FEASIBILITY STUDY PLAN

NSPCC DART Feasibility Study

The Policy Institute, King's College London

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Feasibility study plan

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Project title	NSPCC DART Feasibility Study
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Intervention

The significant negative impacts of experiencing or witnessing domestic abuse (DA), both on children and the abused partner, are well documented. While DA is experienced by people of all genders and outside of heterosexual relationships (Hine et al., 2022), of the cases *reported*, two thirds are women (ONS, 2022) and "there is an increased likelihood of women (52%) suffering from emotional and mental issues in comparison to men (41%)" (Warburton and Raniolo, 2020). As a result, the vast majority of research and interventions are directed towards supporting women and children survivors of DA, including the support provided by DART, the intervention being studied here.

Impacts of Domestic Abuse

Domestic abuse has multiple and varying impacts on mothers, children and their relationships. While it is important to avoid painting all children who have been exposed to DA as passive victims (Callaghan et al., 2016: 399) and "it is extremely difficult to attribute

specific outcomes and impacts for children witnessing domestic abuse" (Home Office, 2019: 66) as a number of vulnerabilities may exist, it is equally necessary to understand the various ways in which DA may negatively impact on a child's development, health and wellbeing (Straus, Gelles and Smith, 1990). This is particularly pertinent given significant increases in reports and incidents of DA during successive COVID-19 lockdowns (EIF, 2021; Walklate et al., 2022) and, at the same time, the "significant decreases in the number of referrals [of young people to local DA services]" (Donagh, 2020: 388) during the same period.

Children might mirror their mother's behaviour and their coping mechanisms, for example, becoming distrustful of people if their mother has done the same, which poses "some severe implications for the children as they develop into adolescence and adulthood" (Carpiano, 2002: 447). As they cope with DA by becoming increasingly resilient, girls, especially, may be "less socially developmentally advanced" (Bowen, 2017: 97) and withdraw (Maikovich et al., 2008: 1501). Children who have been exposed to DA might also be more aggressive (Meltzer, et al., 2009) or develop 'conduct disorder symptoms' which may continue into adolescence (Bowen, 2017: 97). Researching DA support programmes for children is, therefore, relevant to YEF, given the organisation's aim to "prevent children and young people becoming involved in violence" (YEF, 2023).

Children who have witnessed DA might also be more likely to experience long-term mental health issues, like post-traumatic stress disorder (PTSD) (Kilpatrick and Williams, 1998) and associated symptoms (Ionio and Mascheroni, 2021), anxiety (Edleson, 1999; Maikovich et al., 2008) and depression (Russell, Springer and Greenfield, 2010; Maikovich et al., 2008). These effects are particularly acute if child abuse co-occurs with DA (Wolfe et al., 2003: 171; Hultmann et al., 2022: 2).

Women survivors of DA also report experiencing PTSD and associated symptoms including anxiety, insomnia, chronic fatigue and depression (Carpiano, 2002: 446), and substance abuse (Haeseler, 2013: 35). These effects can be long-term, making women "prone to repeat victimization" (Alejo, 2014: 93). Again, this is pertinent given the increasing levels of domestic abuse of women with more complex impacts (Walklate et al., 2022: 221) during the COVID-19 pandemic and associated lockdowns.

Children are identified as an important motivating factor to leave a DA situation by some mothers (Humbert et al., 2014: 366; Secco et al., 2016: 639), women reporting frequently that they want to 'make a better life for their children'. Mothers also saw their children as a source of strength (Javaherian, 2007: 55) and hope "for the future, their lives, and their recovery from [Intimate Partner Violence)" (Humbert et al., 2014: 366). However, recovery can be made more complex by motherhood (Carpiano, 2002: 445; Javaherian, 2007: 54). Some

mothers reported increased anxiety during their recovery (worrying about their children's situations and how they had been affected by the abuse) (Carpiano, 2002: 445; Javaherian, 2007: 49) and guilt (that they hadn't removed their children from the DA situation sooner) (Carpiano, 2002: 445). Motherhood can also lead to 'emotional fatigue', for women worrying about "losing credibility with [their] children after excusing and/or covering up the abusive [behaviour] of the father" (Carpiano, 2002: 446). Aside from these complexities, mothers' recovery can also be impeded by pragmatic difficulties relating to housing and unemployment (Javaherian, 2007: 48; Haeseler, 2013: 36; Humbert et al., 2014: 366).

The mother-child relationship can be damaged during abuse if a child is abused as a method of controlling the mother (Kelly, 1994) or is hurt when trying to protect the mother (Humphreys et al., 2008). Repairing the relationship once both the mother and child have left the abusive situation can be made more difficult by a reluctance of the mother and child to talk about abuse after it has happened (Mullender et al., 2002). Again, however, it's "important not to stereotype all mother-child relationships as damaged in the aftermath of violence or to see the situation as wholly negative" (Humphreys et al., 2006: 57); children report mothers to be the single most important source of support and may view their mother's capacity to continue in the face of adversity positively.

Numerous services have been set up to support those who have experienced DA. While evidence suggests outcomes for children who experience domestic abuse are improved when the non-abusive parent is involved in supporting their recovery (Humphreys et al (2006), Katz (2014), see below for more detail), services supporting children and services supporting parents with experiences of domestic abuse have often been siloed (Humphreys (2010)). The Domestic Abuse, Recovering Together (DART) programme attempts to address this gap by working jointly with the mother and child, with a primary focus of the programme being to enhance the mother-child relationship.

The DART programme has preliminary evidence for the positive effects of the approach via internal evaluations. However, studying the impact of DA services more generally has proved difficult, due to large gaps in data on support service retention and completion rates (Galvani, 2009), "significant challenges in engaging participants to...participate in an evaluation" (Domoney et al., 2019: 548) and risks of bias that make overall conclusions of efficacy problematic (NIHR, 2016). This leaves the evidence base, overall, limited and underdeveloped (NIHR, 2016; Perry and Frampton, 2018; EIF, 2023). There is, therefore, a clear need to build on the existing quasi-experimental evaluations of DART to assess whether this is an effective intervention for improving child and parenting outcomes following domestic abuse. YEF's next step would be to progress towards conducting a randomized controlled trial (RCT). RCTs are often considered the gold standard for evaluating the effectiveness of interventions as

they significantly increase confidence in establishing causal relationships between the intervention and its positive effects. Given this, it becomes necessary to first conduct a feasibility study to assess whether it would be possible to implement an experimental (RCT) or a more robust quasi-experimental methodologies to evaluate the effectiveness of the DART programme in producing positive outcomes for participants. Conducting a feasibility study will ensure an appropriate research design is chosen to accurately evaluate the impact of the DART programme.

