

**Getting the Foundations Right – Improving the Response of
Alcohol Services with Clients and Families where there is also
Domestic Violence/Abuse**

Year 1 External Evaluation Report for the Embrace Project, June 2009

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“....we want in two years time to be able to knock down every single possible objection that people might have to doing this work....if they then say ‘we don’t want to do it’ that’s their decision, but I don’t ever want them to be able to say in the future ‘we can’t do it....it will become so irresistible for people to do this work that nobody will think twice about doing it.....I want it to be so normal and natural for alcohol projects to be involved in children and families and domestic abuse work, nobody will raise an eyebrow, people will think it’s weird if they’re not”.

Overview of the Embrace Project

Alcohol misuse and domestic violence/abuse are very 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. Nationally, alcohol misuse and domestic violence/abuse are receiving greater political recognition and there is growing evidence that this is resulting in localised action to improve service delivery to clients and families. However, gulfs remain in effective working between the alcohol and domestic violence/abuse sectors. The work of the Stella Project is an excellent example of an initiative which has raised the profile of the need for a better joined-up response, a model which has been successfully modelled elsewhere (e.g. the Tayside Domestic Abuse and Substance Misuse in Scotland or the Harmony Project in Suffolk). Alcohol Concern's Embrace project is a further step in improving the response to clients and their families where alcohol problems and domestic violence/abuse co-exist.

Embrace is a three year project (2008-2011), funded by the Big Lottery to "build capacity in non-statutory alcohol services, enabling them to work more effectively with families" (Embrace leaflet) where there are alcohol problems and where domestic violence/abuse is also present. At the start of the Embrace project the team met with services across the country and identified four main areas of concern where concerted effort is needed to improve safe practice and enhance joined-up working in this area. These four areas of focus are: the instability and short-term nature of funding; training gaps and low confidence levels in staff; building local partnership networks to improve referrals and joint working; and safe practice (First Embrace Newsletter).

Hence, the aims of the Embrace project are to:

1. Enhance knowledge and skills about good and safe practice in these areas of work.
2. Empower services to strengthen their local partnerships, particularly with domestic violence/abuse agencies and other forums.
3. Develop a range of resources to support good and safe practice.

Through this the Embrace projects wants services to be:

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

There are two distinct phases to the Embrace project. Phase 1, the focus of this report, aims to work with a small number of 'pilot sites', primarily through training, the development of materials and resources, and direct support, to support them to achieve the aims listed above. The Embrace Team is using some of the principles of action research, through encouraging constant reflective practice within and across the pilot sites, to influence the work. Phase 2 then aims to build on the learning and resources from Phase 1 to extend the Embrace network and disseminate learning, training and resources on a national level.

External Evaluation

The Embrace Team, mostly through its reporting to the Project Advisory Group and the Big Lottery, will be assessing the progress and success of the project. This report aims to supplement this by offering a small, external and independent evaluation of the first year of the project. It should be highlighted that the bulk of the work discussed in this report covers a six month period of the first year, between roughly November 2008 and May 2009. The evaluation involved interviews with members of the Embrace Project Team and the pilot sites as well as a review and analysis of Embrace documents from both the pilot sites and the Embrace Project Team. Research ethics approval for the work was secured from the University of Bath.

Consent forms were received from 11 individuals across the pilot sites; telephone interviews were subsequently completed with nine individuals from seven of the nine Embrace pilot sites. One face-to-face interview and one telephone interview were conducted with members of the Embrace Project Team. In addition some written feedback (based on the interview guide used for the telephone and face-to-face interviews) was received from the previous Policy Officer who was a member of the Embrace Team for six months. Documents available for analysis included the original application forms, self-assessment forms and training evaluation forms as well as materials produced by the Embrace Team. Data were analysed thematically based on the aims of the project and the structure of the interview guide.

At the time of writing, consent forms had not been received from one of the Embrace pilot sites so it was not possible to conduct any interviews or analyse any documents related to these two sites. In addition, consent forms from two pilot sites did not indicate whether or not that site was happy for documents to be shared with the external researcher. Hence, this report is based on interview data from seven sites and documentary data from six of those sites as well as interview and documentary data from the Embrace Project Team. An online survey questionnaire, following the publication and dissemination of Knowledge Set One (see below), was administered but data were not available for analysis at the time of writing this report.

To protect confidentiality and anonymity this first evaluation report is presented at a deliberately broad level. It would be useful if subsequent reports are able to present much more detail about the work at

individual sites and hence to explore some of the similarities, differences and complexities across and between the sites. The quotes which are presented in the report are either verbatim from the respondent or are taken from the interviewer notes.

