

“We must look at this through the Embrace goggles”:

**Enhancing the Response of Alcohol Services with Clients, Children
and Families where there is also Domestic Violence**

Year 2 External Evaluation Report for the Embrace Project, July 2010

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Introduction

Alcohol misuse and domestic violence are strongly correlated in terms of the impact upon victims, usually close family members or children, with the risk of harm greater for children and families if both problems co-exist. Despite some positive moves to recognise the accumulated risk facing families if these dual issues are present, and some improvements in practice, gulfs remain in effective working between the alcohol and domestic violence sectors. There is much more for both alcohol services and the domestic violence sector to do, both individually and collaboratively, to improve practice for clients, and their children and families, when issues of alcohol misuse and domestic violence co-present. Embrace is a three year project (2008-2011), funded by the Big Lottery Fund, to build capacity in non-statutory adult alcohol treatment services for them to deliver an enhanced response to clients and their children and families where there are co-existing issues of alcohol misuse and domestic violence. Embrace therefore aims to fill a big hole which exists across the alcohol field, by developing and evaluating a new model of good practice. It is the first project of its kind anywhere in the United Kingdom, with no standard against which to develop or measure itself. The aims of the Embrace project are therefore to:

1. Enhance knowledge and skills about good and safe practice in responding to clients, children and families where the dual issues of alcohol misuse and domestic violence are present.
2. Empower alcohol treatment services to strengthen their local partnerships, particularly with domestic violence agencies and other forums.
3. Develop a range of resources to support good and safe practice.

The Embrace project believes adult alcohol treatment services should be:

1. Aware of children, families and domestic violence issues in their daily practice.
2. Committed to increasing understanding and improving their responses in these areas to offer a more holistic response.
3. Equipped with tools, systems, skills and partnerships to carry out the work effectively.
4. Safe in their working practices in relation to child protection and domestic violence.

The Embrace Team developed a stepped approach for the project, with two distinct components. The first component is to work with nine pilot sites to develop their response to the dual issues of alcohol misuse and domestic violence with clients, and their children and families where possible and relevant. The nine pilot sites are very diverse but all are non-statutory adult alcohol (and drug) services across six regions in England. Some of the pilot sites are small organisations whilst others are teams within larger organisations. One of the pilot sites is a peer led service whilst another focuses its work towards clients and families from black and minority ethnic communities.

A phased approach was taken by the Embrace Team to this first component of the work. This focused on: raising awareness of the issues and commitment to the work of Embrace, both within the team/organisation and the locality where the pilot site is situated; developing solid and effective partnerships; encouraging safe practice (through, for example, training, development of policies and availability of supervision); being able to monitor change and outcomes associated with the work; and considering the sustainability and ongoing development of the work. Throughout, the Embrace Team has offered expert guidance and support through training, resources and a space to reflect on the processes of individual and organisational change.

The second major component of the project is to use the learning from the pilot sites to develop training (the 'Can of Worms' [CoW] training described below) and other resources for wider roll-out to other alcohol services across England. The aim of this is to facilitate workforce development but also to encourage the wider roll-out of the emerging Embrace model, based on the experience of the nine pilot sites and the learning of them and the Embrace Team.

Threading throughout the two major components of the Embrace Project is an ongoing programme of dissemination, through both the development of resources and other materials, and through awareness raising via attendance at meetings, conferences and other events, at the local, national and Government levels.

Context for this Report

Embrace has just entered its third and final year. Work is ongoing to support and build on the changes which have been made at all nine of the pilot sites. In addition to this the Embrace Team has developed, and started to deliver, its 'Can of Worms' (CoW) training, based on the learning from the first two years of the project, to representatives from alcohol and related services across England. This is the first training of its kind to alcohol services in England which offers guidance in working with the co-existing issues of alcohol, children and families, and domestic violence. Through this training programme the Embrace Team aims to extend application of the Embrace model to a wide range of alcohol treatment services across England, and to improve their practice in responding to both alcohol misuse and domestic violence with clients, children and families.

The Embrace Team is undertaking their own evaluation of the project and its various components. The purpose of the external evaluation reported here is to offer limited external and independent evaluation on top of this, considering both the work of the Embrace Team and the work being undertaken at the nine Embrace pilot sites. This second external evaluation report covers the second year of the project, roughly the period April 2009 to April 2010. This report has been based primarily on a review of qualitative interview and other documentary data collected by the Embrace Team, and

on seven telephone interviews conducted with a senior manager at seven of the nine pilot sites¹ and with the two senior members of the Embrace Team.

Progress with Embrace

This section of the report summarises the main milestones which have been achieved by the Embrace Project over the previous (approximately) 12 months.