Domestic Abuse Recovering Together (DART)

DART is a domestic abuse (DA) recovery programme that has a unique focus on supporting the mother-child relationship in addition to supporting other aspects of mother/child wellbeing. Through DART, children and mothers can talk to each other, and their peers, about DA and rebuild their relationship.

DART is based on the "Talking to My Mum" research undertaken by the University of Warwick, which shows that children's outcomes are improved if the non-abusing parent is supported to take an active part in the child's recovery from domestic abuse. DART provides a service for mothers who are primarily assessed as victims and who have managed to separate from abusive male partners.

It is a 10-week group work programme for children aged seven to 14 years and their mothers, which aims to improve the mother—child relationship. During the weekly sessions, mothers and children participate in a range of activities designed to strengthen their relationship, promote communication about the abuse and support one another through their recovery. Working together with mothers and children to build their relationship is a unique element of this programme.

DART differs from most existing domestic abuse interventions since half of each session involves both mothers and children, while the other half is delivered to groups of mothers and groups of children separately. In the joint sessions, mothers and children participate in a range of activities, outlined in the DART manual, aimed at strengthening their relationship, helping them to share their experience and feelings about the abuse and supporting one another through their recovery.

DART was initially provided in NSPCC service centres. As part of the NSPCC's 2016-2021, DART was chosen as one of five services to be 'scaled up'. This meant that the NSPCC would support external service providers to adopt the programme. As of 2020, DART was being provided by 30 local authorities and voluntary organisations across England.

External sites are provided with a programme manual and creative activities, a day and a half of in-person training for DART practitioners, an information pack with a guide to implementing the service and ongoing telephone support. The quality of scale up site provision was considered in a 2020 evaluation (see more below), where it was found that the improvements of families who attended DART at a scale-up site were similar to the outcomes of those who attended the original DART programme at the NSPCC.

Referrals for DART come from a range of agencies including social care, schools, health, and the voluntary sector. The suitability of families for the programme is assessed using various inclusion (Child aged 7–14 years; Lived with domestic abuse experience; Child assessed as harmed by this experience; Perpetrator no longer part of household) and exclusion criteria (Maternal inability to participate in group, for example, severe mental health issues; Child inability to participate in group, for example, severe cognitive impairment or behavioural issues; Child is known to have been subject to other forms of abuse).

The NSPCC has been testing DART since 2010 and has refined and evidenced the effects of the programme through two evaluations.

DART aims to address the immediate and long-term negative effects that children are likely to experience if they have been exposed to domestic abuse and, thus, improve educational attainment and reduce related presentations to health services by:

- Reducing the difficulties experienced by the child, such as conduct problems, emotional distress and issues with their peer relationships.
- Increasing the self-esteem of the mothers and children.
- Increasing the mothers' confidence in their parenting abilities.

Evidence and Rationale for DART

From the very limited literature that does exist on DA interventions, we know that children's outcomes are improved if the non-abusive parent supports their recovery (Humphreys et al., 2006), and that many children do recover once they're safe from violence (Wolfe et al., 1986).

In relation to parental support, of the very few studies available (one of which considers DART itself), evaluations do suggest that supporting parents to improve the relationship with their child after DA has positive outcomes. Initial evaluations of programmes like Family Vision, for example, "a 10-week life coaching programme for lone parents or carers" being piloted in Exeter are positive (NIHR, 2019). Parents who participated in the programme which also aimed to improve the parent-child relationship "reported an increase in confidence and feelings of control [and in] many cases, relationships with their children improved through parents' ability to better understand their child's behaviour and needs" (NIHR, 2019). A

therapeutic groupwork programme run in Stockport in the Midlands, was also found to be effective in "helping to enhance the psychological well-being of the mothers and their young children and in promoting positive mother–child relationships" (Dodd, 2009: 34).

Indeed, DART has published its own findings (as a result of two internal evaluations) which indicate positive outcomes for mothers and children who attended (Smith et al., 2015). For example, the majority of mothers (62 per cent) reported substantially improved self-esteem and a significant majority of children who reported their mothers had failed to show them affection reported substantially improved relationships after taking part in DART (88 per cent) (DART Manual, 2021: 10). What's more, over half of the children with moderate or high behavioural and emotional issues reported substantially lower levels after attending a DART programme (DART Manual, 2021: 11). It is important to acknowledge despite promising results from these early internal evaluations, they were not designed to draw definitive conclusions about DART's impact on outcomes, but rather to provide initial insights into its potential effectiveness.

DART internal evaluations

As mentioned, two evaluations have been conducted into DART. The first, published in 2016, considered internal NSPCC provision of DART (Smith, 2016) while the second, published in 2020, evaluated DART provision by external 'scaled up' sites (Smith et al., 2020). The first evaluation used a mixed-methods approach and used standardised measures at three points to collect data on outcomes: before starting DART (Time 1), at the end of the DART programme (Time 2) and six months after the programme ended (Time 3). The study compared DART families with the outcomes of a small comparator group of children accessing play therapy at a refuge (NSPCC, 2023). The second evaluation was fully quantitative and compared families accessing DART at 'scaled up' external sites and at NSPCC sites. Standardised measured were used to collect data at two points: before starting DART (Time 1) and at the end of the programme (Time 2). No follow up data was collected. Two comparison groups were used. The first consisted of families waiting for DART (although the maximum waiting time was six weeks), while the second consisted of historical data on families who accessed DART at NSPCC sites from the 2016 evaluation (NSPCC, 2023).

The two evaluations are, however, limited in various ways. First of all, data on the long term impact of outcomes is unavailable. While the first evaluation included a six-month follow up (Time 3), there was a very low response rate and, as such, available data is very limited (as discussed below). The second evaluation, on the other hand, did not include a follow-up and only compared the scale-up sites' families' outcomes to those of families starting DART 6 weeks later, making it impossible to see long-term differences.

