1.	Project reference:		Final report date:
	SPHR-SHF-PES-FFC		1st June 2017

2.	Project title:
	Evaluation of the Doncaster 'Foundation for Change' programme for perpetrators of domestic abuse

3.	SPHR lead investigators on project:
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	Names and roles of others involved in project (e.g. include fixed term contract researchers and external collaborators / partners):
	Debbie Leyden, Public Health Specialist, Doncaster Council Susan Hampshaw, Head of Research & Evaluation, Public Health, Doncaster Council Sandra Norburn Crime and Reoffending Manager, Doncaster Council Julie Sinclair-Day, Domestic Abuse Development Manager, Foundation Nikeisha Bragger, Project Manager, Doncaster Foundation for Change, Foundation Lucie Waugh, Project Support Officer, Doncaster Council

4.	Project start date:	Project end date:	Duration:
	1st April	31st March 2017	2 years

5.	Project objectives originally outlined in proposal:
	Initiative to be evaluated: The Doncaster 'Foundation for Change' (F4C) domestic abuse prevention programme. *Setting and population:* Perpetrators of domestic abuse (male or female aged 16 years plus) who reside in the Doncaster area and who voluntarily access the Foundation for Change programme, plus their intimate partners and family members. *Aims and objectives:* The study had three broad aims in relation to the 'Foundation for Change' programme:

1. To describe and evaluate the programme theory and the implementation.
2. *To assess the social return on investment of the programme.*
3. To explore the feasibility of conducting a future waiting-list controlled trial.

Research Objectives:
1. To develop a detailed description and evaluate the programme logic of the F4C programme including its component elements and key in-built assumptions.

2. To describe and evaluate the implementation of the F4C programme in practice.

3. To explore key contextual factors that influence the (i) change mechanisms and/or (ii) implementation processes, of the programme.

4. To explore and describe any differential access, experiences and outcomes of the programme by gender, socioeconomic and ethnic group.

5. To identify strengths and weaknesses of the current F4C programme in Doncaster and transferable lessons for other contexts.

6. To describe the costs and benefits (including wider social returns) associated with delivering the F4C programme to the perpetrators and their families.

7. To determine whether a future waiting-list controlled outcome evaluation is feasible, how it should be designed, and to assess what information the evaluation would need to generate to be useful to service commissioners.

Overall study design: The study adopts a collaborative mixed-method evaluation model with service commissioners, providers and researchers working closely to deliver four components:

1. A theory-driven process evaluation involving an iterative process of defining, testing and refining the programme logic to explore in detail both the implementation of the programme in practice and how programme components interact with contextual characteristics to produce particular outcomes for particular clients and their families.

2. A Social Return on Investment analysis of the costs and benefits of the programme, including wider social outcomes (as recommended by the Department of Health, 2011).

3. A study to assess the feasibility and usefulness of conducting a future waiting-list controlled outcome evaluation.

Integration of study findings and deliberative workshops with stakeholders and the wider practice community to identify key learning and transferable knowledge.

6.	**Briefly describe and explain the reason(s) for any changes to the project originally outlined in proposal:**
	In the project proposal, our population was specified as 'Perpetrators of domestic abuse (male or female aged 16 years plus) who reside in the Doncaster area, are outside the criminal justice system and voluntarily access the Foundation for Change programme, plus their intimate partners and family members'. However, early in the

project, we recognised that some perpetrators of domestic abuse may be known to the criminal justice system. Therefore, we amended the description of the population and setting. We also discovered that the voluntary nature of participation was contested, as some clients considered that they had been compelled to attend.

Due to early findings, it was not deemed beneficial to carry out further feasibility work, looking at conducting a waiting-list controlled trial.

A key assumption regarding the effectiveness of the intervention was the speed at which the service providers can respond to begin the intervention. According to expert opinion, those placed on the waiting list would, therefore, be expected to achieve poorer outcomes. Difficulties with chaotic lifestyles and other pressures mean that there was already a very high dropout, and significant difficulties maintaining contact with perpetrators. Those placed on a waiting list would be expected to drop out at a much higher rate, as they need to remain committed to the programme over a longer period, without any tangible benefits or normal levels of engagement. In summary, it is likely that a waiting list would, therefore, alter the composition of the waiting list group to the point that the intervention and control groups would not be comparable. In addition, it is not considered ethical to delay intervention and potentially jeopardise the effectiveness and reach of the service when there was a clear risk of escalating abusive or violent behaviour towards partners/children etc.