Progress of the Embrace Project Team

1. The Embrace Project Team Leader has been in post since the start of the project. For most of the first year of the project she was working alone due to staff changes in the rest of the team for periods of the first year of the project. However, the Embrace Team is now a full complement of the Team Leader supported by a Policy Officer and an Administrator.
2. The Embrace Team has successfully recruited its Project Advisory Group, which has met on three occasions. There is wide membership of the group (to cover the three main areas of focus of the project – alcohol, children and families, domestic violence) and members of the group have contributed to training sessions and to the development of resources and other materials.
3. The Embrace project has successfully recruited its pilot sites. Application packs were sent to over 100 services who requested them; 16 applications were received, 10 of which were shortlisted. Nine services, in six of the nine English regions, were finally recruited to be Embrace pilot sites.
4. Three training events have been held. The first two day training event in December 2008 was attended by 18 people across all nine of the pilot sites and focused on awareness of the issues involved and developing local partnerships, as well as giving the sites a chance to meet with each other and the Embrace Team and hear more about the Embrace project. The second one day training event in March 2009 was attended by nine people, again from all of the pilot sites. The session was run by the Stella Project and focused on working with perpetrators within a substance misuse agency. The third one day training event in June 2009 was attended by nine people, from seven of the pilot sites. The session focused on policies and procedures as well as giving some feedback on the evaluation and encouraging the pilot sites to network with each other. Two further training sessions have been scheduled for September and November 2009.
5. The Embrace Team visited all the pilot sites at the start of the project, before the first training event in December 2008. A second round of site visits was completed by the new Embrace Policy Officer in April/May 2009. In between training events and site visits the Embrace Team has maintained regular telephone and e-mail contact with all the pilot sites.
6. All sites, supported by the Embrace Team, have been invited to complete self-assessment forms about what they hope to achieve and how they hope to make progress with Embrace work.
7. The Embrace Team is developing an outcomes grid to facilitate measurement of what is achieved by the pilot sites over the duration of the project.

8. The Embrace Team has published an Embrace leaflet, four newsletters and resource supplements, and Knowledge Set One (Domestic Abuse). Planning for Knowledge Set Two is underway. The first year progress report to the Big Lottery Fund has been written.
9. There are currently over 600 individual members of the Embrace mailing list who receive copies of all Embrace materials. Information about Embrace is also disseminated through the Alcohol Concern website.
10. The Embrace Team Leader has given a presentation or training at several events, including Oxfordshire DAAT, Westminster Children and Young People's Conference, the NERAF AGM, STARS (Children's Society), an Alcohol and Anti-Social Behaviour conference, Adfam's Safety First Conference, and the Birmingham Domestic Violence Forum sub-group on substance misuse, mental health and domestic violence. The Embrace Team Leader is also a member of the Joseph Rowntree Foundation Social Evils Programme steering group on children, families and drinking.
11. The Embrace Team has also been invited to talk about the work at a national level, for example with the Department for Children, Schools and Families and as part of the Alcohol Hidden Harm Coalition, which is a new partnership initiative between Adfam and several of UK leading Children's Charities.

The Embrace Pilot Sites

The nine Embrace pilot sites are located in Birmingham, Blackpool, Gateshead, Hull, London, Northampton, Nottingham, Rochdale and Sunderland. Four of the pilot sites are part of larger organisations; two of these are part of the same larger organisation. One of the pilot sites is a specialist BME service, another is a peer-led mentoring service and a third is a specialist service for the homeless. There was variation in the baseline position of the pilot sites, both in terms of individual and service specific knowledge and expertise, but also the wider geographical context in which they operated, how well the issues were addressed locally and what systems and structures were already in place internally to support such work. However, for the most part, the services offered little formal input or support with regards to domestic violence/abuse (Figure One). A couple of the pilot sites mentioned that they offered support to families, but this was not specific to domestic violence. One pilot site reported that it was already "involved in quite a few things" prior to becoming an Embrace pilot site and highlighted the benefits of working in a more holistic way – "...allowing people to understand their problems a bit more.....taking one of the problems out of the equation so we could focus on alcohol".

All the services applied to be an Embrace pilot site through a recognition of the need to develop a stronger response to the issues, both within their service but also in the city or region in which they

worked (Figure One). Interviewees spoke about wanting to both enhance knowledge, skills and experience, but also to develop stronger partnerships with other services and forums. Through this the pilot sites hoped to reduce “panic” and “knee-jerk” reactions amongst their staff so that a more considered response, rather than hasty referrals elsewhere, could be introduced. For some sites who were undertaking a bit more work in this area they felt that they had something to offer/contribute to Embrace as well as national work in this area. Some sites also commented that through involvement with the Embrace project they hoped that the local or national profile of the issues would be raised. For some services the project came at an opportune time when a recommissioning of services meant that an enhanced response to families and domestic violence could be part of new contracts.