Second, both studies are based on small sample sizes and the first, in particular, saw high attrition rates. The first study collected data on 158 families at Time 1 but this fell to 22 at Time 3 (Smith, 2016: 17). Time 3 collection was challenging for various reasons, including

participants' contact details changing and practitioners' workloads not allowing for follow-up data collection. What's more, Time 3 data could not always be matched to Time 1 data, further reducing the amount of data that could be used in the study (Smith, 2016: 22). The second study, on the other hand, was based on a sample of 104 families that started DART, of which 81 completed the programme (Smith et al., 2020: 13). However, data on *why* families dropped out was limited.

Finally, the evaluations were based on small comparator groups. The first evaluation was based on data collected between 2008 and 2011 on a comparison sample of 18 children (Smith, 2016: 18), making it impossible to control for differences in age and ethnicity between the groups. The second evaluation was based on two comparator groups. The first of these consisted of families waiting for DART and acted as a 'no intervention group'. Data was collected for 33 mother and 23 children but only 28 and 20 were matched, respectively (Smith et al., 2020: 14). What's more, a gap of at least four weeks between referral and DART programme starting was required for this comparator group. However, low referral rates to DART meant that some families were referred too late to form the comparison group, limiting its size further (Smith et al., 2020: 14). While two evaluations have been conducted into DART, the programme is not supported by robust, causal evidence and it is for this reason that a feasibility study into a full impact evaluation is needed.

How this study builds on existing evidence

It is on this initial evidence that a full impact study, and the feasibility study proposed here, aim to build. While the numerous impacts of DA on different groups are widely cited in the literature, and some evidence is available on the efficacy of support, especially that related to the importance of recovering together (Smith et al., 2015: 271), evidenced evaluations of services are still few and far between. This is especially the case for services supporting children who have been involved in or witnessed DA (EIF, 2021; EIF, 2023). This limited evidence base again highlights the relevance of a feasibility study of DART services to YEF, as they show promising results in relation to helping children who might be experiencing behavioural and emotional issues as a result of DA (DART Manual, 2021) and that early intervention is vital to limit the impact of DA on those children's later lives, as it can also manifest in behaviour difficulties in adolescence (Carpiano, 2002; Bowen, 2017). What's more, YEF has identified behavioural difficulties as one of the outcomes with the most potential to decrease the likelihood of young people becoming involved in crime and violence (YEF, 2022). Ultimately, support for young people who have experienced DA "matters too much not to be made a key priority" (EIF, 2023) and the very nascent literature reviewed here suggests that it is time for research into and evaluations of DA recovery programmes for mothers and children to be prioritised.

Research questions

The research aims to assess the feasibility of conducting an impact evaluation of the DART programme. In particular, it will consider the feasibility of utilising experimental or quasi-experimental methodologies to evaluate whether the DART programme produces positive outcomes for participants.

To fully answer this research aim, the study will address the following research questions:

- 1. How is the DART programme currently being delivered at different sites?
- 2. What is the user experience of the DART programme?
- 3. To what extent is an experimental or quasi-experimental methodology for an impact evaluation of the DART programme practically possible?
- 4. What sample size would the DART programme currently be able to provide for an impact evaluation, and are there credible routes to increase the potential sample size? What is the estimated sample size required to achieve adequate statistical power for a future impact evaluation of the DART program?
- 5. To what extent would experimental or quasi-experimental methodologies be acceptable to referrers, NSPCC and DART staff?
- 6. What are the barriers to DART's cohort reflecting the ethnic diversity of the communities it works in? What strategies could be used to address these barriers?

Progression criteria

The feasibility study will consider key progression criteria to facilitate YEF's decision about whether to progress to a full evaluation of the DART programme. The progression criteria are:

- 1. Methodology: whether an RCT or a QED design are practically possible
- 2. Sample size for the proposed design
- 3. Acceptability of the design
- 4. Relationship between the evaluator and NSPCC & Scale-up sites

These criteria are explained in more detail below.

Methodology: whether an RCT or a QED design are practically possible

In order to consider whether an RCT or a QED design is practically possible, we would assess a range of factors. We would examine current delivery of DART, referral pathways, consent processes and access to administrative data. Understanding the user experience and how DART is delivered will allow us to understand how an RCT or QED would be able to fit into the current functioning of the DART programme. In the case of a QED, we would also consider whether it is possible to construct a suitable comparison group and to check the identifying assumptions of the method (e.g. checking for parallel trends pre-intervention for a Difference-in-Differences design).

This progression criteria will be answered by research questions 1, 2 and 3.

Either a RCT or QED is practically	Either a RCT or QED is probably	RCT or QED is not practically
possible, with at least 80% of the	practically possible, but there	possible, or there would be
checklist items met, and no	will be challenges to overcome	significant risk the approach
major challenges identified. This	and some significant risks.	would fail. Less than 60% of the
indicates a high level of	Between 60-79% of the checklist	checklist items are met,
feasibility and minimal risks in	items are met, indicating that	indicating that substantial
conducting the study.	additional effort and resources	changes to the study design or
	may be required to address the	resources would be needed to
	challenges and ensure a	address the challenges and
	successful study.	risks.

Practically possible would be judged by considering (among other things):

- Clear referral routes and eligibility criteria: participants can be easily identified and recruited based on well-defined criteria
- RCT randomisation: it would be possible to either include randomisation in the referral and delivery processes allowing for establishment of a control group, without causing any ethical issues
- QED comparison group: it would be possible to construct a comparison group and check identifying assumptions (including access to historic data),
- Consistent programme delivery: the DART programme is delivered in a consistent way across different settings compared to the manual, with any variations adopted only to better meet the needs/be inclusive of diverse groups.
- Administrative data accessibility: the necessary administrative data, including information on dosage and attrition, is collected and accessible,
- Project delivery timelines: the project delivery timelines align and are appropriate for the timelines of an impact study design,
- Measurable outcomes: outcomes of interest can be measured accurately and reliably,
- Spillover effects: the risk spill over effects that may influence the results is considered to be low

Sample size for the proposed design

This criterion will consider if the currently available sample size (participants who are accessing the DART programme) is adequate for an experimental or QED design. If it is not

currently adequate, we will assess whether we can identify clear routes to create an adequate sample size for an experimental or QED design.

