter. The template sought evidence of S&T practice principles being applied, with a leaner, but more spacious, form to record: context and compositions of cases; evidence of S&T practice; consideration of how case consultations had shaped practice; areas for improvement and key learnings. This offered a clearer route into focussed borough-based work streams alongside the possibility of evidencing the impacts of the core elements of S&T implementation – Core training and case consultations.

The template was piloted with a view to re-drafting if necessary. While partly intended to create a uniform approach to case reviews, given the different stages of implementation, in practice the leads localised the process to fit their borough priorities. Again, the difference between newer and more established boroughs was evident, and depth of change could also be evidenced.

## Year 3/4 learnings

The two newest boroughs, Barnet and Barking and Dagenham, only had six months membership and the implementation lead did not have case system access yet in one for the pilot. The initial review evidenced the issues the project was established to address: language which mutualised abuse; an incident rather than pattern- based lens; scant actions for perpetrators in plans; and victim-survivors being responsibilised for their own and their children's safety. While these were more evident in cases where practitioners had not been Core trained, traces remained in those who had, highlighting the importance of case consultations to embed learning. The second set of reviews found more evidence of partnering with victim-survivors, but with safety plans that still responsibilised them, as well as a lack of pattern-based framing. The third period also showed progress and change in terms of more evidence of partnering in the trained practitioners but with little S&T aligned practice across other areas. Reviews showed very little evidence in files of framing IPV as a parenting choice, but actions for perpetrators on child protection plans were present. These green shoots of change, noted in the established boroughs in Year 1, were evidenced here with notable shifts in language and focus.

Hammersmith and Fulham joined the partnership at the start of Year 2 and learning reviews showed movement beyond the green shoots of change. While some weaknesses remained, practitioners were able to clearly name perpetrator behaviours and to document harms, especially notable in newly qualified social workers. There was also

stronger recognition of victim-survivor strengths and protective efforts, supervision was also noted in places to be S&T informed. These changes were most evident in cases where the social worker had been Core trained and had accessed a case consultation.

The most established boroughs (Hackney, Waltham Forest and Newham) showed much stronger evidence of changed practice across the S&T principles. In Hackney there was evidence of perpetrators being held to account, framing DA as a parenting choice alongside strong use of behavioural expectations across both trained and non-trained staff, suggesting that the longer the approach is being implemented the more likely it is to become embedded practice. There was also evidence that strong supervision enhanced S&T congruent practice. Waltham Forest learning reviews showed strong correlations between training plus case consultations and improved S&T informed practice. The reviews identified more evidence of partnering, more documentation of perpetrator patterns and some examples of IPV being understood and framed as a parenting choice. In Newham strengths were found in documenting perpetrators patterns of behaviour and partnering with victim-survivors including through collaborative safety planning and support from supervisors. There was also important learning that misalignments in approach from partner agencies, such as police and schools, can undermine good S&T practice within CSC.

Overall learning reviews in Year 3/4 showed that length of implementation, Core training and case consultations led to practice that was more reflective of S&T principles. At the same time there were areas that needed improvement, even in the established boroughs.

Learning reviews contained detailed excerpts from files and we present some here to illustrate how change was evidenced. Excerpts from newer boroughs (the first two in the text box below) show how victim-survivors were responsibilised for the perpetrators behaviour and protecting children, but also the green shoots of change, pivoting to the perpetrator, following S&T training (the last two).

Case file excerpts from more established boroughs (the second text box) show the shift that S&T informed practice makes to what is noticed, how it is interpreted and how it is documented in case notes.

***CASE FILE EXCERPTS FROM NEWER BOROUGHS IN LEARNING REVIEWS***

*Mother said she shuts the door to prevent the children from overhearing the arguments when they become heated. Mother does not seem to fully grasp that by not reporting the matter to the Police she is putting herself and the children at risk. Her actions are saying she is not able to keep the children safe* (Case file excerpt, untrained social worker Year3/4).

*I remain concerned about mother's inability to make the right choices in order to safeguard the children. Mother has never called the Police and she refused to make a statement when child called the Police. It is clear that if child did not call the Police, we would not be aware of this family* (Case file excerpt, untrained social worker Year3/4 ).

*[Father], we are worried that the children are at risk of emotional harm by being exposed to your abusive behaviours in the home. We are worried that the children may be witnessing or hearing [mother] being hurt by [father]. We are worried that they will come to see violence as a 'normal' way of solving problems* (Case file excerpt, Core trained social worker Year 3/4).

*We want [father] to understand that his behaviour can frighten you and [child]* (Case file excerpt, Core trained social worker Year 3/4).

***CASE FILE EXCERPTS FROM ESTABLISHED BOROUGHS IN LEARNING REVIEWS***

*[Father] you were spoken to during a previous social care intervention with your family in xx; on that occasion you were seen to have physically assaulted [mother] before fleeing from the flat. As part of the assessment you were contacted and spoken to about the violence that you had inflicted on [mother] in full view of [the children]. [father] it was noted that you were not willing to fully take responsibility for the outcome of the argument that was had at that time and the actions that you chose to perpetrate against [mother], choosing rather to focus on what she was doing and how she asks you for too much money and how she was not good for you. The way you chose to act towards [mother]during your relationship resulted in [child] not wanting a relationship with you ... [father] it is understood that outside of the financial contribution that is given by way of child maintenance, there is little active involvement with your children* (Case file excerpt, Core trained social worker Year 3/4).

*What is working well: [mother] despite [father's] pattern of behaviour, you continue to meet the basic needs of [the children] / [mother] you consistently managed the household in a way which reduces the children's exposure to trauma (e.g. sending them to bed when [father]gets aggressive) / [mother] we believe that you have consistently avoided speaking with statutory professionals about the abuse in order to maintain your safety/ [mother] has provided warmth and nurturance consistently to the children despite the impact of [father's] behaviour* (Case file excerpt, Core trained social worker, Year3/4 ).

*Our ideas about what the children's experiences have been gathered from information we're receiving via other agencies as well our understanding from previous assessments. We've not been able to engage you [mother] in this assessment as you are taking a position of resistance, which we wonder is in response to fear or shame and worry about you being portrayed/perceived as a bad parent. It's likely that the decision to have an Initial Child Protection Conference reinforces this worry and so you might feel you need to continue to not want to work with a social worker. We've attempted to reassure you [mother] that if we could*

> *speak to you and the children, perhaps our worries could be contained. We hope that through longer term work, this will have an impact on your sense of trust and therefore your feeling of safety to work with us* (Case file excerpt, Core trained social worker, Year3/4).

The tone and content of these excerpts show marked contrasts between newer and more established boroughs, representing the distance travelled within longer implementation. Having a clear sampling frame also enabled firmer conclusions to be drawn from the reviews.

## *Learning reviews in years 4/5*

Implementation and borough leads in the established boroughs were confident previous reviews had evidenced movement towards the S&T goal of 'DV informed practice'. In this period attention was focused on different cohorts of cases according to local priorities: CP chairs; Early Help; cases open for six months with a child protection plan.

In the newer boroughs the selection of Core and not Core trained cases continued and over three reviews there was clear evidence of DV informed practice becoming embedded, especially for Core trained staff where there was a case consultation, the latter was associated with stronger partnering and documentation of the patterned abuse. There was also increasing evidence of engagement with perpetrators, but lost opportunities in holding them to account and focusing on expectations of change in plans. For those yet to be trained mutualising language persisted (e.g. 'none of the parents are willing to take accountability') and cases were more likely to be framed as 'parental conflict' and in terms of incidents: in such cases safety planning was more likely to make mothers responsible for their and their children's safety. Across both groups there was limited intersectional thinking.

Hammersmith and Fulham made the swiftest progress in embedding S&T, the learning review showed clear recognition of victim-survivor strengths, strong holding of perpetrators to account and in some the creation of differentiated plans. Case consultations were found to reinforce S&T approaches and improve documentation. This set of case files demonstrated the cumulative impacts of Core training; case consultations combined with a borough lead and head of service who were committed to S&T principles and practice. But even here some mutualising language was noted.

In Hackney the focus was on cases dealt with by Early Help, which is anticipated to become more significant through the social work reforms. Early Help is a consent-based service which often has a time limited engagement. Revealingly there was no reference to IPV in local internal standards. Interestingly in one of these reviews there was a group of children who were in the care of the perpetrator. Core trained staff were more likely to

record patterns, non-trained commonly referred to parents and used mutualising language. Overall, there were low expectations of fathers.

## *Reflections*

The learning reviews have, over time, shown that being Core trained and having a case consultation shifts practice towards the S&T framework in terms of partnering with victim-survivors and recognising their strengths, pivoting to perpetrators and documenting the pattern of abuse. Yet even here mutualising language slips in and opportunities are lost for explicit expectations of change from perpetrators to be part of plans. Learning reviews have a critical role in early implementation, making visible the framing that needs to change, and in subsequent embedding through highlighting areas that require more emphasis and development. They can also be used to explore specific sub-samples of cases based on local concerns. A current discussion in the partnership is whether in the established boroughs there might be a shift towards live learning – combining case consultation and learning reviews for long standing cases, which are revisited six months later.

We note some issues to be carried forward from the analysis of the most recent learning reviews.

- Close to half of the cases involved post-separation abuse and this was more likely to be termed parental conflict. There is a piece of research and education to undertake here across the partnership. Firstly, checking if this is the case across CSC cases where IPV is identified. Secondly, if so, using this fact to reinforce the inappropriateness of the failure to protect discourse since the victim-survivor has ended the relationship and it is the perpetrators' persistence which is creating harm. This also reinforces the necessity of documenting this continuing pattern and naming it post-separation IPV.
- Consider developing a short workshop on mutualising language – possibly using a version of the re-writing exercise which proved so effective in training.
    - Consider adapting and enhancing the behavioural agreement template into a series of prompts which can be included in plans with a clear plan for briefings across boroughs CSC workforces, including QA.
    - Develop a reflective practice session on why the harmful parenting practice, intersectional thinking and worker safety aspects of Core training seem to be less in evidence in case files.

# Responsive workshops

As part of a context-led, responsive approach implementation leads have positioned themselves in the right place at the right time to help embed S&T. Part of this, has been developing thematic workshops, and attending meetings as and when need and interest arise. The workshops serve to embed and advance learning whilst also maintaining a swell of awareness and commitment across CSC workforces. In Years 4/5 in older boroughs, for example, workshops were developed on: domestic abuse-informed documentation; intersections and intersectionality in domestic abuse; intervening with perpetrators of abuse; perpetrator manipulation of systems and professionals. Newer boroughs were also beginning to create bespoke responses to emerging needs, by delivering themed presentations, workshops and attending meetings. Practitioner feedback from the workshops reflects the value of having shared learning spaces to deepen understandings of S&T in practice.

> *I liked the dynamics of the course — constant engagement, group activities, and discussions of real cases* (Workshop feedback, Year 4/5).

> *The case studies were very realistic and provided interesting prompts in terms of thinking about how a perpetrator's behaviour can disadvantage us or us as professionals feel disempowered* (Workshop feedback, Year 4/5).

> *I think it may be really useful to do more responding case studies/role play (I know people hate this) but I mean more examples of how to respond in the moment when speaking to a perpetrator who is trying to coerce you. In the moment it is really easy to be flustered when speaking to clients who are acting in this way, so it would be really good to have some lines/phrases or gently challenging statements to respond that can help us regain control* (Workshop feedback, Year 4/5).

Grasping opportunities and identifying gaps is central to the work of implementation leads. Alongside themed workshops the leads also fed into existing workstreams, brokered meetings with core teams within the boroughs and with other sectors such as health, education and attempts were made to engage police in some boroughs. The different tracks of implementation means that boroughs are at different stages with this work. The established boroughs may have firmer relationships and contextual knowledge to build on. It is worth considering building a library of workshop topics and resources and shared systems change strategies within Respect as a resource going forward.

# The professional hub and marketplace

Developing a home grown toolkit was part of the original funding application, envisaged as a way to extend and sustain the learnings from the training through a set of interactive tools and resources which belonged to the partnership. The concept shifted during Year 1 as the interactive offer did not have as high a take up as expected and feedback from the Core training stressed how useful professionals found static tools. On reflection it may be that the interactive element was too abstract for early stages of implementation, delaying the offer until there was more buy in and knowledge might have given it more traction. The toolkit was reshaped into a 'professional hub' at the start of Year 2: it is static online portal hosting an array of material, developed across time in response to practitioner feedback and identified need, organised by the Training and Resources Manager in Respect.

Table 5 shows the number of visits has increased across the project term, reflecting its value to practitioners, with the most accessed pages being Core training, and within resources an overwhelming majority of visits to 'engaging with perpetrators'. It is heartening that the later period access to the evaluation interim reports and briefing papers increased substantially

*Table 5: Visits to the professional hub by page Years 2-5*

| Site Page | Year 2 | Year 3-5 | Total |
|---|---|---|---|
| Main Landing Page | 1343 | 1064 | 2407 |
| **Training And Events** | **616** | **394** | **1010** |
| S&T Core Training | 424 | 1072 | 1496 |
| S&T Overview Training | 92 | 354 | 446 |
| S&T Supervisors Training | 0 | 90 | 90 |
| S&T E-learning Courses | 191 | 91 | 282 |
| Working With Perpetrators of Abuse* | 116 | 13 | 129 |
| **Resources For Practitioners** | 477 | 349 | 826 |
| Engaging With Perpetrators | 266 | 2700 | 2966 |
| Partnering With Survivors | 223 | 145 | 368 |
| Resources for Managers | 234 | 113 | 347 |
| Perpetrator Intervention Marketplace** | 248 | 26 | 284 |
| Working With Children | 103 | 111 | 214 |
| Evaluation | 159 | 436 | 595 |
| **TOTAL** | **4,905** | **7, 278** | **12, 183** |

*only available Years 1 and 2

** only available Year 2

Given how far the project has travelled, and how much knowledge accrued, going forward the hub could be used as a resource for implementation leads to log their workshop

outlines, learning reviews and systems change strategies, as outlined in the previous section.