7.	**Brief summary of methods, findings against objectives, and conclusions (2-4 pages max):**

Methods:
We used a mixed-method, theory-driven evaluation approach incorporating Social Return on Investment (SROI) analysis ensuring involvement of a wide range of stakeholders, including service commissioners, service providers, clients, social workers and other professionals.
Data for the study were collected using:
- 20 in-depth interviews including nine open-ended individual interviews (n=9) and eleven repeat narrative interviews involving 14 clients.
- Five iterative, 'theory-focused' interviews involving six members of staff of the perpetrator programme.
- 11 in-depth interviews involving 12 stakeholders including commissioners, social workers, professionals from other services such as the police, probation, women's centre, domestic abuse victim services, and children's services.
- Three focus group discussions (including one with perpetrator programme staff and two with other stakeholders) involving 21 participants.
- Ethnographic observations of six one-to-one sessions between clients and their keyworkers. We also reviewed recordings of each of the eight group sessions.
- Review and analysis of case notes of 33 clients
- Review and analysis of routinely collected data of 281 clients.
- Pre- and post-programme attitude survey completed by 42 clients.
- Self-administered abusive behaviour questionnaire administered at the start or the programme (T0; N=42), at the end of the programme (T1; N=11)) and three months' post completion of the programme (T2; N=4).
- We also conducted three individual interviews and three SROI workshops (attended by 19 participants). Participants included clients and staff of the perpetrator programme, domestic abuse victims service support workers, partners of the clients, public health professionals and commissioners.

- We also carried out a cost-savings analysis. This approach valued the activities of the programme as if they are replacing some alternative, comparable activity that people have demonstrated a willingness to pay for (limitations: commissioners' perspectives only, service-level rather than outcome focused).

Results *(including findings in relation to the objectives)*:
Objective 1-4: quantitative data

- From April 2014 (inception of the perpetrator programme) to 31st December 2016 (33 months) a total of 281 clients accessed the perpetrator programme. This included 260 (92.5%) males and 21 females (7.5%).
- Most clients accessing the perpetrator programme are heterosexual, male, living in central parts of Doncaster. The age of the clients, ranged between 16-59 years with a mean age of 31 years (median 29 years; mode 28 years).
- There were a total of 17 referral routes recorded on the programme. Major sources of referral included children's services, social services, South Yorkshire police, South Yorkshire probation, Doncaster probation and other voluntary agencies.
- The majority of clients (45.6%) were reported as being self-referred to the service.
- Over half of the clients (51.6%) have children
- Nearly 29% of the clients reported mental health issues including anxiety and panic attacks, suicidality (20%), self-harm (16%) and drug or alcohol problems (11%).
- Ninety-three clients (33%) reported a history of convictions, injunctions, bail conditions, pending court appearances or other offending issues.
- The mean time between referral and start date on the programme was 18 days, and the average length of time a client spent on the perpetrator programme was 112 days.
- Common and consistently reported abusive behaviour include verbal abuse, breaking and damaging household items, arguments, showing extreme jealousy, telling their partner what to do or not do/where to go/not go, who to see/not see and accusing their partner of having an affair.
- The completion rate for the programme was below 50% and there was no statistically significant difference in general characteristics between those who complete the programme and those who do not. However, by using three items from the attitude survey, completion can be predicted for 77% of those clients joining the perpetrator programme by assessing the extent to which they: consider themselves confident in identifying personal triggers, feel that they have new opportunities for their future and lack confidence about their social skills.

Objective 1-4: qualitative data

- Analysis of the qualitative data resulted in five themes including 'voluntary participation', 'assessing motivation', the 'role of staff in modelling respectful relationships', 'programme content and its relevance' and 'putting learning into practice'.
- Clients' early understanding of the programme emerged as an important factor shaping their follow-through after referral and their continued engagement with the programme. Networking and promotion activities carried out by perpetrator programme and council staff helped maintain a high level of awareness about the programme amongst a wide range of stakeholders, enabling them to facilitate voluntary participation by informing clients about the aims, content and format of the programme and supporting clients to make the decision to participate for themselves.