The sample size is large enough and achieves a statistical power of at least 80% and allows for generalizability of the results.	statistical power between 60- 79% and provides limited generalizability, but still sufficient to provide meaningful	The sample size achieves a statistical power below 60%, limiting the ability to draw meaningful conclusions with no clear routes to increase the sample size.
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This progression criteria will be addressed by research questions 1 and 4.

Acceptability of the design

This criterion will consider whether an experimental or QED design would be acceptable to practitioners delivering the DART programme, to referrers who refer into the programme and to the NSPCC and scale-up sites more broadly (for instance their ethics committee).

This progression criteria will be addressed by research question 5.

	some concerns or reservations.	Less than 70% of stakeholders are open to exploring the design, posing a significant risk to the project's success.
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Working relationship between the evaluator and NSPCC

This criterion relates to whether there is a constructive and open working relationship between the evaluator, the NSPCC and scale-up sites. It will assess whether there is sufficient good will to take the design forward. That is, are DART teams enthusiastic about the research and willing to assign time and resources to supporting a full experimental or QED design? And if they are, are there sufficient resources available for NSPCC and the scale-up sites to drive future work forward. This criterion is important because the NSPCC have conducted RCTs in the past and have, in some instances, found the process problematic. Additionally, the scaleup sites would need to individually agree to be part of an impact study. Furthermore, the ethics review process will involve the collaboration between both the King's university ethics review board and the NSPCC ethics committee to ensure the design meets ethical standards. Ensuring alignment and obtaining buy-in from both ethics review bodies is important for the success of the impact study and also given the substantial involvement of the NSPCC. However, it is important to note that the final say on the ethics aspect will rest with King's university.

This progression criteria will be addressed by research questions 1 and 5.

All of the relevant stakeholders (Most stakeholders, but not all	There is no commitment to one
NSPCC, scale up sites and	express commitment to the	or more key stakeholder or
evaluator) have a strong working	research and have a positive	NSPCC and scale-up sites do not
relationship and are committed	working relationship, and there	have the resources to support
to the research, and NSPCC and	is availability of some resources	the research activities going
scale up sites confirm availability	to support full experimental or	forward
of sufficient resources to	QED design but additional	
support a full experimental or	resources may be needed.	
QED design.		

Methods

Methods and data collection

The tables below outline the main methods we will use for the feasibility study. The first covers the case study sites, and the second sets out the other methods we will be using. The methods are explained in more depth in the next section.

Methods overview

Table 1: Case Study Methods:

Research methods		Data collection methods	Participants/ data sources (type, number)	Data analysis methods	Research questions addressed
Case studies (6-10)	Analysis of project documentation	Review of documentation	Project documentation	Document review	1, 2, 3
	Staff interviews	Qualitative interviews	4 per case study	Case & Theme analysis, data triangulation	1, 2, 4, 5, 6
	Referrer interviews	Qualitative interviews	2 per case study	Case & Theme analysis, data triangulation	4, 5, 6
	Observations	Observation	ТВС	Case & Theme analysis, data triangulation	1, 2, 5, 6

Table 2: Non case study methods:

Research methods	Data collection methods	Participants/ data sources (type, number)	Data analysis methods	Research questions addressed
Interviews with senior NSPCC staff	Qualitative interviews	3-4	Case & Theme analysis, data triangulation	1, 3, 4, 5, 6
Environment scan & interviews with stakeholders	Review of stakeholders providing services in the DA sector		Environment scan	4, 6
	Qualitative interviews with staff in domestic abuse sector	8-10	Case & Theme analysis, data triangulation	
Review of administrative data	Data provided by NSPCC & DART sites	DART programme data	Descriptive statistics	1, 3, 4, 6

Case Studies

We will carry out case studies at a range of sites currently delivering, or who have recently delivered, the DART programme. At each site we will conduct an analysis of project documentation; carry out interviews with staff and referrers; where appropriate, carry out observations of DART planning sessions. We will conduct 6 case studies in the first instance, at which point we will review the data collection so far and decide in collaboration with YEF and NSPCC whether to proceed with 4 additional case study sites. The case study work will be carried out via 2 days of site visits, planned at a time convenient for the case study site team.

The data collection methods that will be used in the case studies are outlined in more detail below.

Analysis of project documentation: we will review project documents to gain a deeper understanding of how each site is operating, and to feed into interview and focus group design. Relevant documents include project plans, quality assurance checklists or fidelity tools, adaptations the sites have made to the DART design, and public facing documentation about the programme. During the document analysis it will be of particular interest to understand what processes are needed to set up a new site, as this may be necessary to achieve sample size for a full evaluation.

Staff interviews: we will conduct four qualitative semi-structured interviews (see, for example, Ritchie and Lewis, 2003, for a guide) with staff members at each case study site. This number of interviews will allow us to capture a range of experiences at each site, without being overly burdensome on staff. We would look to include both senior/administrative staff, and those delivering the DART programme directly. Interviews would cover staff members' experience of the DART programme particularly capturing fidelity to the DART model, and a discussion of the practicalities and acceptability of different evaluation approaches. This would include, for instance, considering how participants will be recruited into a trial; staff's views on randomisation; and how participants will be supported to complete the programme and engage with the evaluation measurement tools. We will also discuss with practitioners the diversity of families supported on the programme, and whether they think anything could be done to improve this.

Referrer interviews: we will aim to conduct two semi-structured interviews (Ritchie and Lewis, 2003) with referrers at each site, ensuring that a range of referral organisations are included across the case study sites. These interviews will cover what business as usual looks like in the absence of DART (and how this might change during an evaluation), what the wider system-level issues are that impact on mothers and children accessing DART; referrers' current experiences of referring into the DART programme; and referrers' views on different evaluation approaches, including on randomisation. This would include a discussion of how they could be supported to refer more families during an impact study, and, in particular, how they could be supported to refer a more diverse group of families.

