

Interim report of evaluation of Cherwell DV champions. – Romy Briant June 2005

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Section 1 Introduction.

The purpose of the Champion Scheme is to create a multi agency team of lead practitioners to provide the frontline element of an integrated support and advice service to victims of domestic violence. The Cherwell pilot was implemented by a development team¹ who conceived the initial idea, devised and facilitated the training and associated materials, and undertake the ongoing support of the champions. They are in their turn supported by a small steering group.

This evaluation of the Cherwell pilot is at a point when the virtual team have had their initial training and three ongoing meetings. It is therefore early in the pilot and should be regarded as an initial evaluation rather than a definitive study. However it is timely in terms of:

- its potential to contribute to the development of the pilot
- the interest rapidly being generated in the concept and momentum to publish details both through professional channels and local media
- and plans to roll it out across Oxfordshire.

The evaluation is based on the champions' responses to a written questionnaire, interviews with some senior managers, steering group members and the lead team/trainers. To date I have received completed questionnaires from 12 of 17 champions² and interviewed members of the steering group and the trainers. Responses from the remaining champions together with interviews, if possible, with some managers in the agencies concerned are still to be incorporated. I also have a number of follow up questions about some specific feedback which may elucidate useful information. However, as rolling out the champion approach is a key and pressing element of the county strategy, it is timely to give an interim report, based on the evidence gathered so far.

Incorporating verbatim some or all of the champions' feedback about various issues would sharpen the recommendations in this report. However the questionnaire was based on confidentiality and to do this would sometimes inevitably identify the author. I will seek consent to relay specific observations either in a subsequent full report or to pass on in confidence to the development team. For this interim report will summarise what I consider key lessons from the feedback and attach as appendix those responses which are designed for numerical collation.

Section 2 Key findings from data to date.

- Overall the champions' response is extremely positive. This applies to the training, which is seen as excellent, its application to practice, and to the ongoing team meetings which are the innovative element in the virtual team concept. All 12 value the meetings despite time pressures.
- The champions vary in how far they feel a part of a (virtual) team. Given the short period of time in which they have been implementing the role this is unsurprising. Future meetings are likely to need to combine satisfying specific training needs with fostering strong shared practice.

¹ Dawn Hodson and Di Shepherd supported by Marie McGoughlin and endorsed by members of the Cherwell DV Task Group

² The responses are from 3 x social workers (Social&Health OCC) 3 x PCT staff (HV, Child Protection , nursing sister), 1 x CPN (MHT), 1x refuge worker Witney, 2 x lettings/homelessness (CDC and Daventry DC) 1 x police (DVU - TVP)

- In addition to these broad findings, on the basis of the responses to date, I have found nothing to contra-indicate the steering group's proposal that the approach be run out across the county.
- There are a number of lessons to be learnt from the feedback about future implementation. A summary and a few provisional recommendations from the evaluation so far are listed below.
- The observations of the lead team, Dawn, Diane and Marie, about the effectiveness of the scheme to date and the lessons to be learnt from the pilot are congruent with the champions' replies. This leads me both to endorse their judgement and to say that the recommendations contained in this report are supported by an underlying coherence in the feedback.

Summary of champions' responses to date.