Figure One

What the sites were doing prior to Embrace	Wanting to become an Embrace pilot site
<p>“we were doing very little.....we wouldn’t go looking for it”</p> <p>“we did as much as we could....we wanted to do more”</p> <p>“I don’t think we were so good with regards to domestic violence”</p> <p>“we weren’t particularly inviting [those clients].....[we did] very little work with families....advice and signposting only....no specific service to an affected other”</p> <p>“We were not asking the right questions and we did not have the confidence or competence to ask the questions and to know what to do with the answers”</p>	<p>“[to] expand our portfolio of work”</p> <p>“[we wanted to]....sharpen up and improve our practice.....see what else we could do”</p> <p>“we’re used to starting new things.....we need to develop new things”</p> <p>“we recognised that we were missing a huge gap”</p> <p>“[we wanted to]....look outwards rather than inwards” to move the service forward. We wanted to be more in line with other local services in terms of our response.</p> <p>“[we]...recognised the gaps in service and availability” and wished to try and do something about that</p> <p>“recognised the gaps in service and availability.....raise staff awareness and fill gaps in expertise”</p>

Progress by the Pilot Sites

The Embrace project identified the following five outcome areas against which to assess the progress and success of Embrace against its aims. The interview and documentary data were analysed alongside these five outcome areas.

1. Raising awareness and gaining commitment.
2. Building and sustaining partnerships.
3. Changing and adapting systems.
4. Developing skills for clinical work.
5. Improving recording, monitoring and evaluation.

Raising awareness and gaining commitment

All pilot sites have maintained involvement in Embrace and have identified at least one person who is taking a lead with the project although there have been some staff changes at some of the sites and hence a degree of inconsistency about who is involved with the Embrace project and who has attended training events. All sites have taken steps to raise awareness and secure wider commitment to the project from the wider service team or organisation of which they are a part, for example through presentations at away days or items in newsletters. At some services the Embrace project is discussed regularly at team meetings. However, a couple of sites mentioned that there was still a degree of resistance from some staff who remain reluctant to “changing [their] practice and who fail to understand the importance of the issues”.

Nonetheless, a major achievement of the Embrace project is an increased commitment and awareness across the pilot sites to develop a better response to co-existing alcohol misuse and domestic violence/abuse (Figure Two). A member of the Embrace Project Team said that the sites, “do want to take on new ways of working, they do want to move forward”. There was, however, less evidence of raised commitment and awareness to respond to the families of the clients (be they perpetrators or victims) at the pilot sites where both issues were present.

Figure Two

“it’s tough work but it’s not to be excluded”

“we’re determined to keep the momentum going.....we have no desire to sideline Embrace”.

“focus our minds and efforts in moving forward”

“we’re focusing more on the issues.....we’re getting the questions asked”

“making us do something....more than just being aware of the issues”

“we’re becoming more are aware of domestic violence as an issue within client work in general.....people are asking the question more”

“given us more awareness in the team as a whole”

Inevitably, most pilot sites raised the issues of time and team capacity as barriers to moving forward as much as they would like with Embrace work. A couple of sites expressed awareness that they knew they had to do more: “I need to get my act together”; “it’s lost momentum for us, it needs to go up a gear”. A couple of sites highlighted that having a lead practitioner for Embrace was beneficial to moving things forward, rather than relying solely on a Manager. Workers at some pilot sites still seemed to be feeling overwhelmed by the project and what they needed to do, whilst others

appreciated the phased structure of the project and recognised that they could move a little bit more at their own pace. Finally, one site said that a lack of commitment from commissioners was affecting what might be possible through the Embrace project: “we’d really love to adopt all the recommendations for good practice in relation to domestic violence, but we’ve got alcohol targets to meet; there is no recognition from commissioners or funders, no targets, it’s not acknowledged”. Conversely, however, another site highlighted that involvement with Embrace was bringing opportunities to access different pots of monies.

Building and sustaining partnerships

All pilot sites for whom data were available reported significant progress with this area of the work (Figure Three). It is worth noting that the large geographical areas covered by some sites, and the existing strategic set-up in others, influenced how each pilot site went about this element of the work. Some sites commented how the Embrace project had enabled them to make stronger links within their own team or organisation. However, more significantly, most sites had formed or strengthened working relationships with local Domestic Violence Forums (i.e. city or region wide multi-agency partnerships) and with local Women’s Aid services. Links with local domestic violence co-ordinators or advocates, other alcohol agencies, Hidden Harm Forums, MARACS and refuges were also mentioned by several pilot sites. Links with family oriented services were less frequently mentioned although some links with Children and Family Centres and Children and Family Services were noted.

There were different elements to these partnerships (Figure Three). Examples given by the pilot sites included: finding out about other services (and hence having more information to pass on to clients or to inform referral pathways), other services finding out about Embrace, sharing information (e.g. leaflets and service directories), attending meetings, shadowing, reciprocal training and offering advice on service development issues. For some pilot sites involvement in the Embrace project gave them the confidence to join, and become more active partners in, local networks. Moreover, one site commented how the Embrace project meant that fostering such partnerships was more firmly embedded in everyday practice.