- Joint working between perpetrator programme and stakeholders was beneficial in assessing client suitability prior to referral. Not all stakeholders had a shared understanding of the importance of voluntary participation and some clients reported that coercion was an important factor in their decision to attend the programme. Such stakeholders were challenged by the perpetrator programme staff.
- The 'Awareness Workshop' proved to be an effective means of providing clients with information about the programme, including the importance of voluntary participation.
- Voluntary participation was facilitated by ongoing review of client motivation for participation. The programme staff assessed client motivation at several different points in their journey through the programme, using a variety of different methods and drawing on evidence from their own observations, interactions and discussions with the clients and, in some instances, information provided by other stakeholders. Clients who continually failed to demonstrate motivation to change their behaviour were asked to leave the programme. Level of motivation was judged by programme staff against their past experiences rather than a clearly articulated set of criteria.
- Flexibility over how and when clients attended, gave clients a sense of ownership and control. In group work, client ownership was encouraged through the joint setting of ground rules, by keeping clients informed of what to expect from the sessions, and allowing clients to decide whether or not to engage with and participate in a range of learning activities.
- Disguised compliance was a concern for some stakeholders and evidence of clients apparently rote learning and mirroring the programme language suggest that for some clients engagement with learning was sometimes superficial. However, other clients demonstrated a deeper understanding of issues discussed on the course, suggesting a more meaningful engagement with the learning process.
- The non-judgemental attitude of programme staff was unexpected and valued by clients and a positive relationship with their key worker emerged as an important factor in maintaining client engagement with the programme.
- The programme staff modelled respectful relationships by working as a unified team in the delivery of group sessions, as well as describing examples of how they have responded to issues in their own relationships. Examples of clients asking for advice from staff about how to behave within relationships indicates that clients were seeking to learn alternative ways of behaving in their own relationships and perceived programme staff as knowledgeable in this area.
- Group work allowed programme staff to create opportunities to facilitate supportive relationships between clients and provide opportunities to learn from peers. Evidence suggests that the group work environment facilitated client willingness to reflect on their behaviour and disclose their feelings, helped build client confidence to participate fully in the sessions, and provided opportunities to learn from peers with differing experiences and histories.
- Not all sessions were perceived as equally relevant by every client but it was generally felt by clients that the sessions had been managed in a way that was inclusive and responsive to the needs of group members.
- Clients reported being better able to recognise their abusive behaviour as a result of their participation and that the programme had resulted in a change in their thinking that enabled them to consider situations from other people's perspectives.
- The findings suggest that learning from the programme had increased client awareness of the impact of their abusive behaviour on their partner and children.
- Some evidence from interviews and case notes indicated that clients were able to put their learning into practice in their own relationships and there were some cases of reported improved relationships with partners since joining the programme. There

was some evidence to support the assumption that positive feedback from a partner is important to consolidate behaviour change; therefore, clients who are not in relationships might struggle to implement their learning effectively.

- Several clients reported that their emotional wellbeing had improved since joining the programme. Some felt calmer or better-able to cope with stress, while others attributed changes in their alcohol consumption to their learning from the programme. There is also limited evidence to suggest that, for some clients, participation in the programme had contributed to increased confidence and a positive outlook for the future.
- Evidence concerning the sustainability of behaviour change is limited. Several clients reported that they were confident and/or determined that changes in their behaviour would be long lasting and a number of clients recognised that embedding behaviour change required time and effort. Others were less confident about their ability to sustain change without further support or the opportunity to apply behaviour change within a new relationship.

Objective 5

- We used SROI and Cost-Saving approach to explore the value of the service. The overall cost of the service was £382,500 for a two-and-a-half-year programme for 281 clients. This is a cost per client of £1,361.
- The SROI analysis indicates a positive social value in return for the investment when calculated over a five-year period. This is despite many of the potential benefits not being able to be measured. A social return on investment of £2.05 for every £1 invested was calculated. A sensitivity analysis using minimum assumptions of benefits indicated a return of £0.95 for every £1 invested.
- The following table shows outcomes that were measured for the SROI analysis and outcomes for which it was not possible to collect evidence.
- The Cost-Savings approach indicates a small comparative cost per client (£79.99) to deliver a holistic coordinated suite of interventions; rather than individual services targeted at specific outcomes. However, when available values for case management (older people or fostered children) are used as a proxy for case management for this cohort, the service demonstrates small cost savings. e.g. Case Management of: older people=£29/person/hour (3 hours=+£7/client); children in care=£446/year/child (+£31/client).