From the outset the partnership recognised changing CSC responses required increasing behaviour change options for perpetrators to be referred in to. The marketplace was intended as a space where boroughs could offer perpetrator interventions across boundaries and where gaps in provision might be filled. This was an ambitious endeavour in an already ambitious project. Launched at the end of Year 1, the marketplace was made up of six options provided by Respect accredited organisations (see Appendix 6). The pressure of securing subsequent funding at the end of Year 2, meant that the marketplace was omitted from subsequent bids, but the learnings from Year 2 remain important and Table 5 shows strong engagement in the professional hub.

Referral data showed that while in its infancy, the goal of increasing and expanding opportunities for change interventions was beginning to be met (Garner & Kelly, 2023). That cross-borough referrals were beginning to happen also reflects that this aspect of the partnership work held potential. Interviews with marketplace providers also revealed early signs of an unexpected outcome of enabling working partnerships between social care and behaviour change professionals. The three boroughs with in house perpetrator work created referral pathways for the whole partnership, some of which persisted after Year 2.

## A conducive context for systems change

The work of embedding S&T documented in this chapter scaffolded workers and teams in the substantial changes in practice - holding perpetrators to account for their harmful parenting practices whilst partnering with victim-survivors. These are substantial shifts unlikely to be made through training alone. Case consultations proved both popular and pivotal in changing practice, with case studies and learning reviews providing strong evidence of change. These movements at the level of practice combined to create a conducive context for systems change.

# 6. Aligning and fortifying: systems within systems

> *Systems are overlapping, nested, and networked; they have sub systems and operate within broader systems* (Abercrombie, et al, 2015, p6).

A desired outcome of the partnership was to create a shared framework that led to consistent and more effective responses to IPV which kept children safe and together with their non-abusive parent. A number of unanticipated roadblocks emerged which had the potential to undermine progress. By Year 2 the multiple systems that intersect with and overlay how CSC responds to IPV were beginning to move into view: conceptualised here as 'systems within systems', whereby adjacent departments or systems can act as barriers to, or enablers of, change. This chapter outlines how potential roadblocks were reshaped into opportunities and the ways that 'systems within systems' were fortified and aligned.

Changes and adaptions to internal and adjacent systems and processes were made, to create a broader scaffolding to support changes taking place at practice level. Much of this work was part of the embedded evaluation: findings gleaned from data collection and work with implementation leads was taken into thematic action learning sets and roundtables to explore how challenges could be reshaped.

Having the rare privilege of following a project for five years has shown how systems change can, on the one hand be interrupted yet on the other be fortified and even accelerated through paying attention to mundane and everyday aspects of practice. This is an insight Ellen Pence, one of the architects of the Duluth approach to IPV, never failed to point out in her presentations.

## Pivoting to perpetrators at system levels

Pivoting to perpetrators is a core principle of S&T. In practice this means focussing on the behaviours, practices and patterns of the offending parent, when IPV is a factor in CSC cases. The S&T perpetrator pattern mapping tool, is a key way that professionals can achieve this, along with language and framings in case notes. That the focus of CSC interventions should be the person causing harm and unsafety is probably the most challenging and yet transformative aspect of S&T, as recognised in feedback on training (see Chapter 4). The learning reviews (see Chapter 5) showed increased attention to perpetrators in the case files of social workers who were Core trained, where they also had a case consultation there was more documentation of the pattern of abuse.

Across the life course of the project, the partnership developed ways to pivot to perpetrators of abuse at systems level, as well as practice level. In Year 2, work began to align case management systems, to ensure recording of engagements with perpetrators 'were on the system' and could be measurable across all case files. Also, in Year 2 an increase in complaints from perpetrators of abuse was detected: an unanticipated outcome of a clear pivot to perpetrators. Local authority complaints departments were a system within a system: a site that required strengthening, in order to hold the change the project was effecting.

## *On the system*

Year 1 revealed that no borough had any way, other than in free text, to record CSC actions/interventions that were specific requirements or expectations of perpetrators on case management systems. Finding a resolution to this became priority for the evaluation in Year 2. After considerable discussion in the operational group and with implementation leads six layers of data collection were decided upon which would evidence pivoting to perpetrators and holding them to account (see Appendix 5), piloted in Hackney, as they were able to adapt their case management system, Mosaic, internally. Following the pilot the page went live at the end of Year 2: a process that had taken a year. Other boroughs were invited to adopt it in Year 3/4, but the fact that all the other case management systems were outsourced made this a lengthy and costly undertaking, which was repeatedly delayed. Interestingly, Barnet implemented it in the first year of their membership and made completion mandatory. Waltham Forest, one of the original partnership boroughs, had a lengthy negotiation period and approval to have the form integrated into the system, came close to the end of year 4 /5.

Resistance had a number of layers and players, including IT staff questioning the use of the word perpetrator in two instances and in others references to the limited functionality of the case management systems. One such impasse was unlocked following a webinar on the evaluation briefing papers in May 2025. Barking and Dagenham were close to approval at the end of this funding period, and evaluators do not know how far Newham advanced with the form.

There have been several challenges to this work. Where the questions have been integrated, they are not routinely being used. Unless made mandatory this data point cannot compete with processes/assessments that are part of statutory requirements. Reflections from boroughs who have been successful in this, highlight that a communications and implementation plan for the addition to the system is needed to support completion.

Ensuring perpetrators are on the system in terms of engagements with, and requirements of, them being routinely documented is yet to be realised within the partnership: it serves

as a salutary reminder that digital systems can be as limiting as they are enabling when the organisation cannot adapt them internally.

## *Complaints*

S&T intentionally brings perpetrators into sight in order to hold them to account for their abusive practices. This is a significant departure from a 'failure to protect' lens, which permits them to remain outside the focus of CSC. Disrupting this invisibility has ramifications for perpetrators who have been used to being hidden in plain sight. Those who are skilled in coercive control may have already manipulated systems in myriad ways (Evan Stark, 2007; Katz, 2016), including: making counter accusations of abuse to police or 'parental alienation'8 against victim-survivors in family court proceedings; strategically using mental health and addiction issues against non-abusive parents; and extending legal processes to use the already stretched time and financial resources of victim-survivors (Coy and Kelly, 2012; Mandel, Mitchell and Stearns-Mandel, 2020).

An increase in complaints by perpetrators was detected in Year 2 in the two boroughs with the longest history of implementation (Hackney and Waltham Forest). As evaluators we interpreted this unanticipated outcome as an indicator of success, since it shows an increase in perpetrators being held to account, which some resented and resisted.

This was, however, a point of concern and reflection for professionals in interviews, where there was a sense that shifts in approach had led to new challenges in practice. These concerns orbited around increased emotional labour for workers, concerns for the safety of women and children and themselves and apprehension of facing a complaint, which created an unease about pivoting to the perpetrator.

> *There's the worry of, "Okay so how will domestic violence change?" but not in the good way, in the bad ways, what ways will people go…? They have gone undercover and are flying under that radar but if we're shining that light in that direction? What way will they go?* (Supervisor, ALS, Year 2).

> *That's something at the back of my mind, that the deeper you get in and the more active you get… where am I taking him psychologically in terms of re-enacting the violence? (*Social worker, ALS, Year 2).

[8] This is not a formally recognised concept, but has been widely used in family law cases. In 2022 WHO issued a briefing challenging its evidential basis (https://www.who.int/standards/classifications/frequently-asked-questions/parental-alienation) and in June 2023 the UN Special Rapporteur on Violence Against Women issued a report raising serious concerns about its use in legal processes(https://www.ohchr.org/en/documents/thematic-reports/ahrc5336-custody-violence-against-women-and-violence-against-children).

> *…while I'm raising up these matters? What else am I raising up in him? Will he say "social Care are getting on me and that causes me to beat you"* (Social worker, ALS, Year 2).

The project sought to meet this issue by the creation of the Working with Perpetrators training, as well as creating resources and sessions on worker safety. Whilst these inputs were welcomed the challenge of facing a complaint remained.

> *I'm not sure where the support will come in or if I'm just too far out on a limb and I need to know not to swallow Safe & Together completely and then run out there with it because I'm all on my own… I'm not, I've got a really good management team but the system is the system and the service is the service and it has its limitations* (Social worker, ALS, year 2).

> *…when we do start to work perpetrators, they'll complain against the practitioner by saying that they are on mum's side. So, all the things that we're aligning ourself with mum, with the survivor, but the perpetrators are not liking that so they're putting complaints in. Is really uncomfortable for our workers to constantly be dealing with complaints and I think it's making them not want to work with perpetrators because then they're being held accountable with a complaint against* them (Supervisor, ALS, year 2).

> *So it feels like a bit of a cycle… the people that the complaints go to quite often haven't done the Safe and Together training and are saying, "Well maybe you shouldn't have said that to dad, maybe that was triggering for dad"… it's frustrating* (Social worker, ALS, year 2).

One implementation lead had delivered workshops to build capacity for practitioners to work with complaints in Year 2, and in subsequent years continued to work with complaints teams to 'perpetrator proof' the system. This kind of work requires time to develop and has potential to change systems by limiting the extent that they can be manipulated. Towards the end of Year 2, evaluators also met with the head of complaints for one of the two boroughs where an increase had been detected, to explore possible data for the evaluation. It became clear that there was no system to log complaints, yet tracking them seemed a signifier of change going forward.

Moving into Year 3 /4 the partnership recognised that resistance to being held to account should be anticipated when implementing S&T and that complaints staff needed to be fortified. They were invited onto overview training and as part of the embedded evaluation we convened a cross-borough action leaning set, since this had the potential to undermine the change the approach was effecting, potentially narrowing what Laura Butterworth (2023) termed the 'space for intervention'. Complaints have the potential to undermine worker confidence, wellbeing, and capacity to maintain the 'pivot' to

perpetrators: impacts are especially acute for female minoritised and newly qualified practitioners (see Chapter 4).

A cross-borough action learning set (ALS) was convened and participants confirmed none had a system to record complaints from IPV perpetrators, and thus no way to monitor this aspect of implementation. Participants were keen to develop a template to use in their work and sessions were spent formulating findings from our discussions on the nature, scale and responses of complaints, into a proforma to track them (see Appendix 3). It includes a set of conventions which were noted as common to complaints more broadly, such as: being lengthy and overwhelming; unrealistic expectations for wait times for a response; and unreasonable numbers of emails and calls. Other patterns aligned with perpetrator strategies of abuse, extending from a domestic to a systems space, including denial, minimisation and counter allegations. We also sought to track attempts at manipulation through playing officers, elected officials and social workers off against each other and threats to take the matter further, such as making a complaint to Social Work England. Concerns were also raised about victim-survivors being manipulated into making a complaint themselves, potentially severing the partnering work of the social worker and effectively re-isolating them.

We, along with implementation leads, recognised opportunities here to integrate complaints more deeply into practice, by including complaints and abuse of systems as part of the mapping work on case files. This is currently being explored in Hackney and Waltham Forest. There is also a need to address the ramifications for professionals, both CSC and complaints, of being the targets of manipulative and at times threatening behaviours. Streams of work to this end have included bespoke workshops, developed and delivered in two boroughs, on perpetrator manipulation of systems.

Broader systems barriers such as statutory guidance paying limited attention to the system being weaponised by IPV perpetrators and independent adjudicators and the ombudsman being unfamiliar with S&T principles, were also highlighted, and streams of work to meet these challenges also began in Year 3 /4. Hackney and Waltham Forest, for example, targeted independent adjudicators for overview training, as part of a strategy to fortify systems.

The ALS showed how complaints professionals were remarkably skilled at understanding perpetrator strategies to manipulate systems, most had already devised their own practices to manage this and had ideas about ways to fortify worker confidence and narrow the space to manipulate. Acknowledging and integrating complaints as part of everyday practice through joint working across social workers, quality assurance, supervisors and complaints teams was a central plank of this approach. Along with recognising that complaints can be de-stabilising, whilst at the same time are to be expected, which means attending to emotional needs of professionals. The action learning set has continued in a different form at the request of the complaints staff, as a source of mutual support, insight and sharing effective practice.

This first ALS on complaints showed that embedded evaluation can interactively and responsively be part of fortifying S&T in CSC.

# Aligning policy and practice

In Year 2 Quality Assurance (QA) as a site of opportunity to embed S&T and perceived tensions between clinical practice frameworks and S&T emerged: both were explored through action learning sets. The findings from this work culminated in briefing papers (see Appendix 1and 2), which were then used by the partnership to align policies across adjoining systems and processes.

## *Quality Assurance*

> *I think it's really difficult to change cultures in institutions and Safe and Together asks for a cultural shift … I think CP chairs, people in quality assurance in a sense are the people where it matters, because they're the people evaluating what is good work* (Social worker, interview, Year 2).

> *I'm picking it up in quality assurance… and sending emails to senior managers saying, "This language is atrocious!"* (Quality assurance professional, ALS, Year 2).

QA emerged as a space where systems change could and was beginning to take place. Echoing findings from Year 1 where social workers framed S&T as a legitimising foundation from which to change practice, this QA professional also saw the model and partnership as an 'anchor' for change.

> *I think it's helped me to anchor what I'm saying with something more tangible. It's very easy when I'm doing quality assurance work to say the language needs to improve because we don't write "relationship difficulties", "parental discord". Someone could quite easily read that and say, "Well that's just that person's view, there's nothing wrong with my sentence". Actually, being able to anchor it to say, "The Safe & Together model which we are embedding in (borough) explains that," so it actually gives it a point of reference* (Quality assurance professional, ALS, Year 2).

We further explored QA as a space where change might be visible and traceable through a survey for professionals across the six boroughs. However, this was quite late into Year 2 and the survey garnered only four responses from one borough. Findings are therefore limited but all responses reported changes to practice at the point of assessment, in case planning and case notes, and at child protection panels in terms of less victim blaming

language and more holding preparators to account. As with complaints, QA offers a salient site of analysis for systems change.

In convening an action learning set with QA professionals our intention was to explore in more depth whether their work could support embedding S&T, but this very quickly moved to a question of how. Professionals were so keen to ensure their work supported the approach that we shifted to working together on a tool to help them do this. This was remarkably pronounced for the newer boroughs, whose QA participants understood that their role could contribute to embedding the approach.