- The champions give a range of reasons why they undertook the training - from personal interest to management mandate. Their understanding of the content of the training and the expectation of the role they were assuming varied considerably at this point.
- All now demonstrate a core understanding of the ongoing role but with different emphases and, in one case, a caveat about whether they can fulfil it from their place in their organisation. There also appears to be some confusion for one or two about the role in relation to running support groups and whether this is regarded as fundamental to the role.
- Whatever their perception of the role there is consensus about the value and excellent quality of the training as a grounding in DV and confidence in the skills of the trainers.
- It is my impression that the raw emotional impact of the Freedom approach had a double value in giving insight and providing a powerful shared experience as basis for commitment and working together. However two participants comment that, while excellent, it felt somewhat anti-men. More broadly there is some feeling the freedom project material might have usefully been put in context by a better introduction to the course as a whole.
- There is specific feedback valuing input of other agency practices – esp police, housing and refuge – plus law. However there are two comments about not feeling sufficiently versed in the resources available. Linked with this is anecdotal evidence that there may be insufficient understanding, both by champions and more widely, about the structures of different agencies and the extent of a champion's area of practice – leading to inappropriate requests.
- **Impact on practice.** Everyone working directly with victims (ie all but 1) has found the training useful in proactive work with victims. They feel skilled to ask routinely about DV. They endorse the risk indicator training and several would like additional training. 10 feel equipped to talk about safety, fewer to talk to a hostile victim. The positive benefits of the training in building confidence to apply training to practice is highlighted – irrespective of whether the ground covered in the training is new to the champion.
In the absence of evidence from victims or specific outcome measures, this is the closest we have to an output indicator. The positive nature of this response is particularly significant.
- There is strong wish for further training – to consolidate and extend skills, in specific topics and to build confidence and sustain momentum. Suggestions are listed in the recommendations.
- There is some careful reflection of applying proactive disclosure skills in particular agencies. There may need to be thought about the respective responsibilities of champions and individual agencies in responding to this.
- **Referral form** – There is relatively little use of the form at the moment. A number of reasons are cited and the phone is mentioned as a current medium. There is some comment on need for a stronger visual identity for the form and making copies available throughout the agency rather than confining it to the manual.
- More generally 'helping victims to move on' and knowing more about realistic options is a theme in the feedback
- **Manual** – The manual is on the whole welcomed and being used.(10 champions are clear it is useful, 2 are unsure) There are some useful specific comments I shall pass to the lead team. There is lack of clarity about systems of adding to it or updating it. One champion is

adding her own material – if this is useful then some thinking may be needed about whether the original pages need identification as champion material.

- **Holding a lead role within an agency.** 7 champions feel colleagues recognise their role, 4 are unsure and 1 feels unrecognised. From the feedback several champions embrace their role – and proactively encourage recognition of it by colleagues.
- **Management support** The majority feel understood and supported by their managers in this -10 feel their roles are understood by their management and 2 are unsure.
- **Virtual team.** 6 champions feel a member of a virtual team and 6 are unsure. Impressively 11 feel appropriately supported as a team member. Overall the feedback suggests commitment but with different emphases on what is being achieved through the group: some value the sense of developing a team and an innovative approach, others place more emphasis on support for their agency practice. Specific feedback also includes appreciation of the idea of email advice. One member feels there is not yet a balanced team (between dedicated DV members and generic staff?), one feels lack of a system for passing on information if a meeting is missed, one looks for meetings to be more specific.
- **Team meetings:** Impressively all 12 (despite time pressures) value the team meetings but (as above) there is some difference in terms of what champions are looking to gain from them. Good planning, combined with consultation and ongoing feedback will be needed to meet the high expectations generated and to enable the group to cohere and develop its collective practice.

Recommendations

These are based both on the feedback from champions as outlined above and discussions with the development team and steering group members)

1 Training

- The training course needs a better introduction: The freedom project approach to giving insight is a powerful grounding but needs to be put in context.
- There is no indication that any part of the training was not valued. There is indication that revisiting some of the training to consolidate practice would be valuable eg safety planning, risk indicators and working with hostile victims (also see below) .
- In addition to specific suggestions for the manual which will be passed on to Dawn, it might be sensible to ensure champions know how it will be updated when they receive it.
- Most referrals are currently still made by phone. It might be sensible to clarify a strategy about the use and full introduction of the referral form (possibly alongside the development of advocacy and one stop shop structures).

2 Ongoing support

It seems likely that the ongoing experience of meeting together will help forge a feeling of a team with collective commitment to evolve stronger multi agency practice.

Planning for ongoing team meetings is the most significant outstanding area of development. I can offer tentative observations from the feedback. However my strong underlying recommendation is that the development team continues to obtain feedback about training needs, problems and practice development from the champions and to evolve future plans together with them.

A transparent aim of the meetings should be to build investment in and common ownership of how the group develops its practice together, with providing excellent training and case study practice.