Unable to establish evidence of outcomes	Outcomes measured
Victim: Physical health (A&E/GP)	Victim: Alternative accommodation
Victim: Mental health	
Victim: Support	
Education services: Absentee management	Social Workers/Children's Services: Providing information
Children: Physical/Mental health (stress)	Public sector: Improved parenting
Children: Education	

Children: Care, Fostering, Adoption	
Client: Employability	Client: Reduced A&E
Client: Police call outs	Client: Reduced harmful drinking (Society & QALY)
Client: Improved life decisions	Client: Reduced substance abuse

Conclusions:

In summary, clients accessing the programme are broadly representative of the local population; although, as expected for this type of service, levels of unemployment are higher. However, in common with evaluations of similar services, the geographical reach seems limited. This is a concern for potential unmet need in areas away from urban centres. Some clients felt coerced to attend the programme. However, there is evidence that some intrinsic motivations were also present in these cases. Referring agencies seemed to have good knowledge of the programme to facilitate this.
The ongoing development of the relationships between clients and key workers has implications for effective working with clients, assessment and evaluation. This emphasises the importance of ongoing assessment of clients' motivations, engagement and willingness to change. Individual tailoring of the programme was mostly limited to flexibility in delivery and individual interactions rather than content. However, this was valued by clients, as was being treated with respect and not being judged by case workers. Clients reported changes in behaviour stimulated by awareness of the impact of their behaviour; commonly resulting in clients reporting thinking before they acted.

Some key characteristics can help to predict completion. However, ongoing research is important to further explore the complex factors that influence continued engagement. SROI & Cost-Savings approaches indicate positive social value and a small comparative cost per client (compared to similar, yet not coordinated services) to deliver a holistic coordinated suite of interventions. However, the inclusion of values for case management indicate that the programme offers good value for money compared to services that commissioners have demonstrated a willingness to pay for.

Recommendations

For perpetrator services

The evaluation of the perpetrator programme has helped identify some areas of improvement for the Doncaster service, some of which might be applicable to services in other areas. Whilst some of these recommendations can be acted upon at the level of perpetrator services, it is clear that a more integrated approach to commissioning and provision of all associated services will be required to fully address the issues raised. These recommendations are presented below:

- Integration with other services:
  Although some communication was reported between the domestic violence victim services and the perpetrator programme, their primary organisational aims and working cultures (victim safety and isolation from the perpetrator as opposed to perpetrator rehabilitation and potentially family reconciliation) are currently incompatible and their caseloads are mostly built from different populations.

- Whilst there was evidence of useful information sharing with social workers; approaches should be sought to further facilitate collaborative working with services focusing on children, victims and family (e.g. domestic violence victim services) to share data and intelligence. The current lack of integration could have negative consequences for both victim safety and perpetrator rehabilitation.

- Engaging with perpetrator's partners:
  There is a need to explore ways to engage with partners of clients to enable better understanding of the client's issues and improve monitoring of the effectiveness of the service.

- Programme content:
  More sessions on understanding of abusive, violent and coercively controlling behaviour could help to facilitate better understanding of the issue.

Further research and evaluation

- Understanding long-term effects:
  The drop-out rate is high and ongoing contact following completion of the course is very challenging. An exploration into methods of engagement would help to understand the barriers and possibilities for assessing long-term effects.

- Impact on non-completers:
  Little is known about the effect of the intervention on clients that drop-out of the service, it is not possible to assume that the intervention was not worthwhile. It is important that research and evaluation efforts focus on the potential for understanding the effect on non-completers.

- Predicting engagement:
  This study has added to understanding some of the predictors of non-completion. However, a better understanding of factors affecting engagement, which might be amenable to change, might therefore contribute useful elements to interventions.