The sessions were spent exploring what would be valuable for QA processes and mapping where material could sit within them. That QA processes differed across boroughs meant that the output had to be broad enough to be contextually applied, whilst specific to S&T principles and practice. The final product was a S&T practice checklist (see Appendix 2), an adaptation of an existing tool developed by the implementation lead for Hackney and Waltham Forest. It draws on the core principles of S&T: defining IPV as a harmful parenting practice; pivoting to perpetrators to hold them to account; and offering an invitation to change alongside recognising that victim-survivors are endeavouring to do their best to protect children in a context where their space for action is constrained.

The checklist has been implemented into some borough QA systems and processes to track and encourage the change the project seeks. It is intended as a multi-functional tool to be contextually embedded, but with the aim of ensuring QA in partnership boroughs was aligned with S&T practice principles. The tool is at various stages of implementation across boroughs. In Hackney and Barnet, for example, it has been integrated into existing practice standards, used as an audit tool and thinking prompt in supervisions, and CP chairs are using it in pre-conference discussions with social workers. Beyond audit, the check list is becoming a lever for practice development. This is a strong step towards ensuring organisational scaffolding to embed S&T into practice and systems.

## *Systemic approaches in social work*

Potential tensions between S&T and systemic social work theory bubbled under the surface in Years 1 and 2, rising to the top in Year 3/4. The issue was explored in the implementation lead ALS and then taken to the community of practice as a possible topic for the embedded evaluation approach. An ALS with CSC professionals and a session with one clinical team culminated in a briefing paper which focused on overlaps and connections (see Appendix 1).

The ALS revealed that CSC social workers welcomed the shift in focus to perpetrators and being able to locate, name and document abusive patterns of behaviour. Similarly,

S&T provided a vocabulary of harm, through identifying and naming victim-survivor and perpetrator, which was regarded as helpful in practice, echoing findings in Chapter 4 on training. For this group of workers there were no tensions to be negotiated.

A somewhat different response had been noticed in clinical teams/staff, who provide family therapy, the size and influence of which varied across the boroughs in the partnership. In the session we conducted with one team the S&T principle of naming and 'pivoting to' perpetrators was perceived as creating barriers to the relationship building which their therapeutic interventions were founded on, especially in the potential to evoke shame and defensiveness. There was also a perception that aspects of S&T were 'too manualised', and, therefore, at odds with the curiosity that underpins systemic approaches. In conversation we were able to draw on evaluation findings that Core trained social workers had developed a skilled and paced application of S&T principles which sought not to evoke shame but to steer change.

This briefing paper was slightly different from the co-produced process of others, since the evaluators undertook research on the previous published debates between feminist and systemic approaches, articulated most strongly about child sexual abuse and family therapy. This led to the documentation of clear overlaps between feminist and systemic perspectives including to: be conceptual and holistic; embrace complexity and intersectionality; question certainties and assumptions; reframe questions, problems and dilemmas; recognise one's own positionality.

This foundation was then used to place the concerns of some clinical teams in conversation with the evaluation findings from social workers. Whilst recognising the unease around the term perpetrator, it is an invitation to language which can, and is, being used strategically: in most direct engagements social workers focus on behaviour and harm and only use 'the p word' in a context of denial and resistance. The most likely place it will be encountered is in case files, but even here people's names, or 'mum' or 'dad' are more commonly used.

At the level of social work practice, clarity of language has represented 'an invitation to responsibility', a way to disrupt denial, minimisation and defensiveness. But such intervention is contingent on pace and agility, how and when to use the term perpetrator, how and when to draw on a systemic framework. Social workers have used mapping tools to explore 'what sits underneath the word perpetrator' which then offers a space to reflect on parenting, a potential in road to work with experience and complexity, both systematic principles.

In Year 3 the implementation lead in Newham undertook detailed work across the clinical and social work teams to create a practice framework in which a systemic approach and S&T were aligned. The briefing and practice framework were welcomed by other boroughs, unlocking needed explorations of this agile and contextual blending. This process showed that S&T can be aligned with other practice frameworks if the frictions

are explored openly and in a spirit of good faith. It is a further example of the systems in systems approach of change making this evaluation has developed and testament to the time needed to do the in-depth work of embedding of S&T beyond training.

# New challenges, new opportunities

> *The first time someone specifically asks me about social care reforms, I want to be able to reel off exactly how it fits with Safe & Together - what opportunities it presents and what might get in the way* (Project team member, interview Year 4/5).

The London Partnership Model of implementation has been responsive to changing contexts, emerging challenges and opportunities. In year 4/5 social work reforms and the use of artificial intelligence (AI) in CSC emerged as potential challenges for implementation. Multi Agency Safeguarding Hubs (MASH) were also identified as an important area where S&T needed to be embedded. While we were able to convene an ALS on the reforms, recruitment for MASH and AI proved challenging. We were however able to convene a roundtable discussion on AI and undertook one ALS session on MASH. This section presents further evidence on how S&T is being embedded in practice and systems.

## *Social work reforms: S&T and family group decision making*

In 2023 significant reforms to CSC were initiated by the then Conservative government (DfE, 2023) and further developed by the current Labour government (DfE, 2024). Conversion into national standards and guidance is a phased process: some aspects are still in pilot, while others await parliamentary approval (Community Care, 2026). Some of the reforms were the foundation of a new Children's Social Care National Framework (DfE, 2204/26), and could be read as a potential challenge to S&T.

The reforms are organised around four overarching outcomes: children, young people and families stay together and get the help they need; children and young people are safe in and outside of their homes; children and young people are supported by their family network; children in care and care leavers have stable, loving homes. Three 'enablers' for CSC to support local authorities to achieve them are multi-agency working, leaders driving change in an equipped and effective workforce. One principle is the involvement of family networks in decision making about children's welfare and safety: family group decision making (FGDM) is encouraged at all stages but mandated at pre proceedings stage. FGDM is a broad approach that covers many different methods for engagement. The emphasis on 'family' and parents has the potential to undermine the core in S&T

practice of distinguishing between victim-survivors and perpetrators and requiring different things of them in relation to children. Some partnership members mused on whether this might undermine the principle of partnering with victim-survivors.

> *… if you're having a discussion with a family, you're having a discussion which could be unsafe… if it's encouraged at the front door, Early Help, across all the process… my question is, is everyone across all those stages ready for that? How is this being implemented? … do they understand the problems with having a woman sit opposite her abuser? if this happens… bringing perpetrators into the room and having a discussion… is this partnering? What might we lose in this?* (Project team member, interview, Year 4/5).

At the start of Years 4/5 work streams to implement the reforms were in development, but it was unclear how a broad approach to FGDM would be implemented across boroughs. To varying degrees however, boroughs had existing Family Group Conference (FGC) processes in place - a specific form of FGDM. Through a cross-borough ALS with FGC professionals, we explored the process, how S&T might align, and where the challenges may exist.

## *A Crucial distinction*

> *Are you specifically talking about family group conferences, or are you talking about family group decision making? Because there's a distinct difference and the reforms don't necessarily mandate family group conferences - they mandate family group decision making… this is very different* (FGC manager, ALS, Year 4/5).

In the ALS professionals drew a crucial distinction between FGDM as a broad approach and FGC as a specific structured process, bound by independence, and a set of professional standards. An FGC entails in-depth research and preparation, undertaken by independent professionals with specialist expertise. FGDM can involve a number of ways to engage families in decisions through professionally led meetings, often one off, which do not necessarily follow a clear protocol. All participants expressed concerns that the roll out of this aspect of the reforms may take place without due recognition and care and pose extra burdens on social workers who may lack capacity, resource and training.

> *Local authorities are always struggling for money. They will want to find a cheap way to comply with their obligations. So they're just going to get whoever to do it, maybe some early help workers, maybe some social workers, whatever it is, but they will not have the practice standards that keep people safe… We follow guidance and principles. So if you've got just a normal family meeting, they could be just winging it or just doing what they think might work. They're not actually following a process* (FGC manager, ALS, Years 4/5).

This has been echoed in CSC professional responses, where calls have been made to amend this aspect of the reforms, to mitigate 'a real implementation risk' of diluting the strength of the FGC process9. This is an interesting, and important distinction, given that the evidence base used to encourage the FGDM approach is actually based on research specifically on FGC (Foundations, 2023). This also raises important questions, as well as opportunities for the London Partnership on how to ensure S&T principles are part of the implementation of FGDM and how to align existing FGC processes with S&T.

## *S&T & Family Group Conferences*

The ALS evidenced alignments and that through implementation leads S&T had begun to shape practice in this arena. The independence of FGC coordinators was framed as having clear potential for partnering work since they were not 'mediators', their practice was survivor and safety led. The research and preparation process relies on professional curiosity, to 'look beneath and between the surface of the situation'. S&T encourages deeper analysis of power dynamics, intersections and multiple pathways to harm.

> *… that initial meeting with the survivor is definitely key to the rest of the prep work and how we manage that moving forward…. we wouldn't go to the wider family network without the survivor's consent first… it's all completely led by the survivor* (FGC Manager, ALS, Year 4/5).

The breadth and depth of the process was seen as offering space to support victim-survivors to plan and rethink their lives, and who in their family network they trusted to be part of that.

> *… so we might ask, what is a family? Anyone that's safe and can support the children to be safe and support the victim to be safe and can hold the perpetrator to account. That's what we want. That's what we're always looking for, a safe. network to keep those children safe and make sure that they hold the perpetrator to account and that's what we want* (FGC practitioner, ALS, Year 4/5).
>
> *We had a referral come in and the concern was mainly around domestic violence, and what came to light was that the wider family network really, really justified dad's behaviour, said, "It's only when he drinks alcohol. He's a lovely guy, he's a great father", and it was just very clear that there needed to be a lot of work done in order for the wider family network to really understand* (FGC practitioner, ALS, Year 4/5).

Initial conversations with social workers when cases are referred into FGC involve asking tough questions about how far the wider family legitimise or excuse abuse: itself a pivot to perpetrators. This was clearly evident in both Hammersmith and Fulham and Waltham

[9] https://frg.org.uk/news-blogs-and-vlogs/blogs/family-group-decision-making-what-is-it/

Forest, where the FGC process combined with S&T, worked to bring both professional and family networks together to increase understanding and partnering work, as this example illustrates.

> *One example… was a case of a homeless woman… due to her being homeless she would go and live with the perpetrator and stay there every few nights… that was her choice but her family network didn't really have that understanding of what was going on. In that preparation period we were really trying to help them to understand the wider situation, but it was quite tricky to get through… we were able to, within the FGC, bring housing into it… housing could really see the risk and understand, which was huge because they really weren't taking it seriously and we were having that constant battle with housing, too… and their eyes were opened massively… Then what we did as well was bring one of our leads from our VAWG team into the FGC and they were able to help the family understand the risk that this woman was facing, but also, that she is able to make her own choices as well* (FGC practitioner, ALS, Year 4/5).

Supported by the implementation lead, S&T was being embedded into FGC processes, to reshape framings and language, especially where abuse is mutualised and through asking about the pattern of perpetrator behaviour. FGC practitioners also welcomed and drew on the strength-based lens in relation to victim-survivors.

> *And then when we share that information, that report with the wider network, they're seeing those strengths, that mum is doing all of these things to protect the children, so then that kind of will help with those conversations in that preparatory work, after we've met the parents and we're meeting with the wider network and they're seeing those things* (FGC practitioner, ALS, Year 4/5).

Core training and the embedding work of the implementation leads has ensured S&T principles have been taken into FGC processes in the partnership, albeit not as deeply in each borough. The bigger challenge will be how FGDM is rolled out and whether S&T is as strongly in evidence there, a significant shifting sand for the next period. The reforms have led to restructures and reconfigurations of teams and processes, requiring a new familiarisation in each borough.

As part of the ALS, we worked to reshape the tool developed in Year 3/4 to support Quality Assurance into a reflective practice tool (see Appendix 4) for FGDM. Two of the participants produced a more specific tool moving through the process of an FGC (Appendix 7). Hammersmith and Fulham have the most developed stream of work on the reforms, and their local implementation policy document frames their approach as systemic plus S&T.

## *Artificial intelligence in social work*

The use of AI emerged as a challenge to the change the project sought to effect through language: in particular, there was a concern that the use of generative AI in case files might undermine the shifts in framing evidenced across Years 1-3/4. A valid concern, given that AI tools can perpetuate and amplify existing biases (Haider, et al 2025). We convened a round table discussion with CSC professionals, to understand how far AI was being used and what future challenges this might pose. Findings echo a much broader conversation on the rapid development of AI technology, as both a transformational and potentially disruptive force, with AI framed as entailing both risk and opportunity.

> *It can complement, but it shouldn't be used to do the work* (Social Worker, roundtable, Year 4/5).

All but one participant had, at some point, used generative AI to save time to: correct grammar and structure writing; create minutes; write up notes; research and summarise relevant legislative frameworks. There was a strong consensus that AI should be used as a tool to support their work and to save time, it should not be relied on for more in-depth work, such as risk assessment and safety planning.

> *A key thing is to not rely on AI to do your work. I think that's key. We can use it to help us to save time, but when it comes down to critical analysis and the reflection and the curiosity, that is where the human element comes in* (Social Worker, roundtable, Year 4/5).

There was a lack of clarity in terms of borough level policy and guidance, which injected a sense of insecurity in terms of what was and was not permitted. At the time of the roundtable, borough level policies were either in development or early roll out. The perceived risks of using AI in social work orbited around: data security; accuracy; and losing nuance in interpretation.

> *I wouldn't be comfortable to just put the minutes in and ask AI to write the minutes, do a safety plan, not read it and then there it is on the system. I wouldn't feel comfortable doing that. I wouldn't feel safe doing that* (Safeguarding lead, roundtable, Year 4/5).

At the same time, the time-saving benefits of AI were seen as creating more space for professional curiosity and reflection: anxiety was expressed for newly qualified social workers: that using AI would preclude the building of insight, skills and experience.