Observations of DART planning sessions: we will observe DART planning sessions (Ritchie and Lewis, 2003, and Newing et al., 2010, provide detailed guides for observations, while McKenzie, 2017, offers a practical account). This will enable us to get a more detailed understanding of fidelity to the DART design, and any on-the-ground issues that may be present when attempting to use experimental or quasi-experimental approaches to assess the outcome of the DART programme.

Interviews with senior NSPCC staff

We will conduct 3-4 semi-structured interviews (Ritchie and Lewis, 2003) with senior staff members at the NSPCC who work on the DART programme. This will help us understand the experience of running DART at an organisational level, and business as usual in the domestic abuse service sector. These interviews will also help us answer key questions around the practicality of different methodological designs. For instance, the process necessary to set up

new sites (if these are needed to meet sample size requirements), what business as usual looks like without DART, and how to approach ethics approval for an impact design.

Environment scan and interviews with stakeholders in the domestic abuse sector

We will carry out a review of stakeholders providing services in the domestic abuse sector similar to the DART programme and will conduct 8-10 semi-structured interviews (Ritchie and Lewis, 2003) with staff in these organisations. We imagine interviewees will come from national organisations such as Aanchal and Solace Women's Aid, as well as organisations local to DART sites. These interviews will help us understand how DART fits into the wider provision available for those who have experienced domestic abuse; how business as usual might change during the course of an evaluation; and what the wider system-level issues are that impact on mothers and children accessing DART. This discussion could potentially help us identify where appropriate comparison groups could come from for a QED. The interviews will also consider how the domestic abuse services sector operates for racially minoritized groups, how DART fits into this picture, and whether there are changes to DART that could be made to address this.

Review of administrative data

We will carry out a review of administrative data sets from all sites currently providing the DART programme (this will not be limited to the case study sites).

We will work with NSPCC and the scale-up sites to identify relevant administrative data which will be used to consider whether different methodologies are practical. This will include creating descriptive statistics, analysing referral processes and considering possible sources for a QED comparison group.

The nature of this aspect of the work will be dependent on what data NSPCC and the scaleup sites collect, what they can share with us under GDPR, and the support of the NSPCC team and scale-up sites to access the data.

Recruitment and sampling

At the launch of the feasibility study, we will hold an online workshop with senior and frontline NSPCC staff, and YEF staff. In this workshop, we will agree an approach to recruitment for the case study sites. Sites will be sampled to capture the variety of experiences of the DART programme. For instance, what type of organisation is running the DART programme, the demographics of the community it is working in, and the size of the DART programme. Resourcing and acceptability will also be taken into account during the

decision-making process. This will be particularly important for the scale-up sites which have not been part of the evaluation work so far.

The NSPCC team will be responsible for approaching and recruiting case study sites to be involved in the study. Once case study sites have been recruited, staff at each site will liaise with the King's team to provide access to project documentation; recruit staff and referrers for the qualitative interviews, and arrange observations. Staff at NSPCC will support the recruitment of senior staff at the NSPCC for qualitative interviews.

Across all qualitative interviews we will seek to sample participants to represent the diversity of experiences of delivering and referring into the DART programme. For instance, we will include both frontline, administrative and senior staff at the DART sites, and referrers from a mixture of referral sources. We will also seek to represent the demographic diversity of staff and referrers where possible.

We will use our environment scan to ensure we sample a diverse range of domestic abuse sector organisations, to get an accurate picture of how DART fits into the wider context. We will also ensure organisations that represent communities which are not fully represented in the DART services are represented in these interviews, to allow us to understand the barriers to referral and participation for these communities.

Quality assuring data collection

We will use several strategies to ensure that we collect high quality data.

All qualitative interviews will be carried out using a topic guide (or interview schedule) (see Ritchie et al., 2003, for guidance and examples). Observations will be carried out using an observation template (again, see Ritchie et al., 2003). These will be designed in collaboration with YEF to address the feasibility study's research questions. After the first interviews and observations, the data collection tools will be reviewed by the team to ensure they are working well in practice and that we are gathering the information we need.

Qualitative interviews and observations will be conducted by trained and experienced researchers, and interviews will be audio recorded. Any junior team members involved in data collection will shadow and be shadowed before independently conducting interviews.

Interviews with staff, referrers and stakeholders will be conducted face-to-face or over the phone. To reduce the burden on participants, interviews will normally last 45-60 minutes, and this expectation will be communicated ahead of the interview. Participants will be informed that their responses will be kept securely, and their data will be reported anonymously, which

will increase the likelihood that they feel confident in reporting negative or controversial views.

To make sure our analysis of administrative data is robust we will engage in a dialogue with the NSPCC DART hubs, and the scale-up sites to ensure we correctly understand how the data has been inputted, and therefore what conclusions we can draw. All analysis carried out will be as specified in this study plan and overseen by an experienced quantitative expert, and all results will undergo analytical quality assurance before they are released by a senior quantitative researcher who will review the code, outputs and write-up. As there are likely to be some small cells in the data, any cells with fewer than 10 participants will be censored to ensure that the confidentiality of participants is maintained.

Data analysis

Qualitative analysis of interviews and observations

Interviews will be transcribed in full by a professional transcription service that has a nondisclosure agreement in place with King's College London. Transcripts will then be data managed to facilitate a case and theme approach. A thematic framework matrix will be developed in NVivo, and data will be summarised into it (in line with 'Framework Analysis'; see NatCen, 2020, and Ritchie and Lewis, 2003). A separate thematic framework will be developed for each interview type, but with common themes across all frameworks used where appropriate. This approach allows data to be organised under descriptive themes, whilst retaining the ability to view any individual's journey. During this stage, the framework will be reviewed by the research team to ensure its categories are discrete and exhaustive, and modified where necessary.

Once the qualitative data has been managed, it will be analysed descriptively using a process of detection, categorisation and classification (again, following 'Framework Analysis'; NatCen, 2020, and Ritchie and Lewis, 2003). This stage in the process will involve team discussion to build a shared understanding of the data, and to encourage internal challenge. Researchers will then conduct explanatory analysis to look for linkages, associations and possible explanatory concepts that will provide a rich understanding of how DART is delivered at different sites, and what might impact the feasibility of using different methodologies to evaluate the programme. For instance, this may consider whether the type of referral organisation a referrer is from is associated with their view on the acceptability of an RCT method.