Subject to discussion with the champions I would highlight:

- The development team might plan in terms of balancing recognising and responding to specific training needs through appropriate ‘outside’ expertise, with focus on the champions collective skills and facilitating evolution of their multi agency practice (eg through case studies and exploration of issues together). Champions should both look to the training for answers and take responsibility to use the team meetings to develop their own.

- Based on extremely good experience to date champions have expectation of high quality ongoing professional development to extend and deepen knowledge and generate confidence in applying it. This should include both practice consolidation and extending knowledge. Suggestions include: more on risk assessment; elderly abuse; protective behaviour for all; (inc elderly abuse – honour killings,); hostile victims; more basic practice in gaining trust, housing rights/law, motivational interviewing, emergency procedures. More on child protection (indications and interventions).
- There is need by some for further understanding of resources available for both adults and children and about other agencies. eg about the DV Unit and what police can actually do – police bail, removing perpetrator, injunctions and restraining order
- Some champions explicitly look for research and theoretical underpinning. All value training with practical application ie they look for implications for practice, realistic options, and skills development. Case studies and studies/analysis from a victims (and perpetrator's) perspective are also valued – and the victim's perspective also makes a good starting point for building up multi agency practice.
- Clarity and focus for each meeting is specifically requested
- Champions need to know that running support groups is not a requirement of the role. Those who are interested would appreciate more on freedom approach plus group facilitation skills (plus some practical suggestions for setting up a group)
- There needs to be system of updating champions who miss a meeting (this could be informal and responsibility of the champions themselves or through the organiser).
- Some good practice DV guidelines and research studies have been developed for and with specific agencies. It is possible that the respective responsibilities for agency specific training and for champion training may emerge at some time as an issue..

3 Rolling out the Champion scheme elsewhere

- Dawn Hodson and Di Shepherd (development team) have the experience to build on the pilot. Their input has received extremely positive feedback and they have the trust of the champions. My recommendation is that they continue their work as development/training team to roll the scheme out across the county 2005/6.
- I would also recommend that Dawn works with ODVSG to advise re expanding the training team after this and re capacity to sustain the champions approach in the longer term.
- It is important to define the role and expectations of the champion clearly both for agencies and future champions. I recommended that Dawn and Di undertake this work and advises ODVSG before rolling out the scheme.
- Experience of the pilot, and more widely of training and team building, would suggest that the largest viable size for a team of champions is c 25. The development team envisage teams of champions in each District. I would endorse their recommendation that there should be a small local steering group in each area to implement the scheme by undertaking local liaison and in particular management liaison with relevant agencies.
- I recommended that Dawn identifies possible members of local steering groups, consulting with the relevant members of ODVSG.
- The local steering group will need to be able offer guidelines about who is best equipped to develop the champion role within an organisation and to be able to discuss this with senior management. The development team should brief them fully.
- It might be sensible at the same time to draft a matrix of the relevant bodies which involve more senior management representation (local authority partnerships, fora, police case management, other partnership structures etc) so there is clarity for local agencies about DV strategic, management and practice structures.
- With only 25 champions in a team particular thought needs to be given to effective multi agency representation. There is considerable practitioner interest in being trained as a champion. This may need to be met by cascading expertise through front line champions rather than creating more champions than we can effectively support. I would recommend

that Dawn makes general recommendations to ODVSG about champion team membership and then discusses specifics to adapt to local circumstances with the local steering groups.

- Health needs its own strategy in implementing the champions scheme to reflect the roles and relevance of the work of different Trusts and to facilitate liaison with other agencies. Marie McGoughlin would like to take a lead in this with a pilot in Cherwell.
- Similar thought needs to be given to future implementation in Social and Health: and in particular how to integrate the local area focus of champions with Social and Health team structures. Hannah Farncombe has given some thought to this.
- The integration of the champions with the new team of advocates needs to be planned. I would recommend that advocates are positioned as members of the teams of champions rather than as external to the team. This would ensure strong liaison and give significant added value both to the role of advocate and to the team.
- How new champions are trained and introduced after the first cohorts needs to be considered.
- Links between groups of champions and exchange of good practice will need to be developed. The possibility of an annual conference for the county has been proposed. More work is needed on this.

Romy Briant 20/6/05