- Outcome assessment:
  Important outcomes and economic data requirements for evaluation have been identified. Some difficulties for collecting specific measures have been recognised, which could be addressed in future evaluation or research (for further details see SROI report).

- Geographical reach:
  Clients live in close proximity to the service; near to the centre of town. Inequity of access and the potential for unmet need in areas further away from urban centres should be explored.

- Economic analysis:
  Important outcomes and economic data requirements for evaluation have been identified and described in the report. Some difficulties for collecting these have been recognised, but more feasibility testing is required.

Two pervasive problems for evaluations of this type of programme are the loss of clients to follow-up and difficulties in obtaining outcome measures for victims and families. Further research could focus on developing proxy measures for use during the window of engagement with the service-user.

8.	**Plain English Summary (400 words max)** **Please provide a summary of the project, including background, findings and conclusions:**

Domestic violence or abuse is an important problem in society. It is very important to support those affected but also to change the behaviour and beliefs of people committing domestic abuse. Many services exist to do this. However, there is very poor information about how effective these types of services are, or whether they provide good value for money.

We aimed to find out what worked well for different people, and if there were weaknesses in the service. We also wanted calculate whether the service was good value for money. To do this we talked with a wide range of people that have an interest in this type of service. We talked to people on their own and in groups. We also watched one-to-one sessions and videos of group sessions. We looked at records of service users and requested them to complete surveys about their behaviour.

In common with evaluations of similar services, service users came from areas close to where the programme was provided. This is a concern for people who might need the service in areas away from town centres. People were supposed to choose to use the service, but some people felt that they had been forced to attend by their social workers or other professionals. However, there was some evidence that people also wanted to change their behaviour.

The service is provided by key workers. Relationships between key workers and service users are very important and take a while to develop. A good and trusting relationship helps keyworkers to continually assess whether service users want to change their behaviour. Service users valued the fact that they were able to choose how and when to be involved. They also valued being treated with respect and not being judged by their key workers. Service users reported changes in the ways that they acted as they began to understand how their actions affected others (thinking before acting).

The overall cost of the service was £382,500 for a two-and-a-half-year programme for 281 people. This is a cost per person of £1,361. Some of the benefits that were counted accumulated over time and were therefore calculated over five years. Although there were some important things that we could not count, we found that for every £1 spent the benefits were worth between £2.05 and £0.95.

If we compare the service to other services that people pay for, it is slightly more expensive than these other services (£79.99 per person). However, we did not include values for joining up all of the services and supporting people across their lives, which this service gives. If we include these values then the service is less expensive than we would expect.

9.	**Keywords**

	Please provide up to 8 keywords that relate to the research undertaken in this study:
	Domestic violence, intimate partner violence, voluntary perpetrator programme, perpetrator
10.	**Dissemination – please detail planned or published articles in peer-reviewed journals (including web links):**

Newcastle.

Findings and challenges faced during the project were discussed in a discussion event in CofSoc (Coffee & Sociology group) in University earlier this year.

We presented findings of the study in 'PHPES Dissemination Event held on 25 January 2017 at University of Sheffield. Videos can be accessed here (https://www.youtube.com/watch?v=AzRf8l30t7w&feature=youtu.be)

Learning from the project was also presented in the SPHR ASM in March 2017.

We presented finding of the study via two presentations at the conference titled 'Interpersonal Violence Interventions-Social and Cultural Perspectives' (IPVI) 2017 Conference, University of Jyväskylä Finland.

We presented two paper abstracts and a workshop proposal for the II European Conference on Domestic Violence, Porto Portugal, September 2017.

The project report and economic analysis report are published on the website and were circulated to wider network.

A piece detailing the findings of the study was published in conversation .

We have plans to submit at least 2 papers to academic journals later this year.

	Used during project	Used after project	Would have liked to use but didn't
Academic Journals (e.g. BMJ)	☐	☐	x
Full Report (paper)	x	x	☐
Full report (web access)	x	x	☐
Summary report (paper)	☐	x	☐
Summary report (web access)	x	x	☐
Academic conference - talks	x	x	☐
Academic conference – posters	x	x	☐

	Used during project	Used after project	Would have liked to use but didn't
Academic seminars	x	x	☐
Academic workshops	x	x	☐
Other (please give details)	☐	☐	☐

Throughout the project, the perpetrator programme and other stakeholder organisations (domestic violence victims' services in Doncaster), domestic abuse navigators, public health practitioners have been actively involved with the research team. This meant that sharing of findings and learning have been on an ongoing basis; feeding in to the discussion of future strategy development and service commissioning.