When all the qualitative data types have been analysed, the researchers will come together to compare themes and explanations across the participant types.

Review of administrative data

Administrative data from the DART sites will be cleaned and then analysed in R.

We will use descriptive statistics to understand the spread of participants taking part in DART and their demographic characteristics (such as the range of ages, and proportion of people belonging to different ethnic groups etc).

We will also seek to understand how participants engage with the DART programme. We will describe how many participants are enrolled per site, and the distribution of session attendance across sites, time and participant characteristics. This will allow us to understand participants' pathways through DART, and at what stages participants are most likely to dropout of the programme. Of particular interest will be whether there are differential dropouts for different groups; for instance, if participants from a minoritised ethnic group are more likely to drop out after starting the programme.

To interrogate whether a robust control group could be created for a QED, we will conduct a detailed review of referral information. To do this we will consider the reasons individuals are referred. This will help us understand whether there are families who are assessed as unsuitable for the programme that could form a control group for a QED. In addition, as part of the domestic abuse environment scan, we will aim to identify where there are organisations providing services to victims of domestic abuse but with different goals, that may be able to provide a control group.

Data triangulation

To facilitate data triangulation (see Flick et al., 2004, and Leech and Onwuegbuzie, 2007), all data collection tools will be designed around the common research questions and grounded in the progression criteria. This will ensure that when analysing each strand of data, we will produce findings that are thematically aligned.

The team will work closely on all aspects of the project, and will be in regular contact throughout, allowing informal conversations to develop around common findings from the different methodological approaches.

We will also have set piece meetings where the team comes together to discuss findings and identify convergence and divergence between the various types of data. Where divergence is identified, we may undertake further exploratory analysis to understand why different data is telling different stories. However, we do not view divergences as a negative finding. We believe that these differences tell an important story about how a project is received by its

stakeholders. In our reporting, we will present all sides of the data to provide a meaningful and robust analysis.

Outputs

There will be two main outputs for the feasibility study: a report and a findings workshop.

Report

King's will produce a feasibility evaluation report for YEF at the end of the project. This will address the research questions and the progression criteria outlined above. It will also include recommendations on whether an impact study is feasible going forward, and what, if any, changes would need to be made to the intervention or its delivery.

Workshop

Once the report has been produced, the findings from the feasibility study will be presented to NSPCC & YEF in a ½ day workshop. The workshop will be an important forum in which to build a consensus around the findings, and what they mean for the feasibility of conducting an impact evaluation.

Ethics approval

We will submit the project to the King's College London Social Sciences, Humanities and Law Research Ethics Subcommittee for ethical approval. We imagine the project will be likely to go through the low-risk process, but if necessary it will go through the high-risk process.¹

To carry out research at the NSPCC, the research will need to have been approved by the NSPCC's Research Ethics Committee, either via proportionate review, or via full ethical approval. The study will be submitted to the Research Ethics Committee to receive approval prior to any fieldwork taking place. If necessary the project will go through full ethical approval.

Data protection

¹ Projects defined to be 'low risk' according to the King's definition go through a shorter and less stringent ethics process. Projects considered 'high risk' go through a longer process. Risk level is largely determined by whether a research project could pose a risk to research participants. For instance, projects where participants may not have the capacity to give fully informed consent, or where participants disclose would disclosure illegal or harmful activity would be considered high risk.

All data will be held according to the King's Data Protection Policy and Procedures. All data collection will adhere to ethical practice ensuring the confidentiality of information shared and the secure handling of data in accordance with the General Data Protection Regulation (GDPR) and King's Data Protection Policy. Participant data will not be transferred outside the EU. All team members are trained in King's approach, and data security will be overseen by the Principal Investigator.

Access to individual files and folders will be on a by-permission basis only with higher restrictions for files including sensitive or individual-level data sources put in place. Rights to edit or access permissions to those files and folders will be limited to personnel with a research need to access the data. The Principal Investigator will control access to the folder and will regularly review who has access and if it is still required.

Under GDPR, our legal basis for handing personally identifiable data for research purposes will be 'task in the public interest', and the condition for processing special category data is 'archiving, research and statistics.' KCL's research privacy notice provides more detail on this here:

https://www.kcl.ac.uk/research/support/rgei/research-ethics/kings-college-londonstatement-on-use-of-personal-data-in-research

Personnel

Delivery team

The delivery team will be made up of key staff at the NSPCC:

- Associate Head of Development: Sophie Bell
- Associate Head of Implementation: Helen Gazzola
- Implementation Relationship Manager: Wendy Pimblett
- Implementation Support Officer: Michelle Toal
- Assistant Director: Claire Crabb
- Quality & Sustainability Officer: Kitty Williams
- Business Support: Jamie Clark
- Senior Business Analyst: Kurt Coulter

The NSPCC Team will be responsible for supporting the evaluation team to carry out the feasibility study. They will work with King's to identify and invite case study sites to participate in the study and will arrange the signing of DSAs with the sites. They will also support the sites to recruit participants for the interviews. The team will also support King's to recruit NSPCC staff for interviews and share administrative data where possible.

Evaluation team

This project will be delivered by the Policy Institute at King's College London. The team will comprise Suzanne Hall, Director of Engagement (Principal Investigator); Hannah Piggott, Research Associate (Co-Investigator – Qualitative Lead), Susannah Hume, Director of Evaluation (Quantitative Lead), and Doménica Avila (Researcher).

Suzanne Hall will act as Principal Investigator for the project. She will have oversight on all project activities, ensuring activities are delivered to time and cost and providing quality assurance for research deliverables and outputs.

Hannah Piggott will act as Co-Investigator and day-to-day project manager on the project.

Susannah Hume will provide over-sight and guidance on the quasi-experimental and experimental research designs the feasibility design will address.

Doménica Avila will be the Researcher on the project and will provide support throughout the evaluation.

The Policy Institute team will also make use of King's Talent Bank (an internal King's service which facilitates the recruitment of research staff) to recruit skilled and diverse researchers who can provide support with qualitative fieldwork, data management and analysis.