Some pilot sites described how it had been challenging to engage with Women’s Aid member services. In some cases there was genuine resistance from Women’s Aid member services to forming such partnerships; however, in some areas this resistance came from scepticism and misunderstanding about Embrace and what the pilot sites were involved with. In at least one area the Women’s Aid service was wary that the Embrace pilot site would be offering a competitive service. Sharing information about Embrace (e.g. the leaflet) or describing the project and who was involved (Alcohol Concern, Embrace Team, Advisory Group members) meant that these barriers were quickly overcome - “once it was realised that the project was about partnerships and capacity building the barriers came down”. For all sites where data were available Women’s Aid, and their member services, had become vital partners.

Pilot sites did raise some barriers with progress in this area. For example, at least two sites highlighted problems in having information from other services shared with them. A couple of sites also highlighted the need to develop stronger relationships with social services and commissioners. Someone else commented that services are much more willing to share information related to child protection but that the same is not the case for domestic violence.

Finally, during the telephone interviews, several of the Embrace pilot sites expressed a wish to work more closely with, and find out more about the work at, the other pilot sites. This is an area for future development within the Embrace project.

Figure Three

Forming partnerships	Examples of partnership working
<p>“we’ve made our presence known and we have more “active involvement”</p> <p>“we can speak as if we know what we’re talking about”</p> <p>“we are building up confidence to be at those things” (talking about being MARAC member)</p> <p>Embrace has provided a “foundation”, and “anchor” for the service to continue developing practice – “[it’s] broken down barriers”.....”given us more confidence in taking up these issues and being able to work with other organisations....we’re more positive in developing working relationships”</p> <p>“it’s part of our every day work.....[there is an] acceptance that we can include this more in our working day”. The team has increased confidence to have a voice rather than just a physical presence in local groups. This area of work gets prioritised in a way that it wouldn’t if the service wasn’t part of Embrace.</p>	<p>At one pilot site a member of the team is a core member of a sub-group of the City’s Domestic Violence Forum. This sub-group aims to develop policies and pathways for effective working across alcohol, mental health and domestic violence agencies. The pilot site individual has played a central role in developing policies and pathways for this sub-group and has meetings with both the DAT and the Safeguarding Team to discuss how to take these policies and pathways forward.</p> <p>Another pilot site described that partnerships with children’s services are developing well. Further, the local Young People’s Substance Misuse service is running a seminar on ‘think family’ and the Embrace pilot site is also hosting a lunch for all children’s agencies and the Family Intervention Programme to meet and swap information.</p> <p>One respondent described how improved links with a local refuge now allows clients from the refuge to be fast-tracked to the alcohol service when necessary and appropriate – “this is not to the detriment of other [clients]....extra time is found”.</p>

Changing and adapting systems

Some of the pilot sites had already made some progress with this area prior to involvement with Embrace. For example, one pilot site has a domestic abuse policy, drawn up by the wider organisation of which is it a part, whilst another pilot site is named in its areas Domestic Violence Action Plan for 2008-2009. These would be useful examples of good practice for the pilot sites to share with each other, to facilitate communication, learning and development across the Embrace project.

Most of the pilot sites submitted relevant policies to the Embrace Team, either as part of their original application or through subsequent communication with the Embrace Team. These documents serve as a useful baseline for the Embrace project. This report has not focused on a detailed assessment of these documents and the extent to which the services currently consider domestic violence/abuse and children and families as part of their policy and procedure portfolios. Hence, a useful piece of work for the Embrace Team (or its external evaluation) would be to collate such documents again towards the end of the project to assess what changes, or new policies, have been introduced.

Many of the pilot sites for whom data were available were able to give examples of progress in this area, either work which was already underway or which had been initiated because of the Embrace project. Where work had been undertaken it tended to be focused on the revision of policies, procedures and pathways, either within services or as part of multi-agency partnership arrangements. Several pilot sites were revisiting referral, assessment, risk and review forms to consider what changes were needed for domestic violence/abuse to be included. Some pilot sites, particularly those which were part of larger organisations, highlighted that they were reliant on other in their organisation, usually a more senior level, for progress to be made with this area of the work. Some examples of progress with this outcome area are listed below:

- 1) The Chief Executive of one service is planning to write and introduce a new domestic violence policy in addition to a recently introduced vulnerable adults policy.
- 2) At one site, in collaboration with the Domestic Lead of the local PCT, a new monitoring tool for domestic abuse has been developed.
- 3) Another service has signed up to the domestic violence policy for the local authority. In addition the larger organisation of which the service is a part now has new policies on both domestic abuse and child protection.
- 4) At one pilot site there has been core involvement with the City's Domestic Violence Forum to develop policies and pathways for effective joined up working between alcohol, mental health and domestic violence agencies.
- 5) Another service is working with a local family service (another part of the same organisation) to develop a family assessment tool, which will include guidance on how to co-work with domestic abuse agencies to ensure that all needs are considered.
- 6) A new policy on family work is being developed by the larger organisation of which the pilot site is a part.
- 7) One site has a tracking system to monitor through the service cases where certain issues, including domestic violence/abuse, child protection or mental health problems are present.

