



# How early intervention improves outcomes for families experiencing domestic abuse during pregnancy and early childhood

An evaluation of LEAP's Enhanced Casework service

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This report was researched and written by LEAP, with independent advisory support from a post-doctoral researcher with lived experience and expertise in trauma-sensitive research practice.

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# Glossary

## Children's Social Care (CSC)

CSC refers to services provided by local authorities to protect and support children and families in need. It includes interventions for children at risk of harm, those in need of extra support, and those in the care system.

## Domestic abuse<sup>1</sup>

Sometimes called 'domestic violence' or 'intimate partner violence', *domestic abuse* is an incident or a pattern of behaviour that is used by someone to control or obtain power over their partner or ex-partner. It is never the fault of the person who is experiencing it, and it is a crime.

## Identification and Referral to Improve Safety (IRIS)

*IRIS* is a programme designed to improve the safety of individuals experiencing domestic violence. It trains healthcare professionals, such as GPs, to identify signs of abuse and refers victims to specialist support services. The goal is to enhance early intervention and provide victims with the necessary support to improve their safety and wellbeing.

## Independent Domestic Violence Advisor (IDVA)

An *IDVA* is a trained professional who provides tailored support to individuals experiencing domestic abuse. They offer guidance, risk assessments, safety planning, and help navigate legal and support systems. *IDVAs* work independently from other agencies. They ensure the victim's needs are prioritised and advocate on their behalf to improve their safety and wellbeing.

## Multi-Agency Risk Assessment Conference (MARAC)

A *MARAC* is a meeting where professionals from various agencies (e.g., police, Children's Social Care, healthcare) come together to assess and manage the risks faced by individuals experiencing domestic abuse. The aim is to reduce risk and improve safety for victims through coordinated and effective support. This includes sharing information and implementing a tailored action plan.

<sup>1</sup> Throughout this report we work from the definition of domestic abuse provided by Refuge: <https://refuge.org.uk/what-is-domestic-abuse/>



## No recourse to public funds (NRPF)

Individuals in the UK who are subject to immigration control are not eligible to access most state-funded benefits, housing assistance, or social welfare support. *NRPF* is a condition applied to them. It affects people with insecure immigration status, such as visa holders with limited time to remain, undocumented migrants, and asylum seekers awaiting a decision from the Home Office.

## The Gaia Centre

*The Gaia Centre* is run by Refuge. It offers support to anyone impacted by gender-based violence who lives, works or studies in Lambeth. This includes adults, children and young people of all genders. *The Gaia Centre* offers confidential, non-judgemental and independent support. The service is free and staffed only by female practitioners.

## The LEAP area

Lambeth Early Action Partnership (LEAP) was one of five local partnerships in England which made up A Better Start: a national 10-year (2015 – 2025) test-and-learn programme funded by the National Lottery Community Fund. The programme offered services in specific areas of Lambeth: *the LEAP area*.

*The LEAP area* covered approximately 20% of the London Borough of Lambeth. It stretched from Stockwell to Myatt's Field down through North Brixton to the top of Tulse Hill. Many residents in *the LEAP area* faced economic disadvantage; 68% of children lived in very deprived neighbourhoods (English Indices of Deprivation, 2019) and 43% of neighbourhoods were classed as 'most deprived' (Index of Multiple Deprivation, 2019). The area was a highly ethnically diverse community, 70% of residents were non-White British (compared to 63% in Lambeth) (Census, 2021).

## Violence Against Women and Girls (VAWG)

VAWG is a broad term that refers to any form of gender-based violence that disproportionately affects women and girls. It includes a wide range of abuses, such as:

- + Domestic abuse (also known as domestic violence)
- + Sexual violence (rape, sexual assault, sexual exploitation)
- + Harassment (street harassment, workplace harassment)
- + Female genital mutilation (FGM)
- + Forced marriage
- + So-called 'honour-based' violence
- + Trafficking and exploitation



# A note on language, case studies and measurement tools

## A note on language

Language matters. Particularly in the field of domestic abuse which is deeply affected and impacted by power dynamics and imbalances. This report uses more than one term to refer to individuals who experienced domestic abuse. While we recognise that these terms will not resonate with everyone, the terms we use and our reasons for using each term are outlined below.

**Client or EC Client** refers to an individual who used the LEAP EC Service. Naming individuals as 'clients' when they were engaged with the service reflects their status at that moment; they were someone who was using a service.

**Victims and survivors** refers to anyone who has experienced domestic abuse, including an individual who has exited the LEAP EC Service. Victims and survivors instead of 'victim' or 'survivor' recognises that VAWG is perpetrated by another person or persons and that some do not survive abuse, as well as the great strength and resilience of survivors.

## A note on case studies

Two case studies have been developed to showcase the impact of the LEAP Enhanced Casework Service on clients and their families (see Sunita's case

study on page 21 and Laura's case study on page 22).

The case studies are based on a collation of victims and survivor experiences to maintain confidentiality. We have changed names to protect their identity.

## A note on measurement tools

**Domestic Abuse Stalking and Harassment risk indicator checklist (DASH)** is a national tool used by professionals and practitioners to assess the risk of harm to the victim. It involves asking the person a series of questions (e.g., frequency, severity and escalation of abuse, types of violence and abuse experienced, access to weapons). If a person scores 14 or more, they should be referred to MARAC (Multi-agency Risk Assessment Conference).

### Refuge's risk assessment tool

Refuge use a slightly modified version of the DASH risk-indicator checklist. This tool includes additional questions around technological (tech) abuse. Scores are recorded on the service's case management system, IMPACT. Risk assessment is completed regularly for the purposes of casework, but LEAP only receives the initial and final risk score.



# Section 1

# Executive summary



Domestic abuse is a public health problem and a form of gender-based violence that disproportionately impacts women and children (World Health Organisation, 2013). In the UK, an estimated one in five children have lived with an adult perpetrating abuse (Chandan et al., 2020; Refuge, n.d.). Domestic abuse has devastating consequences for children and families. It has long-term, adverse impacts on children's health, development, and well-being, including mental health problems, behavioural problems and learning difficulties (Campo, 2015; Holt, Buckley, & Whelan, 2008; Kitzmann, Gaylord, Holt, & Kenny, 2003).

This report summarises the findings of a process-and-impact evaluation of LEAP's Enhanced Casework (EC) Service, a domestic abuse early intervention service. This report is part of a series of service evaluations delivered by Lambeth Early Action Partnership (LEAP) and was conducted by LEAP's in-house research team. LEAP was one of five local partnerships in England which made up A Better Start: a national ten-year (2015–2025) test-and-learn programme funded by the National Lottery Community Fund. LEAP aimed to:

- 1 Improve early-child-development outcomes for all children living in the LEAP area.
- 2 Reduce local inequalities by supporting those at greater risk of poor outcomes.

The LEAP programme covered approximately 20% of the London Borough of Lambeth, stretching from Stockwell to Myatt's Field down through North Brixton to the top of Tulse Hill. LEAP funded and supported more than 20 local services to meet the needs of

families through pregnancy and the early years of childhood.

From 2018–2024, LEAP funded an Enhanced Casework (EC) Service: a specialist team within the Gaia Centre. The Gaia Centre is a specialist support service run by Refuge and commissioned by Lambeth Council to support Lambeth residents impacted by gender-based violence (further information on the Gaia centre in section 2.3). The LEAP EC service was available to pregnant women or those with young children aged 0–3 who were experiencing, or could have been experiencing, domestic abuse, living in the area of Lambeth that LEAP was operating in. The service aimed to support the wellbeing and safety of its clients, while also contributing to safer, calmer, and more stable home environments for children. Ultimately, it strived to improve the mental health and overall wellbeing of both parents and children.





This evaluation aimed to answer the question: "How does early intervention improve outcomes for individuals experiencing domestic abuse during pregnancy and/or their children's early years?" It also looked at:

- + how the LEAP EC service supported clients and their children;
- + how it was different from mainstream domestic abuse services; *and*
- + what the key factors were that helped create change.

This was a theory-based evaluation, using the existing service Theory of Change as a framework to develop the evaluation.<sup>2</sup> The LEAP evaluation

team worked collaboratively with practitioners to develop the questions. This ensured the project offered novel contributions and that the most relevant questions were prioritised.

The evaluation had three workstreams. Workstream 1: the grey literature review, was completed first. Its findings directly informed the content and focus of the subsequent data collection across workstreams 2 and 3. The data from each workstream was triangulated and mapped against the evaluation objectives to assess the extent to which each evaluation question could be answered.

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## Key Findings

The LEAP Enhanced Casework (EC) Service provided invaluable and life-changing support to victims and survivors of domestic abuse who are pregnant or have young children. The service's personalised, flexible, and holistic approach was beneficial for clients. It helped them navigate complex systems and improve their safety, stability, and wellbeing. This evaluation highlights four key strengths of the service.

First, by offering support which was not time-limited, clients received support which was tailored to their needs. On average clients received support for 8.61 months, more than 3 months longer than mainstream services. Findings indicate that longer-term support facilitated deeper trust-building with caseworkers and sustained change.

Second, clients valued and benefited from the holistic, client-centred support. By working flexibly, and responding to client's immediate and long-term

<sup>2</sup> A theory-based evaluation focuses on understanding how and why a programme or intervention works (or doesn't work) by examining the underlying theory or logic behind it. This type of evaluation looks at the assumptions, processes, and mechanisms that are thought to drive change and improvement. It helps to assess whether the programme is achieving its intended outcomes by considering the theory or framework that guides its design. The goal is to identify which elements contribute to success, which may need adjustment, and how they operate in practice.



needs, they were supported with a range of needs. From practical support with housing, childcare and financial support to emotional wellbeing.

Third, by investing in innovative ways to reach clients, and intervening at an earlier stage of change, the service successfully supported clients earlier in the cycle of abuse. Caseworkers co-located and proactively worked with early years settings. They were therefore better placed to engage with

isolated clients in an effective way, at a pace which victims and survivors were comfortable with.

Fourth, clients reported that their children's wellbeing and safety was improved following the support they received from the service. By working with parents to improve their skills and confidence, they were in a stronger position to create a safer and more stable environment for their children.

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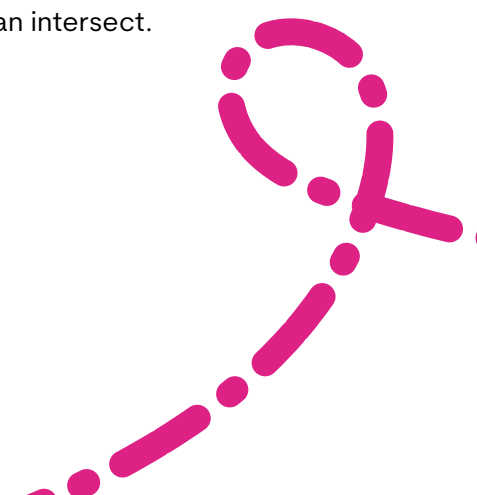
## Recommendations

### Secure Long-Term and Sustainable Funding

- + Commissioning bodies should consider awarding longer-term contracts (e.g., 7–8 years) to ensure service stability, reduce administrative burdens, and improve staff retention.
- + Explore diversified-funding models to sustain and expand services beyond the short term funding periods.

### Strengthen Collaboration and Coordination

- + Increase integration between domestic-abuse services, social care, housing, and health services to ensure a more seamless and efficient support system for survivors.
- + Provide additional training to early years professionals and frontline workers to improve early identification and referral of domestic abuse cases. Supporting professionals across other sectors to understand the dynamics of domestic abuse and the specific ways that domestic abuse and parenting can intersect.





### Enhance Access to Housing Support

- + Advocate for improved housing policies and dedicated pathways for domestic abuse survivors, ensuring more accessible, safe accommodation.
- + Strengthen partnerships with housing providers to offer tailored support for survivors in crisis.

### Maintain Small Caseloads and Tailored, Client-led Support

- + Where possible, ensure caseworkers maintain manageable caseloads to provide high-quality, client-led support.
- + Continue the focus on flexible, trauma-informed care to meet victims and survivors at their stage of readiness.

### Improve Data Collection and Knowledge Sharing

- + Enhance data consistency while recognising the workload challenges faced by frontline practitioners.
- + Use service evaluation primarily for learning and improvement rather than solely performance measurement.

The LEAP EC Service has demonstrated the effectiveness of long-term, survivor-led, and holistic domestic abuse support. Practitioners and clients both acknowledged that the support offered to clients of the LEAP EC Service was 'gold-standard'. They agree that it should be universally available to all domestic abuse victims and survivors.

By addressing the identified challenges and implementing these recommendations, commissioners and practitioners can build on this success. Doing so, we can ensure that victims and survivors, and their children, receive the best possible care and support.



# Section 2

# Introduction





This report summarises the findings of a process-and-impact evaluation of LEAP's Enhanced Casework (EC) Service, a domestic abuse early intervention service. This report is part of a series of service evaluations delivered by Lambeth Early Action Partnership (LEAP) and was conducted by LEAP's in-house research team.

## 2.1 Lambeth Early Action Partnership (LEAP)

LEAP was one of five local partnerships in England which made up A Better Start: a national ten-year (2015–2025) test-and-learn programme funded by the National Lottery Community Fund. LEAP aimed to:

- 1 Improve early-child-development outcomes for all children living in the LEAP area.
- 2 Reduce local inequalities by supporting those at greater risk of poor outcomes.

The LEAP programme covered approximately 20% of the London Borough of Lambeth, stretching from Stockwell to Myatt's Field down through North Brixton to the top of Tulse Hill. LEAP funded and supported more than 20 local services to meet the needs of families through pregnancy and the early years of childhood.

Many residents in this area face economic disadvantage. Studies have highlighted that; 68% of children were classed as living in very deprived neighbourhoods (English Indices of Deprivation, 2019) and 43% of

neighbourhoods were classed as 'most deprived' (Index of Multiple Deprivation, 2019). The area is a highly ethnically diverse community; the 2021 Census revealed that 70% of residents were non-White British (compared to 63% in Lambeth).

### Domestic abuse prevalence in the LEAP area

We calculated an estimated prevalence of children aged 0–4-years-old in households where a parent is experiencing domestic abuse based on the Children's Commissioner website app Childhood Local Data on Risks and Needs (CHLDRN). Using a modelled prevalence, drawing upon sources such as the Adult Psychiatric Morbidity Survey (2014), it was estimated that at least 330 children in the LEAP area had a parent who was experiencing domestic abuse and 60 of those children were under 1-year-old. However, due to gross under-reporting of domestic abuse, prevalence rates should only be seen as the absolute minimum levels of domestic abuse that are occurring.



## 2.2

### LEAP's Enhanced Casework Service

From 2018–2024, LEAP funded an Enhanced Casework (EC) Service: a specialist team within the Gaia Centre. The Gaia Centre is a specialist support service run by Refuge and commissioned by Lambeth Council to support Lambeth residents impacted by gender-based violence (further information on the Gaia centre in section 2.3). The LEAP EC service was available to pregnant women or those with young children aged 0–3 who were experiencing, or could have been experiencing, domestic abuse, living in the area of Lambeth that LEAP was operating in. The service aimed to support the wellbeing and safety of its clients, while also contributing to safer, calmer, and more stable home environments for children. Ultimately, it strived to improve the mental health and overall wellbeing of both parents and children.

Parents were *direct beneficiaries* of the service, meaning they received immediate and tangible benefits from their engagement. Children were *indirect beneficiaries*, benefitting through the service's impact on their parents. The service was developed in response to local need, with consultations conducted to inform both the development of Lambeth's Violence Against Women and Girls (VAWG) strategies and the service itself.

These consultations highlighted the need for VAWG services that recognise children as victims of domestic abuse in their own right. Furthermore, they

identified a need for holistic, ongoing support to address long-term needs, and help victims and survivors rebuild their lives. They also advocated for resources to support earlier identification, action, and intervention such as increasing awareness of healthy relationships and helping victims and survivors recognise and acknowledge their experiences as abuse.

The learnings from these consultations are in line with the Domestic Abuse Act (2021). The Act recognises children as victims and encourages a holistic approach to family support with an emphasis on both parental and child wellbeing. They also speak to wider systemic issues that affect domestic abuse services across England and Wales: short-term, insecure funding resulting in a focus on short-term, crisis intervention.

There have been wider calls for:

- + more sustainable funding for services;
- + targeted and tailored support for victims and survivors facing multiple layers of disadvantage and marginalisation; *and*
- + a stronger focus on early intervention and prevention (Domestic Abuse Commissioner, 2022).

The LEAP EC Service was informed by this learning. It aimed to engage and support clients in a way that was different to the core Gaia Centre offer while addressing the systemic challenges faced by domestic abuse services.