Those who were using AI more frequently had established organic quality control tactics, to check their work and test the accuracy and reliability of AI. As one participant reflected, 'garbage in garbage out'. Intelligent use of AI both at generation and interpretation stages is, therefore, essential if S&T practice is not to be diluted or disrupted. One participant explained how she might apply S&T principles whilst using AI.

> *In my command I would write… be sensitive, use sensitive language, or be careful not to victim blame maybe, and then see what it come up with. And if I liked it, I would use it, and if I didn't like it, I wouldn't use it. Or I'd try to rephrase what I've said* (Social Worker, roundtable, Year 4/5).

An unanticipated finding was that AI is being used by perpetrators as a tool of abuse.

> …. *for the first time we've had young people creating AI images of peers of a sexual nature and the kind of the steps we take to address those kind of issues. Is that going to start to come into social work practice?* (Social Worker, roundtable, Year 4/5).

This extends the lens of concern, from how AI may shape and undermine practice, to how AI shapes patterns of abuse. Linked to this, and as already discussed, increased complaints from perpetrators of abuse has been framed as an unanticipated indicator of change. The round table highlighted the emergence of AI generated complaints.

> *Those complaints are now more and more often AI generated and I think it makes them much harder to address and the way we respond needs to adapt with how perpetrators are using AI* (Safeguarding Lead, roundtable, Year 4/5).

This has potential to undermine the scaffolding work already undertaken by the partnership, highlighting the way systems change work requires constant monitoring to meet shifting contexts. As the policies, trainings and use of AI in social work continues to develop, a consideration for the partnership needs to be how to ensure that S&T is embedded within the training of emerging AI systems. The Safe and Together Institute have recognised this and developed their own AI tool, to support, record, and develop practice. This, like the social work reforms, needs to be an ongoing issue for the partnership.

## *MASH*

While we attempted to convene an ALS with MASH professionals to explore how S&T worked or could work within their context, recruitment became complicated, and we facilitated only one online session. Participants, however, had not been Core trained. The material gleaned here has, therefore, only limited value. The discussions revealed strong appetites for cross borough learning spaces and knowledge exchange on IPV. Participants highlighted that it is present in a lot in their work, including through re-referrals. Describing MASH as 'the accident and emergency' of CSC, participants highlighted the potential challenges of embedding S&T, given their short time frames, 'snap shot' views of cases, and the centrality of risk assessment to their work. That said, they also described how much of their work involves exploratory investigation, where S&T would have value. There was also a clear challenge at MASH level in responding to post-separation abuse. This highlights a potential roadblock for implementation, given

findings in Chapter 5, where learning reviews showed post separation IPV was more likely to be termed family conflict. Finding ways to weave S&T into MASH processes would potentially require bespoke approaches. The enthusiasm, to learn more about S&T and IPV best practice is an opportunity which could be seized, especially pertinent in light of the social work reform's focus on early help. The reflective tool developed for FGDM (see Appendix 4) could be adapted for use in MASH.

## Systems within systems and embedded evaluation

This chapter has documented the stages beyond implementation and early embedding where roadblocks and glitches with adjoining systems emerge. We have documented how these were transformed into opportunities to scaffold staff and fortify CSC as a whole to show that systems change is often slow and incremental – responsive to the challenges that emerge. The transformation into opportunities relied on both the implementation leads and an embedded evaluation. The final section shows that unanticipated wider changes – in this case social work reforms and the use of AI – carry the potential to undermine hard won progress. The community of practice has provided a space for such threats to be recognised and addressed as the partnership strategises to fortify progress. This is how you really see systems change and it is a long-term process

# 7. Conclusions and reflections

In this final chapter we bring together the achievements of the project as a whole, our reflections and some recommendations going forward.

Following a project for five years has enabled observations and engagements that would not have been possible without the continuity of time. We have theorised these as moving from implementation (setting up, building relationships, familiarisation) to embedding – ensuring that learning from training can be applied, even in complex cases. Further, we argue that this movement was made possible by the unique model developed by the London Partnership involving implementation leads and embedded evaluation. Both revealed the importance of scaffolding workers and teams when introducing an approach that seeks to hold perpetrators to account. Across all boroughs the CSC workforce is predominantly female and minoritised making the safeguards even more important: asking them to hold angry entitled men to account requires having their backs. Through embedding work the partnership built scaffolding for change around workers and teams, but also the wider CSC system, work that we call fortifying.

As time progressed system in systems emerged as potential roadblocks, adjacent systems that needed to be aligned and/or fortified to hold the S&T framework. We argue that it is as much through these processes of alignment and fortification that systems change takes place as in policy formation.

At the end of an uncertain five years in which changing membership created four tracks of implementation, the partnership was widening horizons to influence external systems like the family court and a randomised controlled trial funded by Foundations, heralds the possibility of much wider roll out. That this partnership and staff team weathered repeated funding anxieties and remained largely unchanged is itself a significant outcome.

Over the full 4.5 years the partnership has delivered 104 training courses attended by over 3000 people: most importantly over 1000 have completed the 4-day Core training in which the framework of S&T is communicated, supported by tools to implement it. The implementation leads have deleivered1800+ case consultations with individual social workers, alongside various other embedding activities such as attending team meetings, delivering locally bespoke briefings and workshops, and undertaking learning reviews.

We return to the project intentions as set out in the Theory of Change developed in Year 1 and draw on the evidence from the evaluation to assess how far they have been achieved.

### To build a shared framework for improvement across managers and frontline staff in social care and the wider intervention network

Access to the training programme has been spread evenly across the boroughs and all trainings have been rated highly in terms of increasing knowledge and confidence. The S&T principles of partnering with victim-survivors and pivoting to perpetrators were understood, as was the importance of changing language and improving documentation of the patterned violence. This marks a major shift from a framing of failure to protect and defining IPV as family conflict. The vast majority of participants welcomed the approach, with a fair proportion finding it transformational.

The targeting of managers for Core training and the specific supervisor training were intentional moves to build their support so that they could scaffold their teams.

The wider intervention network includes other parts of local authorities - housing, for example, and linked institutions like heath education and police. Many more have attended Overview training in Years 3-5, but the lowest participation across all boroughs remains the police. There remains an alignment challenge here.

The work to align and fortify systems within systems ensures that S&T congruent practice is supported and bolstered.

### To increase identification of domestic abuse in social care assessments

There is some evidence of this happening more at intake in the more established boroughs, but the limitations of CSC data make claims beyond this problematic. We can, however, claim stronger evidence for increased identification as IPV, rather than family conflict: the latter is evident in early learning reviews of case files in newer boroughs but over time a move to more accurate naming, including the use of the terms perpetrator and survivor, was noticeable.

Case files show social workers more at ease with their role and how they might enable change for survivors and children.

### To increase worker confidence and engagement with perpetrators

There were specific gains in knowledge on, and confidence about, engaging with perpetrators across all the training courses. This was, however, strongest in the locally designed and delivered Working with Perpetrators course delivered in Years 1 and 2.

### To increase options for behaviour change for perpetrators across the five boroughs

This began in Year 2 with the Marketplace, as boroughs shared access and developed referral routes into existing provision. Unfortunately, funding shortfalls meant this was discontinued, but there were lessons learnt for possible London-wide mechanisms, especially since some provision is now online. In at least one borough the range of

perpetrator intervention options had increased by year 4/5 supported by wider VAWG work which emphasises holding perpetrators accountable.

### To increase actions for perpetrators in social care plans

The largely female minoritised CSC workforce was understandably reticent about more direct engagement with perpetrators: showing the importance of the London Partnership Model in which the physical and emotional safety of workers is held in mind and addressed in case consultations and supervision. This is the scaffolding of individuals which is needed if S&T is to become embedded.

The extent of engagement and how many actions are required of perpetrators in plans can only be measured if they are 'on the system': that there are required fields on CSC case management systems. The limited evidence we have suggests that requiring actions from perpetrators seems the weakest element of S&T embedding currently.

### To shift the language and approach to survivors, a decrease in making them responsible for change

There was strong evidence of this in the post training surveys, interviews with social workers in Years 1 and 2, in the case audits/learning reviews and the case studies.

Victim blaming language has shown a marked decrease, pivoting to the perpetrators revealed through clarity in language on IPV as a parenting choice. Examples were brought to the community of practice of social workers taking the training and case consultations to new levels and spaces, including in reports to family court and supporting criminal prosecutions. Positive case outcomes for survivors and children in such examples rippled through teams and enhanced commitment to S&T.

# Reflections and recommendations

This has been an evaluation of not just implementation but the embedding of an approach to IPV in children's social care in six London boroughs. Both have been context-led, adapted to the different circumstances and needs of the boroughs. The not inconsiderable outcomes at practice and system levels have been achieved in the face of an unconducive funding culture. This project navigated it for five and now seven years, many other potentially ground-breaking projects have been lost to short-termism.

It is undoubtedly the case that S&T has potential to change responses that have held victim-survivors responsible for their own and children's safety whilst enabling perpetrators to remain in the shadows. As such we commend it to any CSC department or local authority which seeks to have a more equitable response. The bi-weekly community of practice - linking the delivery team, borough leads and evaluators - has

enabled this process whilst holding a strong centre: it has been a strength of the project, encouraging sharing of successes, roadblocks and resources.

Our reflections as recommendations here are for the partnership - directions of travel they may want to explore to further scaffold, align and fortify S&T.

- To take space to revisit the implementation lead post, which has been shaped organically, in terms of capacity to deliver training, case consultations, learning reviews and responsive embedding tasks.
- Perpetrators need to be on borough case management systems, with some mandatory fields, including actions on plans. This data should be brought quarterly to the community of practice for review.
- Linked to this we suggest an action learning set for practitioners to adapt the existing tool into a menu of appropriate behaviour changes which could be included in plans.
- A reflective practice session for implementation leads on why the harmful parenting practice framing, intersectional thinking and worker safety aspects of Core training seem to be less in evidence in learning reviews.
- Serious discussion is needed at senior leader level of how case management systems can be simply adapted to distinguish between current IPV, post-separation IPV and other forms of family violence. This would have benefits for internal monitoring.
- The partnership needs to explore what proportion of IPV cases coming into CSC, including through MASH and Early Help, are post-separation abuse. If it is as significant a proportion as in the recent learning reviews (over half) the Respect team should develop a short training/briefing, to be rolled out across the partnership, covering why this undermines the 'failure to protect' discourse, that it is definitely not family conflict making mutualising language inappropriate.
- Consider developing a short workshop on mutualising language – possibly using a version of the re-writing exercise which proved so effective in Core training.
- As the partnership shape shifts again it is worth considering creating a library of implementation lead resources - briefing session outlines/slides, strategies that have scaffolded staff and or enabled systems change.
- The partnership to monitor use AI in case files through one learning review and explore how S&T principles can be embedded within the training of and on emerging AI systems.
- The partnership to explore a different approach to engage police in boroughs about S&T, as the invitation to Overview training has not been effective.

- The community of practice to continue to track how the social work reforms are being implemented and possibly to echo the approach taken to systemic thinking of reading S&T principles into the overarching framework.
- Within this to use the recently developed FGDM and FGC tools a ‘live’ and adapt as practice develops over the next two years.
- The implementation leads, in their ALS, to explore how the reflective tool developed for FGDM could be adapted for use in MASH.

# Appendix 1: Briefing paper 1, S&T and systemic approaches




**The Safe and Together (S&T) London Partnership Project: Evaluation Briefing One**

**'The Art of the Possible': Aligning Safe and Together and Systemic Approaches**

**Liz Kelly and Maria Garner, 2025**

## Introduction

In this briefing we explore the relationship between systemic practice frameworks in social work and the Safe and Together (S&T) approach to domestic abuse. During Year two of the S&T London Partnership project[10] evaluation, some clinical teams noted frictions for them between the two approaches. As a potential barrier to implementation the evaluation team explored this in Year three, through a cross-borough action learning set of CSC practitioners and a discussion with the clinical team in one of the six partnership boroughs. We explore the tensions as part of a broader, historical conversation. Rather than divergent or competing approaches, we highlight the points of connection which can, and are, beginning to align the two in practice.

## A longer conversation

The recent discussion about the relationship between the Safe and Together approach, systems theory and family therapy is the latest chapter in a long-standing conversation. In 2016 Virginia Goldner[11] noted that it was four decades old and has

[10] https://www.respect.org.uk/pages/safe-and-together-london-partnership
[11] https://guilfordjournals.com/doi/abs/10.1521/jsst.1991.10.3-4.118?journalCode=jsst

addressed: the family as a site of systemic injustice for women; the scale of familial child sexual abuse and domestic violence; and that families are affected and regulated by powerful external systems. As an early participant Goldner observes that the tenor and content has changed, as have families and their contexts, over this period. The intensity of the engagements diminished in part due to the recognition of feminist challenges within family therapy that familial child sexual abuse and domestic abuse required adapted approaches.

A particular strand in these debates has been whether the stance of neutrality was either possible or advised in these contexts, with many drawing on Paulo Friere's point that neutrality in conditions of inequality is to side with the powerful. Building on this the danger of clinicians unintentionally becoming complicit in oppressive practices has been a core theme – that the power relations of gender and generation within family structures and between members cannot be magically suspended in therapy rooms. Goldner also reminds us that feminism and family therapy are parallel traditions both of which have been disrupted by internal and external challenges, and which draw on diverse methodologies. Several more recent participants, including Sylvia Walby[12], have suggested that systems thinking needs to be linked to complexity theory if we are to have the tools to think intersectionally.