Risks

Our projects are structured to ensure effective and high-quality project management through a project manager role. Progress will be ensured through robust internal project management and monitoring procedures, including:

- Monitoring of tasks and milestones via a dedicated internal project management tool;
- Clear allocation of roles and responsibilities across the team;
- Weekly internal meetings of the project team, supplemented by informal day-to-day catch ups focused on managing specific tasks;

In addition, we will maintain a risk register to monitor key risks to project progress. The table below outlines the likelihood and potential impact of some initial risks we have identified.

We have classified the levels of risk as 'low,' 'medium,' or 'high' based on the probability of occurrence and the potential impact it would have on the study. A "Low" risk means that the event is unlikely to take place, and if it does, it would have a minimal impact on the study. "High" risk means that the event is more likely to happen, and could have a significant impact on the study. "Medium" risk falls in between these two categories. We have identified mitigations to ensure these risks do not impact project progress.

Risk/Issue	Rating	Mitigation
Low engagement from the DART sites in fieldwork, particularly scale-up sites	High	We will work with the NSPCC and YEF to explain the benefits of participating in the research and to ensure the burden of taking part is low. Financial incentives will also be provided for sites taking part in the feasibility study (by NSPCC).
Potential delays in recruiting sites	Medium	NSPCC and King's will work together to ensure initial approach and discussions with sites are as timely as possible, and the timeline for engaging in the study is clearly communicated.
Observations are difficult to arrange as they ideally would happen when a DART session is running	High	We will work with the NSPCC and scale-up sites to explain the purpose of the observations and be flexible about timings.
Cannot access administrative data due to GDPR, ethical	High	We will work closely with NSPCC and the DART sites to identify what administrative data we can access.

data availability or resource issues		Where full data sets are not accessible, we will work to understand what form of data could be shared e.g. summaries of data.
Data breach	Low	All data will be held according to the King's Data Protection Policy and Procedure. All data collection will adhere to ethical practice ensuring the confidentiality of information shared and the secure handling of data in accordance with the GDPR and King's College London's Data Protection Policy. A data sharing agreement will be arranged with the NSPCC.
Delays to the timeline	Low	We will work with YEF to ensure a timeline is clearly communicated and any issues with deadlines are flagged up early. Internally, we will utilise project management software to make sure key milestones for the project are tracked and dependencies for pieces of work are taken account of.
Participants are identifiable in research outputs	Low	All interview and administrative data will be anonymised in final reports. Quotes and case studies will be reviewed to ensure participants are not identifiable. In instances where the uniqueness of an individual's role or limited size of a team makes it more likely that they will be identifiable, participants will be informed and given the opportunity to request quotes are not included in outputs.

Timeline

The timetable below outlines the tasks that need to be completed for the feasibility study and who is responsible for which tasks.

Dates	Activity	Staff responsible/ leading
Jan 2023	Hold scoping workshop and agree sites and comms plan with NSPCC for recruitment to case studies.	King's
Jan 2023	Draft feasibility study plan, including draft progression criteria.	King's
Feb 2023	Feasibility study plan finalised, including progression criteria.	King's & YEF
Feb/March 2023	Receipt of ethics approval.	King's & NSPCC
Feb 2023	Data sharing agreement between KCL and NSPCC signed.	King's & NSPCC
Feb 2023	10 case study sites recruited to the study.	King's & NSPCC
March – April 2023	Fieldwork and site visits carried out for the first six case studies.	King's & NSPCC
April 2023	Review of final case studies with decision made as to whether they are necessary/require same level of intensity.	King's, NSPCC & YEF
April – May 2023	Fieldwork carried out for interviews with NSPCC staff and sector stakeholders.	King's & NSPCC
May 2023	Fieldwork carried out for remaining case studies (if completing).	King's & NSPCC

May 2023	Administrative data collected and shared with KCL.	King's & NSPCC
July – August 2023	Data analysed and draft report submitted.	King's
September 2023	YEF make decision about transition to impact trial.	YEF
October – November2023	Findings workshop held with YEF and NSPCC. Feasibility report 2 nd draft submitted for peer review.	King's, YEF & NSPCC
December 2023	Publish the final feasibility report.	King's & YEF

References

- Alejo, K. (2014) Long-Term Physical and Mental Health Effects of Domestic Violence. Research Journal of Justice Studies and Forensic Science, 2(5): 82-98.
- Bowen, E. (2017) Conduct Disorder Symptoms in pre-School Children Exposed to Intimate Partner Violence: Gender Differences in Risk and Resilience. Journ Child Adol Trauma, 10: 97–107.
- Callaghan J, Alexander J & Lisa C. F (2016) Children's embodied experience of living with domestic violence: "I'd go into my panic, and shake, really bad". Subjectivity, 9 (4): 399-419.
- Carpiano, R.M. (2002) LONG ROADS AND TALL MOUNTAINS: THE IMPACT OF MOTHERHOOD ON THE RECOVERY AND HEALTH OF DOMESTIC ABUSE SURVIVORS. Health Care for Women International, 23(5): 442-449.
- Coburn, A. and S. Gormally (2014) 'They know what you are going through': a service response to young people who have experienced the impact of domestic abuse. Journal of Youth Studies, 17(5): 642-663.
- Dodd, L. (2009) Therapeutic groupwork with young children and mothers who have experienced domestic abuse. *Educational Psychology in Practice*, 25(1): 21-36.
- Domoney, J., Fulton, E., Stanley, N. (2019) For Baby's Sake: Intervention Development and Evaluation Design of a Whole-Family Perinatal Intervention to Break the Cycle of Domestic Abuse. J Fam Viol 34: 539–551.