The LEAP EC Service focused on early intervention. It worked across all levels of risk and provided tailored support for victims and survivors who had not yet identified their experiences as abuse. This included using language that reflected victim and survivors' own understanding of their experiences such as "relationship difficulties" instead of "domestic abuse".

The service used proactive and innovative approaches to reach victims and survivors. This included setting up Women's Advice Surgeries at Children's Centres. These surgeries offered a safe space for parents to seek holistic advice, built relationships over time between potential clients

and Independent Domestic Violence Advisors (IDVAs), and facilitated referrals to both the LEAP EC and core Gaia service (for more information, see the Case Studies in Section 3).

The EC service also worked in partnership with Children's Centres. Together they equipped the early years workforce to identify domestic abuse and refer victims and survivors to support. For clients, support was tailored, flexible, and holistic, aiming to prioritise relationships and trust-building. It addressed long-term and evolving needs, and supported long-term healing by creating opportunities for empowerment, joy and connection.

## 2.3

### The Gaia Centre

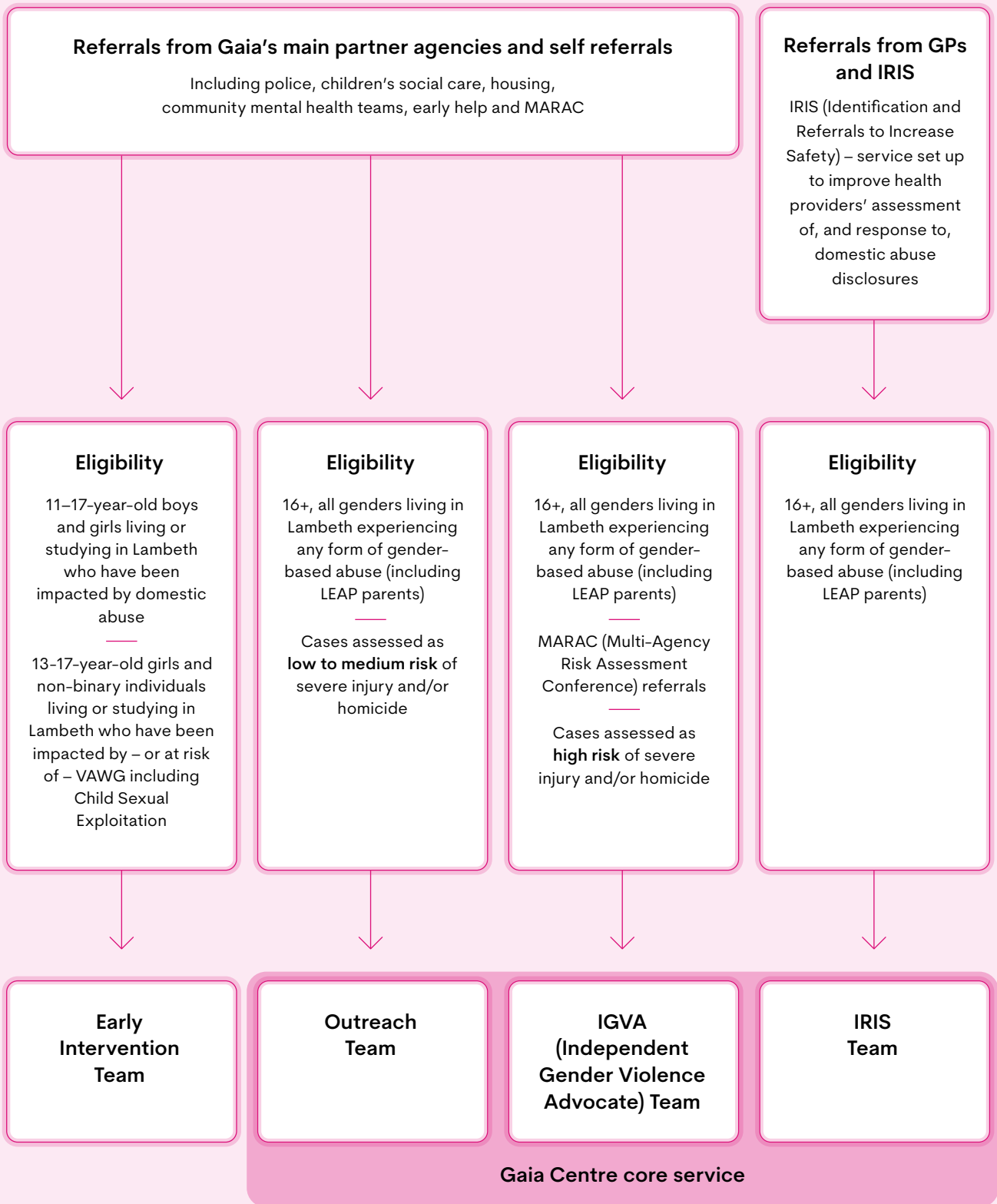
Lambeth Council's Violence Against Women and Girls (VAWG) team commissions the Gaia Centre (run by Refuge). The Gaia Centre offers support to Lambeth residents who are victims and survivors of gender-based violence. It receives all referrals for Lambeth residents experiencing gender-based violence. Referral sources include Children's Social Care (CSC), the police, housing services, General Practitioners (GPs) and self-referrals.

The Gaia Centre has several teams, outlined in Figure 1, which work across

various levels of risk and eligibility criteria. The Independent Gender-based Violence Advocate (IGVA) team works with those who are at highest risk. The outreach team works with clients who recognise that they are experiencing abuse, and are not deemed high risk, but need support to address their needs. The early intervention team work with children and young people impacted by domestic abuse – as well as girls and non-binary clients at risk of or impacted by VAWG. In addition, the service has peer-mentor volunteers and a Children's Support Worker.



Figure 1: Core Gaia Centre Service structure and referral pathways







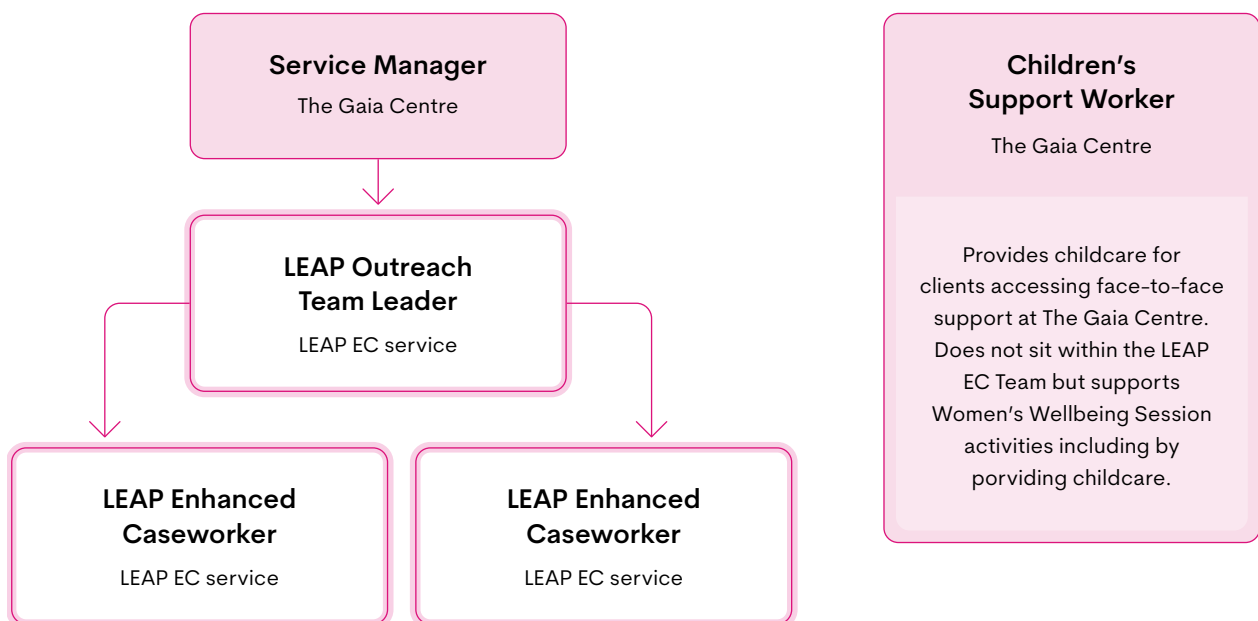
The EC team consisted of two LEAP Enhanced Caseworkers who were managed by a LEAP Outreach Team Leader. The Service Manager at the Gaia Centre oversaw the EC team. A Children’s Support Worker at the Gaia Centre offered additional support for children and families and enabled access for parents attending the Gaia Centre with their children. See Figure 2 for further detail.

Lambeth Council has had a Violence Against Women and Girls (VAWG) Strategy since 2011, with the latest strategy covering 2021–2027. Partnership working has been key to all three strategies and both partnership working and Children and Young People feature as priority areas in the current 2021–2027 strategy.

The strategy highlights the need for services to identify Violence Against Women and Girls (VAWG) early and work together to protect victims and their children. It focuses on preventing violence, offering early support, and involving children and young people in creating plans for services.

Professionals in various sectors will receive training to identify and support those affected by VAWG. Lambeth Children’s Services will recognise children of abused parents as victims too, ensuring non-abusive parents get support and holding perpetrators accountable.

Figure 2: LEAP Enhanced Casework Team at the Gaia Centre





## 2.4 Background and rationale

Domestic abuse is a public health problem and a form of gender-based violence that disproportionately impacts women and children (World Health Organisation, 2013). In the UK, an estimated one in five children have lived with an adult perpetrating abuse (Chandan et al., 2020; Refuge, n.d.).

Domestic abuse has devastating consequences for children and families. It has long-term, adverse impacts on children's health, development, and well-being, including mental health problems, behavioural problems and learning difficulties (Campo, 2015; Holt, Buckley, & Whelan, 2008; Kitzmann, Gaylord, Holt, & Kenny, 2003). Children who experience domestic abuse are also at high risk of experiencing additional forms of abuse and neglect within and outside of their families (Finkelhor, Ormrod, & Turner, 2007; Oram et al., 2022).

Evidence suggests that the perinatal period and early years are crucial times to intervene. Young women of childbearing age face the highest risk of domestic abuse (World Health Organisation, 2021) and approximately 20% of women report having been exposed to domestic abuse during pregnancy (Drexler et al., 2022).

Research suggests that abuse can begin or intensify during pregnancy. Women exposed to domestic abuse during pregnancy may experience more severe and frequent violence, placing both mothers and children at heightened risk

(Brownridge et al., 2011; Cook & Belwey, 2008; Drexler et al., 2022; García-Moreno et al., 2005). At the same time, parenthood can motivate survivors to acknowledge and seek help for domestic abuse (Herman, 1997; Sinko et al., 2021). The perinatal period has also been described as a "life course opportunity" for intervention, where parents can begin to process, and heal from trauma (Chamberlain et al., 2019, p.1).

Survivors facing marginalisation are often underserved by services. While gender inequality is a root cause of domestic abuse (World Health Organisation, 2013), poverty and food insecurity also play key roles (Gibbs et al., 2020). Research shows that discrimination and marginalisation, including migrant status (Terrazas et al., 2022), disability (Breiding et al., 2015; Hughes et al., 2021), and poverty (Coll et al., 2020; Gibbs et al., 2018; Jewkes et al., 2017), increase the risk of domestic abuse. However, research has largely focused on White, middle-class, heterosexual, cisgender women, leading to systems and services that fail to meet the needs of those facing multiple layers of marginalisation (McCauley et al., 2019). A systematic review by Rivas et al. (2019) recommended that services consider survivors' intersecting identities, emphasising:

- + the importance of a strong therapeutic alliance;
- + cultural humility; *and*
- + removing structural barriers for marginalised victims and survivors.



In the UK, there has been growing recognition of the impact domestic abuse has on children. There have been calls to shift towards providing more tailored, child-centred support. The Domestic Abuse Act 2021 for England and Wales acknowledges children as victims in their own right and calls for improved responses to their needs. Additionally, England's first Women's Health Strategy<sup>3</sup> addresses the health impacts of violence against women and girls as well as women's mental health.

**Despite this progress, there remains a significant gap in services that address the complex needs of children and families impacted by domestic abuse. There is also a lack of evidence regarding what works to support victims and survivors who are parents (Rivas, 2019), which this evaluation aims to address.**

## 2.5 Aim of the evaluation

The evaluation aimed to answer the question: "How does early intervention improve outcomes for individuals experiencing domestic abuse during pregnancy and/or their children's early years?" It also looked at:

- + how the LEAP EC service supported clients and their children;
- + how it was different from mainstream domestic abuse services; *and*
- + what the key factors were that helped create change.

This was a theory-based evaluation, using the existing service Theory of Change as a framework to develop the evaluation.<sup>4</sup> The LEAP evaluation team worked collaboratively with practitioners to develop the questions. This ensured the project offered novel contributions and that the most relevant questions were prioritised.

The evaluation sought to answer **five process evaluation** questions that focused on 'what can be learned from how the service was delivered?'. It also posed **five impact evaluation** questions that focused on 'what difference did the service make?'. The findings from

<sup>3</sup> <https://www.gov.uk/government/publications/womens-health-strategy-for-england/womens-health-strategy-for-england>

<sup>4</sup> A theory-based evaluation focuses on understanding how and why a programme or intervention works (or doesn't work) by examining the underlying theory or logic behind it. This type of evaluation looks at the assumptions, processes, and mechanisms that are thought to drive change and improvement. It helps to assess whether the programme is achieving its intended outcomes by considering the theory or framework that guides its design. The goal is to identify which elements contribute to success, which may need adjustment, and how they operate in practice.



the process evaluation questions informed and addressed the impact evaluation questions.

### Process evaluation questions

- 1 To what extent was the service delivered as intended?
- 2 To what extent can the model be replicated and scaled up?
- 3 How has the service's delivery and functioning responded to external factors and changed over time? How did external factors influence clients' engagement?
- 4 To what extent did the service reach the population it intended to reach?
- 5 How did the service work in partnership with other LEAP services and wider Lambeth services?

### Impact evaluation questions

- 6 What was the experience of clients who used the service? (what worked well, or less well, for whom and why?)
- 7 To what extent did the service achieve the intended outcomes for clients and their children?
- 8 To what extent did clients feel connected to local support and service networks (e.g. Children's Centres)?
- 9 What have been the barriers and enablers to achieving the service's intended outcomes?
- 10 To what extent have different groups of clients been impacted by the service in different ways?



# Section 3

# Case Studies





## Case Study

# Reaching Clients: Women's Advice Surgeries

Women's Advice Surgeries provided a direct referral pathway into the Enhanced Casework or the core Gaia Service. They enabled caseworkers to reach potential clients who did not yet identify their experiences as abuse or would otherwise have been missed.

Women's Advice Surgeries were launched in 21/22 Q1, following a period of evaluation and reflection during the Covid-19 pandemic and outreach by the LEAP Outreach Team Leader to understand why referrals from LEAP services were low.

Women's Advice Surgeries were located in Children's Centres and offered an opportunity for any parent to access advice with holistic needs (e.g., legal, housing, etc.). The surgeries offered a gentle way for caseworkers to explore potential relationship difficulties with individuals and to build trust over time, and through this, reach potential clients earlier.

**"Our service set up the Women's Advice Surgeries as a space to reach and connect with people in the community. Creating a space whereby people could be asked whether there was anything they needed help with, and in turn exploring relationship difficulties within that"**

— LEAP Outreach Team Leader

Women's Advice Surgeries became an important referral pathway into both the Enhanced Casework Service and the core Gaia Service. They increased referrals into the service in two ways:

By reaching parents who would otherwise not have been reached.

By providing a safe and gentle way to introduce the service to anyone at risk of or experiencing domestic abuse.

## Location was key

Women's Advice Surgeries were based in Children's Centres. It increased the visibility of the service and enabled caseworkers to build relationships with Children's Centre staff. The LEAP Outreach Team Leader described 'chance meetings at Children's Centres' as an important way to learn about what services were offering and to discuss potential referrals.

## Using 'softer' language to reach people earlier

Rather than starting a conversation about domestic abuse, caseworkers used 'relationship difficulties' as a starting point to open up conversations. They did this both at the Women's Advice Surgeries and with clients and prospective clients referred into the service. This facilitated disclosures among people not ready to access mainstream domestic abuse services as they did not yet identify their experiences as domestic abuse.

**Case Study**

## Sunita's Case Study

Sunita, a mother of several young children, migrated to the UK seeking a better future for her family. Adjusting to life in a new country proved challenging. English was not her first language, and her social network was limited, leaving her feeling isolated. As the primary caregiver to her children, Sunita had little time to focus on herself, further exacerbating her sense of loneliness.