Developing skills for clinical work

This outcome area can be sub-divided into consideration of the skills needed for enhanced clinical work and the impact on clinical work itself. In line with the overall Embrace project plan, whilst there has been progress with both of these areas, there has been much more focus on and progress with the former. There was evidence from all the pilot sites of a commitment to staff development through training, both from the Embrace Project Team but also other training. These two areas of training will be discussed separately below before looking at the impact of the Embrace project upon clinical work.

Embrace Training

Overall, there was very positive feedback following the first two Embrace training events (at the time of writing data were not available from the third training event). Participants were asked to complete post-training evaluation forms at the end of the first and second training events. Four evaluation forms, completed at the end of the first training session, were available for analysis. Six evaluation forms, completed at the end of the second training session, were available for analysis. In addition, eight of the nine attendees completed a separate evaluation form provided by the Stella Project, who ran the training. Table One summarises some of the quantitative feedback from these post-training evaluation forms. Overall, the participants found both of the first two training events beneficial in enhancing awareness and knowledge.

The training evaluation forms also provided some qualitative data. At the first training event participants reflected that they had enjoyed meeting the other services, finding out that all the pilot sites were starting the Embrace project at a similar baseline, and learning more about the issues central to the Embrace project. Inevitably, some participants felt that elements of the training were less useful because they felt they already had this knowledge and experience. Nevertheless, there was a general understanding that the first training was necessary to ensure that everyone started from the same place. There was some feedback that the first training event had not given enough detail about the Embrace project, the expectations of the pilot sites, the research components or the 'end vision' for Embrace. There was also feedback that there was not enough interaction between the pilot sites; interestingly the Embrace Team felt that they had worked hard to encourage the pilot sites to network with each other but sensed a reluctance from the attendees to do so¹.

There was also consistent positive feedback on the second training event, which focused on safer working with domestic abuse and perpetrators. Participants had found the role plays and group discussions really useful. However, some participants commented that some of the attendees were

¹ It should be highlighted that both days at the first training event were shorter than planned due to a fire alarm on the first day and bad weather on the second day meaning that many attendees wished to leave early to travel home. These issues inevitably meant that both some of the content, but also some of the opportunities for networking and interaction, were lost.

different to those at the first training event and that this brought some inconsistency and a lack of continuity to the training. One participant said they would have welcomed the opportunity to do some thinking and preparation before the training; this person felt this would have increased their confidence on the day to participate and take a more active role in the training.

Table One: Summary of Responses from Post-training Evaluation Forms

Question on Post-training Evaluation Form	Average Score
First training event (N=4, questions rated on a 1-10 scale)	
My understanding and awareness of the Embrace project has improved	7.3
My understanding of the links between alcohol and DA has improved	6.5
My understanding of how alcohol affects family members has improved	6.8
I understand the challenges faced by alcohol agencies offering a specialist family service that prioritises safety	7.7 (N=3)
My understanding of DA systems and structures and how to respond safely to disclosures of DA has improved	6.8
My understanding of CP systems and structures and how to respond safely to concerns about children's safety and well-being has improved	7.0
I understand the role played by partnerships in developing more family-focused approaches that take account of DA	7.8
Second training event (N=6, questions rated on a 1-10 scale)	
My understanding of the different uses of violence has improved	7.0
My understanding of the power and control wheel has improved	7.2
My understanding of why women stay in relationships has improved	6.3
My understanding of responsibility, blame and minimisation has improved	6.2
My understanding of asking and responding to questions on DA has improved	7.0
My understanding of responding to risk has improved	7.3
My understanding of perpetrator programmes and Respect has improved	6.5
Second training event (Stella Project forms – N=8, questions rated on a 1-5 scale)	
My knowledge and understanding of the links between DV & SM has increased	4.5
My confidence in working with the dual issues has increased	4.0
My understanding about how to implement changes to my working practice to address the dual issues has improved	3.9
My awareness of cultural and diversity issues has increased	3.8
The information/skills I gained today will prove beneficial to my organisation	4.5

External Training

Significantly, all pilot sites had supplemented the training they received from the Embrace Team with additional training for staff, usually sourced locally and often through having developed or strengthened partnerships with local agencies and Forums. One pilot site conducted a training audit of all its staff and will be using this to inform future training needs.

Several pilot sites reported that all staff had received basic domestic violence/awareness training. Some pilot sites reported that staff had received child protection, CAF or MARAC training. Several pilot sites spoke about programmes of reciprocal training between alcohol services (i.e. the Embrace pilot site) and local domestic violence agencies such as Women's Aid (and its member services), and how this continued to break down barriers between these two sectors. Interestingly, one site highlighted that all its administrative staff are included in service wide training – “[it is expected that]...every member of staff, including admin staff, will receive [basic domestic awareness] training”. Many sites are now considering or actively accessing more advanced training for some or all staff.

Pilot sites often felt ‘empowered’ by recognising that the knowledge of domestic violence services about alcohol issues mirrored the pilot sites own level of knowledge about domestic violence and that both parties therefore had something to gain from involvement in a programme of reciprocal training. One pilot site reported that a local refuge had approached them for advice about enhancing the substance misuse support that they offer to their clients.