1. The Embrace project has maintained a full team for the second year of the project.
2. The Advisory Group has met on four occasions and has continued to offer general advice and support to the Embrace Team as well as specific help where relevant, for example, input into training events, commenting on draft documents, attending events, responding to consultation documents, and preparing specific resources (such as 'top tips' for safe group work). The Advisory Group also held an additional meeting in February 2010 to discuss a range of specific issues related to Embrace, and particularly concerning the future of the project.
3. All nine pilot sites have remained involved with and committed to the project. The Embrace Team has maintained regular links with the pilot sites through training events, telephone and e-mail discussions to collect action research data, and visits where helpful or necessary (specific support has been needed at two of the pilot sites). In addition, the Embrace Team Leader convened a meeting for a senior manager from each pilot site, and a second meeting for this group is planned for later in 2010. Finally, two networking meetings are planned with the pilot sites for the final year of the project. These will take place in June and October 2010.
4. The training programme for the pilot sites has been completed. Four training events have been held in the last year. The event in June 2009 focused on offering guidance around developing policies and other protocols for the work; September 2009 focused on ways of working with clients and families (for example, protective parenting); December 2009 covered recording, monitoring and outcomes; and the final event in March 2010 covered screening, risk assessment and 'asking the question'.
5. The Embrace Team has continued to develop project resources. Four newsletters and two resource supplements were completed (April, June, September, and December 2009) and distributed. Knowledge Set 2 (Parenting) has been completed and widely distributed (currently

¹ Two interviews were conducted at one pilot site; an interview was conducted with the Area Director in another area and this covered two Embrace pilot sites. Interviews were not possible at two pilot sites; at one site this was due to recent senior staff changes.

around 1,500 copies of this second Knowledge Set have been distributed². Knowledge Set 3 (Families) is currently being drafted.

6. The Embrace Project now has pages on the new Alcohol Concern website which was launched in early 2010. In addition the Alcohol Concern annual conference in November 2010 will focus on children and young people, including those affected by alcohol misuse and domestic violence.
7. The 'Can of Worms' (CoW) training package has been developed. The first four CoW training events have been held, attended by a total of 42 participants; another eight events are planned across England over the final year of the Embrace Project. The feedback on the post course evaluation forms indicates that the majority of the participants found the course useful, although suggestions were made as to how the course could be improved. It is not yet possible to determine the impact the training has had on the attendees and the services that they work for, nor the extent to which they have started to implement the Embrace model within their service/organisation.
8. The Embrace project has had an impact within the pilot site areas. For example, the pilot site in Nottingham has delivered training on alcohol, children and families to more than 200 workers from local domestic violence services, whilst representatives from another two pilot sites were involved in the collaborative working group which has developed (and now launched) City-wide guidance for Birmingham around working with women with complex issues involving substance misuse, domestic violence and mental health problems.
9. The Embrace Team and Alcohol Concern have continued to raise awareness of the project and the issues involved. This has included the following activities:
 - a. Members of the Embrace Team (or Alcohol Concern's Chief Executive) have given presentations and run workshops at several conferences, including (not a full list) events run by Adfam, the DCSF³, Coventry DAAT, Norwich DAAT, the Children's Society, the London Drug and Alcohol Network, Camden Domestic Violence Forum and the Joint Action Group for London.
 - b. The Embrace Team Leader is a member of the Government's Think Family Group (the cross-department Families at Risk Division of DCSF, Department of Health and the NTA). There is also membership of various other advisory groups, such as the LDAN domestic abuse network, the Stella Project, the Comic Relief Hidden Harm Project, and the Alcohol Learning Academy.
 - c. In March 2010 the Speaker of the House of Commons hosted an evening reception, on behalf of Alcohol Concern and the Embrace Team, to highlight the issues which are the focus of the Embrace Project.

² Knowledge Set 1 (Domestic Abuse) was prepared in the first year of Embrace; currently over 2,500 copies of that have been distributed.

³ Following the 2010 General Election and the change of Government the DCSF is now the Department for Education.

- d. An article has been published in 'Safe', Women's Aid publication and members of the Embrace Team have appeared on television (e.g., GMTV) or offered expert input into television documentaries (such as True Vision's production for Children in Need).
- e. The Embrace Team has hosted two meetings with the team of consultants who have developed the 'Outcomes Star', to discuss how outcome tools might be developed to specifically assess issues relating to alcohol, domestic violence and families.
- f. The Embrace Team has established a partnership with Alcohol Concern's new Welsh office and has run, in conjunction with Welsh Women's Aid, a specific training event for Welsh practitioners. This first event was attended by ten people; there is a long waiting list, however, and it is hoped that further training events can be held in the future.
- g. Contributions and responses have been made to various Government consultations, including the Stern report on rape, CMO guidance on alcohol and young people, the second report by Lord Laming, the Violence Against Women and Girls Strategy, DCSF guidance on drugs education, the LDAN policy document to services on domestic violence, and the Greater London Authority policy document on domestic violence.
- h. Alcohol Concern conducted a survey, through Community Care magazine, on the training that social workers receive on alcohol, family and domestic violence issues.

Embrace Learning

The Embrace Project is an ongoing journey of learning, and of individual and organisational change, both for the Embrace Team and for the nine pilot sites. The work which has been done and the feedback which has been received suggests that a model is emerging for the work which is needed to support alcohol treatment services to develop an enhanced response to clients, children and families where there is co-existing domestic violence. The preliminary model for how this journey might be visualised is presented in Figure 1 on page 7. The sections which follow the diagram describe the emerging model and its components, with specific examples from data which have been collected where helpful as illustration (the examples are mainly from the senior managers who were interviewed; this builds on the focus on the frontline workers given in the first year evaluation report). Inevitably, the focus of the detail of the model comes from the learning from the nine pilot sites and the Embrace Team. The CoW training programme has only recently started so success in terms of a change in practice and application of the Embrace model is as yet unknown. It should be highlighted that this is a preliminary model and it is hoped that the final year of the project will bring the opportunity for the model to evolve and to be an overall framework for developing such work rather than a model which is currently quite specific to the Embrace project and the pilot sites. The endpoint of the model is for alcohol treatment services to be working successfully, safely and in partnership with others, with clients and families where there is alcohol misuse and domestic violence.