Sunita sought advice on financial matters at a Women's Advice Surgery at a Children's Centre but, during the session, her caseworker gently inquired about her relationship. Sunita disclosed that she sometimes felt afraid of her partner. She revealed that while emotional abuse had been a constant in their relationship, her partner had recently become physically violent for the first time. Sunita felt trapped, partly due to being financially dependent upon her partner and not wanting to disrupt her children's lives.

Sunita's caseworker focused on building trust and understanding her needs. Together, they developed a plan to address her immediate concerns and support her longer-term well-being. Key interventions included:

- 1 Supporting Well-Being:** Recognising the toll of her circumstances on her mental health, the caseworker encouraged Sunita to prioritise her well-being. This included exploring activities that allowed her to focus on herself, including encouraging and supporting her to attend a monthly Women's Wellbeing Group run by the service. In this group,

Sunita made art with other women and through this made new friends and connections.

- 2 Connecting with Others:** Sunita expressed an interest in contributing to her community. The caseworker helped her to become a Parent Champion, a role that allowed her to share her experiences, support other parents and develop skills.

- 3 Making Connections:** To address her isolation, the caseworker introduced Sunita to the wider LEAP (Lambeth Early Action Partnership) community. She participated in events such as LEAP festivals, Friday Family Fun Day, and Seaside Play Days. These activities not only provided joyful experiences for her children but also helped Sunita forge meaningful connections with others thereby expanding her social and support networks.

- 4 Access to Information and Support:** The caseworker signposted to resources to help Sunita improve her English skills and access information about her rights. This included supporting Sunita to enrol in, and attend, ESOL classes at her local Children's Centre.

Through sustained support, Sunita began to regain her confidence and sense of agency. Her role as a Parent Champion provided her with a purpose outside her caregiving duties and helped her rebuild her self-esteem. By engaging with the LEAP community, Sunita developed a supportive network, reducing her sense of isolation.



## Case Study

### Laura's Case Study

Laura is a mother with several children who had been referred multiple times to both Gaia and MARAC (Multi-Agency Risk Assessment Conference). Despite multiple referrals, Laura had not taken up the support from the Gaia centre. She was experiencing significant challenges, including poverty, food insecurity, and difficulties related to finances and housing.

The EC team reached out to Laura using a flexible and empathetic approach. A caseworker met her in her home and helped her bring her children to a local park. Laura expressed feeling overwhelmed which made engaging with services difficult.

To help Laura, the caseworker began by focusing on addressing immediate practical needs and building a trusting relationship over time.

**Women's Advice Surgery:** The caseworker encouraged Laura to attend the Women's Advice Surgery to explore solutions to her housing and financial challenges further. She was open to attending, though she was not ready to discuss the abuse she was experiencing at that time.

**Practical Assistance:** Over a few appointments, the caseworker supported Laura by writing letters and emails to housing services. The caseworker provided her with information about local food pantries and assisted her in applying for a grant to support her with financial difficulties. Our caseworker also advocated for Laura during meetings

with Children's Social Care (CSC), ensuring her needs and concerns were clearly communicated and considered and helping CSC to understand the dynamics of domestic abuse and the multiple challenges she was facing.

**Flexible Engagement:** Recognising Laura's circumstances, the caseworker remained flexible in their approach, focusing on meeting her where she was emotionally and practically, rather than pressuring her to engage with support before she was ready.

Laura disengaged from the service for a period of time before re-contacting the service again several months later. Her re-engagement demonstrated the value of patient, flexible support and the importance of building trust over time. By addressing her immediate needs first, we laid the groundwork for her to feel secure enough to seek further assistance when she was ready.

Laura's case study highlights how a patient, survivor-centred approach – focusing first on immediate practical support and maintaining flexibility – can lead to meaningful and long-term positive outcomes.





# Section 4

# Methodology





## 4.1 Evaluation design

The evaluation was conducted by an in-house research team, with associate support from a post-doctoral researcher with lived experience. Dr Peeren offered specialist advice to ensure the evaluation's methods, findings and interpretations were survivor-centred and trauma-informed. LEAP's Evaluation and Learning Expert Advisory Group<sup>5</sup> reviewed the protocol and research materials. The evaluation had three workstreams. Workstream 1: the grey literature review, was completed first. Its findings directly informed the content and focus of the subsequent data collection across workstreams 2 and 3. The data from each workstream was triangulated and mapped against the evaluation objectives to assess the extent to which each evaluation question could be answered.

### Grey Literature Review (Workstream 1)

A grey literature review of service development and delivery documents was conducted to inform the evaluation approach and ensure data collection was focused and not duplicative. The review assessed the extent to which existing evidence could answer each of the evaluation questions. Evidence included service design documents, narrative feedback from practitioners, and meeting minutes. This resulted in recommendations for primary data collection to address gaps in evidence.

### Qualitative data (Workstream 2)

Twenty semi-structured interviews were carried out between August and September 2024. Participants included 9 clients, 5 practitioners and 6 stakeholders. Nineteen interviews were audio recorded and transcribed verbatim; one participant preferred the interviewer to take notes by hand. Interviews allowed us to explore participants' experiences in depth, from their perspective. Three topic guides were used, each tailored to address the varied roles and perspectives of the participants.

A trauma-informed approach was taken for developing client-facing materials and carrying out client interviews, guided by the 'Turning Pain into Power' Charter for Engaging Survivors (Perôt, Chevous & Survivors Voices Research Group, 2018). This meant that we took steps to ensure the evaluation counteracted – rather than replicated – the dynamics of domestic abuse. We applied the following principles:

- 1 Safe:** Recognising that domestic abuse is inherently unsafe, interviewers received training in trauma, domestic abuse, and trauma-sensitive interviewing. This training emphasised validating and respecting clients' perspectives and taking steps to avoid replicating the power dynamics involved in domestic abuse. It also addressed the emotionally demanding nature of the topic for researchers.

<sup>5</sup> LEAP's EAG was an established, programme-wide advisory group set up in 2022 to have an external, objective group of people advising on LEAP's evaluation, research and learning activities. The EAG closed at the end of 2024.



- 2 Choice and control:** Recognising that domestic abuse takes away choices and power from victims and survivors, clients were reminded they could choose not to answer questions and could decide whether to have their interview recorded. clients were informed they could remove their responses from the evaluation report if they changed their mind, with no questions asked and with reassurance that this would not affect their access to services.
- 3 Self-care:** Recognising that domestic abuse harms self-worth and well-being, clients were given a thank-you voucher to acknowledge their participation. They were also reassured that they would not be asked to discuss experiences of abuse, but that recounting difficult experiences with services (such as social care) may also be distressing. They were encouraged to stop or take breaks if needed and a caseworker was available if clients felt they needed emotional support.
- 4 Accountable and transparent:** Clear and accessible information was provided about data collection, its purpose, and the people involved. This was in recognition that domestic abuse is hidden, and perpetrators are rarely held accountable. Safeguarding processes were also explained, including what information might trigger a safeguarding response and who would be contacted and why. Clients were provided with the contact details of the person they could make a complaint to about the evaluation.

- 5 Amplifying survivors' voices:** Recognising that abuse silences victims and survivors, interview questions were open-ended to allow survivors to share their perspectives. A researcher with lived experience ensured that the evaluation reflected the priorities and views of survivors, using a strengths-based approach.

Thematic analysis of the interview transcripts and notes was conducted by the evaluation lead and our associate researcher. Themes were then grouped into key findings which were mapped onto the findings from the quantitative analysis from workstream 3.

### Quantitative data (Workstream 3)

Quantitative data analysis was conducted on case-level data provided by Refuge. The case-level dataset included clients supported by the LEAP EC Service between July 2018 to July 2024 who provided consent for their data to be shared for evaluation. To understand the difference that the EC Service made, at various points in this report, comparisons are made between the LEAP EC team's figures and aggregated data for Gaia centre clients not supported by the EC team.



## 4.2 Ethics and Safeguarding

The evaluation was designed and conducted according to the Social Research Association's (SRA) research ethics guidelines (Social Research Association, 2021) and a survivor-generated Charter for engaging Survivors (Perôt, Chevous & Survivors Voices Research Group, 2018).

For the qualitative workstream (Workstream 2) we sought external independent ethical review and guidance from the SRA Ethics Appraisal Service, owing to the sensitivity of the topic for both participants and researchers. Research materials were submitted to the SRA Ethics Appraisal

Service for review. The SRA Ethics Review Panel gave a favourable opinion on the 13th of August, 2024.

We worked closely with Refuge's Survivor Engagement team during the design of the qualitative workstream; they informed and oversaw the recruitment of victims and survivors. All researchers responsible for interviews with clients attended a training session with our lived-experience associate. This was prior to conducting the fieldwork addressing trauma-sensitive research practice. A caseworker was available for clients to speak with following each interview in case they wanted to debrief or seek support.



## 4.3 Qualitative data

The sample included 20 adults (6 stakeholders; 5 practitioners; 9 clients). All participants were female (100%). Two thirds of the client group (66%) spoke English as an additional language; two requested the use of a translator. The clients had between 1–5 children, the average number of children was 2.2. The clients interviewed engaged with the service for an average of 10.6 months. The longest length of engagement was 24 months. The shortest length of engagement was 7 months.<sup>6</sup>

## Limitations of qualitative data

Most victims and survivors in the client group were recruited by one LEAP Enhanced Caseworker, who had strong relationships with both past and current clients. Many clients were receptive when contacted by her to participate in the evaluation. It is possible that their trust and appreciation for the caseworker influenced their interview responses, creating a potential positive bias. It is also possible that clients felt unable to say no. However, the LEAP team had procedures in place to allow clients time to reflect on their participation after being referred by the caseworker. This ensured that clients were actively choosing to engage in the evaluation irrespective of their relationship with the caseworker.

**Table 1:** Practitioner and stakeholder groups: Employment role

Participant Group	Role
Practitioners (5 total)	2 Enhanced Caseworkers 2 Enhanced Casework Team Leaders 1 Gaia Centre Service Manager
Stakeholders (6 total)	2 LEAP team members 2 Lambeth commissioners (in VAWG / Safer Communities) 1 VAWG workstream lead focused on Children and Young People 1 manager from Refuge's national team

<sup>6</sup> One client was engaged with the service for 5 months but then moved out of Borough. One client engaged for less than 5 months but remained engaged with the service, so their case had not closed.



## 4.4 Quantitative data

For this evaluation, case-level data was provided by Refuge. The case-level dataset included clients supported by the LEAP EC Service from July 2018 to July 2024 who provided consent for their data to be shared for evaluation. This process was supported by a formal data-sharing agreement between Refuge and LEAP, guiding how information was shared.

For the analysis we had a dataset of 229 case records, which were clients who had received short-term support or had been admitted to the full service. Of these, 198 cases received full-service support (full cases). The remaining 31 were short-term support, meaning largely outreach and preventative support rather than full-service support. Short-term cases were not assessed as extensively as full cases and consequently had less complete data.

All descriptive and statistical analyses of LEAP EC Service case-level data were carried out in Stata version 18 for 'full cases' only. Tables and charts were exported and, where possible, compared with aggregate data provided for the core Gaia Service.

### Limitations of quantitative data

There is a broad limitation of using quantitative data to understand a complex and nuanced area such as domestic abuse. Where possible, this limitation has been addressed by

triangulating the quantitative data with qualitative data.

The quantitative data used in this evaluation was extracted from Impact: Refuge's case management system. Impact's primary purpose is for real-world case-management, not research and evaluation. This meant there was sometimes a disconnect between the evaluation questions and what could be meaningfully analysed with the data available. However, there was still a rich and valuable dataset to support this evaluation.

Consent was only provided by LEAP EC clients, so only aggregate comparative data could be provided for clients of the core Gaia service. This limited the analytical approach when comparing to the wider service, or how much we were able to compare.

The list of potential client needs that can be recorded is considerable. Refuge group these into four broad categories (health, social, economic and safety). A fifth category (needs related to children) was added for the purposes of this evaluation. This was helpful to enable analysis, but we recognise that grouping needs into categories does not effectively reflect the nuance and complexity of an individual's lived experience. Needs often do not neatly fit a binary categorisation.



# Section 5

## Findings



Findings are presented here under themes, rather than by evaluation question. This is to reflect the cross-cutting nature of the findings. It also reflects the data-triangulation process in the analysis and interpretation phase of the evaluation.



## 5.1

## What difference did the LEAP Enhanced Casework Service make?

This finding explores the differences that clients reported following their engagement with the LEAP EC Service. Where possible, and appropriate, comparisons have been made with clients who engaged with the core Gaia Service.

### Clients benefitted from the service's innovative approach

**"She's like a therapist, a friend, a professional, a housing officer. She was everything, and she was good."** — Client

There were four key benefits that clients reported as a result of the service's innovative approach:

- 1 Clients received longer-term, tailored, and flexible support.
- 2 The support was holistic and adapted to their individual needs.

- 3 They built positive, trusting relationships with caseworkers over time, progressing at their own pace.
- 4 These trusting relationships were instrumental in supporting clients to navigate other complex systems.

The LEAP EC Service provided support to clients for an average of 8.61 months (range 2–24 months); more than 3 months longer than the average length of support offered by the core Gaia Service 5.36 months (range not available because of data limitations). This finding indicates that the service successfully achieved its aim of supporting clients over a longer period of time and went beyond addressing immediate risks and needs.





A key difference between the LEAP EC Service and the core Gaia Service (as well as mainstream domestic abuse services) was creating the space and time to meet survivors where they were at – both physically and emotionally. Time and flexibility were built into the structure of the service. This ensured that caseworkers had the freedom and support to respond to clients even if they had not yet identified their experiences as domestic abuse. They could also accommodate people facing barriers in attending appointments, such as parents needing support with childcare.

This meant that support was able to reach clients who were isolated or who

did not yet understand their experiences as domestic abuse. One practitioner explained this approach when engaging clients:

—  
**“When explaining the support, not only do we ask whether they believe they would like the support, we ... built rapport over time, perhaps offering to meet at the Children’s Centre or go for a coffee. At the Gaia Centre, in contrast, people are called on the phone, explained the service, and then asked if they want to proceed. In this way many people who are not quite sure say ‘no’ and [the case is] closed.”**

— LEAP Outreach Team Leader

Figure 3: Average duration of support, in months, by service team





For clients experiencing instability and uncertainty, having a caseworker they trusted and could lean on to help them navigate systems and services was invaluable. This was particularly important when clients were caring for young children.

**“They were very sensitive. I was talking to different agencies that deal with domestic violence. I don’t know. There was something about Gaia that stood out. I don’t know if it’s how they approach you, in a sensitive nature. They didn’t force me to tell them stuff; it’s if you feel comfortable, you do so, and it’s on your own time. They gave me an option [for when they would call me]. I just liked that. The fact I’ve got young kids to take care of, I’ve already got a lot on my plate, and then you’ve got someone calling you who doesn’t know you, and you’re acting like you care about my life. They were just different.”** — Client

Clients found the tailored, flexible, holistic and long-term support offered by the LEAP EC Service helpful. This was a strong theme across client interviews. In particular, clients reported valuing trusting and equitable relationships with their caseworker. Clients reported that this provided relational safety during times of acute crisis. Furthermore, that they had someone to advocate for their needs and perspectives, and ensure other services understood

the complexities and dynamics of domestic abuse.

Practitioners emphasised the need for the LEAP EC Service to offer holistic, tailored, and open-ended support to address the unique barriers faced by victims and survivors. People who were:

- + pregnant;
- + parenting young children; or
- + had not yet recognised their experiences as domestic abuse.

These barriers often prevented engagement with or led to exclusion from mainstream domestic abuse services. Clients, who had not yet recognised their experiences as domestic abuse, encountered additional challenges in leaving their relationship due to pregnancy or having young children. Providing longer-term support was essential in helping them navigate these unique and overlapping barriers. The practitioner explains:

**“Breaking those barriers down will take longer, those very unique barriers to our client group who are not necessarily ready to leave. They need to be built [up] over time. We may not necessarily expect them to leave the relationship, for example. We provide more wrap around support around life and providing continuous options to them in a ‘drip, drip way’ that’s needed for not only reaching people earlier in domestic abuse, but specifically people who are pregnant or have young children. There are ... so many more barriers to unpack.”**  
— Practitioner



One practitioner noted how the LEAP EC Service shifted the usual dynamic between practitioners and survivors. Mainstream services are often assessment- and risk-led. Here, practitioners had the space to work alongside survivors, to listen to and be guided by them, and to create a more equal, supportive relationship. She explained how this had a transformative impact on her own identity and experience as a practitioner:

**“It broke down that level of ‘domestic abuse professional knows’. [In mainstream services] we do an assessment, and we know that this is definitely DV or not ... it was really humbling actually to be a lot more equal in that relationship with the person that we’re working with.”**

— Practitioner

Many clients were simultaneously working with other statutory services. They noted that navigating multiple systems and services while they were dealing with a perpetrator of domestic abuse was challenging. Unlike other practitioners who often seemed rushed or disengaged, clients felt their LEAP caseworker took the time to truly listen and understand their perspective.