Impact on Clinical Work

Significantly, there was evidence from all pilot sites for whom data were available that the changes which had already taken place had impacted upon their clinical work (Figure Four). In a couple of cases the service was taking more referrals, including from local domestic violence services. One pilot site reported that they were taking the opportunity to look back on old cases and, in light of what they were learning from Embrace, think about how they would now do things differently. Another site reported that all clients were now routinely asked about domestic violence/abuse.

Fundamentally, the pilot sites reported that staff were more aware and confident to ask the required questions to assess and understand the presence of domestic violence/abuse for clients and then know what to do with the information that might then be disclosed.

“I now feel more able and more skilled....to ask around the subject without fear....and without fear of what I hear”.

“[The Embrace project can bring]....heightened awareness....assessment tools and skill in using them.....to the benefit of clients....I'm already seeing it”.

“it’s not so much about what we do but what we think about beforehand” – if you are more aware then you create the circumstances to ask the questions and subsequently make the right response.

We are less hasty in making referrals elsewhere because we are better equipped to consider the best response.

The pilot sites were also thinking about how they wanted to develop work in this area. At least two sites wanted to explore how they could work better with perpetrators; one pilot site was exploring the possibility of a collaboration with Relate while others were applying for training on the Direct Enquiry method. Another site wished to also consider the specific needs of male victims of domestic violence/abuse. Some pilot sites were starting to think about the bigger picture for families, with one site thinking about what model of family work it wanted to develop and another formalising a referral process to a local service for the children of substance misusers. However, one pilot site said that it had no plans to start group work with families because, “we don’t want to set goals we can’t achieve”.

Clearly, a central issue for consideration in this outcome area is that of adequate supervision. One site said there are plans to start individual supervision related to specific cases where domestic violence/abuse is present e.g. to check on referrals and safety plans. However, several sites reported that they felt existing supervision arrangements would suffice and that no changes would be necessary. This is a concern for the Embrace Team and members of the Advisory Group; as the Embrace Project progresses it will be important to pay attention to this issue and monitor whether additional guidance around supervision is necessary.

Figure Four

1. One respondent spoke about a woman who came into the service and said it was unsafe for her to go home. The worker made some calls to other services but was unable to secure the help that this woman needed. However, because of the learning from Embrace and greater awareness of other services locally the worker persisted and kept calling other services until somewhere agreed to help the woman.
2. A team gained a greater understanding of the power relationships which can exist between couples. Previously, the service had assumed that couples work was good practice. However, the service realised that, for some couples, one half of the couple was ‘acting out’ in being a supportive partner through attending counselling sessions. In fact the partner was exerting control over the partner and the support being received. The service is re-thinking the support it offers to couples.
3. The respondent said that the first two day training event in Birmingham had been very helpful. After the training the respondent sat down with the team to feedback what had been learned at the training. Significantly, the respondent said that three things, particularly from Sarah Galvani’s presentation, resulted in immediate change at the service. First, the team stopped seeing couples together at the outset; the respondent told the team that, “we’ve been involving families in the wrong way”. Secondly, the service gained a clearer understanding that there is no causal link between alcohol misuse and domestic violence and that swift referrals need to be made elsewhere for needs related to domestic violence to be met; this means that the service can focus on providing a better service with regards to the alcohol issues. Thirdly, there are now domestic violence and Respect posters up in the building as the team understands that such posters might encourage some women to disclose that they are experiencing domestic violence.
4. One team talked about the impact of its involvement with the local MARAC. The team has noticed that they are more quickly able to know or to recognise where domestic violence is present.

Improving recording, monitoring and evaluation

This is a key area of focus for the next phase of the Embrace project. Nonetheless, most pilot sites were able to say what they were doing, what they hoped to do or what they knew needed to be done in this area. A participant at one pilot site reported that a new statistics sheet has been introduced to collect more information about the presence of domestic violence. This is a work in progress with some staff better than others at collecting this information; data collected so far have not yet been collated and analysed. As reported above several of the pilot sites were reviewing referral, assessment, risk and review forms to see what changes or additions might need to be made in light of Embrace learning.

Coincidentally, many pilot sites, or the organisations of which they are part, are in the process of introducing new database monitoring systems and are using this opportunity to consider how these databases might be further expanded or manipulated to collect data about domestic violence and abuse, and subsequently work with families. This provides an excellent opportunity for the Embrace Project Team to offer timely advice and guidance on this process.

The role of the Embrace Team

Across the board there were positive comments from the pilot sites about the Embrace Team. Words such as, helpful, pleasant, responsive, excellent, great, brilliant, no complaints, were used to describe the Embrace Team. One person said that the Team “...have the enthusiasm and energy to see the project through....it's infectious”. Some people had been concerned that the departure of the first Policy Officer would have a negative impact on the project but these concerns did not materialise.