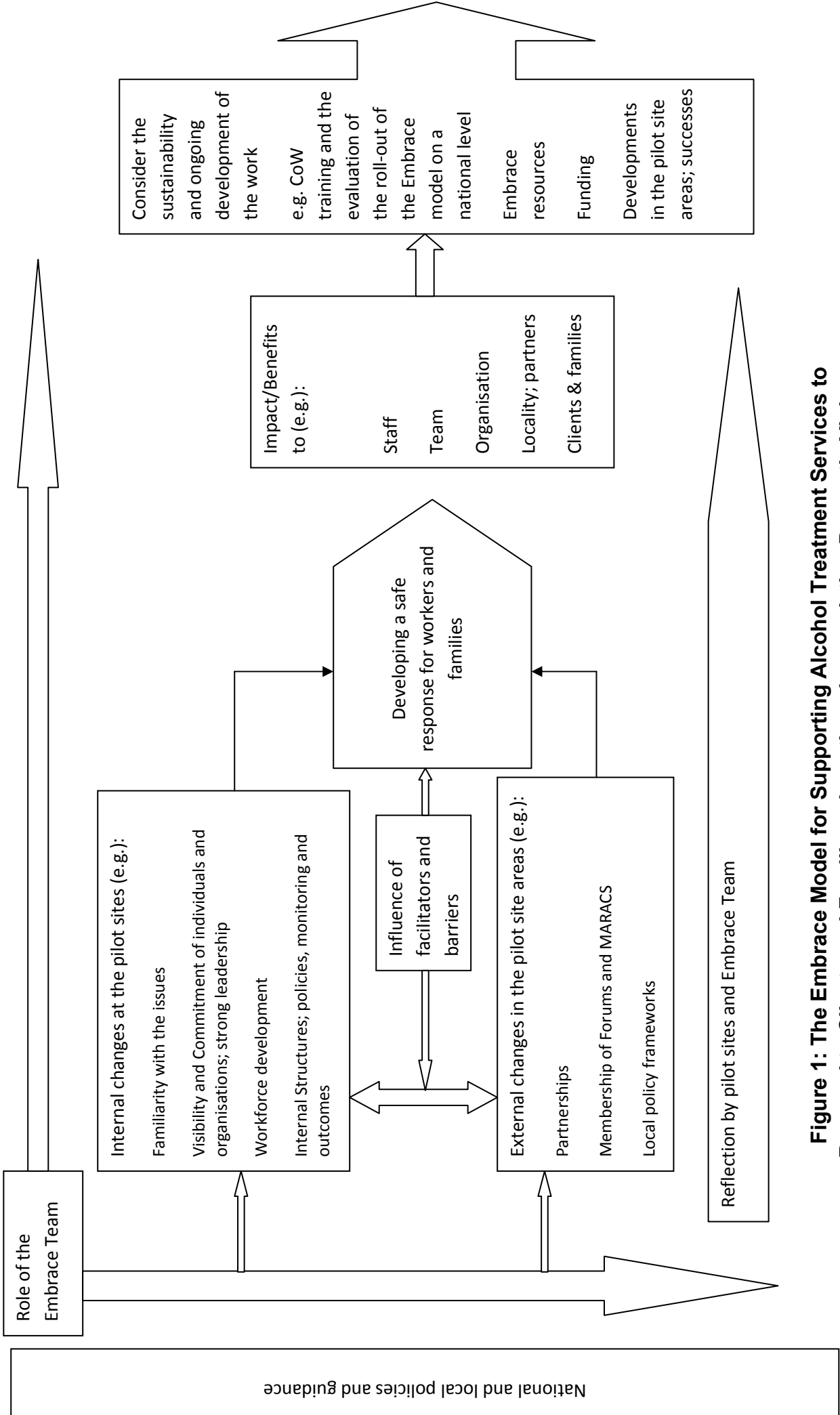


Figure 1: The Embrace Model for Supporting Alcohol Treatment Services to Respond to Clients and Families where there is co-existing Domestic Violence

Framework for Change

The model suggests that there are four issues to consider in building a framework in which change can occur. First, the national policy agendas in the areas of alcohol, domestic violence, and children and families have all informed and influenced the work of the Embrace Project. This area has taken on greater significance and relevance over the last year and has therefore contributed towards the increased importance which the pilot sites have also given to the work. There have been a number of significant policy initiatives which are important and are relevant to the future work of the alcohol treatment field. This includes, for example (not an exhaustive list): the *joint guidance for adult, children and substance misuse services* (jointly published by the DCSF, DH and the NTA), the *Think Families Green Paper*, the *Violence Against Women and Girls Joint Strategy* (led by the Home Office), the 2008 Laming Report, the introduction of NI39 (the new national indicator to reduce alcohol-related hospital admissions) and the Chief Medical Officer's 2009 guidance for targeting the use and misuse of alcohol by young people. Related to this both the Embrace Team and Alcohol Concern has raised awareness of the project and the issues at this national level (see the section on progress with Embrace on pages 4-6); the membership of the Advisory Group and the profile which the project has won nationally has given increased visibility and status to the work, which has helped motivate the pilot sites – a member of the Embrace team said, "*Embrace has helped spearhead that*".