**“With [my] social worker. I tried to talk to him, but he was always in rush – busy, busy, busy. But Emma is more aware of my situation than him. Emma takes time to understand me, to listen to me. He [social worker] was always in a rush, and I don’t feel good because I feel like he [didn’t listen to me].”** — Client

Several clients mentioned finding interactions with Children’s Social Care (CSC) particularly distressing. These findings are in line with wider research; mothers who are victim-survivors of domestic abuse often face intense scrutiny and surveillance, while abusive fathers are often overlooked. This can lead to mother-blaming, placing the burden on women who are already struggling with the effects of abuse on themselves, their baby, and their relationship with their child.<sup>7</sup>

While navigating social care, clients described feeling judged as a mother and dismissed. They reported that the support of a practitioner, and a service, was integral to their progress. Having someone who recognised and responded to the complexities of domestic abuse, and who understood the overlapping challenges, was crucial.

<sup>7</sup> Callaghan, J., Morrison, F., & Abdullatif, A. (2018) Supporting women and babies after domestic abuse: A toolkit for domestic abuse specialists: London: Women’s Aid Federation of England.



Clients explained that having a caseworker present in meetings with other services was helpful. The caseworker acted as an advocate and source of support for them. When they found meetings emotive or difficult to engage with, they had a trusted person who could patiently and respectfully explain processes and jargon. It made them feel safer in that environment.

**“You know, at social services, you have these little meetings that you have once a week, once every six weeks, or something like that. You just need someone there that’s going to be in your corner to explain certain things that you may not understand, and then also to speak with them. Sometimes, I would get upset. I just don’t like the things that I’m hearing that they’re saying. It can be hurtful.”** — Client

## Clients experienced healing changes

**“It’s fine now ... I’m free.”** — Client

The service sought to achieve several long-term changes for clients, as outlined in the Theory of Change: “Following work with the service, clients would have improved wellbeing, and would feel safe and that they were moving forward as they rebuilt their lives”.

The impact of domestic abuse on victims and survivors is complex, so is the experience of healing; consequently, it is not straightforward to measure changes experienced by victims and survivors. However, analysis of the qualitative and quantitative data suggests that the service has an overall healing impact for many clients who engaged with the service.

There are four key changes identified for clients which inform this finding:

- 1 Clients experienced improved safety and quality of life.
- 2 Clients experienced opportunities for empowerment, joy, and connection (Women’s Wellbeing Groups).
- 3 Clients were reached at an earlier stage of abuse.
- 4 Clients experienced a reduction in risk following their engagement with the service.

### A note on language

We use ‘healing’ rather than ‘positive’ to describe the changes experienced by clients. This language recognises the complex journey of healing that victims and survivors experience. For example, a negative experience can be healing (e.g. a difficult therapy session that ultimately leads someone to work through something). Binary terms such as ‘positive’ and ‘negative’ don’t effectively capture the experience of healing for victims and survivors.



## Clients experienced improved safety and quality of life

Client responses to survey questions were highly positive. They indicated both high praise for the service as well as self-reported improvements in safety and quality of life. In qualitative interviews, one client credited the service with saving their life:

**"I don't actually think I would be alive without Gaia [Enhanced Casework service]. I went through – that part of my life was terrible. You couldn't even. It was absolutely insane. I don't know how I got over ... Gaia did a really good job of [supporting me]."**  
— Client

Another client reflected on the changes they experienced since engaging with the service:

**"I [am] more happy, my life, my home, everything. That time I do not have anything. [The Enhanced Casework Service], it's supporting me. I pick up now. Before, no, I'm very bad. Now, I'm okay."** — Client

One client credited the opportunity to engage in 'normal' interactions (the 'small things') as having a significant impact on their healing. Attending mother and baby groups, and having healthy, positive interactions, enabled the client to experience balanced communications with other adults. This

offered a stark contrast to the dynamic she had living with her perpetrator:

**"Small things like there were a group on Fridays [for] mothers and kids...something like that which is just social interaction, normal interaction that's not what you're used to from coming out of a situation [of domestic abuse]. Bringing some sort of norm, this is what normal people do, that within itself was another thing that made a massive impact that wouldn't be – it would probably be very overlooked. But it was very beneficial. I know it was beneficial to some of the other mums I met, as well."** — Client

## Clients experienced opportunities for empowerment, joy, and connection

The service had a unique commitment to meeting the holistic needs of clients, including their needs as individuals and as parents. It recognised that healing from abuse was as much about finding joy and connection as it was about establishing safety and meeting immediate needs.

Clients identified that they would like a space where they could speak to peers with lived experience. The Women's Wellbeing Groups were created in response to this feedback. This need was identified as missing from the core Gaia Service offer.



—  
“What is missing is ... a group that focuses on **promoting wellbeing, empowerment, social connection, and helping build someone up in terms of confidence and the ability and space to focus on themselves.**”

— Service’s Narrative Theory of Change

Each Women’s Wellbeing Group had a theme that was designed to:

- + support survivors to reconnect to themselves;
- + reflect on who they were outside of the abuse; *and*
- + build a sense of empowerment.

Themes included:

- + diversity, identity, and self-expression;
- + self-love;
- + female empowerment;
- + self-care; *and*
- + body image.

Activities completed as part of the groups were varied. They were designed to support wellbeing by using creative and arts-based approaches such as:

- + collaging;
- + making heart garlands;
- + making nature jewellery;
- + painting;
- + making tote bags;

- + working with clay;
- + flower arranging;
- + making vision boards; *and*
- + decorating Christmas baubles.

Clients’ feedback illustrated that the groups achieved their aim: “providing a space for survivors to reconnect with themselves and to others, reduce isolation, and increase wellbeing”.

The wellbeing groups created a space for survivors to explore their identity outside of their identity as ‘mother’. The importance of this is reflected in the client feedback below (reported in the service’s routine monitoring data):

**“I have not done anything for myself in a long time”**  
— Client feedback (2020/21)

**“I have never been apart from my baby being a single mum I never get a break; I have loved coming here today’.”** — Client feedback (2020/21)

**“[The best thing about the groups] was ‘socialising’, ‘being creative and free to connect with other people’ and ‘learning something new to teach to my oldest son’.”** — Collated client feedback (2022/23)



## Clients experienced a reduction in risk following their engagement with the service

Risk scores are categorised into bands that help aid decisions about client cases:

- + Standard risk: 1–5
- + Medium risk: 6–9
- + High risk: 10–18

Within the high-risk category, scores of 14 or greater are considered the highest risk. They will sometimes be referred to a multi-agency risk assessment conference (MARAC), depending on contextual factors and the professional judgment of the practitioners working on those cases.

Figure 4 shows the percentage of LEAP client cases placed in each risk category at intake and at exit. This is helpful for showing the qualitative change in risk from the start of engagement with the service to the end. Nearly half of all clients were initially assessed as high risk, and 12.8% were considered for MARAC referrals. However, by the end of their engagement we see a notable change: less than 6.5% of clients were assessed as high risk, and almost none were assessed as being in the highest risk category.

Around a third of clients reported risk scores in the medium category at both intake and exit. However, this is reflective of a general shift in risk downwards. It will include many clients assessed as high risk initially moving into the medium-risk category. This

is supported by the large increase in clients in the standard risk band at exit, from 19.5% to 60.1%.

When LEAP clients were first risk-assessed, they present with an average risk score of 9.1, a medium level of risk. When LEAP clients exit the service, the average risk score is 5.0, a standard level of risk. Paired t-test results for difference in means from intake to exit yields a difference of 4.11 (95% CI: [3.43, 4.79]),  $t=11.88$ ,  $p < 0.00$ . This difference of risk at intake compared to exit shows a statistically significant decrease (see Figure 5). Given also that the shift in average scores moves clients from a medium to a standard level of risk, this change is not just statistically significant, but also practically significant. The change is large enough to have meaningful real-world implications and the actual change is substantial enough not to be ignored.

Qualitative data also demonstrated a reduction in risk for clients. More than 9 in 10 clients experiencing sexual abuse said that it had ceased by exit. Just under 9 in 10 experiencing physical abuse said that it had ceased by exit. However, just under 4 in 10 clients said that all forms of abuse had ceased, likely because psychological abuse was so prevalent and ceased in only half of cases (see section 5.2 for more information on types of risk).

Aggregated data (provided by Refuge for the core Gaia Service) shows that clients using the core GAIA services have a mean intake risk assessment of 10.5 and a mean exit risk assessment of 7.3. The difference in means was 3.2 (95% confidence interval: [3.07,



Figure 4: Proportion of LEAP EC clients by risk category at service intake and exit

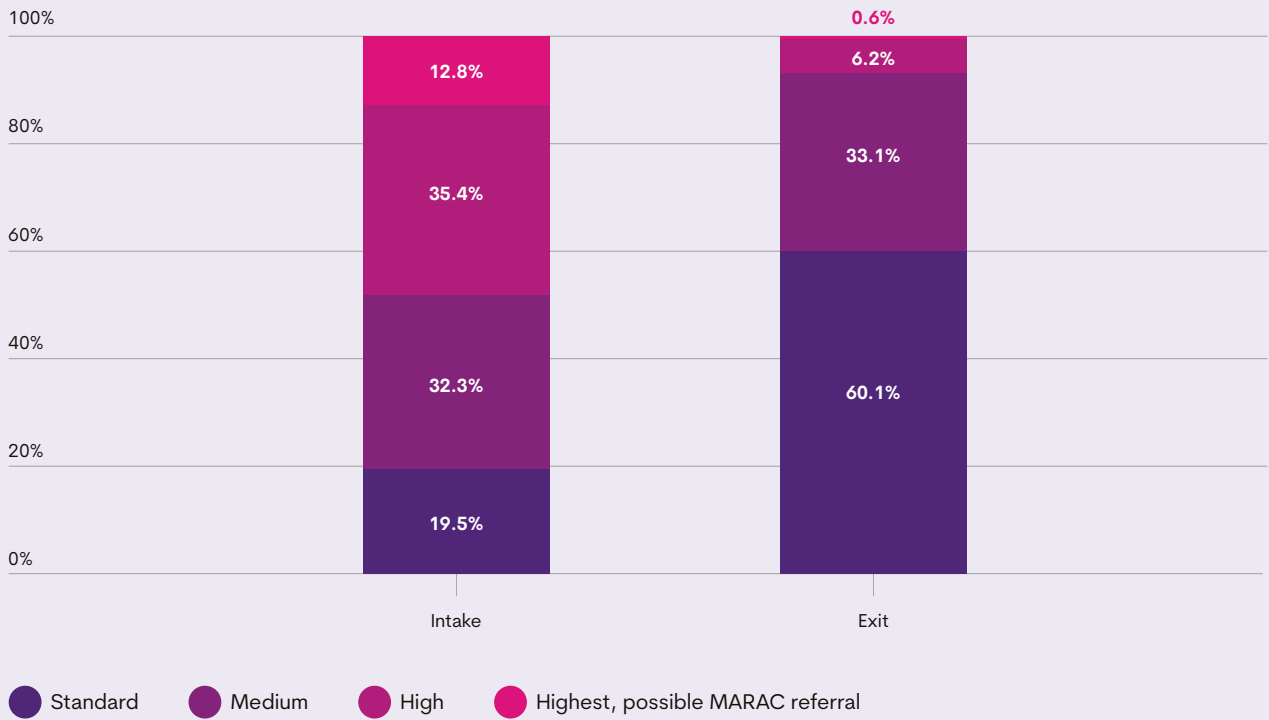


Figure 5: Boxplot of risk assessment scores at intake and exit for LEAP EC clients







3.33]). Comparatively, the client-level data for the LEAP EC Service had a mean difference of 4.1. We can therefore conclude that LEAP EC clients experienced greater reductions in risk, although the difference is modest.

## Children were supported through supporting parents

**“If your mother is not good, the children [are not] good. First me, after that, I can help my kid.”**

— Client

### Changes for children

While parents were the direct beneficiaries of the LEAP EC Service, children benefitted indirectly. By providing support and options to improve their parent’s safety and wellbeing, the service sought to improve health, safety and development outcomes for children. Two long-term changes were identified for children in the service’s Theory of Change:

- 1 a better environment for children to grow and thrive; *and*
- 2 improved social and emotional development.

The service did not directly collect data on children’s outcomes. Finding a validated measure to assess the long-term impact of the service’s support would have been difficult. It may also have added a disproportionate data

burden on the child and their parent. Instead, we used the qualitative interviews and quantitative data which looked at changes for clients.

The literature suggests that supporting parents is key to supporting children. A child’s well-being is closely linked to their caregiver’s emotional and physical health.<sup>8</sup> When parents receive the support they need, it creates a safer, more nurturing environment for children. Parents who feel supported are better able to provide emotional security, model healthy relationships, and meet their children’s developmental needs.

There were three key changes for children and their families which informed this finding:

- 1 Clients were supported holistically, as parents.
- 2 Clients were supported to build networks and confidence
- 3 Children were made a strategic priority in Lambeth

### Clients were supported holistically, as parents

By working holistically with parents – and expectant parents – caseworkers indirectly supported children. The service did not work directly with children or measure their outcomes as a result of engagement with the service. It was however designed specifically with children in mind.

The ethos of the service aimed to reduce isolation, build connections and

<sup>8</sup> <https://www.womensaid.org.uk/wp-content/uploads/2019/12/Supporting-women-and-babies-after-domestic-abuse.pdf>



networks, and offer non-judgemental support. It aligned with best practice for offering client-led and child-led support. Caseworkers offered support with specific challenges faced by parents including childcare provision, appropriate housing, childcare maintenance and access to food.

Part of the flexibility of the service enabled caseworkers to meet clients in various locations (their home, a café, the Gaia Centre) and at various times (within office hours) depending on what worked best for the clients. A pattern of consistent communication was established where the caseworker would contact clients regularly to check-in and offer support or updates.

**"[Emma] can understand and relate to you as a mum going through a lot of stuff as it is at home and then having to take time out of your phone to just talk to someone. She's good. Patient. Patience is key."** — Client

One client spoke about her caseworker-planning meetings closer to home to support her childcare needs:

**"Sometimes I would miss some things because of the kids, and then she would try and get me one-on-one somewhere else closer to home. Bless her, she always tried her best for me to get the best out of everything."** — Client

Practitioners similarly praised the flexibility that the service offered. This included being able to offer support for an indeterminate period of time, depending on the client's needs:

**"we had time and space and flexibility ... the general approach was that we were able to be client-led and needs-driven with no barrier of time."**

— Practitioner

**"we were supporting around such a range of needs and being so flexible ... really appealing to anything that the person might be needing at that moment in time and not being prescriptive (i.e. 'we're only supporting people around safety, housing, legal needs etc.' This opened up our ability to tap into whatever's happening for that person. So really meeting the person where they're at, basically was really the different thing."** — Practitioner

One client explained how, for her children to be okay, she first needed to be okay. This dual aspect of support, considering the client's holistic needs, and being client-led was a key aspect of the service:

**"Yes, my children are too much happy. It is okay now ... if your mother is no good, the children not be good. So because first me, after that, I can help my kid. It's fine now ... I'm free."** — Client



## Clients were supported to build networks and confidence

The importance of building networks, connections and support for clients was prioritised by caseworkers. The benefits of this approach were noted by several clients in their interviews:

**"I'm okay now. I go to college. Yes, I have many friends now."**  
— Client

**"I'm confident to do anything... it's a change. Even I go college at this time."** — Client

**"Many times I would come for activities for mums, for example, like arts and activities. They have creche for children, for my kids and for the group of women...There is many thing for supporting to relax."** — Client

**"I attended quite a few sessions, like for painting, for art, [Ward Name] Children's Centre I went two times. Yes, I went quite a few times. Yes, it was really nice, and we met together the people, which I started knowing them."**  
— Client

One client spoke about lifestyle changes they had made and skills they had developed through working with their caseworker. These changes meant they had more capacity, knowledge, skills and confidence to support their children:

**"All you have in this world are your children, and so you've just got to do what's best for them... When I met Emma, I was smoking ... I haven't smoked in over a year. She reassured [me] that, 'Look, you're a great mum. You're doing what's best for your kids.' Now I think more about, if I do this, or if I say this, or if I react a certain way, it's going to reflect on how people might think I deal with my kids. I'm a lot more patient with [services] now. She's even educated me on certain things that I might not have been aware of before. Now I know, okay, this is not right when they're telling me this, because Emma told me what it is."** — Client



### Children were made a strategic priority in Lambeth

Stakeholders mentioned a dissonance between the law and available support. The Domestic Abuse Act (2021) recognises children as victims, whereas Violence Against Women and Girls (VAWG) support often does not.