- Donagh, B. (2020) From Unnoticed to Invisible: The Impact of COVID-19 on Children and Young People Experiencing Domestic Violence and Abuse. Child Abuse Rev., 29: 387–391.
- EIF (2021) Improving services for children affected by domestic abuse. Available at: <u>https://www.eif.org.uk/report/improving-services-for-children-affected-by-domestic-abuse</u>.
- EIF (2023) Learning together about how best to support children and families affected by, or at risk of, domestic abuse. Available at: <u>https://www.eif.org.uk/blog/learning-together-about-howbest-to-support-children-and-families-affected-by-or-at-risk-of-domestic-abuse</u>.
- Flick, U., E. von Kardorff and I. Steinke (2004). A Companion to Qualitative Research. London: SAGE.
- Galvani, S. (2006) Safety first? The impact of domestic abuse on women's treatment experience. *Journal of Substance Use*, 11(6): 395-407.
- Haeseler, L.A. (2013) Women's Coping Experiences in the Spectrum of Domestic Violence Abuse, Journal of Evidence-Based Social Work, 10(1): 33-43.
- Hine, B., E.A. Bates and S. Wallace (2022) "I Have Guys Call Me and Say 'I Can't Be the Victim of Domestic Abuse'": Exploring the Experiences of Telephone Support Providers for Male Victims of Domestic Violence and Abuse. Journal of Interpersonal Violence, 37(7–8): NP5594–NP5625.
- Home Office (2019) The economic and social costs of domestic abuse. Available at: https://www.basw.co.uk/system/files/resources/costs_domestic_abuse.pdf.
- Howarth E, Moore THM, Welton NJ, Lewis N, Stanley N and MacMillan H. (2016). IMPRoving Outcomes for children exposed to domestic ViolencE (IMPROVE): an evidence synthesis. *Public Health Res*, 4(10).
- Humbert, T.K., K. Engleman and C. E. Miller (2014) Exploring Women's Expectations of Recovery From Intimate Partner Violence: A Phenomenological Study. Occupational Therapy in Mental Health, 30(4): 358-380.
- Humphreys C, A. Mullender, R. Thaira and A. Skamballis (2006) Talking to my mum: Developing communication between mothers and children in the aftermath of domestic violence. Journalof Social Work, 6: 53–63
- Humphreys, C., C. Houghton, J. Ellis (2008) Literature Review: Better Outcomes for Children and Young
 People Affected by Domestic Abuse Directions for Good Practice. Scottish Government:
 Edinburgh. Available: <u>http://dera.ioe.ac.uk/9525/1/0064117.pdf</u>.
- Javaherian, H., V. Krabacher, K. Andriacco and D. German (2007) Surviving Domestic Violence: Rebuilding One's Life. Occupational Therapy In Health Care, 21(3): 35-59.
- Kilpatrick K.L. and L.M. Williams (1998). Potential mediators of post-traumatic stress disorder in child witnesses to domestic violence. Child Abuse Negl, 22(4): 319-30.

- Leech, N. L. and A. J. Onwuegbuzie (2007) An array of qualitative data analysis tools: A call for data analysis triangulation, *School Psychology Quarterly*, 22(4): 557–584.
- Maikovich, A.K., S.R. Jaffee, C.L. Odgers and R. Gallop (2008) Effects of Family Violence on Psychopathology Symptoms in Children Previously Exposed to Maltreatment. Child Development, 79: 1498-1512.
- Mckenzie, L. (2017b) 'It's not ideal': Reconsidering 'anger' and 'apathy' in the Brexit vote among an invisible working class, *Competition & Change*, 21(3): 199-210.
- Meltzer, H., L. Doos, P. Vostanis, T. Ford and R. Goodman (2009) The mental health of children who witness domestic violence. Child & Family Social Work, 14: 491-501.
- Mullender A, Hague G, Imam UF, Kelly L, Malos E, Regan L. (2002). Children's Perspectives on Domestic Violence. Sage: London.
- NatCen (2020) Framework analysis in NVivo. Available at: <u>https://stagingnatweb.natcen.ac.uk/our-expertise/methods-expertise/qualitative/framework/</u>.
- Newing, H., C. Eagle, R. Puri and C. W. Watson (2010) *Conducting Research in Conservation: Social Science Methods and Practice*. London: Routledge.
- NIHR (2019) Domestic violence and abuse: how NIHR research is helping families in the South West. Available at: <u>https://arc-swp.nihr.ac.uk/news/nihr-research-domestic-violence-and-abuse/</u>.
- NSPCC (2023) The Evidence Base. Available at: <u>https://learning.nspcc.org.uk/services-children-families/dart</u>.
- ONS (2022) Dataset: Domestic abuse prevalence and victim characteristics. Available at: <u>https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domes</u> <u>ticabuseprevalenceandvictimcharacteristicsappendixtables</u>.
- Perry, S and Frampton, I.(2018) Measuring the effectiveness of individual therapy on the well-being of children and young people who have experienced abusive relationships, particularly domestic violence: A case study. Couns Psychother Res, 18: 356–368.
- Ritchie, J. and J. Lewis (eds.) (2003) Qualitative Research Practice. London: SAGE.
- Secco, L., Letourneau, N. & Collins, E. (2016) 'My Eyes Were Open': Awakened Maternal Identity and Leaving Violent Relationships for the Infant/Children. *J Fam Viol*, 31: 639–645.
- Smith, E., E. Belton, M. Barnard, H.L. Fisher and J. Taylor (2015) Strengthening the Mother-Child Relationship Following Domestic Abuse: Service Evaluation. *Child Abuse Rev.*, 24: 261–273.
- Straus, M. A. and R. J. Gelles (1990). *Physical violence in American families: Risk factors and adaptations to violence in 8,145 families.* New Brunswick, NJ: Transaction.

- Walklate, L., B. Godfrey and J. Richardson (2022) Changes and continuities in police responses to domestic abuse in England and Wales during the Covid-19 'lockdown'. *Policing and Society*, 32(2): 221-233.
- Warburton, E. and G. Raniolo (2020) Domestic Abuse during COVID-19: What about the boys? *Psychiatry Research*, 291(113155).
- Wolfe, D.A., Zak, L. and Wilson, S. (1986) Child witnesses to violence between parents: Critical issues in Behavioral and social adjustment. *J Abnorm Child Psychol*, 14: 95–104
- Wolfe, D.A., C.V. Crooks, V. Lee, A. McIntyre-Smith and P.G. Jaffe (2003) The Effects of Children's Exposure to Domestic Violence: A Meta-Analysis and Critique. *Clinical Child and Family Psychology Review*, 6(3): 171-187.
- YEF (2022) Outcomes Framework. Available at: <u>https://youthendowmentfund.org.uk/wp-</u> <u>content/uploads/2022/08/YEF-Outcomes-Framework-August-2022.pdf</u>.
- YEF (2023) Our focus areas. Available at: https://youthendowmentfund.org.uk/focus-areas/.





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