Second, it has been vital that there has been a team of dedicated and passionate experts guiding the work. The Embrace Team itself has been an important facilitator for change. Their input has included: ongoing support to the pilot sites; development and dissemination of resources/materials (both those which already exist and the preparation of new materials such as the Knowledge Sets, Newsletters and Resource Supplements); and training. The Embrace Team has been well supported by its Advisory Group of national experts, its wider Reference Group (e.g. to contribute towards training and materials like the Knowledge Sets and Resource Supplements) and Senior Management at Alcohol Concern has become more actively involved in the project over the last few months. For example, mirroring that which Embrace is recommending at a local level, Alcohol Concern has developed or extended a range of partnerships at a national level with, for example, Women's aid, NSPCC, Children's Society, the Stella Project and Adfam. It would be helpful over the final year of the project to explore the nature and function of these partnerships and how they can support the future development of the work.

Third, and related to the above point, the specific work of the Embrace Team is having a major influence at both a local and a national level in raising awareness and knowledge, and changing thinking and practice. Approximately 2,500 copies of the Knowledge Set 1 and approximately 1,500 copies of Knowledge Set 2 have been distributed; the newsletters and Resource Supplements have also been widely distributed. Publications, pages about Embrace on the new Alcohol Concern website, conference presentations and attendance at organisational and Government meetings have all played their part in raising the profile of Embrace and facilitating the changes which are taking

place. Furthermore, the Embrace Team has developed its training programme for national roll-out of the Embrace model and has started to deliver the 'Can of Worms' training sessions.

Finally, it is important to include time for reflecting on and discussing the changes which are taking place, the successes which can be celebrated and the barriers which can impede the work, at both the individual and the organisational level. The pilot sites have been encouraged to do this through their communication with the Embrace Team and particularly through the action research process. Furthermore, the pilot sites have now built in time for this reflection within their own daily practice, through, for example, having Embrace issues as standing items on meeting agendas. Some sites have processes in place for reviewing their local Embrace work plan e.g. in line with usual governance and audit procedures, which brings further opportunities for reflection. At some sites this review process is further built into management arrangements and sometimes within local partnership arrangements. There is currently little detail of how these processes of reflection and review are working but this would be an essential area of future investigation during the final year of the project.

Internal Change

Internal change has been seen in four areas of work across the Embrace pilot sites; familiarity with the issues, visibility and commitment, workforce development, and internal structures. There is now much more comprehensive commitment to the work from all of the pilot sites, be they small organisations or teams within larger organisations. Commitment has moved from being the efforts of one or two individuals to the involvement of whole staff teams (including administration staff, frontline workers, Senior Managers and Chief Executives). A particular change in the last year has been the increased involvement of Senior Managers/Chief Executives at many of the pilot sites. Of this increased commitment members of the Embrace Team and some managers said:

"What's really struck me about them is how committed they are to it....I get the impression they've got a very strong sense of belonging to Embrace...so we've established that identity with them".

"It's become more mainstream within their work even if it's not [yet] embedded".

"By starting with the Senior Management Team and then cascading it down through the team coordinators, we've got a very clear organisational structure here, so that's helped. We've brought it into whole team meetings and staff training days from the start. We've stressed the importance of it and we've given the message that we're on board with it and I think that's been transmitted to the staff".

"Everything we do is shared with the staff team, we've had a couple of events that staff have been able to attend....events across the district".

Commitment has been demonstrated by, for example, local awareness raising events or open days, supporting workforce development through staff training (often available to all staff, including administrative staff, covering a wide range of issues and sometimes being made mandatory) and encouraging specific and external case management supervision, and by having Embrace related issues as standing items on meeting agendas (including team meetings, case review meetings and senior management meetings). The pilot sites have sought training in a range of areas relevant to both domestic violence (for example, basic domestic violence awareness, female genital mutilation, domestic violence and the law, and forced marriage), and children and families (for example, child protection and using the Common Assessment Framework). Now, staff at some of the pilot sites have been asking for the Embrace training materials so that they can snowball the training to other staff in their organisation, sometimes involving local partners as well. Workforce development is also being targeted beyond the Embrace pilot sites through the 'Can of Worms' training programme and so it is hoped that the final year of the Embrace Project will see the learning from Embrace be replicated at the organisations which are attending the 'Can of Worms' training events.

In terms of the structures needed for the work, the pilot sites have spent a lot of time over the last few months addressing their policies, procedures and protocols. Many of the pilot sites have reviewed or introduced a domestic violence policy. For example, a manager at one pilot site said, – *"[it's] particularly a guide for staff in terms of referral pathways, how to cover the topic in assessment and how to respond if someone does disclose, particularly with a view to safety"*. There has been less mention of changes in other areas of policy although some sites have mentioned, for example, child protection, vulnerable adults or lone working policies and have also considered how these areas of policy need to overlap with each other to maximise safe practice. Work has also moved beyond this at some sites to review other key aspects of paperwork, such as screening, assessment, referral and review documents. Some of the sites did not appreciate the amount of work needed in this area, nor the time needed, and so progress in this area has taken longer than anticipated. In some cases there have also been difficulties because the review or introduction of new policies has to sit within the wider local context; for example, by having the support of local partners, or needing to dovetail with other local policies, procedures or strategies.