The LEAP EC focus on children's needs informed later borough-wide approaches, strategies and commissioning. For example, children and young people were a strategic priority area in the Lambeth Council VAWG strategy. They now work with Children's Centres, and the new re-commissioned Gaia Service has embedded learning from LEAP.

Stakeholders involved in the commissioning of services cited the influence that the LEAP EC Service had on their decision making:

**"The decision to put children and young people as a strategic priority [in the VAWG strategy], and the commitments that we have to providing support to victims and survivors at all stages of their journey, is from LEAP."**

— Stakeholder

One stakeholder noted the considerable influence that the LEAP EC Service had on the development of Lambeth's VAWG strategy and commissioning in the sector:

**"LEAP has informed everything that we have created over the past 5 years in terms of our strategy development, in terms of our commitments, in terms of our commissioning specification model, in terms of what we are focused on and thinking about, not just with our team and our provision, but how we communicate with our colleagues in the wider Council – Children's services, etc."** — Stakeholder

The LEAP EC Service provided holistic, client-led support tailored to parents and expectant parents. It indirectly benefitted children by addressing key challenges such as childcare, housing, and financial stability. Its flexible, non-time-limited approach allowed caseworkers to meet clients' unique needs, fostering trust and long-term engagement.

Clients highlighted the importance of this support in building their confidence, social networks, and ability to provide for their children. The service also influenced local policy. Its child-focused approach shaped Lambeth's VAWG strategy and broader commissioning decisions, driving a strategic shift toward prioritising children and young people's needs.





## 5.2

## Who did the LEAP Enhanced Casework Service make a difference for?

This finding explores *who* the LEAP EC service supported and *what their needs were*. We analysed the case-level data provided by Refuge to explore the needs, abuse experience and demographic characteristics of clients who engaged with the LEAP EC Service. In addition, where data allowed, we compared this to the aggregate data about those engaged with the core Gaia Service.

### Who accessed the service?

#### Ethnicity

More than half (55.4%) of clients supported by the LEAP EC Service were Black, around a quarter (23.7%) were White, 13.4% Mixed and 5.9% Asian. For the core Gaia Service, there was an even distribution of clients of Black and White ethnicity (35% of clients were Black and 34% were White), 9% were Mixed and 6% Asian. These differences are visualised in Figure 6.

Additionally, almost 70% of LEAP EC clients lived in neighbourhoods classified as more deprived. IMD quintiles 1 or 2 indicate substantial levels of area deprivation amongst clients relative to other parts of the borough (see Figure 7).

While the local prevalence of domestic abuse by ethnicity and deprivation is unknown, the LEAP area has a greater proportion of Black residents than the rest of Lambeth and is a part of the borough with high levels of deprivation. These results suggest that the cohort of clients supported by the LEAP EC Service is reflective of residents in the LEAP area.

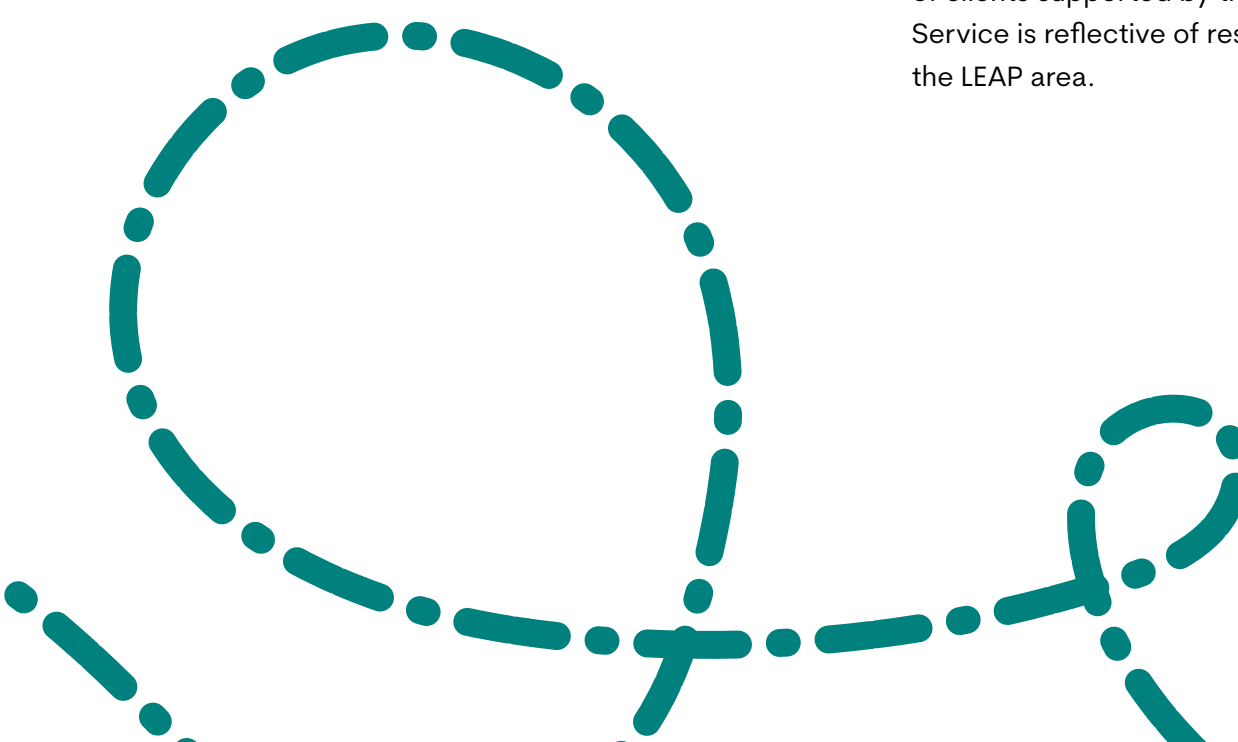




Figure 6: Ethnicity distribution of LEAP EC and core Gaia clients, by service

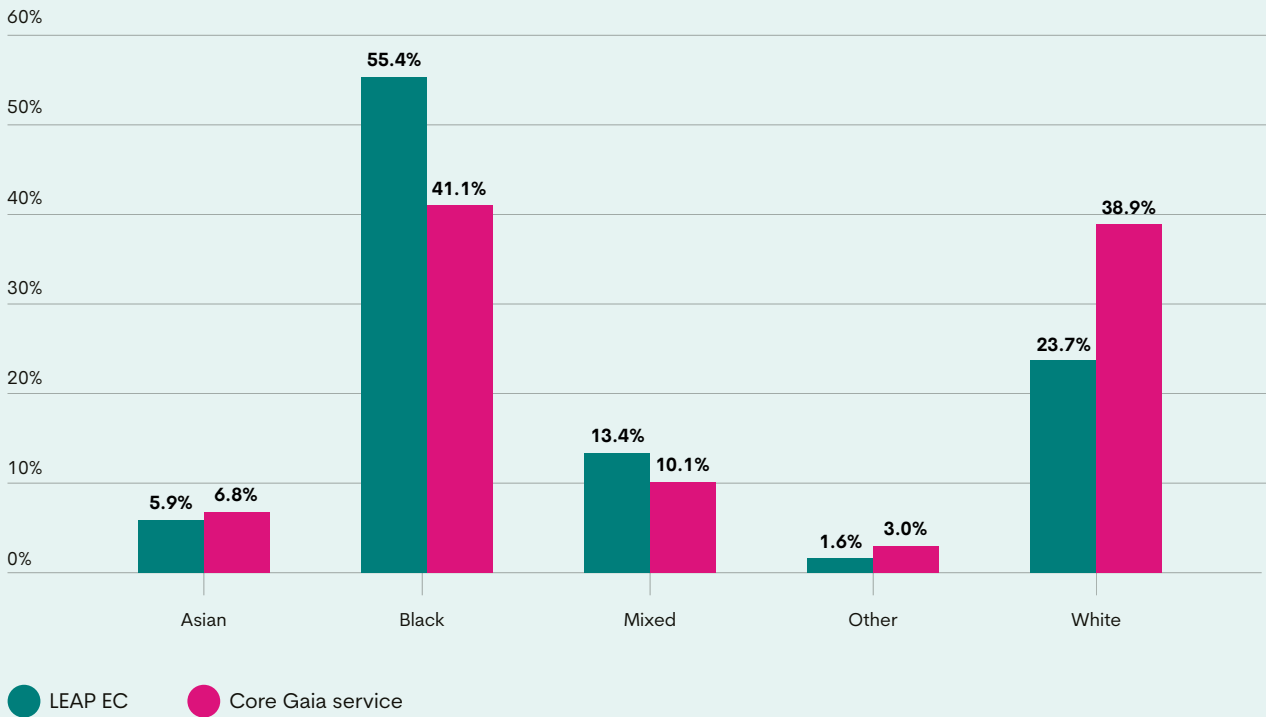
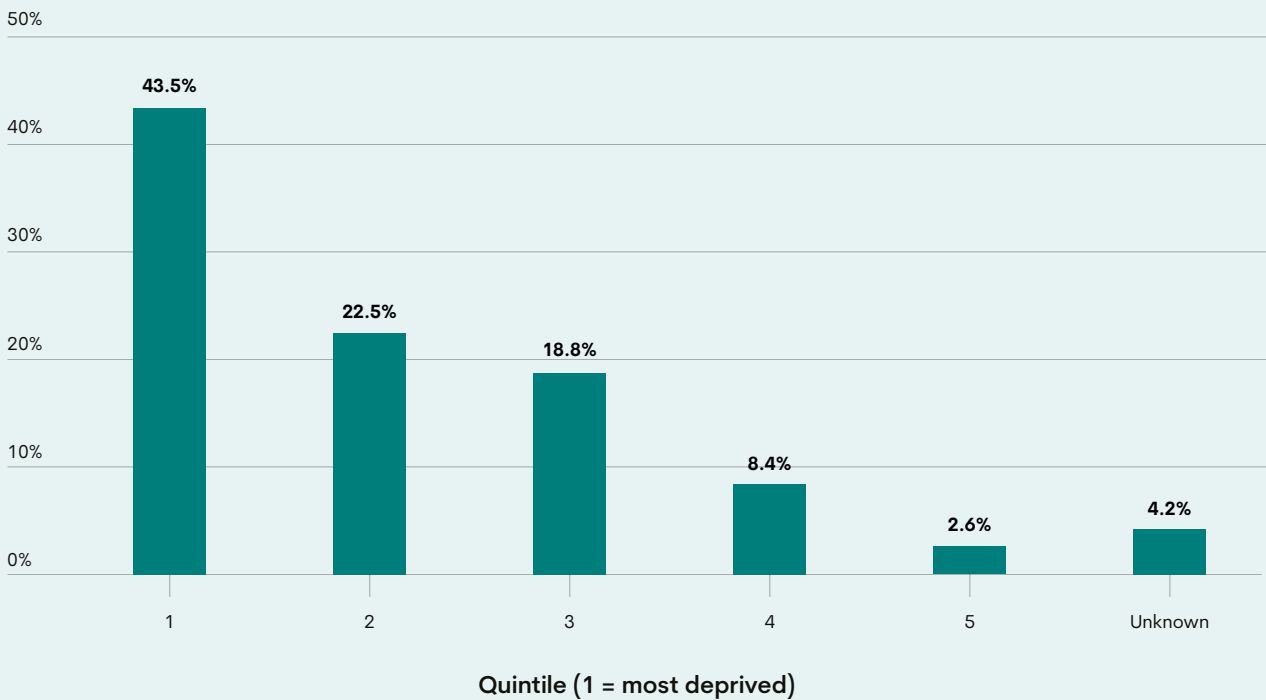


Figure 7: Local IMD Quintile distribution of the LEAP Enhanced Casework service clients (n = 183)



**Table 2:** Other client characteristics

Characteristic	Detail	Percentage
Nationality	UK	71.2%
	Not UK	28.8%
Interpreter required	Yes	11.1%
	No	88.9%
Recourse to Public Funds	Yes	93.6%
	No	6.4%
Pregnant at intake	Yes	12.1%
	No	87.9%
In Employment, Education, or Training	Yes	31.6%
	No	68.4%
Number of children	0	*
	1	30.3%
	2	27.3%
	3	25.3%
	4	7.6%
	5+	*

\* Suppressed value

### Recourse to public funds

A large majority of clients (93.6%) had recourse to public funds, meaning that they were eligible for state benefits. Only 6.4% of clients did not have recourse to public funds (NRPF). This is a condition imposed in certain circumstances on individuals subject to immigration control.

### Employment status and economic stability

A large percentage (68.4%) of cases were for clients who were not in paid employment, education, or training. The most common employment status was "not seeking work," at 32.3%, followed by full-time parent at 19.9% of cases. This compares to 14.5% who were employed part-time, 9.1% in full-time employment, and 5.4% who were full-time students.



Surviving Economic Abuse states that 95% of cases of domestic abuse involve economic abuse.<sup>9</sup> Without economic stability, victims and survivors can find it harder to leave the perpetrator. This is particularly true if they are financially responsible for one or more child. Economic safety and physical safety are linked.

### Low levels of education and unemployment

Unemployment has been identified to be a risk factor for both abuse perpetration and victimisation.<sup>10,11</sup> Findings indicate some association with low levels of education and being subjected to domestic abuse.

### What were the needs of clients who accessed the service?

**“Children and families ... need to be safe and healthy physically, mentally, in order to be able to benefit from other offers” — Stakeholder**

Clients experienced complex needs. Most experienced more than one type of abuse and reported a range of individual needs.

### Type of abuse experienced

Prior to engaging with the LEAP EC Service, clients were asked to report the type of abuse they experienced.<sup>12</sup> Most clients (93%) reported experiencing psychological abuse. The second most frequently experienced type of abuse was physical, with 68.4% of clients reporting this. 43.5% of clients reported experiencing financial abuse and 30.3% reported experiencing sexual abuse (see Figure 8).

It is important to note that women often don't realise that they are experiencing sexual violence. This is true even if they can identify that they are experiencing other forms of abuse. Sexual violence is often extremely subtle and may not be picked up by practitioners either (Peeren, 2024; Tarzia, 2021; Tarzia 2021).

Experience of multiple types of abuse was common. Over three quarters of clients (75.3%) experienced two or more types of abuse. Figure 9 shows how many clients experienced more than one type of abuse.

<sup>9</sup> <https://survivingeconomicabuse.org/what-is-economic-abuse/>

<sup>10</sup> Capaldi, D. Knoble, N. Shortt, J. Hyon, K., 2012. A systematic review of risk factors for intimate partner violence. *Partner Abuse*. Volume 2, Issue 3, pp 231-280.

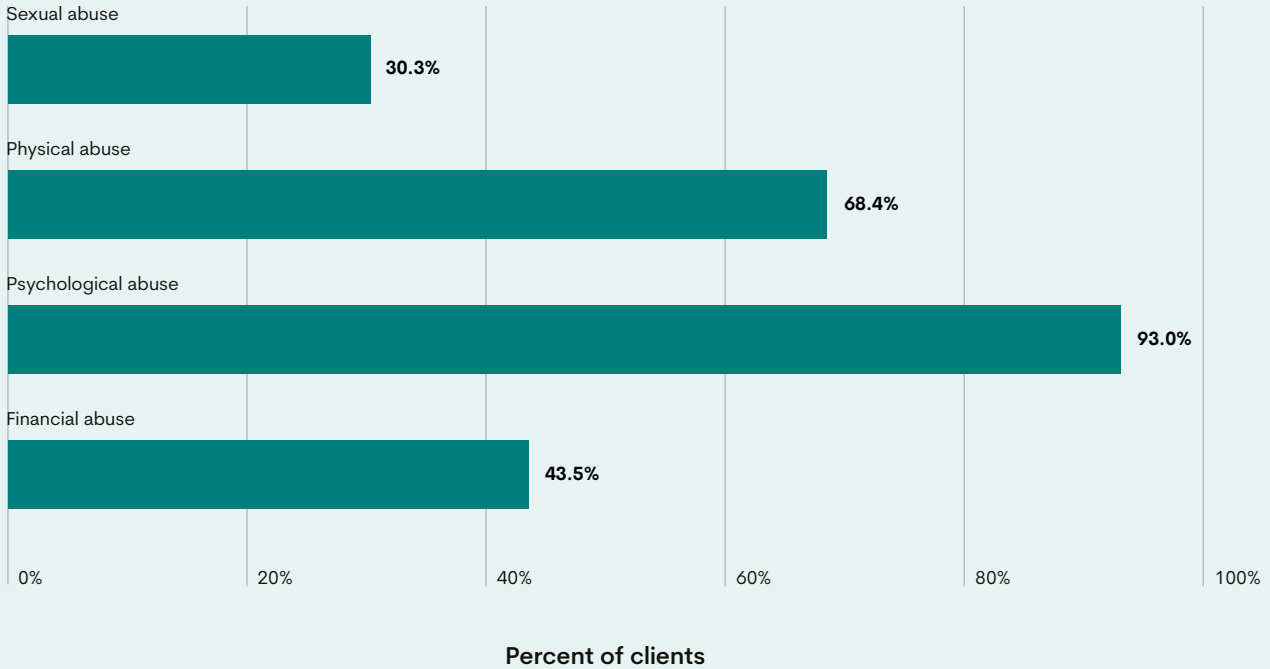
<sup>11</sup> Heise, L.L., Koysadam, A. Cross-National and multilevel correlates of partner violence: an analysis of data from population-based surveys: *Lancet Global Health* 2015; 2: e332-40.