## Connections

In systems theory focus is given to relationships and how different parts of a person's life are interconnected to not only systems within families, but also systems around them. Rather than individualising problems, it is a relational approach, which attempts to apply a holistic perspective to complex difficulties. Working in this approach means a move away from 'safe certainty' to a more curious stance, considering multiple perspectives and possibilities through a recognition that there is no "single unified truth" in complex family dynamics[13]. That said, whilst the power relations of generation may be recognised, parents are frequently ungendered, meaning that the focus on power and control that is so central to S&T, and domestic violence informed approaches more broadly, can sit uncomfortably with systemic approaches. S&T principles have their roots in feminist

[12] https://journals.sagepub.com/doi/abs/10.1177/0048393107307663
[13] https://www.contextualsafeguarding.org.uk/media/nbtc2yui/cs-and-systemic-practice_08-03-22_final-1.pdf

responses to domestic abuse, a heritage which potentially converges more than departs with systemic principles, as illustrated by the summary of selected principles and values below from the editorial of a 2021 special issue of Affilia[14], the longest standing journal on feminism and social work. feminist social work journal

- To be conceptual, holistic
- To embrace complexity and intersectionality
- To recognise contexts
- To question certainties and assumptions
- To reframe questions, problems and dilemmas
- To recognise own's own positionality

Pilalis & Anderton (1986)[15] in an exploration of differences and commonalities also note areas of consensus between feminist perspectives and family therapy.

- Both recognise the importance of social context and power relations
- Both reject pathologisation of people
- Both seek an outcome of observable change
- Both use modeling and reframing as methods

These principles are points of connection to be built on. Our work has shown that practitioners as well as clinical teams are doing just this in implementing S&T in London.

## The Art of the possible

> *What within our remit is possible to achieve? What we're striving for, is to be responsive to the experiences of the violence, responsive to the position of families, responsive to the traumas... and recognising that those traumas won't just be internal to the family. They will be system traumas as well, because we construct systems that constrain women into relationships as well as afford women the chance to get out of relationships.* (Focus group)

Children's social care is a system which can constrain or open 'space for action'[16] for victim-survivors. Many research studies have shown that children's social care (and

[14] https://journals.sagepub.com/doi/full/10.1177/08861099211043166
[15] https://onlinelibrary.wiley.com/doi/pdf/10.1046/j..1986.00708.x
[16] https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/Costs_of_Freedom_Report_-_SWA.pdf

other professionals) made them responsible for their own and their children's safety and failed to recognise coercive control and its impacts[17].

The principles of the S&T approach are to understand domestic abuse as a harmful parenting practice which requires a 'pivot to the perpetrator' as the source of harm, accompanied by 'partnering' with the non-abusive parent. This both moves away from a failure to protect approach and recognises, following the Domestic Abuse Act 2021, how children are directly harmed by living with domestic abuse. Since implementation began in 2020 across twelve London Boroughs[18] S&T has improved worker confidence and capacity to practice in congruence with the legal framework and the recommendations of the Safeguarding Review Panel in 2022[19]. Shifts in practice have been recorded, with more focus on patterns of perpetration and more partnering with non-abusing parents[20].

In contrast to 'failure to protect', S&T seeks to locate, name and record abusive patterns of behaviour through a set of tools and a vocabulary of harm, victim and perpetrator – echoing law and recent guidance. Moreover, the strength-based approach to victim-survivors invites a re-framing of their parenting as protective in a context of constraint and control. This shift in focus has been welcomed by most of the social workers doing the S&T training. At the clinical level, for some 'pivoting to perpetrators', and specifically naming those causing harm was perceived as creating barriers to relationship building and therapeutic intervention, since it risks evoking shame and defensiveness. Similarly, the S&T practice tools, which have been welcomed and embraced by social workers, at clinical level were considered by some as too manualised and at odds with the curiosity that underpins systemic approaches.

Whilst recognising the unease around the term perpetrator, it is an invitation to language which can and is being used strategically: in most direct engagements social workers focus on behaviour and harm and only use 'the p word' in a context of denial and resistance. The most likely place it will be encountered is in case files, but even here people's names are also commonly used. The language of S&T may also have a role in clarifying and building connection for a victim-survivor in early engagement through a recognition of the constraints that limit their space for action, and the expectation of

[17] See previous footnote
[18] Six as part of the East London, now London, Partnership, and six as part of RESTART.
[19] https://www.gov.uk/government/publications/multi-agency-safeguarding-and-domestic-abuse-paper
[20] https://cwasu.org/resource/green-shoots-of-change/

behaviour change from their partner. At social work practice level, clarity of language has represented ‘an invitation to responsibility’, a way to disrupt denial, minimisation and defensiveness. But such intervention is contingent on pace and agility, how and when to use the term perpetrator and draw on a systemic framework. Similarly, social workers have used mapping tools to explore ‘what sits underneath the word perpetrator’ which then offers a space to reflect on parenting, a potential 'in road' to work with experience and complexity.

Perceived tensions are being addressed systematically in one partnership borough where the implementation lead, clinical team and principle social worker have co-produced practice guidance and tools which weave S&T principles into the borough’s systemic practice framework. Piloted with a small number of social workers in the Assessment and Intervention services with a view to making necessary revisions for broader implementation, this work reflects the iterative alchemic potential of advancing perceived tensions into connections.

## Reflections

The S&T London Partnership model of implementation is unique; the support of implementation leads has made possible a more contextual application of the approach which draws on the existing creativity and skillset of social workers whilst paying attention to potential tensions between practice frameworks. This is enhanced through forging links and partnerships across different parts of the children’s social care system including at clinical level to ‘build bridges’ by threading and weaving S&T principles and practice into a broader systemic framework. What these processes have documented is that an agile and contextual blending of the S&T approach and principles of systems thinking is an emerging aspect of implementation, offering potential for cross borough learning and development. It suggests that S&T can be aligned with other practice frameworks if the frictions are explored openly and in a spirit of co-production.

# Appendix 2: Briefing paper 2, S&T and QA

**The Safe and Together (S&T) London Partnership Project: Evaluation Briefing Two**

**Embedding Safe and Together into Quality Assurance Systems and Processes: S&T Practice Checklist**

**Liz Kelly and Maria Garner, 2025**

## Introduction

> *I think it's really difficult to change cultures in institutions and Safe and Together asks for a cultural shift... I think CP chairs, people in Quality Assurance in a sense are the people where it matters, because they're the people evaluating what is good work* (Social worker, interview).

> *I'm picking it up in quality assurance, don't worry, and sending emails to senior managers saying, "This language is atrocious!"* (Quality assurance professional)

During Year 2 evaluation of the London S&T partnership project[21], Quality Assurance (QA) emerged as a salient site to support implementation of S&T into Children's Social Care responses to domestic abuse. In year 3 evaluators, convened a cross-borough action learning set of QA professionals to explore this further. Session, one revealed an appetite amongst professionals for materials to support their work, and subsequent sessions

[21] https://www.respect.org.uk/pages/safe-and-together-london-partnership

were spent discussing what this could look like and working together to design the S&T Practice checklist presented here.

It draws on the core principles of S&T, defining domestic abuse as a harmful parenting practice, pivoting to perpetrators to hold them to account and offering an invitation to change alongside recognising that victim-survivors are endeavouring to do their best to protect children in a context where their space for action is constrained. There are implications here for changing the framing of intervention, the language used, especially with respect to victim-survivors and the kinds of actions that are included in plans. All of these are trackable within QA and audit processes.

We sought feedback to improve the material before it was rolled out across partnership borough QA processes, as part of embedding the Safe and Together approach. The checklist is intended to be multi-functional and contextually applied. It can be developed in line with, and in relation to, existing borough Q&A systems and processes, and beyond. For example, it can be used as an audit tool, as a thinking prompt, as part of 'learning conversations' within QA and other external and internal colleagues. Current developments in partner boroughs include ensuring current practice standards align with S&T principles and embedding this checklist within online resources.

We will follow up on ways that the check list has been used in Year 4 evaluation.

### Safe and Together informed practice check-list for Quality Assurance

| **LANGUAGE AND FRAMING** | | |
|---|---|---|
| Victim-blaming language is NOT used<br><br>e.g: *(Victim-survivor).. must stop letting Dad into the house* | | ☐ |
| Mutualising language is NOT used<br><br>e.g: *Spoke to (victim-survivor) about the family violence* | | ☐ |
| Understanding of DA includes coercive control and multiple pathways to harm | | ☐ |

| | | |
|---|---|---|
| **ENGAGEMENT AND INTERVENTIONS WITH ABUSIVE PARENT** | | |
| Patterns of abusive behaviour have been documented | | ☐ |
| Consistent attempts to contact/engage with abusive parent have been made | | ☐ |
| Key workers/agencies involved with the family have been communicated with, to gain better insight into the perpetrator's pattern of behaviour | | |
| Domestic abuse is documented as a parenting choice | | ☐ |
| This parenting choice and its impact on children has been discussed with abusive parent | | ☐ |
| Where appropriate perpetrator services/programmes have been offered to abusive parent | | ☐ |
| Case planning has concrete behaviour change goals for abusive parent | | ☐ |
| **PARTNERING WITH NON-ABUSIVE PARENT** | | |
| Assessment and case record identifies the victim-survivor's protective efforts and strengths | | ☐ |

| | | |
|---|---|---|
| Worker has acknowledged these strengths and protective efforts with victim-survivor | | ☐ |
| Recognition of how abuse interferes with victim-survivor's parenting | | ☐ |
| Victim-survivor has been offered DV support | | ☐ |
| **COMPLEXITY AND INTERSECTIONALITY** | | |
| Recognition of how mental health, substance/alcohol use can be the outcome of, or exacerbated by, domestic abuse | | ☐ |
| Consideration of how intersectional positions (race/ethnicity, nationality, sexuality, disability) can increase oppression/perpetrators power to abuse | | ☐ |
| **WORKER SAFETY** | | |
| Worker has considered their own safety when engaging with abusive parent | | ☐ |
| Worker is supported by their manager to explore own safety, including with an intersectional lens (how race and sex can shape sense of unsafety) | | ☐ |

# Appendix 3: Briefing paper 3, S&T and complaints from perpetrators

**The Safe and Together (S&T) London Partnership Project: Evaluation Briefing Three**

**An unexpected Indicator of Success: Complaints from Perpetrators of Domestic Abuse**

**Maria Garner and Liz Kelly, 2025**

## Introduction

> *When we do start to work perpetrators, they'll complain against the practitioner by saying that they are on mum's side… it's really uncomfortable for our workers to constantly be dealing with complaints and I think it's making them not want to work with perpetrators* (Supervisor).

This briefing has been produced as part of Year 3 evaluation of the Safe & Together (S&T) London Partnership project22, which seeks to transform responses to domestic abuse in children's social care in six London Boroughs. It reflects on the noticeable increase in complaints from perpetrators in the boroughs with the longest engagement with S&T. To explore this, we convened a cross brough action learning set of complaints staff and draw on other evaluation data in relation to the impacts of complaints on front line staff, emerging good practice and how boroughs can fortify and scaffold both systems change

[22] https://www.respect.org.uk/pages/safe-and-together-london-partnership

and staff confidence. Increased complaints from perpetrators should be an anticipated part of implementation, which while reflecting evidence of changed practice, requires scaffolding of support and disruption within teams and local authorities in order that S&T is not undermined.

## Emergence of an issue and impacts

S&T seeks to move away from practices which have responsibilised non-abusive parents for their own and their children's safety23 by framing perpetration as a harmful parenting practice which needs to change. Tools in this process are documenting patterns of abuse within case files, increased engagement with perpetrators and actions for them within protection plans. What S&T implementation prompted was increased complaints by perpetrators, a clear resistance to being held to account for their behaviour. Waltham Forest recorded a 700% increase in formal complaints from perpetrators since S&T was introduced in 201924, with many more informal complaints directed at social workers.

The increase can be seen as evidence of changing practice but if not handled carefully carry the potential to undermine S&T and narrow space for intervention25. Interviews with social workers revealed the reverberations for worker safety and their capacity to maintain the pivot to perpetrators. Supervisors and team leaders were aware that the intent of the perpetrator in making a complaint was to undermine being held to account by intimidating the social worker. Being steadfast tested confidence in a new approach, especially for newly qualified and/or minoritised workers, and without scaffolding within teams and local authorities risked avoidance of the perpetrator and trepidation about working in congruence with S&T.

## 'Taking it all the way': What the complaints look like

A set of common conventions in terms of content, style and tone of complaints were identified in the action learning set (see figure 1). Most complaints contained several of the features, and a number can be read in terms of notions of entitlement. The threat to ‘take it all the way’ was often linked to complaining to Social Work England or the

---

[23] https://www.jstor.org/stable/j.ctvr7fcsw.12
[24] Butterworth, L., (2004) Holding the Space for Intervention: Exploring the Impact of Domestic Abuse Perpetrators Complaints on Social Work Practice. Unpublished MA dissertation, London Metropolitan University.
[25] See previous footnote

ombudsman. Concerns were also raised about victim-survivors being manipulated into making a complaint themselves, potentially severing the partnering work of the social worker and effectively isolating the victim-survivor further.

**Figure 1: Common conventions of complaints from perpetrators of abuse**




Discussions about existing complaints processes and recording systems across boroughs revealed little consistency making it difficult to track trends, which meant boroughs were not well placed to respond to this implementation challenge. The complaints staff in the ALS opted to develop a framework for more joined up responses.

## Building a framework of responses

> *I'm not sure where the support will come in or if I'm just too far out on a limb and I need to know not to swallow Safe & Together completely and then run out there with it because I'm all on my own.... I'm not, I've got a really good management team but the system is the system, and it has its limitations* (Social worker).

Complaints processes which anticipate and manage those coming from perpetrators of domestic abuse whilst upholding social work practice standards, hold the intervention space for social workers to practice in line with S&T, whilst scaffolding for complaints

teams is also needed. Complaints staff recognised the importance of providing support and reassurance to children's social care teams and highlighted areas that needed attention: that statutory guidance paid limited attention to the system being weaponised by domestic abuse perpetrators; independent adjudicators and the ombudsman being unfamiliar with S&T principles. Within the partnership boroughs complaints professionals have already begun to harness their accumulated knowledge to narrow perpetrators space to manipulate the system (see Figure 2).