Change is also needed to monitoring systems and client databases, and in ways of measuring the outcomes of the work. However, whilst some changes have been seen, this is an area of the work where perhaps least change has been seen and where much more attention is needed. To an extent this is to be expected as the pilot sites have had to do a lot of work to put in place the foundations before daily working practices can change in ways in which clients would notice and which can be measured. It is also the case that because this is such a new area of work there is virtually no guidance or tools available with which to make decisions on how to assess the impact of the work. However, it is clear that the changes focusing on safety which have been made cannot fail to help clients and their families. Some changes have already been seen; for example, some pilot sites no longer do couples work without full consideration of domestic abuse issues, whilst another pilot site

now runs single sex rather than mixed client groups. Part of the work for the Embrace Team and the pilot sites in the final year of the project will be to try to collate some more specific evidence of how clients and their families have benefitted, and this area was given particular attention at one of the training days for the pilot sites. Embrace is exploring the potential for the use of particular outcome measures, such as the Outcomes Spider or tools based on the Every Child Matters framework. At a basic level each pilot site is recording its performance against an outcomes grid provided by the Embrace Team. Several of the pilot sites have introduced new database systems in the last year and it is hoped that this process has included consideration of how to better measure both numeric and outcome data associated with work with clients and families where there both problems with alcohol and domestic violence. Finally, Embrace is currently negotiating with the Big Lottery Fund to adjust the project outcomes to more accurately reflect the work that is being done.

There is some concern from the Embrace Team that, some of the pilot sites are not fully recognising the importance of and necessity for regular, external case supervision and there is a feeling that this issue needs further attention during the final year of the project. One pilot site explained how important internal managerial support has been for the staff who are now engaged with Embrace work, *"[the manager] has created a safe space where people can learn and discuss.....allowing people to talk about some of the difficulties and some of the challenges and get support from one another, that's been critical in this, we don't want any secrets or surprises"*.

External change

The primary focus of external change across all the pilot sites has been in the area of partnerships, and there are clear benefits to this area of change. Many of the pilot sites have formed partnerships through joining local forums (such as the local Domestic Violence Forum or the MARAC), raising awareness of the Embrace project by attending or organising local events to bring local partners together, or by forging specific links with local agencies. There are now many examples across the pilot sites of the development of solid partnerships, be it through sharing information and contact details, sharing key documents such as referral pathways to children and family or domestic violence services, or organising (sometimes reciprocal) training events or speaking at local events or conferences. The pilot sites have formed partnerships with a range of other partners, including Domestic Violence Forums, Women's Aid, MARACs, local DV projects, statutory mental health services/PCTs and Safeguarding Boards. In two geographical areas pilot sites have been able to work together, sometimes also linking in with other partners, because of their proximity. Most of the pilot sites have had more mixed experiences of developing partnerships with Children and Families Services. From the data available it was not clear what the challenges were in this area, so this is something which could benefit from further exploration during the final year of the project.

Encouraging and supporting the development of such partnerships is central to the Embrace model. It ensures that the responsibility of working with the co-existing issues does not become the sole

responsibility of alcohol services but allows for expertise to be shared such that the most efficient and safe response to child protection, families and domestic abuse can be jointly shared and delivered. The Embrace Team highlighted a couple of areas where they feel more attention could be placed in terms of trying to further develop a range of partnerships. For example, there has so far been no mention of IDVAs (Independent Domestic Violence Advisors/Advocates), and in some areas pilot sites could develop stronger links with already established examples of good practice (for example, Family Centres, Sure Start and Family Intervention Projects). Furthermore, the Embrace Team feels that some of the pilot sites could do more to develop the level of partnership working which is necessary for the work; some of the sites are holding on to the belief that can do most of the additional work themselves and that partnerships are less important. Finally, the Embrace Team feels that, at present, the focus of partnership working has been towards very high risk cases (e.g. those which would go to a MARAC) and that attention could move towards expanding partnership networks to be able to intervene at lower levels of risk.

Impact of the work and associated successes

Positive benefits from the changes which have been made have been seen at the individual, organisational, local and national level (see Table 1 on page 14).

At an individual level staff report, or Managers report of their staff, having increased awareness and confidence and of being better informed about the response which is needed. However, it has been important to recognise that making such changes, and working with clients/families who present with co-existing problems related to domestic abuse, impacts upon practitioners at a very personal level. There is a sense that some of the sites are only just now realising that this area of change needs very specific attention. This is just one reason why the Embrace Team strongly recommended specific and external case supervision for all workers, including managers and clinical supervisors, involved with the enhanced domestic abuse response.