<sup>12</sup> There are four types of abuse used in this dataset: psychological, physical, financial and sexual. This is not an exhaustive list of all forms of abuse clients might have experienced. These categories are the ones for which we had the most complete data.

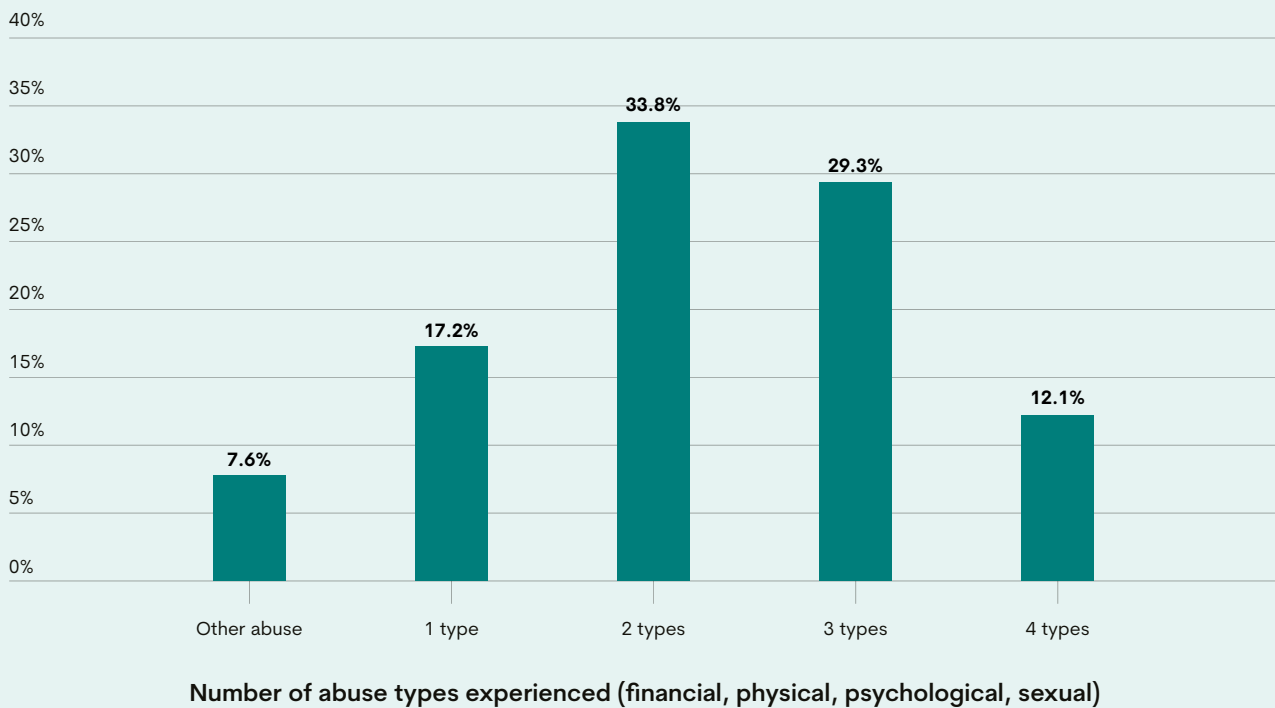




**Figure 8:** Experience of abuse types for clients engaged with the LEAP Enhanced Casework Service (prior to intake).



**Figure 9:** Percentage of LEAP EC clients by number of abuse types experienced



**Note:** 'Type' of abuse in this Figure refers to psychological, physical, financial and sexual.



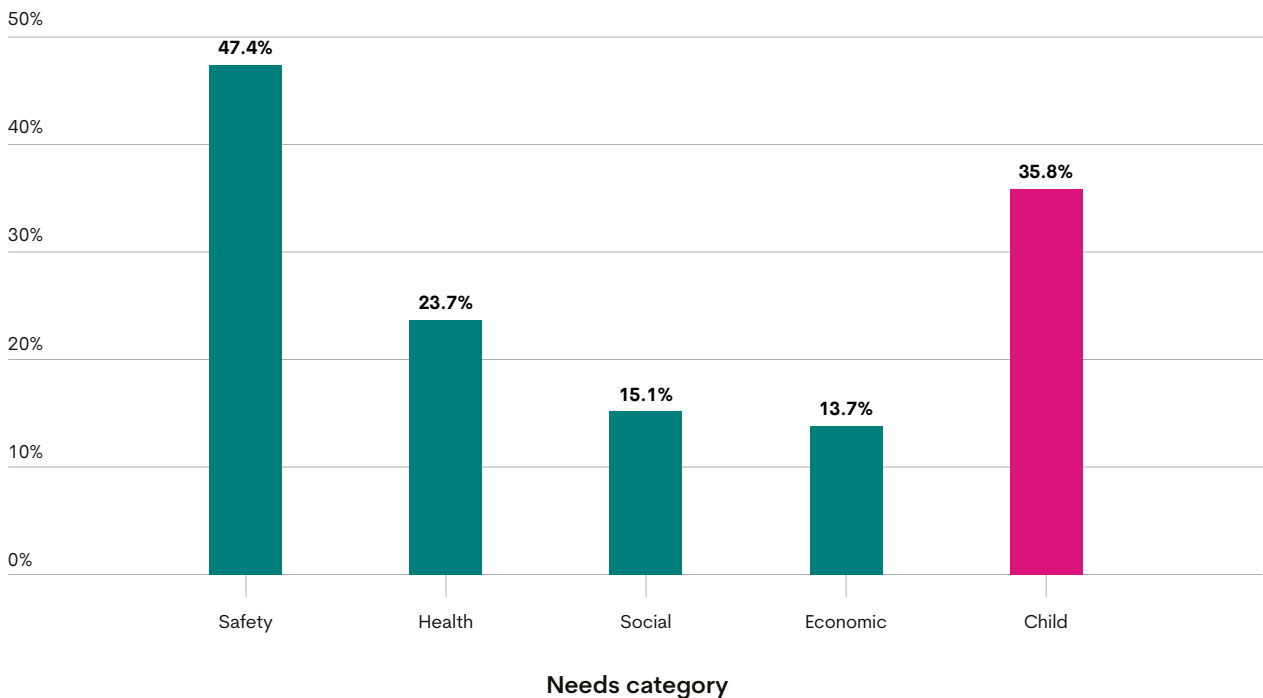
### Clients' needs

When engaged with the LEAP EC Service, clients worked with their caseworker to identify what needs they had. The caseworker recorded these using a list of 123 specified potential needs. These needs were grouped into four primary categories: health, social, economic and safety. A fifth category 'child' has been added for our analysis. Given the objective of the EC service to support children by supporting their caregivers, this grouping was important

to surface the proportion of child-related needs that clients identified. This grouping therefore includes any need which directly concerns a client's children.<sup>13</sup>

Figure 10 shows the proportion of needs identified by clients in each of the five categories. There was no upper or lower limit to how many needs could be selected by clients. There is no limit to the number of needs and need categories identified for a client. The average number selected was 14.

Figure 10: Proportion of all needs presented by LEAP EC clients, by need category



<sup>13</sup> An example of a need in each category:

- **Health:** Client has an opportunity to discuss their mental health and wellbeing.
- **Social:** Client is offered information about local leisure and social activities.
- **Economic:** Client needs support to apply for grants.
- **Safety:** Client needs help finding new safe accommodation.
- **Child:** Client needs support to protect them and their child(ren) around issues of contact and residence.



## 5.3

## How did the LEAP Enhanced Casework Service make a difference?

The service's value was evident not only in *what* the caseworkers did, but also in *how* they did it. LEAP's Enhanced Caseworkers led with compassion and understanding when engaging clients; they were *"very sensitive"* as one client described. The ethos of the approach that the LEAP Enhanced Caseworkers took was to *'meet the clients where they were at'*, developing a working relationship at a pace which was led by the client.

The group of clients were earlier in their journey towards acknowledging their experiences as domestic abuse. They therefore needed more time and space to reflect on their relationship dynamic with the perpetrator.

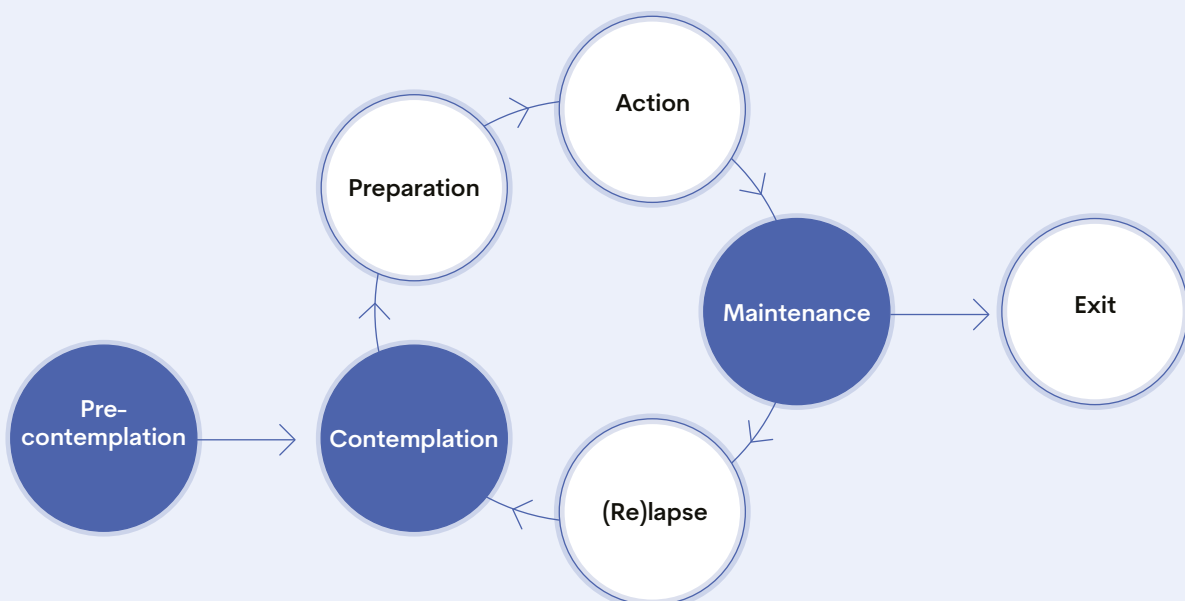
The service's approach was informed by the Stages of Change Model

(Prochaska & DiClemente, 1992; Figure 11). In this model, an individual moves along different stages:

- 1 not acknowledging the perpetrator's behaviours as domestic abuse (precontemplation);
- 2 acknowledging the abuse (contemplation);
- 3 planning to leave the relationship (preparation);
- 4 leaving the relationship (action); *before finally*
- 5 maintaining the separation over time (maintenance).

The words in blue circles indicate the stages where the LEAP EC Service aimed to intervene (pre-contemplation, contemplation, and maintenance).

Figure 11. Stages of Change Model (adapted from Prochaska & DiClemente, 1983)





## The service worked in a different way to mainstream domestic abuse services

**“We were able to be client-led and needs-driven with no barrier of time”**

— Practitioner

**“[My Caseworker told] me, ‘we are with you. We will help you with everything.’” — Client**

On average victims assessed as high-risk live with domestic abuse for 2.3 years. Victims assessed as medium-risk suffer for 3 years before getting help.<sup>14</sup> Accessing help usually requires victims and survivors to identify they are experiencing domestic abuse, and are ready to leave the relationship.

The LEAP EC Service aimed to intervene at earlier stages of domestic abuse than the core Gaia Centre offer – and earlier than would be typical of most VAWG services across the UK. Quantitative data offers key pieces of evidence that earlier intervention was achieved.

### Length of time clients had experienced abuse at service intake

Clients were asked when first engaging with the Gaia Centre how long they had been experiencing abuse. LEAP EC clients indicated an abuse length that was just over 2 months shorter than clients supported by the core Gaia Service. This difference is shown in Figure 12 along with a 95% confidence

interval around both means. The significant difference between the two groups is strong evidence that the engagement model of the LEAP EC Service was successful at reaching clients at an earlier stage.

### Length of time clients had known their perpetrator at service intake

We looked at differences in the length of time clients had known their perpetrators when they started engaging with the Gaia Centre. Again, there is clear evidence of a difference between the LEAP EC clients and the core Gaia Service; clients in the LEAP EC group had known their perpetrator for 1.2 years less than clients in the latter group. This difference along with 95% confidence intervals is shown in Figure 13.

### Number of times police were contacted prior to intake

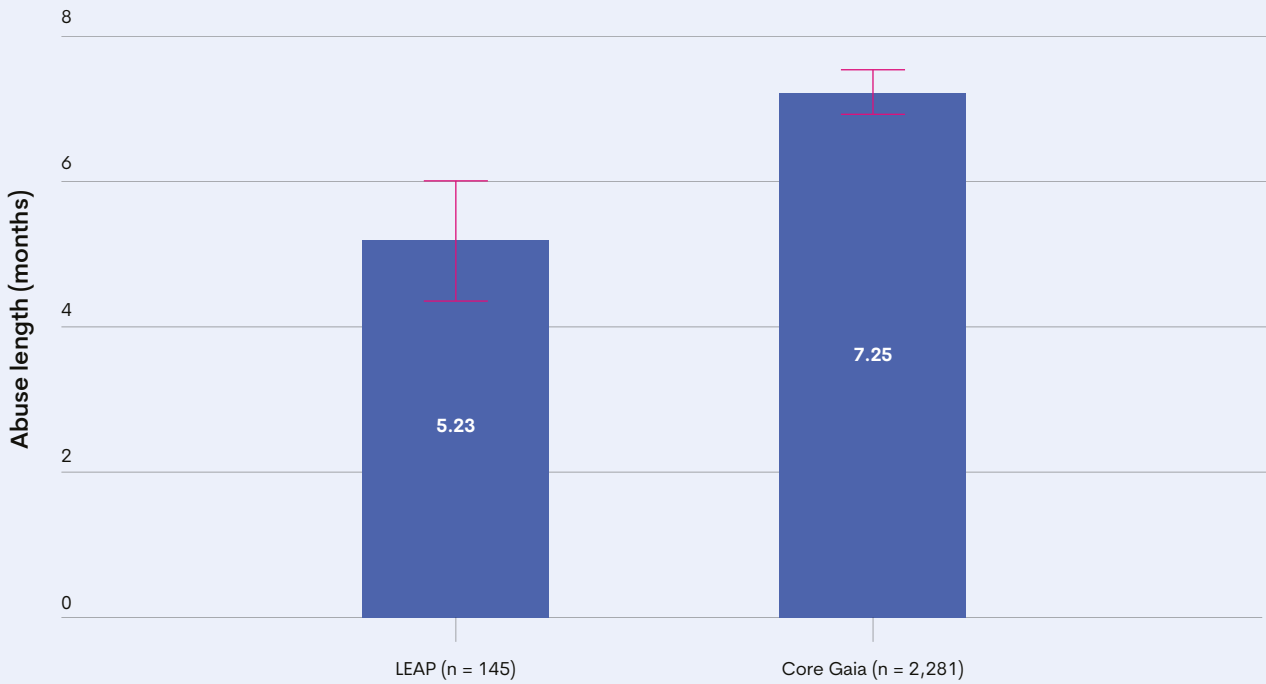
We compare the average number of times police had been contacted, in relation to the clients' cases, by the time the clients entered the service. Additionally, we compare the average number of times clients had separated from their perpetrators.