**Figure 2: Emerging good practice**




Good relationships between social work teams and complaints teams were seen as crucial, as was balancing a right to complain and unpicking the tone of complaint from grounds for the complaint. Building on their existing experience professionals, were remarkably skilled at recognising vexatious complaints as part of a pattern of abusive behaviours and identified potential ways to fortify worker confidence and narrow space to manipulate. This included:

- Acknowledging and integrating complaints as part of everyday practice through joint working across social workers, quality assurance, supervisors and complaints teams
- Attending to emotional needs by recognising that complaints can be de-stabilising, whilst at the same time to be expected
- Aligning systems by ensuring S&T congruent policies and practices across adjoining systems and processes

The potential to reject under unreasonable complaints guidance in the Children's Act was considered worth exploring further, alongside basic S&T training for independent adjudicators. Another next step was for partnership boroughs to track complaints consistency and comparatively. This led to the creation of the attached tool to be piloted in the partnership over the next year.

## Safe and Together London Partnership Project: Evaluating Complaints from Perpetrators of Domestic Abuse

The S&T London partnership project aims to effect sustainable systems change in responses to domestic abuse in children's social care. By 'pivoting to the perpetrator' and partnering with victims-survivors, S&T works through three basic principles:

- Keeping children safe and together with the non-offending parent
- Partnering with the non-offending parent
- Intervening with the perpetrator.

Boroughs with the longest history of working with S&T, have seen an increase in complaints from perpetrators and there may be some benefits in tracking these and using this to develop practice learning. This proforma (which could be converted into Excel) is a suggested way to do this.

## S&T Draft Proforma for Recording Complaints from Perpetrators of Domestic Abuse

| **Complaint Details** |
|---|
| Date of complaint: |
| Case Identifier: (only needed if separate from case management system) |
| How long has the case been held in children's social care?<br><br>Less than 6 Months. 6 - 12 Months More than 12 months |

| |
|---|
| Does the complainer have a history with the DA services in the borough? Y /N/ Unknow: |
| **Did the complaint include: (answer all)** |
| Taking exception to being referred to as a perpetrator? Y/N |
| Disputing whether they had used violence/abuse? Y/M |
| Questioning the right of social care to intervene with them? Y/N |
| Disputing aspects of the child protection plan referring to their behaviour? Y/N |
| Complaints about a report to the Family Court? Y/N |
| More general complaints about the local authority? Y/N |
| Specific complaints about the actions of a social worker? Y/N |
| Argue that since the police NFA'd the case children's social care should not be involved? Y/N |
| Did they make counter accusations about the parenting of their partner (e.g., substance misuse, mental health), neglect of children? Y/N |
| That they were not involved in assessment or other aspects of the case? Y/N |
| Anything else not listed above? |
| **Details of investigation** |
| Was the complaint resolved before stage 1? Y/N, If yes, how? |
| Was it resolved at stage 1? Y/N. If Y how? |
| Did you need to clarify the desired outcome? Y/N |

| |
|---|
| Did you have an early meeting with the social work team to ensure a common approach that limits any attempt to manipulate? Y/N |
| Was the complaint investigated? Y/N<br><br>If Y, what stage did it get to? 1/2/3<br><br>Was it upheld? Y in part Y in full N<br><br>If yes, what was upheld? |
| **During the process** |
| Number of emails from the complainer? |
| Number of phone calls from the complainer? |
| Did the complainer copy in others? (e.g. Mayor, MP) Y/N, if Y who? |
| Did the complainer threatened to 'take it all the way'? Y/N |
| Did the complainer have unreasonable expectations of process? (e.g. response in 24 hours) Y/N. If Y, what? |
| **Learnings** |
| What are the learnings for practice from this case? |
| Any other relevant information from this case? |

# Appendix 4: Briefing paper 4, S&T and FGDM

**The Safe and Together (S&T) London Partnership Project: Evaluation Briefing Four**

**Children's social care reforms: family group decision making**

**Maria Garner and Liz Kelly, July 2026.**

## Introduction

> *... if you're having a discussion with a family, you're having a discussion which could be unsafe... if it's encouraged at the front door, Early Help, across all the process... is everyone across all those stages ready for that? How is this being implemented? ... do they understand the problems with having a woman sit opposite her abuser? if this happens... bringing perpetrators into the room and having a discussion... is this partnering? What might we lose in this?* (Project team member, interview, Year 4/5)

This briefing was developed through evaluation of the Safe & Together (S&T) London Partnership work to transform responses to intimate partner violence (IPV) in children's social care (CSC) across six London boroughs[26]. S&T is a systems change approach based on three practice principles: pivot to perpetrators; partner with victim-survivors and keep children safe and together with the non-abusive parent. As part of embedded evaluation, action learning sets (ALS) with practitioners explored emerging challenges and opportunities for change. In Year 4/5, we applied this method to how a focus on family group decision making (FGDM) in social work reforms might affect implementation of S&T.

The reforms are understood as a cultural shift in both thinking and practice: away from risk-averse and professionally led practice to decision-making with family members at the centre who are recognised as experts on their own lives, experiences, strengths, and

[26] Partnership boroughs: Barnet, Barking and Dagenham, Hackney, Hammersmith and Fulham, Newham, Waltham Forest.

relationships. It requires a shift from making plans **for** people to working **with t**hem to identify routes that will keep children safe that are sustainable and meaningful. Local authorities are required to adopt a family-led approach from the earliest point and practitioners need to consider how to bring the wider family and support network, the child's "village" together to develop plans that promote safety, stability, and positive outcomes.

The S&T London partnership expressed concerns about FGDM in IPV: that the emphasis on 'family' and parents may detract from the core S&T principle of distinguishing between victim-survivors and perpetrators and requiring different things of them as parents. The involvement of family networks carries the danger of unintentionally increasing unsafety, undermining partnering opportunities which results in more space for perpetrators to use coercive and controlling behaviours. Some family network members may explicitly collude with the perpetrator and not see the harm being done to the survivor and children, they may also hold the victim-survivor responsible for the abuse.

At the start of Years 4/5 evaluation, it was unclear how FGDM would be implemented across boroughs, to varying degrees boroughs had existing Family Group Conference (FGC) processes in place. Working with a cross-borough group of FGC professionals, we explored the process, how S&T might align, and where challenges may exist. This briefing is the product of this work and outlines how professionals in some boroughs are aligning their practice with S&T and how this applies to FGDM more broadly. Members of the group produced a more detailed tool for FGC processes in addition to this briefing.

## Crucial distinctions

In 2023 significant reforms to CSC were introduced, conversion into national standards and guidance is a phased process with some aspects still in pilot phase, while others await parliamentary approval[27]. One clear principle is the involvement of family networks in decision making about children's welfare and safety: family group decision making (FGDM) is encouraged throughout but mandated at pre-proceedings stage. FGDM is a broad approach that covers many different methods of engagement. Whilst the mandate at pre-proceedings is based on positive research findings on Family Group Conferences (FGC), a specific model of FGDM, it is not FGC that is required.

ALS participants drew a crucial distinction between FGDM and FGC. FGCs are structured processes, bound by the independence of practitioners who are governed by a set of professional standards: they include undertaking in-depth research and preparation before a conference. FGDM, in contrast, does not require specialist

[27] Community Care, (2026) https://www.ccinform.co.uk/practice-guidance/childrens-social-care-reforms/

expertise or involve clear practice protocols, it may be limited to one off professional led meetings. FGC professionals expressed concern that the roll out of FGDM may take place without due recognition and care, posing additional burdens on social workers and practitioners who may lack capacity, resources and expertise. This has been echoed in broader CSC professional responses, where calls have been made to amend this aspect of the reforms, to mitigate 'a real implementation risk' of diluting the strength of the FGC process[28]. This changing context raises important questions, as well as opportunities, for the London Partnership on how to ensure S&T principles are part of the implementation of FGDM and how to align existing FGC processes.

## Family Group Conferences and Safe & Together

> *... that initial meeting with the survivor is definitely key to the rest of the prep work and how we manage that moving forward... we wouldn't go to the wider family network without the survivor's consent first... it's all completely led by the survivor* (ALS, participant).

In the cross-borough ALS with FGC professionals we explored the process, how S&T might align, and where the challenges may sit. There was clear evidence that both in principle and in practice S&T and the FGC process can and were being aligned. The independence of FGC coordinators creates potential for partnering work since they are not 'mediators', their practice being survivor and safety led. The prescribed processes - discussing the referral with a social worker, undertaking research and preparation to agree an agenda for a conference and then working with the family in a conference to create a plan - offers multiple possibilities to partner and to pivot to the perpetrator. The research and preparation process relies on professional curiosity, to 'look beneath and between the surface of the situation', echoing S&T's deeper analysis of power dynamics, intersections and multiple pathways to harm.

The breadth and depth of the process was seen as offering space to support victim-survivors to plan and rethink their lives, and to decide who in their family network they trusted to be part of that. This is partnering work.

> *... so we might ask, what is a family? Anyone that's safe and can support the children to be safe and support the victim to be safe and can hold the perpetrator to account. That's what we want. That's what we're always looking for, a safe network to keep those children safe and make sure that they hold the perpetrator to account, and that's what we want* (ALS participant).

[28] Haresnape, (2025) https://frg.org.uk/news-blogs-and-vlogs/blogs/family-group-decision-making-what-is-it/

Initial conversations with social workers when families are referred into FGC involve asking tough questions about how far members of the wider family network legitimise or excuse abuse: itself a pivot to perpetrators.

> *We had a referral come in and the concern was mainly around domestic violence, and what came to light was that the wider family network really, really justified dad's behaviour, said, "It's only when he drinks alcohol. He's a lovely guy, he's a great father", and it was just very clear that there needed to be a lot of work done in order for the wider family network to really understand* (ALS participant).

The FGC process combined with S&T, can work to bring both professional and family networks together to increase understanding and partnering work.

> *And then when we share that information, that report with the wider network, they're seeing those strengths, that mum is doing all of these things to protect the children, so then that kind of will help with those conversations in that preparatory work, after we've met the parents and we're meeting with the wider network and they're seeing those things* (ALS participant).

Supported by the implementation leads, S&T was being embedded into FGC processes, to reshape framings and language, especially to avoid mutualising language and documenting the pattern of perpetrator behaviour. FGC practitioners also welcomed and drew on the strength-based lens in relation to victim-survivors.

> *We're working hard to connect practice between the independent coordinator and the social worker and in our referral discussion form, there's always a section around safety considerations and domestic violence. And in that section, that's when we're looking at S&T there, you know, and again, we've been working with the implementation lead, around language when we say, 'is domestic violence historic or is it current'? What does that actually mean…. Is it historic? How does that affect the family now?* (ALS participant)

> *We're there to flag up… if the social worker is saying that the perpetrator should be in the room, we're like, no, that doesn't fit here. When they use language, they might say domestic abuse between the parents. No, it's not between the parents. It's perpetrated by the father* (ALS participant).

There is no requirement that a conference actually happens after the process, a plan can be developed through different kinds of engagement, such as written submissions. It is also possible to have a split conference – one meeting where the victim-survivor is present and one where the perpetrator is. In this instance different agendas can be agreed for each one. The FGC coordinator can also make clear certain boundaries before the conference, especially if there are protection/court orders in place – that the family needs to develop a plan which recognises these limitations.

## Conclusions

> *Local authorities are always struggling for money. They will want to find a cheap way to comply with their obligations. So they're just going to get whoever to do it, maybe some early help workers, maybe some social workers, whatever it is, but they will not have the practice standards that keep people safe… We follow guidance and principles. So, if you've got just a normal family meeting, they could be just winging it or just doing what they think might work. They're not actually following a process* (ALS participant).

It is important to highlight that at the time of the ALS very little was known about how FGDM would be rolled out across boroughs. This may have heightened a sense of professional anxiety that the crucial distinctions between FGC and FGDM may be lost. This combined with the resource poor context in which the reforms were being introduced, creating an understandable concern that fundamental changes might take place without sufficient support and scaffolding for the CSC workforce. There were similar concerns for the London partnership team centred on the fear that S&T progress may be lost if the principles are not front and centre in how the reforms were implemented, that the gains for CSC professionals, and most importantly victim-survivors and their children, might be undermined.

The ALS emphasised crucial distinctions between FGC and FGDM, including clear practice standards for professionals, an important consideration for the roll out of FGDM. Findings presented here, reflect that Core training for FGC practitioners and the embedding work of the implementation leads has ensured S&T principles have been taken into FGC processes, albeit not to the same depth in each borough. It also revealed existing good practice and deep knowledge amongst FGC professionals, which S&T had strengthened. There are clear alignments with FGC processes and S&T, which can be built on across the partnership to scaffold workers and fortify systems.

The bigger challenge will be how FGDM is rolled out and whether S&T is as strongly in evidence there, a significant shifting sand for implementation. In order to mitigate 'implementation risks' we recommend that the London Partnership incorporate the practice-based knowledge shared here and ensure that S&T is on the agenda of all strategy meetings on implementing the reforms, especially how FGDM is to be implemented. This may vary across boroughs and change who is a priority for Core training.

It is also worth considering whether a targeted training/briefing meeting on aligning FGDM and S&T is a priority for the partnership in the next year.

The ALS created a reflective tool for practice (below) which can be used in all contexts where FGDM is being considered and implemented; it can also inform the development of policy and guidance. It, and the linked more detailed tool for FGC processes

developed by Hammersmith and Fulham should be considered live documents, to be revisited by the community of practice as the reforms progress.

### Reflective practice tool

This tool was developed as part of the evaluation of the S&T London Partnership project, through a cross-borough action learning set with FGC professionals, it supports S&T aligned practice in FGDM processes alongside a more detailed tool specific to FGC.

An important consideration is the timing of FGDM and FGC. For families newly entering CSC practitioners may initially have limited knowledge of family dynamics, patterns of behaviour, and relationship networks. As a result, an initial assessment will be required to ensure risks are fully understood and the process can be undertaken safely. Careful consideration should therefore be given to balancing early family-led decision-making with the need to establish sufficient understanding of the family's circumstances to support effective and safe planning.  For example, that fact that someone has separated from an abusive partner should not be interpreted as meaning abuse has stopped or that they are at less risk: four in five victim-survivors are subjected to post-separation abuse and separation is considered a strong risk factor in intimate partner homicide.