Within the wider teams or organisations there is a real sense that domestic abuse is more visible and central to their work, sentiments which are echoed by the Embrace Team. Change is also evident through the commitment that many of the pilot sites are displaying, through for example, training programmes and meetings. Pilot sites which are part of larger organisations are seeing the benefits of the learning of one team or part of the service now being mirrored by similar change across the whole organisation. The following quotes from managers illustrate the increased commitment which is now apparent at all the Embrace pilot sites:

“It’s really interesting and refreshing, and it’s a very very important project.....[it’s] brought DV alive [for me]”.

“I’ve seen it as a really positive thing, something that’s helped us to raise our organisational profile and get some partnerships that are going to be of benefit to us in the future as well as through this particular work”.

“We would say that we have always done domestic violence work, we would say that we have always done partners work, what this has done is it’s allowed us to reflect on what we mean by that and to ensure that we’re not only gathering the information but that we’re dealing with it”.

Within their localities many of the pilot sites spoke about the benefits of the partnerships which they had formed, or which they had been able to foster more specifically in light of Embrace. Some of the pilot sites feel that they are able to work alongside some partners, rather than in competition with them, to offer an enhanced service which focuses on the strengths of each partner. Such partnerships bring benefits in terms of reciprocal training and in more efficient and focused referrals. Some pilot sites feel that they are now making more appropriate referrals to local domestic violence agencies, referrals that they might not have made before. One pilot site said that they had run an alcohol awareness training event for staff from a local refuge; 13 people attended. The Manager of this pilot site said, *“they [the staff] are just so proud of themselves for getting that and everyone went out bubbling and enthusiastic and they’re coming back for more....this relationship is starting to mean so much more than just sharing a client, it’s actually about exchanging expertise”.* As a result of stronger local partnerships there is evidence emerging of a ‘ripple effect’ in terms of the Embrace message getting out there; for example, local partners are making contact with an Embrace pilot site or with the Embrace Team at Alcohol Concern to ask for more information or for materials, or wanting to discuss closer co-working arrangements.

Moreover, there have been some specific successes from the work at some of the pilot sites, things which are already being more widely disseminated as examples of good practice. Two pilot sites have been part of a larger working group of partners across Birmingham, led by Birmingham Domestic Violence Forum, who have developed and recently launched, guidance for partnership working with women and children with complex needs. Another pilot site has developed a tracking system to follow high risk clients where there are issues of domestic violence or safeguarding through both their service and any additional or subsequent involvement with partner agencies.

On a national level there is increased awareness and knowledge of overlapping issues, facilitated by the dissemination of Embrace materials, invitations to speak at events or run training sessions, and through attendance at the ‘Can of Worms’ training events.

Dilemmas in practice remain for some of the pilot sites. Senior managers at two of the pilot sites expressed concerns that the changes were meaning that they were moving too quickly with some of their clients, running the risk of losing them by exploring some of the detail of the issues of domestic abuse too early in the therapeutic relationship:

“The screening questions have been elaborated on much more quickly and confidently [but I wonder if that means we’re opening things up too quickly sometimes]...we haven’t sustained a relationship enough to keep it going...[so we’ve opened things up and referred too quickly and then we lose clients, and I’m not sure what to do about that]...it’s a “conundrum...feel like I’m going round in circles”.

“I get quite concerned that we’re going to try and rush too fast and leave women vulnerable and I want things to be in place to ensure the safety of the work and the safety of the clients”.

Table 1: Examples of Benefits and Successes through Embrace

| Staff benefits | Team/Organisational benefits |
|---|--|
| <p>“Now, because we’ve done so much awareness raising and also staff training and having partnerships in place, that’s made a big difference to staff confidence apart from anything else”</p> <p>“It is about a more systematic approach so that I will be able to say with the greatest degree of confidence that all staff are doing what they’re supposed to be doing....clinical practice will change because people will be aware and we are actively looking.....”</p> | <p>“it’s about bringing alive domestic violence in the work that we do”</p> <p>“I think there’s been a big change because before it wasn’t on people’s radar”</p> <p>“we’ve got an enhanced sensitivity”</p> <p>“[we’re] enjoying having something that’s enriching and adding to what we’re working with it has been welcomed...it’s added a sharpness that’s been quite welcome”</p> <p>“what will change is to make sure that the issues surrounding domestic violence are not left hanging, that the clients are given the best opportunity to access the services that are available to them”</p> |
| Local benefits and successes | National benefits |
| <p>“it’s made us think about the partnerships we’ve got and particularly areas we’ve been lacking....it’s given us a common area of work in a way”</p> <p>“so it means we’re referring more sharply”</p> <p>“it’s been a very good place for us to sit, which we weren’t part of before” (joining a DV Forum)</p> <p>“we’re now working on it for a specific purpose”</p> <p>“it’s really helped to get us talking”</p> | <p>Visibility of the issue e.g. at conferences and within and across key Government departments</p> <p>Production and dissemination of Embrace materials e.g. the Knowledge Sets.</p> <p>Commitment of senior Alcohol Concern staff</p> <p>Development of training package for rolling out the Embrace model to other adult alcohol services across England</p> |

Barriers to the work

Inevitably, there are several barriers to the work, which have delayed or prevented progress with various elements of the Embrace work. These barriers can be placed into four broad groups, listed as follows:

1. Internal barriers such as staff changes or illness influencing capacity and time for the work, or negative staff attitudes from some workers who are more resistant to incorporating children, families and domestic violence issues into their work.
2. Organisational barriers such as moving offices or mergers and service reconfigurations, along with pressure linked to tenders and commissioning, and competition from other service providers.
3. Delivery barriers such as the pressure to meet targets set by commissioners and SLAs (service level agreements), or to offer specific types of services (such as brief intervention work) which is less conducive to being able to adequately respond where children and families and/or domestic violence is also present.
4. The influence of wider changes taking place in the alcohol field – for example, the re-tendering of services and the introduction of brief intervention models in many services. Many of these are issues which are beyond the control of Embrace and the pilot sites.