Differences in these averages are shown in Figures 14 and 15. Clients of the LEAP EC Service had contacted the police slightly less often on average than clients supported by the core Gaia Service. However, we cannot confidently say that this difference did not occur by chance. The relatively

<sup>14</sup> SafeLives. (2022). Insights Outreach dataset 2021-2022. SafeLives: Bristol. <https://safelives.org.uk/about-domestic-abuse/what-is-domestic-abuse/facts-and-figures/length-of-abuse/>

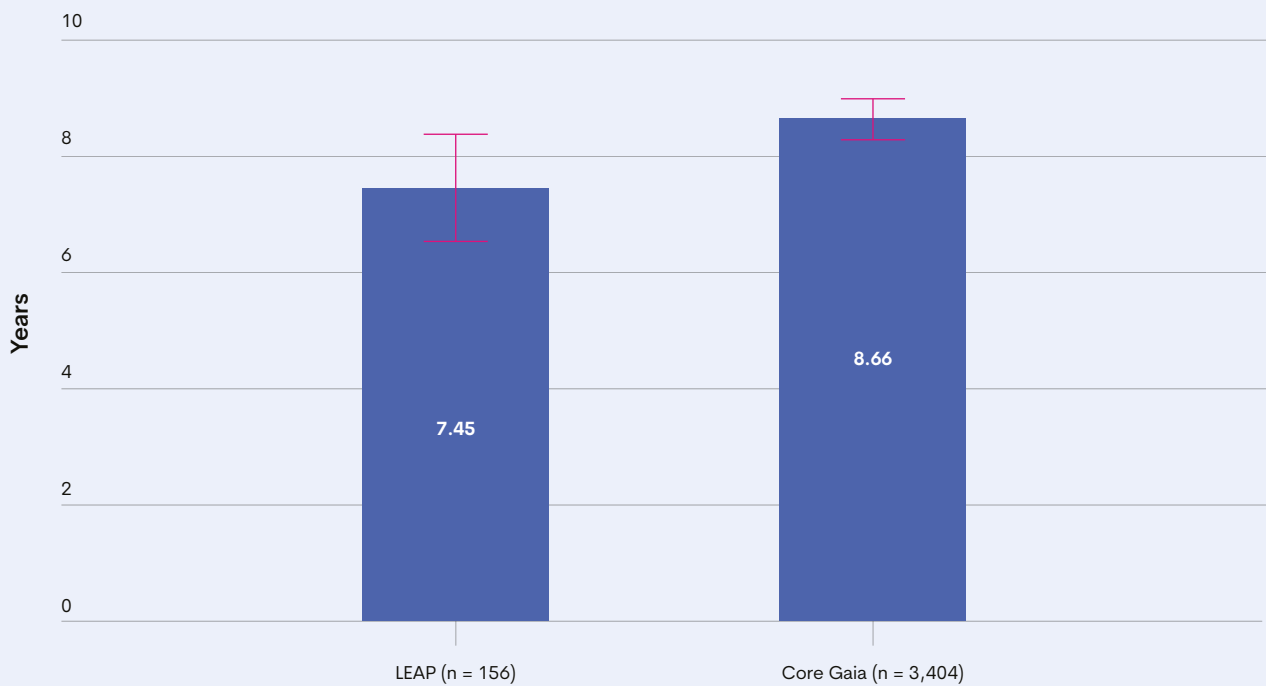


Figure 12: Length of time clients had experienced abuse for at intake, by service team



Note: Pink lines indicate 95% confidence intervals.

Figure 13: Average number of years clients knew their perpetrator, by service



Note: Pink lines indicate 95% confidence intervals.



Figure 14: Average number of times police were contacted before intake, by service team

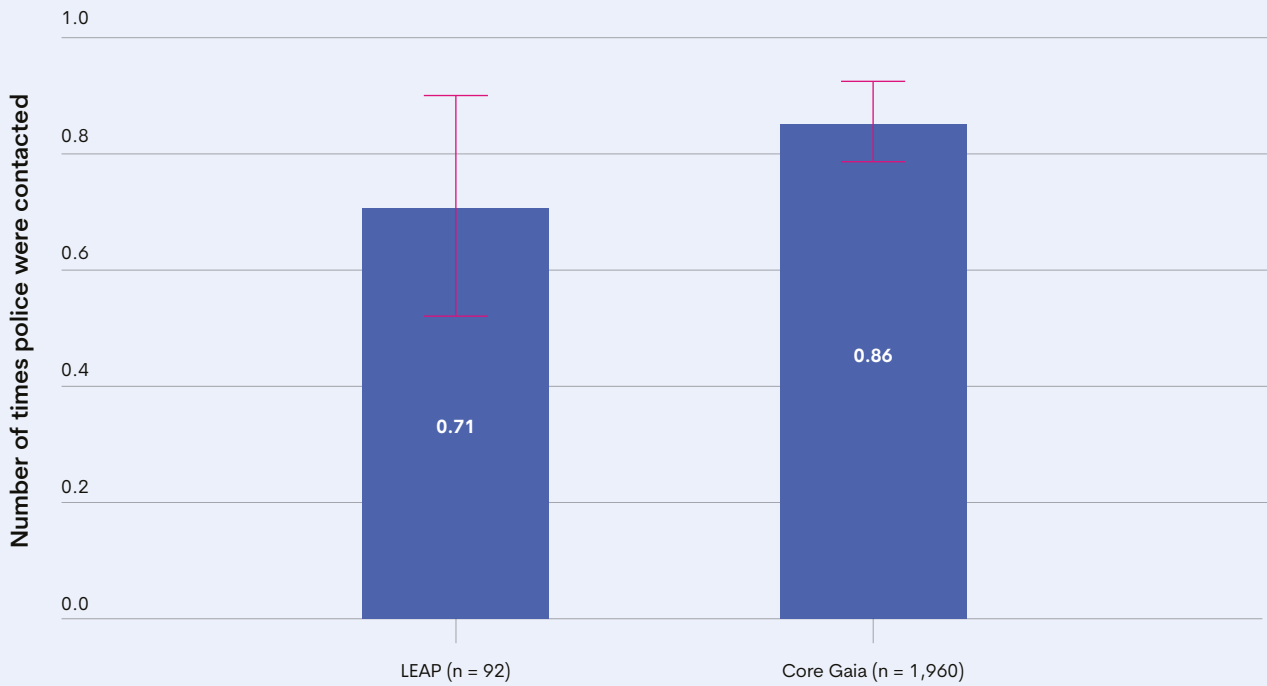
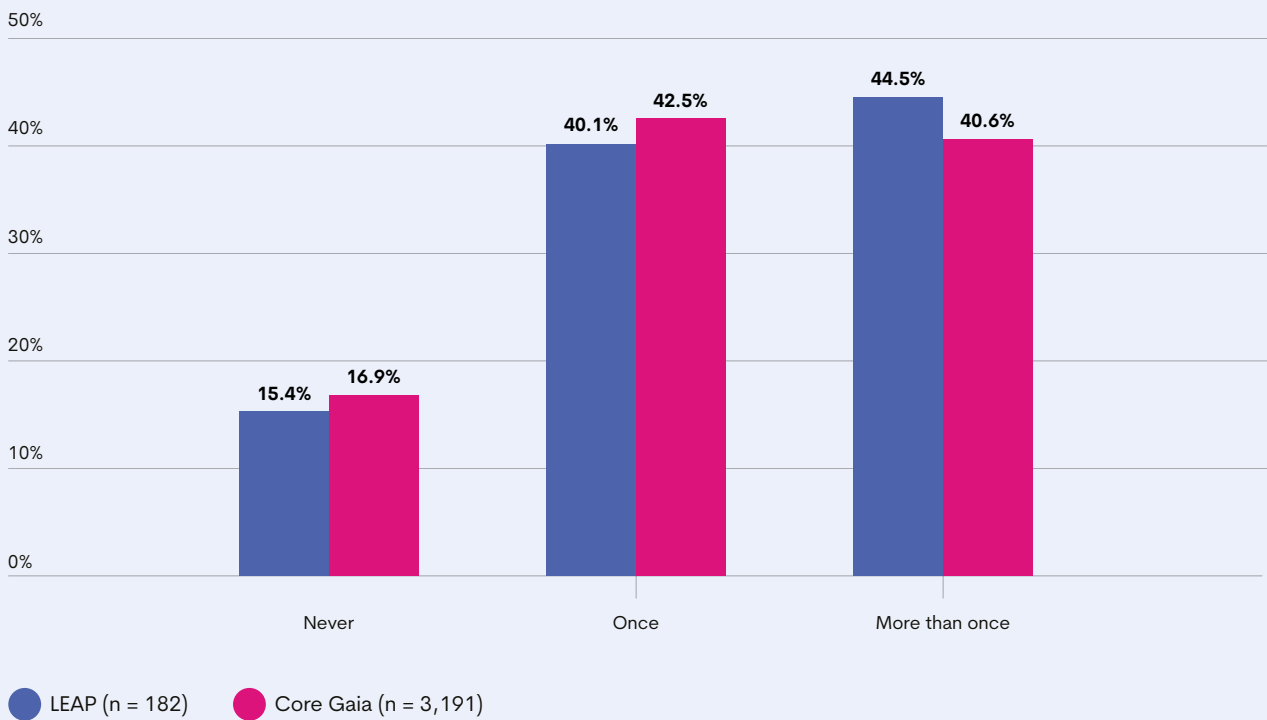


Figure 15: Percentage of clients who separated from their perpetrator before intake, by separation frequency and service team





sparse data for this question for the LEAP EC Service meant that the mean could not be calculated with high precision.

### Number of times clients separated from their perpetrator before intake

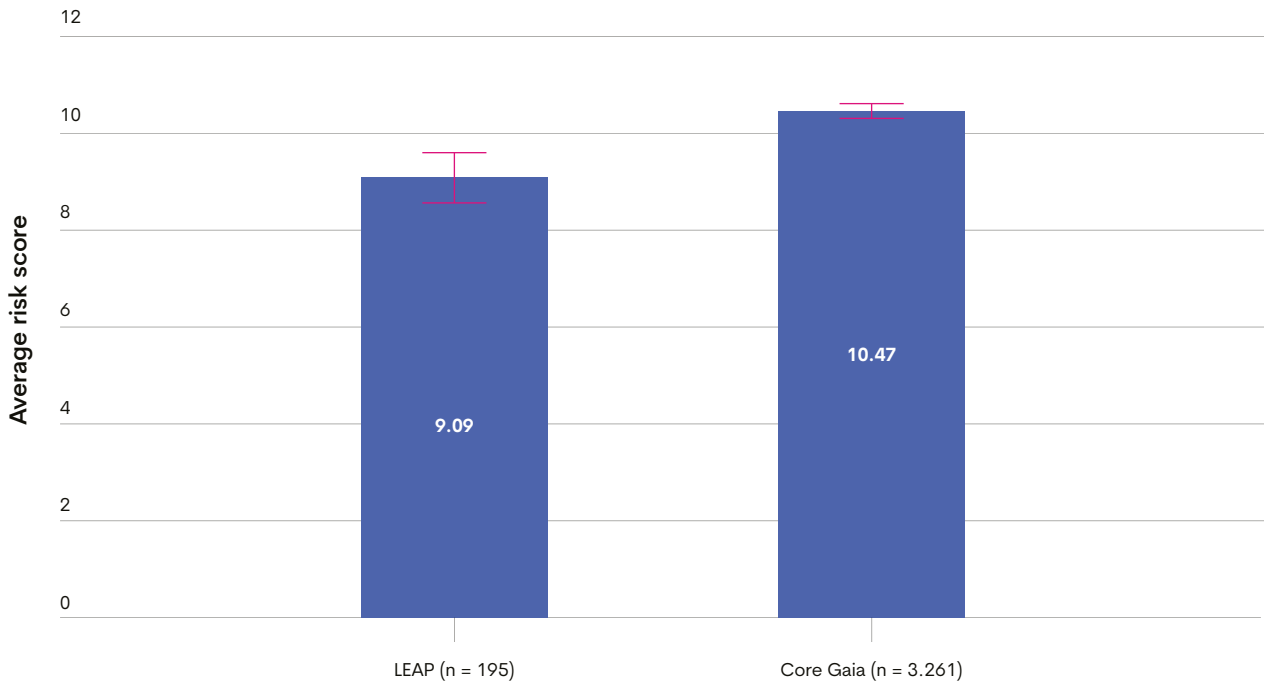
Based on the available data, comparison of the number of times clients had separated from their perpetrators, prior to intake, was only possible descriptively. However, the descriptive picture in Figure 15 does not suggest that the frequency of separation was meaningfully different between the two service populations.

### Average risk score of clients at service intake

Finally, the average risk score of LEAP EC Service clients was 9.09 at intake, which is lower than the average of 10.47 for core Gaia Service clients. These differences are reflected in Figure 16, along with 95% confidence intervals around the means.

Lower risk score at intake supports the conclusion that the service was successful in intervention at an earlier stage compared to the core Gaia Service. Particularly when considered alongside the results for abuse length at intake, it is likely that the LEAP EC Service was successful at reaching

Figure 16: Average risk scores at intake, by service team





clients at earlier stages and lower intensities of abuse than clients of the core Gaia Service.

We were able to look at LEAP EC Service clients' average risk scores at intake by referral source. Based on the available data, comparison was only possible descriptively: see results for the top five referral sources in Table 3.

This data alone does not show whether early years services were better able to reach survivors before risk escalated

than the usual referral partners for domestic abuse services, which include social care and the police. The role of different professionals in signposting and encouraging survivors who then self-referred is also not reflected in these results.

For the nine clients identified as having accessed the LEAP EC Service via Women's Advice Surgeries, the average risk score at intake was 6.11.

**Table 3:** Risk scores at intake by top five referral sources

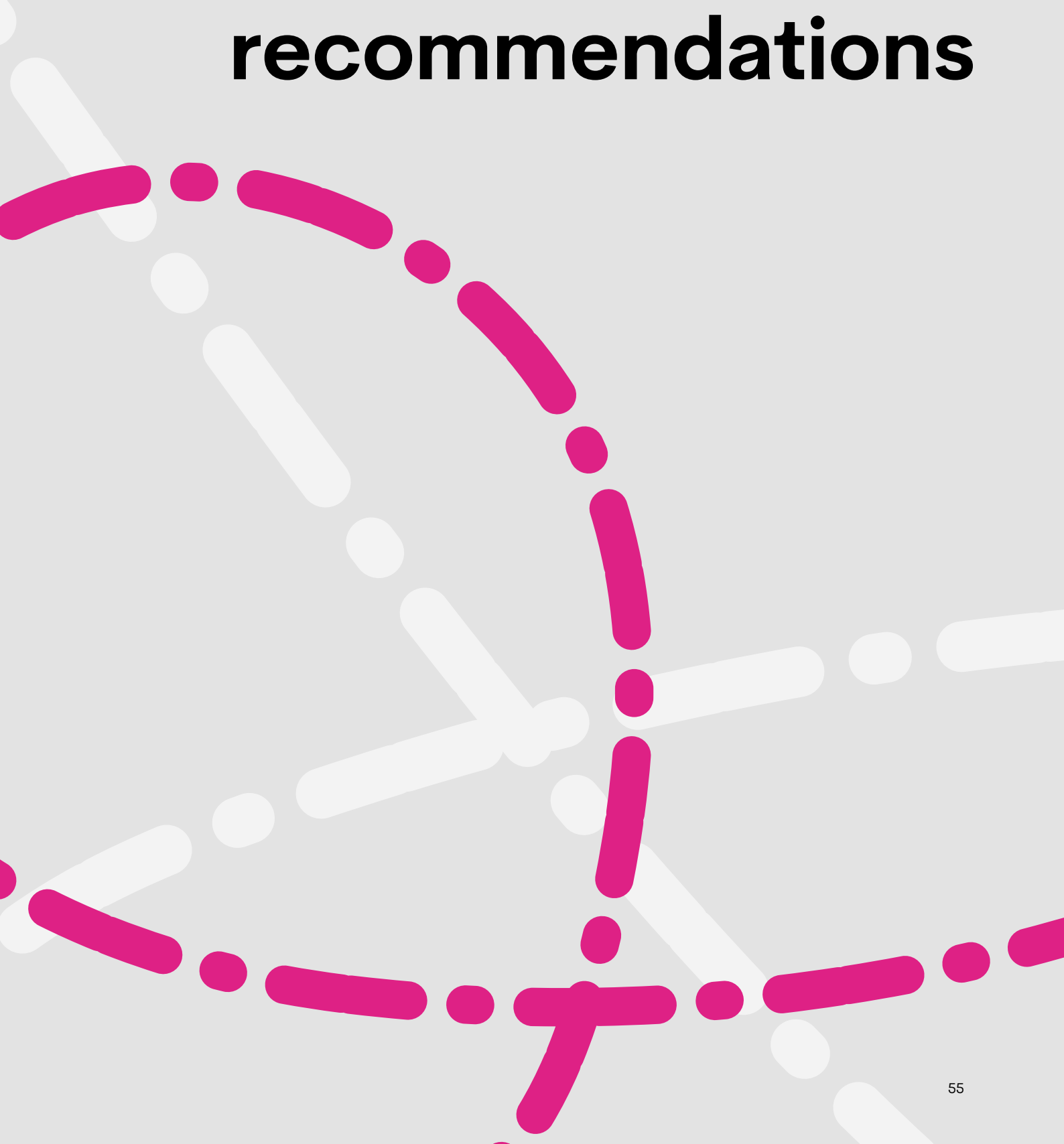
Referral source	Number of referrals	Mean risk score at intake
Children's Social Care	15	8.20
Children's Centre	28	8.32
Midwife	13	9.00
Self-Referral	87	9.14
Police	18	10.50
<b>Total</b>	<b>161</b>	<b>9.05</b>





# Section 6

## Conclusion and recommendations





**The LEAP Enhanced Casework (EC) Service provided invaluable and life-changing support to victims and survivors of domestic abuse who are pregnant or have young children. The service's personalised, flexible, and holistic approach was beneficial for clients. It helped them navigate complex systems and improve their safety, stability, and wellbeing. This evaluation highlights four key strengths of the service.**

First, by offering support which was not time-limited, clients received support which was tailored to their needs. On average clients received support for 8.61 months, more than 3 months longer than mainstream services. Findings indicate that longer-term support facilitated deeper trust-building with caseworkers and sustained change.