## THINKING PROMPTS TO BEGIN FROM

**Safety:** Where IPV is a factor, consideration should be given to whether separate meetings (or in the case of a FGC agendas) are required for the victim-survivor and perpetrator. Practitioners must ensure that information shared with the perpetrator does not compromise the victim-survivor's safety, disclose safety planning or support arrangements, breach confidentiality, or create opportunities for further coercion and control. Consideration must also be given to whether other family members are also subject to abuse from the perpetrator.

**Legal Considerations:** Practitioners should establish at the earliest opportunity whether there are any bail conditions, protection/court orders or ongoing police investigations that may impact the process.  Any legal conditions will influence how information is shared, who can participate, and whether adaptations to the process are required. Clear boundaries should also be in place regarding what can and cannot be discussed to ensure the process does not compromise court orders or criminal investigations.

Consider seeking a consultation with your S&T borough implementation lead if the context is complex and you are uncertain.

This tool should be considered a place holder, to be developed over the next 18 months as more of the reforms are implemented. The key headings are designed as thinking prompts, which can be extended through practice-based knowledge as FGDM processes are developed across boroughs.

| LANGUAGE AND FRAMING |
|---|
| DOCUMENTATION AND DISCUSSIONS WITH OTHERS:<br><br>• record/includes the ways victim-survivors protected children<br>• describes how abuse has disrupted victim-survivors life and parenting<br>• maps the perpetrators' patterns of abusive behavior<br>• acknowledges complexity and intersections<br>• avoids victim-blaming and/or mutualising language<br>• documents coercive control and multiple pathways to harm<br>• places everything in the context of IPV, which creates unsafety<br><br>• frames domestic abuse as a parenting choice which harms the other parent and children |

| LANGUAGE TO AVOID | EXAMPLES OF LANGUAGE TO USE |
|---|---|
| Spoke to (victim-survivor) about the family violence | Spoke with victim-survivor about the perpetrator's abuse |
| There is parental conflict | One parent is perpetrating violence and coercive control, creating unsafety for the other parent and the children |
| Mum must stop letting Dad into the house | The perpetrator refuses to respect that the victim-survivor has separated, comes to her home and causes a disturbance leading to her reluctantly letting him in |

| | |
|---|---|

If a referral had been received, before referral discussion consider:

- Was there victim-blaming language in referral/case notes and in engagements, do you need to raise this in the discussion?
- Was there mutualising language in referral/case notes, do you need to raise this in the discussion?
- Is there documentation of coercive control and multiple pathways to harm?

## COMPLEXITY AND INTERSECTIONALITY

In all family led work, the following needs to be considered

- Are mental health issues, substance/alcohol the outcome of, or exacerbated by, IPV?
- Has the perpetrator used intersectional positions (race/ethnicity, immigration status, sexuality, disability) to enhance their power?

## PIVOT TO THE PERPETRATOR

This is a key S&T practice – to train oneself to think first about the chosen behaviour of perpetrators and its meaning and consequences for victim-survivors and children

- Have you made consistent attempts to contact/engage with abusive parent and how have they responded?
- Have you discussed domestic abuse as a parenting choice with impacts on children, how did the perpetrator respond?
- What protection/court orders/investigations are in place?
- Are shame and dishonor/honor-based violence factors to consider?
- Has a perpetrator intervention/programme been offered and what was the response?
- How might the patterns documented play out in family led work? Is it safe for the perpetrator to take part in a joint meeting? If not how else can they participate??

- What concrete behaviour change goals for the perpetrator need to be expected/discussed for the children to be safe?

## CHILDREN'S WISHES AND FEELINGS

Children's thoughts and experiences need to be at the forefront, with each of them treated as an independent person – recognising that some may have been recruited into the abuse

- How has each child been affected?
- How can you establish their understandings and wishes?
- Should they be part of the process? If yes how to make this safe and productive for them, if no how will heir concerns and wishes be part of the process?
- Have the impacts on victim-survivors parenting been understood by the wider family network?
- Who in the wider family network is ready and able to be an ally for the victim-survivor and the children?

## FAMILY RELATIONSHIPS AND SUPPORT NETWORKS

It is important to establish how the wider family network understand the IPV as this will affect the extent to which they can be part of building safety for the children

- Do they justify/excuse perpetrators, do they make the survivor responsible for the abuse?
- Have the impacts on victim-survivors parenting been understood?
- Who is ready and able to be an ally for the victim-survivor and the children?

## FINAL REFLECTIVE PROMPTS

- Have I centred the IPV context and pivoted to the perpetrator?
- Have I avoided mutualising and victim blaming language?

- Have I recognised the survivor's protective efforts? Would they survivor feel heard and respected in this process?
- Have I held the perpetrator accountable?

# Appendix 5: Perpetrator data collection requirements

The core information points suggested here mean that it is possible to trace whether the pivot to perpetrators has happened and the expectation on them to change. These questions were the foundation for boroughs to integrate data collection into their case management systems.

- Has the perpetrator been spoken to directly about their abusive and/or violent behaviour? Did this cover how their abusive and/or violent behaviour is a parenting choice?
- Did this conversation cover the impact their abusive and/or violent behaviour has on the child(ren) and the harm caused?
- What actions in the plan require the perpetrator to change their behaviour?
- Was Referral to perpetrator behaviour change programme made?

# Appendix 6: Marketplace offer Year 2

HACKNEY DAPP

A 26-week programme for male perpetrators delivered in a number of community languages

MEN AND MASCULINITIES

24-week programme delivered by Cranstoun

PIPA delivered by RISE

Five-week course intended as an early intervention/motivational process before attending a DAPP

Female Awareness and Domestic Abuse (FADA)

A course for women, both perpetrators and those using violent resistance delivered 1 to 1 over 8-12 weeks, delivered by RISE.

Adult to Parent Familial Abuse (APFA)

Delivered by RISE, offering 6-8 weeks to parents/victims and 8 weeks to perpetrators

Respectful Partnerships (RP)

A 1 to 1 course for men in same sex relationships, delivered by RISE.

# Appendix 7: Family Group Conference practice guide

**FAMILY GROUP CONFERENCE (FGC) PRACTICE GUIDE**

**Safe & Together Framework Integration across Stages 1, 2 & 3**

**Nicole Luckett and Belinda Clarke,**

**London Borough of Hammersmith and Fulham**

**August 2026**

This practice guide outlines how S&T practice can be integrated across the three key stages of a Family Group Conference.

Stage 1: Referral received and discussed

Stage 2: Planning and preparation

Stage 3: The FGC and sharing the plan

**KEY MINDSET FOR FGC COORDINATORS ACROSS ALL STAGES**

✅ Be survivor-led: centre choices, safety, and comfort of survivor

✅ Child-centred: keep children's lived experience at the core.

✅ Perpetrator accountability: name behaviours

✅ Avoid mutualising language: never frame abuse as 'conflict'.

✅ Pattern focus: emphasise patterns of coercive control, not isolated incidents.

✅ Safety: assess safety prior to agreeing to participation.

✅ Recognise survivor strengths and protective efforts: Ask what has the survivor done to protect children

✅ Non-negotiables: enforce strict court/statutory boundaries

## STAGE 1: Referral received & referral discussion

The referral discussion is the first stage of the FGC process. It is a meeting between the FGC Coordinator and the referring practitioner (usually a social worker). It aims to explore a number of issues.

- ✅ Understand why Children's Services are involved
- ✅ Gain a clear picture of the family, strengths, worries and risks
- ✅ Explore the impact of domestic abuse on the children and survivor
- ✅ Identify who may be invited to the FGC
- ✅ Assess whether an FGC is safe and appropriate
- ✅ Agree how the process should be facilitated to maximise safety
- ✅ Develop and finalise the agenda/s that will be shared with family members

**Workflow Process**

**Referral Received → Review referral information → Prepare for Referral Discussion → Review FGC Agenda/Report through a Safe & Together lens → Referral Discussion with Social Worker/Practitioner → Assess suitability, safety and format of FGC → Proceed to Planning & Preparation with the family.**

**Reviewing Information and Preparing for the Referral Discussion**

Prior to the Referral Discussion, review the referral information, to identify any changes that may be needed to ensure the information aligns with Safe & Together principles, remains child-centred and survivor-led, clearly identifies the perpetrator's behaviour, and avoids victim-blaming or mutualising language. Pay attention to the language, content and overall framing of the agenda/report.

The format and content of the FGC agenda/report may vary across Local Authorities. However, the agenda/report shared with family members will generally contain a number of key sections. The table below, shows the common sections of the report, with reflective prompts for S&T aligned practice.

| | | |
|---|---|---|
| Review Strengths section | Ask yourself:<br>• Are the survivor's strengths visible?<br>• Have protective parenting efforts been recognised?<br>• Are children's resilience and family strengths identified?<br>Is the wider family network acknowledged appropriately? | |
| Review Worry Statements/Why are Children Services involved? | Ensure language:<br>✅ Names the perpetrator's behaviour<br>✅ Avoids victim-blaming<br>✅ Avoids mutualising language | Replace:<br>❌ "Domestic violence between parents"<br>✅ "Children have been harmed by father's pattern of coercive and controlling behaviour towards mother."<br>Replace:<br>❌ "Parental conflict"<br>✅ "Father's behaviour has created fear, instability and risk within the family." |
| Review Hopes and Outcomes of the FGC | • Does the FGC aim to increase safety for children and survivor?<br>• Is perpetrator accountability clear? | |

| | | |
|---|---|---|
| | • Are safe contact arrangements being considered?<br>• Is the network being asked to provide practical and emotional support? | |
| Review FGC Questions | Ask:<br>• Are questions child-focused?<br>• Are questions survivor-led?<br>• Do questions generate SMART actions?<br>• Do questions avoid placing responsibility on the survivor? | Example:<br>❌ "How can mum keep children safe?"<br>✅ "How can the family support mum and the children while father addresses his harmful behaviour?" |
| Review Available Resources | Ensure the family understands:<br>• Support is not solely their responsibility.<br>• Professional agencies remain involved.<br>• Domestic abuse services are available.<br>• Children's services continue to have safeguarding responsibilities. | |

| | | |
|---|---|---|
| Review Non-Negotiables. Children Services would not accept a plan that does not align with…x | Identify:<br>• Court Orders<br>• Bail Conditions<br>• Non-Molestation Orders<br>• Child Protection Plans<br>• Contact restrictions | Example:<br>"We could not accept a plan if the family put forward unsupervised contact as that's been prohibited". |
| **Review Bottom Line:** | Clearly define:<br>"If changes are not achieved through X, Y, Z, the children's safety and wellbeing will remain at risk of X, Y, Z and statutory intervention may increase." | |

**The Day of the Referral Discussion**

The referral discussion involves work to gather more information about the family context, and to finalise the agenda.

**Part 1: Understanding the Family Context**

The social worker provides an overview of the family, including information about family composition, current concerns, child impact, domestic abuse history and any existing safety measures. Before finalising the report consider the following.

| | | |
|---|---|---|
| **Explore Family Network** | Ask:<br>• Who supports the survivor? | Consider: |

| | | |
|---|---|---|
| | • Who understands the abuse?<br>• Who minimises or excuses the perpetrator's behaviour?<br>• Who may place pressure on the survivor? | ✅ Potential allies<br><br>⚠️ Potential risks |
| **Consider Family Culture and Context** | Explore:<br>• Shame<br>• Honour<br>• Community pressures<br>• Family expectations<br>• Cultural barriers to disclosure<br>• Social GRACES | |
| **Consider Information Sharing** | Ask:<br>• Is it safe for everyone to receive the same agenda?<br>• Does information need to be redacted?<br>• Is a separate agenda required for different family members? | |

| | | |
|---|---|---|
| **Consider Legal and Criminal Justice Factors** | Identify:<br>• Police involvement<br>• Bail conditions<br>• Court proceedings<br>• Protective orders<br>• Current investigations | |
| **Assess Safe Participation** | Consider:<br>• Can an FGC safely proceed?<br>• Should participation be split?<br>• Should parties contribute through written views?<br>• Are separate meetings required?<br>• How can I safely make contact with the survivor, particularly if they are living with the perpetrator or the perpetrator regularly visits the home?<br>• Does the family and friends network recognise the risks posed by the perpetrator and demonstrate a willingness to hold them accountable for their behaviour? | |

| | | |
|---|---|---|
| **Assess Father's/Perpetrator's Involvement** | Assess:<br>• Current risks<br>• Pattern of behaviour<br>• Ability to take responsibility<br>• Understanding of child impact<br>• Ability to contribute without blaming the survivor<br>• Might the FGC be used to extend coercive and controlling behaviour? | Ask:<br><br>Can he discuss the needs of the children without minimising, denying or blaming? |
| **Risk Assessment** | Consider:<br>• Home visits<br>• Working in pairs<br>• Meeting locations<br>• Family dynamics<br>• Risks of retaliation<br>• Risks associated with information sharing | |

**Part 2: Finalising the Agenda**

Before approval check:

✅ Survivor strengths have been highlighted

✅ Child impact is clearly described

- ✅ Perpetrator behaviour is accurately named and documented
- ✅ No mutualising language
- ✅ No victim-blaming language
- ✅ Questions support accountability and safety
- ✅ Information sharing risks addressed

**Outcome of Stage 1**

The FGC Coordinator should leave with a clear understanding of:

- Whether an FGC is safe and appropriate
- How the FGC will be facilitated
- Who may attend
- How information will be shared
- Safeguarding concerns
- Non-negotiable safety requirements

**If unclear, consult a manager or Safe & Together Lead before proceeding.**

## STAGE 2: Planning and preparation

During this stage, the FGC Coordinator meets individually with the survivor, children, wider family members, friends, and any other participants who may attend the conference. The purpose  of these meetings are summarised below.

- ✅ Build trust and engagement.
- ✅ Explore family relationships and support networks

- ✅ Prepare participants for constructive and safe participation
- ✅ Gather children's wishes and feelings
- ✅ Share and discuss the agenda
- ✅ Identify safety concerns and risks
- ✅ Finalise practical arrangements such as venue, attendance and information-sharing

In DVA cases, preparation focuses heavily on understanding family dynamics, assessing risks, supporting survivor choice and control, and ensuring that participation does not increase the risk of harm.