Sustainability and Ongoing Development

The final important component of the emerging Embrace model is that of the sustainability of change and of ongoing development. Obviously, this is strongly related to the availability of resources, the support of commissioners and other key stakeholders, and the focus and direction of the national agendas. Nevertheless, the work to date has been done without specific funding for the pilot sites yet significant change has taken place. This comes partly from the training and resources which have been developed by the Embrace Project and which are widely disseminated (as one member of the Advisory Group said to the Embrace Team leader, “[these resources] will outlive us all”), and partly from the work which has been done by the pilot sites themselves which ensures the sustainability of the work in those teams and organisations - “[it’s] embedded in our current practice....so it will trundle along with everything else now”.

At a broader level the distribution of the Embrace materials, the roll-out of the ‘Can of Worms’ training to other alcohol services across England, and the strategic dissemination and lobbying of the work of the Embrace project, are also already playing their part in encouraging the sustainability and ongoing development of the work. Both the Embrace Team and Alcohol Concern are making their own partnership links with other relevant national organisations like Women’s Aid, Children’s Society and Relate, whilst also lobbying with key individuals in the major relevant Government departments. The role of Alcohol Concern is central to the higher level of strategic development which is required to sustain and develop the work. However, it is currently unclear how the new Coalition Government might affect the progress which has been made with these issues at a national and strategic level.

A great deal has been achieved by Embrace and by the pilot sites. However, there is still much to be done in the final year to ensure the sustainability and ongoing development of the work and to continue to understand the changes which are needed. A major part of this work is to secure funds for the work to continue and expand. However, training and resources are just the start for work of this nature; there is also the need for key individuals to drive forward these agendas at both the national and local levels.

Discussion

In summary, it can be seen that:

1. The Embrace Team has continued to provide training, resources and a range of other support to all the pilot sites.
2. The pilot sites have continued to demonstrate commitment to the Embrace Project, and to make significant progress with their work.
3. The pilot sites have continued to strengthen their local partnerships, particularly with domestic violence agencies and other forums and services. Work is needed to develop partnerships in some other areas.
4. The pilot sites have all been reviewing or introducing policies (especially domestic violence) and other documents (protocols, client paperwork) central to the work.
5. There has been less progress in the areas of monitoring and outcomes. This is an under-developed area which needs attention in the final year of the project.
6. Similarly, some of the sites have started to give thought to the future and sustainability of the work but more attention is also needed in this area during the final year of the project.
7. A model summarising the work of the Embrace project is emerging. The model summarises the plethora of positive changes and benefits which are emerging from the work as well as highlighting the inevitable but mostly surmountable barriers to the work.
8. The Embrace Team has continued to raise awareness of the issues and to roll out the work from the Embrace Project, through the 'Can of Worms' training events, the Embrace resources and a range of other activities.

There has been a huge level of commitment to the Embrace Project from a large group of people, particularly from the Embrace Team themselves but also from those at all of the pilot sites and others such as the Advisory Group, Senior Management at Alcohol Concern, the wider Embrace Reference

Group and existing specialist projects. This commitment, the passion which drives it, and the plethora of changes and successes which have come from it, is noteworthy.

It is clear that the commitment, passion and energy of the Embrace Team has been a central driver in all that has been achieved over the last year. However, the sheer volume of work which has been undertaken has not come without its problems in terms of workload and capacity for members of the Embrace Team. This has had to be discussed in detail with both the Advisory Group and also with senior management at Alcohol Concern. These discussions led to a re-focusing of the priorities for the Embrace Team as well as increased involvement of senior management at Alcohol Concern and a re-drafting of the final year outcomes for the project.

The work which has been done to date has both confirmed and added detail to the emerging Embrace model of working which this project has developed and piloted. There have been positive changes and successes reported in all areas of the model. There have been also been some specific examples of good practice to emerge from some of the pilot sites, such as the client tracking system in Rochdale and the Birmingham guidance for working with women and children with complex needs. There have been inevitable barriers which have delayed or prevented some work, many of which are the 'usual suspects' in the alcohol field. It is to the credit of all involved that, for the most part, they have attempted to work within the parameters of these barriers rather than seeing them as insurmountable hurdles and an excuse not to do the work.

It is hoped that the pilot sites, supported by the Embrace Team, will be able to address these issues in the coming months, and that the continued action research interviews conducted by the Embrace Team, supported by the external evaluation, will offer insight into the progress to be made with the identified areas of learning and where more work is needed.