The materials produced by the Embrace Team were equally well received. Participants said that the resources were ‘very good’ and ‘very useful’. One person said that the first Knowledge Set was, “well written....easy to understand....staff can apply it...easy to use as reference materials”, whilst another person said, “I've been impressed by the quality of the work.....and the quality of the materials....[it] raised the game for me”. One person acknowledged that they felt “we could have made more use out of [the materials]” whilst a couple of people said that the colouring of the Embrace materials made it hard to read some of the text when they were photocopied in black and white.

Several people commented that that being part of Embrace, with the support of the Embrace Team, the reputation of the members of the Project Advisory Group and the evidence-based materials and training events, gave the project credibility, which has been helpful in terms of engaging local partners, talking to commissioners and generally raising the issues. Being part of Embrace has also been useful to some sites in bringing focus to the work, including at times when other pressures can make it all too easy to push Embrace to one side. One person said that without the Embrace

framework, “we’d still be scratching our heads...we wouldn’t be as energetic....we wouldn’t be where we are today”.

Summary of Progress in Year 1 of the Embrace Project

Returning to the aims of the Embrace Project it can be seen that:

1. The Embrace Team has provided training and a range of other support to all the pilot sites over the first year of the project. The Embrace Team has also successfully developing a range of resources to support good and safe practice and effective partnership working.
2. The pilot sites have demonstrated commitment, albeit at varying levels, to the Embrace Project.
3. The pilot sites have increased their awareness of how domestic abuse issues need to be considered in their daily practice.
4. The pilot sites have made progress towards increasing their awareness of how issues relating to children and families influence their practice with cases where alcohol misuse and domestic violence/abuse co-exist.
5. The pilot sites have started to strengthen their local partnerships, particularly with domestic violence/abuse agencies and other forums.
6. The pilot sites are enhancing their knowledge and skills about good and safe practice in these areas of work.
7. The pilot sites are equipping themselves with the tools, systems, skills and partnerships to carry out the work effectively.

Discussion

The Embrace Project is aiming to effect significant organisational and cultural change within and across alcohol services, both in terms of their local partnership working with other services, particularly domestic violence/abuse agencies and children and families services, but also with regards to actual clinical practice. It is a great challenge to successfully bridge the gaps between two sectors which have, until recently, not been fully able to consider incorporating the wider family and social context into their work. Alcohol services traditionally retain focus on the individual with the alcohol problem, whilst domestic violence services are primarily concerned about the safety of survivors and their children. Work of this nature, as demonstrated by both the Hidden Harm and Every Child Matters agenda, is therefore both challenging and complex in what it is asking of both

individual practitioners and their managers and the wider teams, organisations and partnerships of which they are part. The increased vulnerability of the client groups who are ultimately at the end of the Embrace vision means that developmental work of this nature must not be rushed. Often the work is also attempting to move faster than the pace of national policy and guidance which sometimes places limits on what can be achieved and how quickly things can happen. Work completed elsewhere, involving the author of this report (Orford et al., 2009)², which, over a three year period, supported one statutory and non-statutory addiction service to move towards a more family focused approach to their clinical practice, has highlighted the nature of the journeys for such services.

The Embrace Project has embarked on a similar three year, phased programme of work to support the nine pilot sites in their desire to enhance practice with clients and families where alcohol misuse and domestic violence/abuse co-exist. The Project is not aiming to re-invent the wheel, rather to “find the most effective way of bringing together the work already done around domestic violence and substance misuse and the children and families agenda”. The work has been deliberately structured so that, over the first year, the focus has been on equipping the pilot sites with the knowledge, skills and resources to build up capacity within their team, and with local partners, before more carefully considering how actual practice needs to change and what needs to be in place for that to happen.

It was a shame that not all the pilot sites were able to participate in this evaluation. Nonetheless, from the interviews which were conducted and the data which were available, it is clear that the pilot sites have made a lot of progress as the following quotes from the Embrace Team indicate.

“.....they are changing and it’s a wonderful experience to see people changing and to see organisations changing, and *really* changing....it’s changing the way they act and the way they think....I feel very strongly that there is real change going on”.

“....I would like to spend a lot more of my time with the sites, they’re very inspirational, they’re very irritating, sometimes both at the same time,,,,,,what’s inspirational is both their doggedness in carrying on doing this apparently unrewarded work and at the same time the capacity to cope with change”.

The sites feel that they can’t ignore this type of work because it’s complex....they have a sense of responsibility that they need to take the work forward.

² Orford J, Templeton L, Copello A, Velleman R, Ibanga A & Binnie C (2009). Increasing the involvement of family members in alcohol and drug treatment services: the results of an action research project in two specialist agencies. *Drugs: Education, Prevention and Policy* 1-30 iFirst – a copy of this paper was given to all the sites at the training session on 10th June 2009.