**Key Mindset**

- ✅ Safety before participation
- ✅ Survivor choice and control
- ✅ Child-centred practice
- ✅ Perpetrator accountability
- ✅ Thorough network preparation

**Workflow Process**

**Meet Survivor First → Review Agenda & Process → Obtain Informed Consent → Map Family Network → Prepare Family Members → Prepare Perpetrator Participation (where appropriate) → Gather Children's Views → Confirm Venue & Safety Arrangements → Ready for FGC.**

**Meeting with the Survivor**

| | | |
|---|---|---|
| **Review the Agenda** | Discuss:<br>• Accuracy | Ask: |

| | | |
|---|---|---|
| | • Safety concerns<br>• Information sharing<br>• Family relationships<br>• Supportive family members | Who helps you feel safest?<br><br>Who do you trust to support you during the FGC process? |
| **Explain the Proposed FGC Format** | Discuss:<br>• Split FGC arrangements<br>• Separate meetings<br>• Written views<br>• Safety planning<br>• Attendance arrangements | |
| **Obtain Informed Consent** | Ensure survivor understands:<br>• What information will be shared<br>• Who information will be shared with<br>• Who may attend<br>• Right to withdraw consent<br>• Confidentiality limitations | |
| **Explore Emotional Safety** | Discuss:<br>• Worries<br>• Fears | |

| | | |
|---|---|---|
| | • Retaliations<br>• Family pressure<br>• Cultural influences<br>• Concerns about perpetrators receiving information | |

**Preparing the Perpetrator**

Where participation is appropriate explore the following.

| | | |
|---|---|---|
| **Explain Expectations** | Focus on:<br>• Children's needs<br>• Accountability<br>• Future safety<br>• Family support | Not:<br>❌ Relationship disputes<br>❌ Blaming the survivor<br>❌ Justifying behaviour |

| | | |
|---|---|---|
| **Written Views Process** | Questions should encourage:<br>• Responsibility-taking<br>• Child focus<br>• Future planning | Responses should be reviewed prior to sharing.<br>If concerns arise:<br>➞ Consult Social Worker<br>➞ Consult Manager<br>➞ Do not share unsafe content |

| | | |
|---|---|---|
| **Preparing Family Members** | Explore:<br>• Understanding of the current circumstances<br>• Attitudes towards the survivor<br>• Attitudes towards the perpetrator<br>• Capacity to support safety | Identify:<br>✅ Safety allies<br>⚠️ Individuals who minimise abuse<br>⚠️ Individuals who may compromise safety<br>Alternative participation may be required where risks exist |

| | | |
|---|---|---|
| **Children's Participation** | Consider:<br>• Wishes and feelings<br>• Age and understanding<br>• Independent advocacy<br>• Preferred communication methods | Questions:<br>• How will the child's voice be heard?<br>• Does the child need an advocate?<br>• Is direct attendance appropriate?<br>• How will the children be updated on the outcome of the FGC, and how will they know their wishes, feelings and views have been listened to and taken into account? |

| | | |
|---|---|---|
| **Venue and Practical Safety** | Consider:<br>• Neutral venue<br>• Safe arrival and departure | Ask:<br>Would the survivor feel safe attending this location? |

| | | |
|---|---|---|
| | • Privacy<br>• Accessibility<br>• Waiting areas<br>• Emergency contacts | |

## STAGE 3: THE FGC & SHARING THE PLAN

**Key Mindset**

- ✅ Survivor-led
- ✅ Child-centred
- ✅ Safety-focused
- ✅ Accountability-focused
- ✅ Future-oriented

**Workflow process**

**Information Sharing → Present Child's Voice → Family Questions/Clarifications → Private Family Time → Family Develops Plan → Plan is Reviewed → Social Worker Confirms Safety → Plan Shared Appropriately → Review if necessary → Closure.**

**During the FGC**

The coordinator should continually be asking themselves these questions.

| | |
|---|---|
| **Survivor Voice** | • Is the survivor being heard?<br>• Is the survivor able to participate safely?<br>• Is anyone dominating or silencing discussion? |

| | |
|---|---|
| **Child Voice** | • Have children's views been presented effectively?<br>• Is the child's voice being heard?<br>• Are children's experiences being understood? |
| **Accountability** | • Is responsibility remaining with the perpetrator?<br>• Is blame being shifted onto the survivor?<br>• Is the family challenging harmful narratives? |

**Reviewing the Plan**

| Check that actions are: | Also check: |
|---|---|
| ✅ Specific | ✅ Child safety addressed |
| ✅ Measurable | ✅ Survivor safety addressed |
| ✅ Achievable | ✅ Family support identified |
| ✅ Realistic | ✅ Perpetrator accountability addressed |
| ✅ Time-bound | ✅ Contingency plans included |

**Social Worker Sign-Off**

| The Social Worker should confirm: |
|---|
| • The plan is safe<br>• The plan addresses identified risks |

- The plan is realistic
- Safeguarding requirements are met

**Sharing the Plan**

| **Consider Information Sensitivity**<br><br>Not everyone may receive the same information. | Examples of information that may require redaction:<br>• Survivor safety plans<br>• Safe addresses<br>• Emergency contacts<br>• Places of refuge<br>• Detailed protective arrangements |
|---|---|

**Perpetrator Access to Information**

| The perpetrator should only receive information that is:<br><br>✅ Relevant<br><br>✅ Appropriate<br><br>✅ Safe to share | Not information that:<br><br>❌ Increases risk to survivor<br><br>❌ Reveals safety strategies<br><br>❌ Reveals confidential locations<br><br>❌ Compromises protective planning |
|---|---|

**Final Reflective Questions for Coordinators**

- Have I centred the children's experience?
- Have I recognised the survivor's protective efforts?
- Have I held the perpetrator accountable throughout?

- Have I avoided mutualising language?
- Would the survivor feel heard and respected by this process?
- Does the plan increase safety today, tomorrow and in the longer term?
- If the perpetrator received this information, would anyone be put at risk?

# References

*Abercrombie, R., Harris, E., &* Wharton R (2015), *Systems Change: A Guide to What Iit is and How To do It*, New Philanthropy Capital, London. https://www.thinknpc.org/resource-hub/systems-change-a-guide-to-what-it-is-and-how-to-do-it/

Butterworth, L., (2023) *Holding the Space for Intervention: Exploring the Impact of Domestic Abuse Perpetrators Complaints on Social Work Practice*. MA dissertation, London Metropolitan University.

Coy, M and Kelly , L (2012) *Picking up the Pieces: Domestic Violence and Child Contact.* London, Rights of Women.

Coy, M & Kelly, L (2019) The Responsibilisation of Women Who Experience Domestic Violence: A Case Study From England and Wales. In Hageman-White, C, Kelly, L & Meysen, T (Eds) *Interventions Against Child Abuse and Violence Against Women: Ethics and Culture in Practice and Police*. Verlag, Barbara Budich.

Domestic Abuse Commissioner, (DAC) (2025) Victims in their own right? Babies, children and young people's experience of domestic abuse; accessed, https://domesticabusecommissioner.uk/wp-content/uploads/2025/06/dac_bcyp_main-report_V6-DIGITAL.pdf

Department for Education (2023 ) Children's Social Care, Stable Homes Built on Love, Government Consultation Response available: https://assets.publishing.service.gov.uk/media/650966a322a783001343e844/Children_s_Social_Care_Stable_Homes__Built_on_Love_consultation_response.pdf

Department for Education (2024) Keeping Children Safe, Helping Families Thrive: available:https://assets.publishing.service.gov.uk/media/67375fe5ed0fc07b53499a42/Keeping_Children_Safe__Helping_Families_Thrive_.pdf

Department for Education (2024/6) *Children's Social Care National Framework* https://www.gov.uk/government/publications/childrens-social-care-national-framework

Forbes, C. (2022). Exploring barriers and solutions to encouraging evidence-into-use within an embedded evaluation approach: Reflections from the field. Review of Education, 10, e3351. https://doi.org/10.1002/rev3.3351.

Foundations (2023) Randomised controlled trial of family group conferencing at pre-proceedings stage. Available here: https://foundations.org.uk/our-work/publications/family-group-conferencing-at-pre-proceedings-stage/

Garner, M., & Kelly., L. (2023) Beyond Training: The Safe and Together Partnership model, Evaluation Report Year 2, Chid and Woman Abuse Studies Unit, London Metropolitan University. Available: https://cwasu.org/wpcontent/uploads/2024/01/beyond_training_st_evaluation_yr2-2.pdf

Garner, M. & Kelly, L. (2025) Toward Systems Change: The Safe and Together London Partnership Project, Child and Woman Abuse Studies Unit, London Metropolitan University.https://cwasu.org/resource/on-the-cusp-of-systems-change-safe-and-together-london-partnership-project-evaluation/

Gunby C et al (2024) Working the Edge: The Emotional Experiences of Commissioning and Funding Arrangements for Service Leaders in the Sexual Violence Voluntary Sector. *Violence Against Women,* 30(8) 1783–1803. https://wrap.warwick.ac.uk/id/eprint/185153/2/gunby-et-al-2024-working-the-edge-the-emotional-experiences-of-commissioning-and-funding-arrangements-for-service.pdf

Hague, G., & Malos, E. (1996). Multi-agency work and domestic violence: A national study of inter-agency initiatives. Bristol: Policy Press in association with the Joseph Rowntree Association.

Haider, S, Ferguson, G, Flynn, A, Giraud, j., & Vseteckov J (2025) *AI in social work education and practice: A rapid evidence assessment of the literature*. The Open University

Hadjimatheou, K (2022) 'Social Care Told me I Had to': empowerment and responsibilization in The Domestic Violence Disclosure Scheme**.** *British Journal of Criminology*, 62: 2, 320–336.

Hester, M., & Pearson, C. (1998). *From periphery to centre: Domestic violence in work*

Humphreys, C (2000) *Social Work, Domestic Violence and Child Protection: Challenging Practice*. Bristol, Policy Press.

Humphreys C & Nicholson D (2017) *Implementing Stage 3 of the Multi-Agency Triage Model*. [https://safeandtogetherinstitute.com/wp-content/uploads/2018/06/MAT-Final-Report_6Feb_2018-2.pdf] Accessed August 16th 2022.

Humphreys, C., Healey, L., & Mandel, D. (2018). Case Reading as a Practice and Training Intervention in Domestic Violence and Child Protection. *Australian Social Work*, *71*(3), 277–291. https://doi.org/10.1080/0312407X.2017.1413666

Katz, E (2016). Beyond the Physical Incident Model: How Children Living with Domestic Violence are Harmed By and Resist Regimes of Coercive Control. *Child Abuse Review* 25(1): 46.

Katz E (2022) *Coercive Control in Children's and Mothers' Lives*. Oxford, Oxford University Press.

Kelly, L. (1994). The interconnectedness of domestic violence and child abuse: Challenges for research, policy and practice. In A. Mullender & R. Morley (Eds.), *Children living with domestic violence: Putting men's abuse of women on the child care agenda* (pp. 43-56). London: Whiting and Birch.

Kelly, L (1996) When woman protection is the best form of child protection. *Administration*, 44, 118-135.

Kelly, L, Sharp, N, Klein, R (2014) *Finding the Costs of Freedom: How Women and Children Rebuild Their Lives After Domestic Violence*, Solace Women's Aid, London Metropolitan University. Child and Woman Abuse Studies Unit, https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/Costs_of_Freedom_Report_-_SWA.pdf

Kelly, L. and Garner, M. (2022). 'Green Shoots of Change' – Safe and Together: Early Engagement and Intervention with Domestic Abuse Perpetrators Evaluation Report Year 1. Available at: https://cwasu.org/wp-content/uploads/2018/12/safe_and_together_y1_2022.pdf. (Accessed 17 February 2025).

Kelton, K (2020). "She's just a bad mother": Perceptions of failure to protect children in relationships with intimate partner violence. *Journal of Family Trauma, Child Custody & Child Development*, *17*(4), 295–316. https://doi.org/10.1080/26904586.2020.1826025

Mandel, D, Mitchell, E. & Stearns Mandel, R. (2020) *How Perpetrators of Domestic Abuse Manipulate Systems: Why Systems and Professionals are so Vulnerable and 5 Steps to Perpetrator Proof your System*. The Safe and Together Institute. [ https://safeandtogetherinstitute.com/how-domestic-violenceperpetrators-manipulate-systems/] Accessed May, 2026.

Mithran, S. (2025/6) Practice Guidance: Children's Social Care Reforms, Community Care Inform, accessed May 2026: https://www.ccinform.co.uk/practice-guidance/childrens-social-care-reforms/#background

Mitchell, A. (2017*) Safe and Together Edinburgh: Implementation Report*. [https://safeandtogetherinstitute.com/wp-content/uploads/2018/05/} Accessed August 16th 2022.

Sharp-Jeffs N, Kelly L, Klein R (2014) Long Journeys Toward Freedom: The Relationship Between Coercive Control and Space for Action — Measurement and Emerging Evidence. *Violence Against Women. 2018: 24(2),163-185*.

Stark, E. (2007*) Coercive Control: The Entrapment of Women in Personal Life*. Oxford University Press.

Vera-Gray, F., Hohl, K., Robinson, A., Westmarland, N., Johnson, K., Williams, E., Lovett, J., Kelly, L., May, T. (2025) Project Bright Light: National Policy Briefing. Child and Woman Abuse Studies Unit. https://cwasu.org/resource/transforming-the-police-response-to-domestic-abuse/.

Westmarland, N. and Kelly, L. (2016) *Domestic Violence Perpetrator Programmes Steps Towards Change, Project Mirabel Final Report*, London Metropolitan University and Durham University.

Wild, J. (2023) Gendered Discourses of Responsibility and Domestic Abuse Victim-Blame in the English Children's Social Care System. *Journal of Family Violence* 38, 1391–1403 . https://doi.org/10.1007/s10896-022-00431-4

Women's Resources Centre (2006) *Why women? The women's voluntary and community sector, changing lives, changing community, changing society*. London, WRC.

Women's Resources Centre and Women's Budget Group (2018) *Life-Changing and Life-Saving Funding for the women's sector.* London, WRC.