The focus of the work over the second year of the Embrace project has enabled the pilot sites to carefully consider the detail of what needs to be in place to ensure safe practice with their clients and families. The Embrace Team feels that some of the pilot sites have been much more courageous and creative in their approach to tackling this issue. Major changes in the areas of partnerships, policies, training and management support have contributed to the principles and detail of safe practice which are now more visible across the pilot sites. Furthermore, recognition by the pilot sites that they are moving in unfamiliar waters and that they need help, advice and support with what they are doing has been a significant catalyst in developing safe practice at their services. As a result of increased familiarity with the work the pilot sites are generally better able to raise the question of children and families or domestic abuse with their clients and to know what to do with the answers to those questions. The pilot sites are now better able to recognise that responding to children and families and domestic violence is part of their job, and, importantly, they are better able to see how to integrate the response into their existing practice. However, a concern remains that some pilot sites are not developing a strong or varied enough partnership model and are still trying to do too much on their own rather than working with and alongside other local resources. The Embrace Team is considering

how the pilot sites and their partners could be 'incentivised' to develop stronger integrated ways of working.

It is inevitable, with such a large programme of work which requires change at so many levels, that there are areas where learning and more work is needed. The key areas of learning for both the Embrace Team and the pilot sites, and where more work is needed, can be listed as follows:

1. Greater understanding of the processes of reflection and review that many of the pilot sites say is part of their work.
2. Supporting the pilot sites to continue to widen their network of partnerships. For example, to develop partnerships with IDVAs and to start to consider how to work with a range of clients and families affected by alcohol misuse and domestic violence, rather than focusing for the most part on the highest risk cases.
3. To support the pilot sites to recognise the importance and necessity for specific case management supervision for workers who are engaged in Embrace work.
4. To encourage the pilot sites to ensure that they can adequately monitor the work associated with Embrace, both in terms of monitoring client data but also being able to assess the impact of and outcomes associated with the work which is done. Some of this may involve continued partnership work with other agencies.
5. To monitor, and understand the impact of, some of the specific changes in therapeutic work which are now in place at some of the pilot sites; for example, not working with couples and ceasing to run mixed gender groups.

As discussed above a key area of attention for the next few months is that of the sustainability and ongoing development of the work. As part of this the Embrace Team will be continuing to roll out the Embrace model through the 'Can of Worms' (CoW) training. At the moment it is hard to assess the impact of the course in terms of changes made by attendees to the training course. However, in the final year of the Embrace Project telephone interviews will be conducted with a random (probably 25%) sample of those who attended each course to explore whether the course led to specific change(s) in the participant's practice or at their team/organisation. Furthermore, the Embrace Team commented that the attendees at the first three CoW training events were more experienced than they were expecting, given that the training had been designed for alcohol practitioners with no or little prior experience or knowledge in working with children and families and domestic abuse. The Embrace Team has been easily able to 'tweak' the training programme to be able to respond to these varying degrees of experience, knowledge and previous training. Whilst this demonstrates an interest in the topic and a thirst for knowledge and training, it will also be necessary for the other CoW training events to more specifically target the intended recipients of the training.

The national agendas in the areas of alcohol misuse, domestic abuse, and children and families will also be important players in how the Embrace work develops, although it is unknown as yet what impact the new Coalition Government might have on the national agendas around alcohol, children and families, and domestic violence, and therefore on the work of projects like Embrace. Whilst Government departments can more readily recognise the issues there is still a sense that domestic abuse is often an 'add-on' to policy whereas it needs to be central to all policy debates and developments. As a member of the Embrace Team put it:

"I think it's really important that any of these new frameworks, policies and guidance from Government have domestic abuse very high profile within them, all the work around the support of families working through their difficulties and being able to stay together is admirable, but without screening for domestic abuse, without understanding all the areas of domestic abuse....controlling behaviours, manipulation and all those things, I think it's dangerous, I think it's really important that those things are integrated into all the policies".

Moreover, in considering the detail of national and local implementation of policy the Embrace Team also feels that there needs to be more responsible commissioning of services, to include the elements of the emerging Embrace model which are seen as central to this work and which promote safe and responsible practice. Issues such as training, the development of partnerships, supervision, organisational policies, assessing outcomes and consistency in service delivery are all vital.

The Embrace Project aims to bridge the gap between the alcohol, children and families and domestic violence fields by focusing on the work of adult alcohol services and offering a model to enhance practice with clients, children and families affected by the dual issues of alcohol misuse and domestic violence. It is the first project of its kind anywhere in the United Kingdom, with no standard against which to develop or measure itself. As such, through the widespread dissemination of a range of materials, a national programme of knowledge and awareness raising, the learning of the nine pilot sites and the wide roll-out of the Embrace model through the 'Can of Worms' training, the Embrace Project has been a huge success and has already made a significant contribution towards highlighting the specific and complex needs of children and families where domestic violence and alcohol misuse co-exist and to empowering adult alcohol services to improve their response to these issues. As the Embrace model continues to evolve it is hoped that the contribution which this work is making will continue to be recognised and highlighted.

Acknowledgements

Thanks to the Big Lottery Fund and Alcohol Concern for funding this external evaluation. Thanks to the Embrace Project Team and the Embrace Pilot Sites for sharing their experiences with me via interview and via access to project documents. Thanks to Anne Delargy and Christine Toft and members of the Advisory Group, particularly Dr Sarah Galvani and Karen Bailey, for their contributions and discussions which have informed this report.