Second, clients valued and benefited from the holistic, client-centred support. By working flexibly, and responding to client's immediate and long-term needs, they were supported with a range of needs. From practical support with housing, childcare and financial support to emotional wellbeing.

Third, by investing in innovative ways to reach clients, and intervening at an earlier stage of change, the service successfully supported clients earlier in the cycle of abuse. Caseworkers co-located and proactively worked with early years settings. They were therefore better placed to engage with isolated clients in an effective way, at a pace which victims and survivors were comfortable with.

Fourth, clients reported that their children's wellbeing and safety was improved following the support they received from the service. By working with parents to improve their skills and confidence, they were in a stronger position to create a safer and more stable environment for their children.

Outstanding challenges for the service and limitations on the impact the service could make:

- + Postcode lottery (if forced to move out of area for physical safety, some clients may lose access to the consistency and quality of support offered within Lambeth, and by Gaia).
- + Limited access and influence over housing support, which continues to be a significant barrier for victims and survivors.
- + Inconsistent long-term funding, impacting service stability and workforce retention.
- + Challenges in maintaining small caseloads while meeting demand.
- + Need for stronger collaboration between domestic abuse services and other local support systems.



## Recommendations

To build on the successes of the LEAP EC Service and enhance its impact, the following recommendations are proposed for commissioners and domestic abuse practitioners:

### Secure Long-Term and Sustainable Funding

- + Commissioning bodies should consider awarding longer-term contracts (e.g., 7–8 years) to ensure service stability, reduce administrative burdens, and improve staff retention.
- + Explore diversified-funding models to sustain and expand services beyond the short term funding periods.

### Strengthen Collaboration and Coordination

- + Increase integration between domestic-abuse services, social care, housing, and health services to ensure a more seamless and efficient support system for survivors.
- + Provide additional training to early years professionals and frontline workers to improve early identification and referral of domestic abuse cases. Supporting professionals across other sectors to understand the dynamics of domestic abuse and the specific ways that domestic abuse and parenting can intersect.

### Enhance Access to Housing Support

- + Advocate for improved housing policies and dedicated pathways for domestic abuse survivors, ensuring more accessible, safe accommodation.
- + Strengthen partnerships with housing providers to offer tailored support for survivors in crisis.

### Maintain Small Caseloads and Tailored, Client-led Support

- + Where possible, ensure caseworkers maintain manageable caseloads to provide high-quality, client-led support.
- + Continue the focus on flexible, trauma-informed care to meet victims and survivors at their stage of readiness.

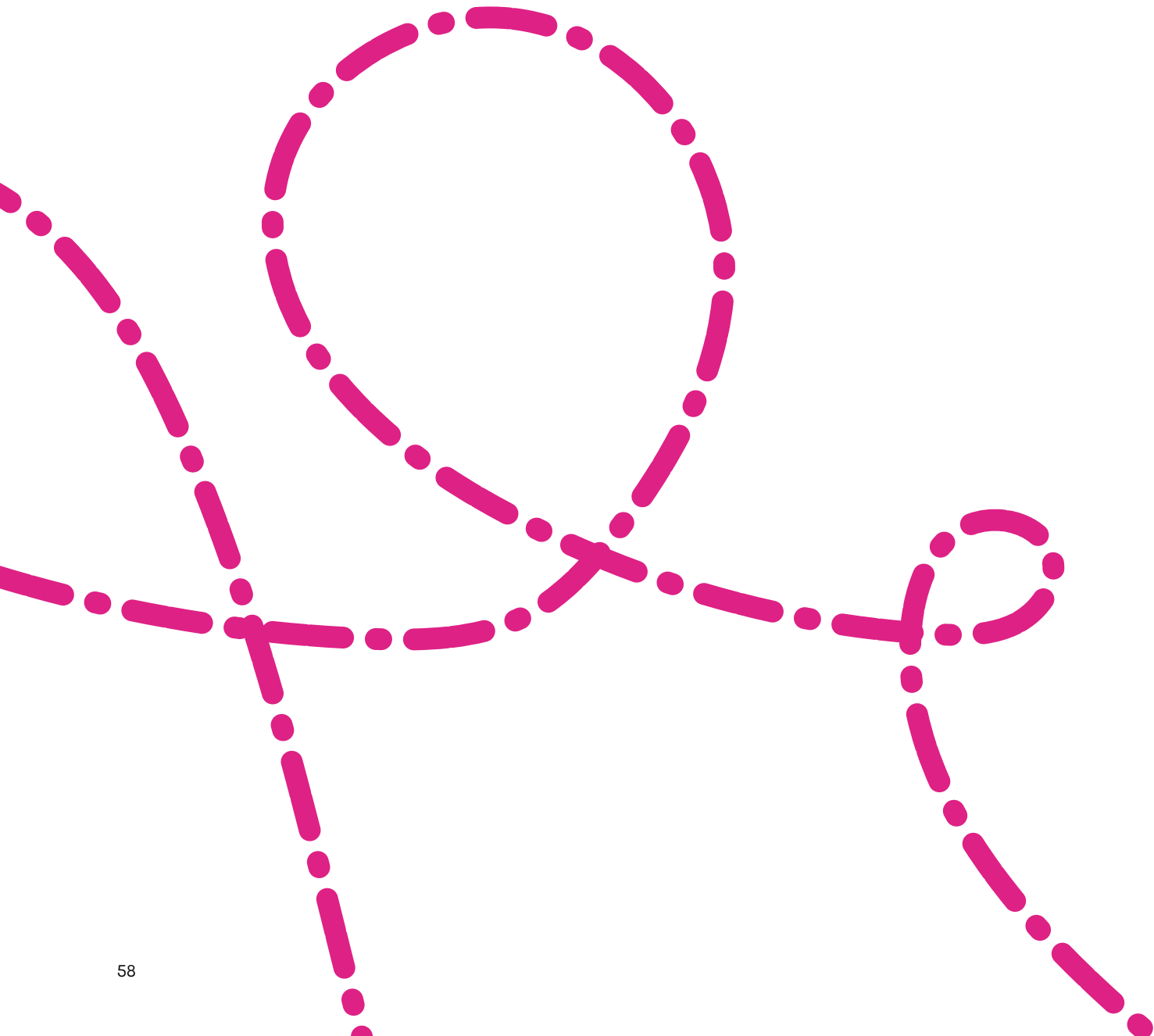
### Improve Data Collection and Knowledge Sharing

- + Enhance data consistency while recognising the workload challenges faced by frontline practitioners.
- + Use service evaluation primarily for learning and improvement rather than solely performance measurement.

The LEAP EC Service has demonstrated the effectiveness of long-term, survivor-led, and holistic domestic abuse support. Practitioners and clients both acknowledged that the support offered to clients of the LEAP EC Service was 'gold-standard'. They agree that it should be universally available to all domestic abuse victims and survivors.



By addressing the identified challenges and implementing these recommendations, commissioners and practitioners can build on this success. Doing so, we can ensure that victims and survivors, and their children, receive the best possible care and support.





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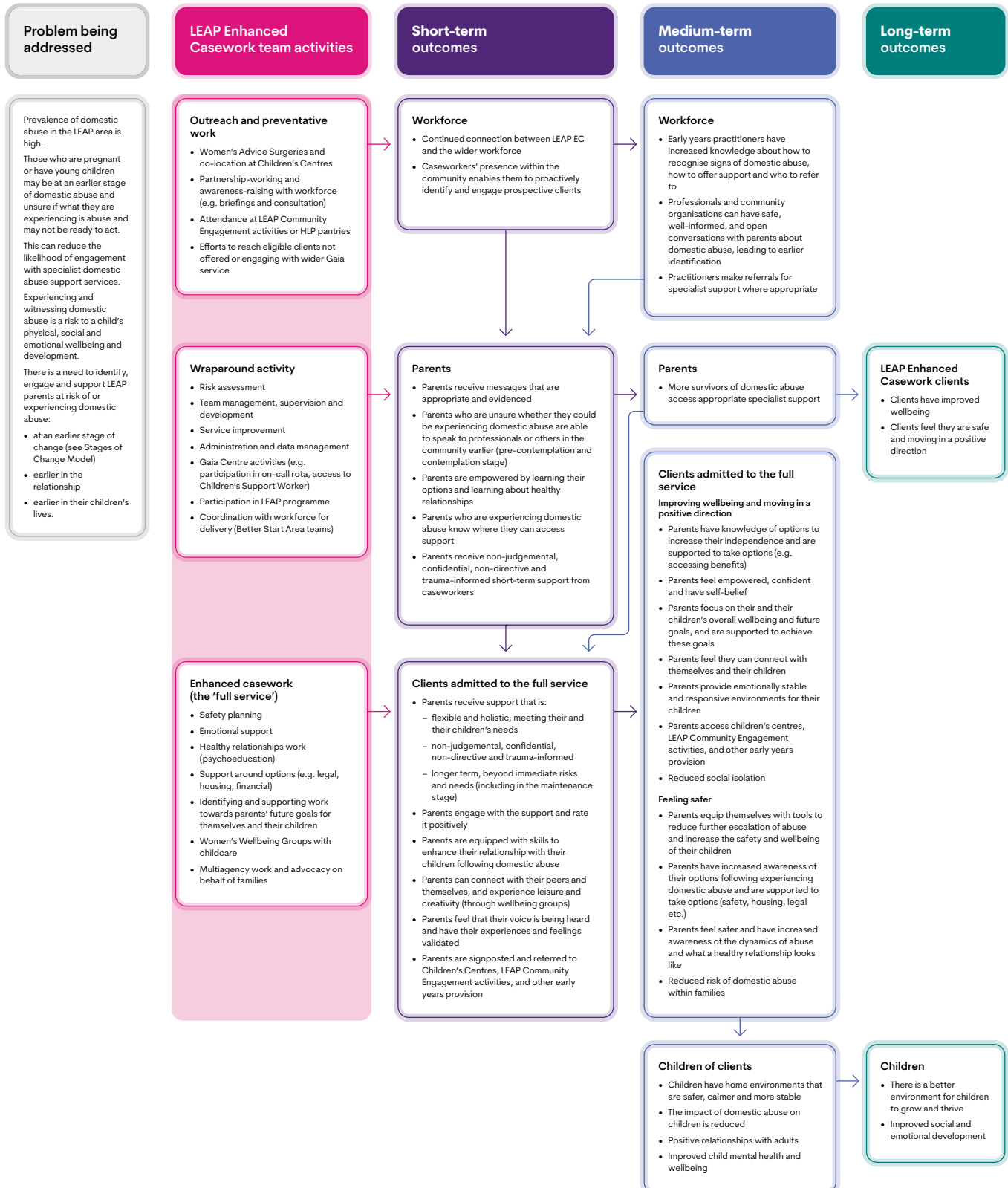
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# Appendix 1: LEAP Enhanced Casework Service – Theory of Change diagram

**Note:** 'parents' refers to non-abusive parents and carers including expectant parents



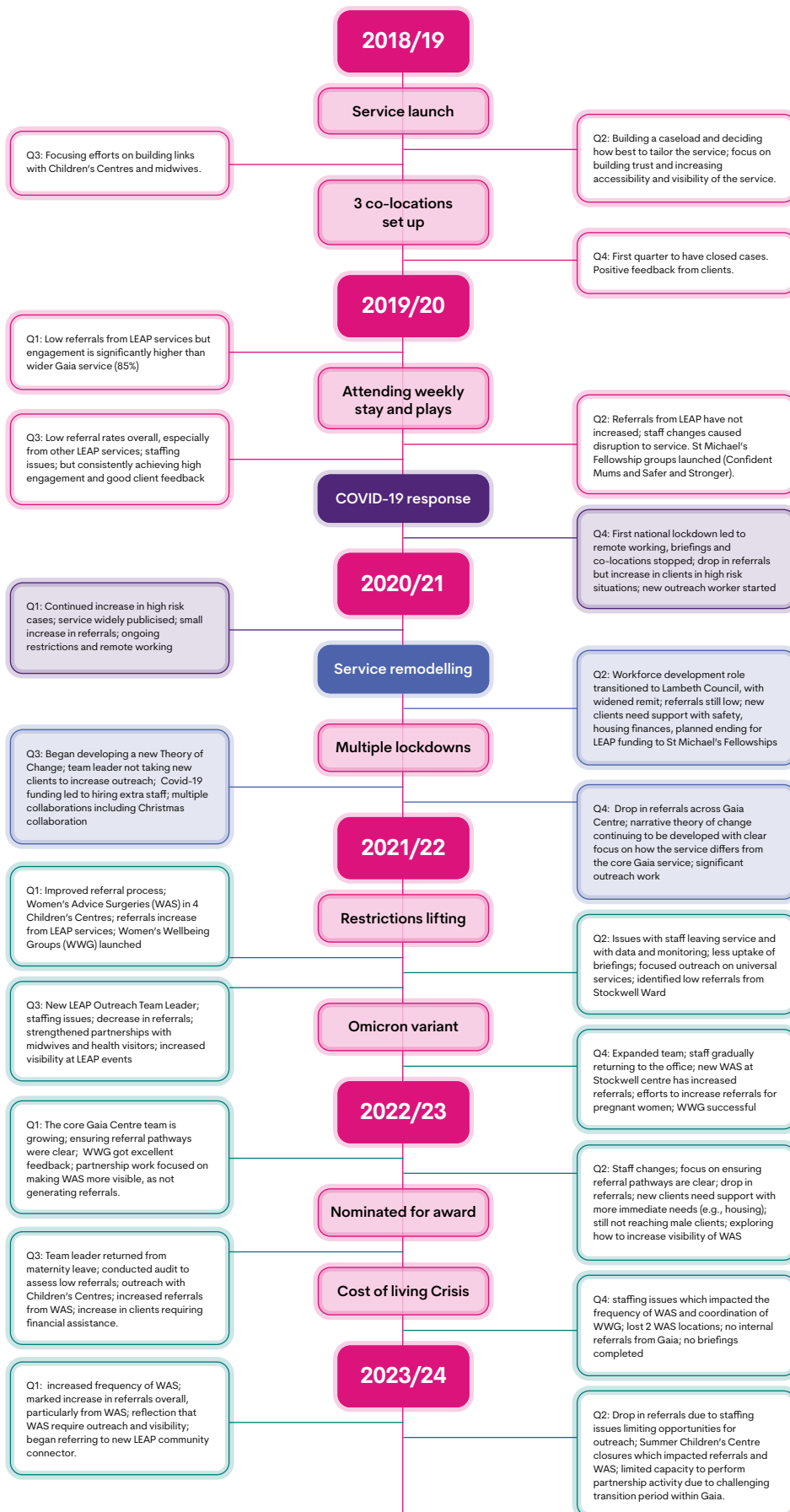


## Appendix 2: Documents included in Grey Literature Review

- + Narrative reports (qualitative commentary on the service's progress, drawing upon service data)
- + LEAP EC Service's Monitoring, Evaluation and Learning Framework
- + LEAP EC Service's Theories of Change (ToC)
- + LEAP EC Service's development documents
- + Outputs of Foundations (What Works Centre for Children & Families) feasibility study of domestic abuse programmes for children and families
- + Semi-structured interview transcript with outgoing LEAP EC Service lead (Nov 2023)
- + Long-term outcome measurement tools
- + Practitioner feedback forms and data
- + History of population data on domestic abuse and MARAC data used within LEAP
- + LEAP EC Service review meeting notes (2018–2022)
- + Lambeth's current Violence Against Women and Girls (VAWG) strategy



# Appendix 3: Service timeline







LEAP



For women and children.  
Against domestic violence.

Designed and typeset by [Effusion](#)