It is clear that some of the pilot sites have demonstrated less commitment to Embrace, and that individuals at some sites were more resistant than others to addressing the issues as required by participation in Embrace; as a result some pilot sites have concentrated their efforts in different areas and rates of progress and change have been different. It has challenging for some of the pilot sites to recognise just how much needs to be done to improve their response to domestic violence/abuse; some of the pilot sites need to more fully recognise how much work is needed. There is acknowledgement that the project is under-resourced but there is also recognition that the services are “coming out of their comfort zone” and have become more willing to commit to the Embrace Project. Some of the pilot sites commented that they would like more information on the end vision for the project coupled with more information on the project’s research components. Offering this to the sites, either by the pilot sites communicating more with each other or through input from the Embrace Team might help to further increase confidence and ensure continued progress with the work which has already been done. As part of this it will be important to clarify that the learning of the named Embrace workers, and of the Managers at each site, is being sufficiently cascaded throughout the whole teams at each site.

The Embrace Team has also achieved much in the first year. It should be highlighted that much of what has been achieved by the pilot sites may not have happened, or happened so quickly, had it not been for the commitment, passion and support offered by the Embrace Team. There have been lengthy discussions about the financial administration of the Embrace project; these discussions have taken considerable time and are ongoing. Given this, and the staff changes which have taken place within the Embrace Team during the first year, the amount of work which has been completed by the Embrace Team, particularly the Embrace Project Leader, is to be commended.

Overall, there seems to have been a much greater focus in the first year on building knowledge, skills and capacity with regards to domestic violence and to getting the foundations right for safe and effective practice in this area. It is less clear how much progress has been made with building capacity with regard to the response to children and families where alcohol misuse and domestic violence/abuse are present. Some pilot sites summarised in their application forms that they are doing quite a bit with families or outlined what they hoped to do but there is less evidence from interviews and paperwork as to what has been done. It is vital that this part of the Embrace vision is not lost by the sites or the Embrace Team over the next months of the project. However, it is equally important that safe working practices are in place before this wider context is more actively incorporated into the work of the sites.

Linked to this, there is some concern that, despite the substantial progress which has been made by the pilot sites in several areas, perhaps some sites are more impatient in wanting to make changes to their actual clinical practice. A period of consolidation would be helpful, firstly to ensure that changes which have already been made are firmly embedded within the pilot sites and, secondly, to allow for a period of reflection within and between the pilot sites to consider exactly what the next steps are for each pilot sites with regards to actual clinical practice. Greater communication between the pilot sites

themselves is essential as the work progresses. Consideration of how service user involvement could make a contribution to the work of each pilot site is another necessary component. For example, one of the pilot sites is planning to run a focus group with female Asian alcohol clients who have experienced domestic violence.

It emerged from the interviews that many of the pilot sites wanted more feedback on how they are doing, and more knowledge on what the other sites are doing. This is a sign of growing confidence from the pilot sites so it is important that the pilot sites are both encouraged to, and given the opportunity to, develop stronger networks with each other. The Embrace Team's support and guidance is central to the success of the project and their commitment will not change as the work progresses. However, it is expected that the pilot sites will gradually be more proactive with the work that they are doing and how they work with each other, with the support of the Embrace Team to achieve this. It is hoped that the pilot sites, through action research/reflective practice, will have greater input into Embrace resources, training, and to the evaluation of the work.

A major gap for alcohol services who want to be more family focused, including offering more to clients and families where domestic violence/abuse is present, is how this work, in terms of data relating to clients, therapeutic support and clinical outcomes, is collected and monitored. This is usually a challenging and time-consuming area of work for such services. Fortunately, for some of the Embrace pilot sites the introduction of new database systems brings a timely opportunity to encourage the services to drive forward a vital area of service development in these areas.

This evaluation has painted a deliberately broad overview of the first year of the project (resources have also restricted what has been possible). As the work continues, supported by the action research and the use by the pilot sites of the outcome grids and the self-assessment forms, it will be necessary to offer a more detailed evaluation of the work at each site, and, furthermore, to explore the complexities of the work and the similarities and differences across and between the sites.

Next Steps

The following issues are areas where further discussion and work is needed in order for the significant progress which the Embrace Project has already made to continue. Discussion with the pilot sites, and also with the Advisory Group, is needed.

1. The substantial progress made by the Embrace Team and the pilot sites in the first year should be acknowledged and celebrated.
2. Ensure the quality of the work being done and the changes being made, and to ensure that safety is at the forefront of all interventions.

3. Encourage the Embrace pilot sites to develop regular and effective networking and other communication opportunities with each other.
4. Support the pilot sites to build equal capacity in their work with children and families.
5. Support the pilot sites to record the Embrace related work that they are doing and to ensure that this contributes to the reporting and monitoring by both the Embrace Team and any externally appointed evaluator.
6. Support the pilot sites to develop their existing monitoring systems to include adequate and consistent reporting of clients and clinical work in the areas.
7. Encourage the pilot sites to engage with their service users so that they can be part of the changes being made.
8. Undertake a review and comparison of the policies (and other documents such as procedures, referral forms, assessment forms etc.) across all the pilot sites.
9. Consider what is possible and necessary for the next phase of the evaluation of Embrace.

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