A practice sharing event was held (28th March 2017) in Doncaster. The event was attended by more than 60 practitioners and commissioners from various organisations from Yorkshire and Humber. The feedback from delegates and commissioners attending from Sheffield, Doncaster and other areas stated explicitly that that they could use the specific learning from the evaluation to improve service provision in their local areas.

The draft report is shared with the stakeholders who include F4C programme, public health practitioners, commissioners, Doncaster Domestic Abuse Victim services. The research team will present the findings in team meetings at F4C or any other stakeholder organisations if required. In addition, the report will be shared widely with the community relevant the project through the publication of a study website, presentation in seminars and conferences etc.

	Used during project	Used after project	Would have liked to use but didn't
Professional Journals (e.g. Pulse)	☐	x	☐
Report to non-academic collaborators	☐	x	☐
Press releases	x	x	☐
Newsletters	☐	☐	☐
Policy briefing paper	☐	☐	☐
Targeted mailings	x	x	☐
Event to launch the project etc	☐	☐	☐
Non-academic conferences	x	x	☐
Face-to-face meetings (e.g. with policy makers)	☐	☐	☐
Institution's website	x	☐	☐
Project website	☐	x	☐

	Used during project	Used after project	Would have liked to use but didn't
Web-based lectures (e.g. TED)	☐	☐	☐
Other (please give details)	☐	☐	☐
Podcasts/webcasts	☐	☐	☐
Blogs	x	☐	☐
Facebook	☐	☐	☐
Twitter	x	x	☐
LinkedIn	☐	☐	☐
YouTube	x	☐	☐
Other (please give details)	☐	☐	☐

Some of the tweets and comments from the day's events are at this Storify link:
 https://storify.com/Hampshaw/delivering-and- evaluating-domestic- abuse-programme

http://medicine.dept.shef.ac.uk/news/index.php/2017/02/24/the-role-of-perpetrator-programmes-in-reducing-domestic-abuse/

http://sphr.nihr.ac.uk/whos-involved/researchers-network/research-showcase/

https://youtu.be/AzRf8l30t7w
http://scharr.dept.shef.ac.uk/sphr/wp-content/uploads/sites/3/2017/01/Doncaster-DA-SA_SH_PA_.pdf

http://sphr.nihr.ac.uk/wp-content/uploads/2017/03/Poster-SPHR-SHF-PES-FFC.pdf

https://storify.com/NIHRSPHR/evaluating-local-public-health-practice

11.	**Impact – please use this space to capture information (e.g. data, case studies, quotes, 'thank you' emails etc.) that can be used now and in the future to effectively and concisely demonstrate the impact of your project:**
	There is potential for the findings from this project to directly inform commissioning of similar preventive programmes for perpetrators of domestic abuse nationally.

	The work has already been presented at the SPHR ASM in March 2017, and at a very successful, interactive dissemination event in Doncaster which was attended by more than 60 practitioners, commissioners and experts from across Yorkshire and Humber. The feedback from delegates and commissioners attending from Sheffield, Doncaster and other areas stated explicitly that that they could use the specific learning from the evaluation to improve service provision in their local areas. Some of the tweets and comments from the day's events are at this Storify link: https://storify.com/Hampshaw/delivering-and- evaluating-domestic- abuse- programme Since the project, we have learned from commissioners in Sheffield and Doncaster that learning from the project and the knowledge dissemination event held in Doncaster on March 28, 2017 has helped them think about the future service provision. We have also learned that locally, commissioners and providers are taking forward evidence that they heard at the knowledge exchange in terms of substance misuse and the risk of domestic violence by developing close working relationship between F4C and other services in the areas including ASPIRE Drug and Alcohol Services.
12.	**Public and practitioner involvement and engagement - please summarise your progress to date in implementing your plan for PPIE. Please provide comment on your experiences, any changes made and lessons drawn:** We used a utilization focused evaluation approach to help understand the views and expectations of primary intended users, to keep evaluation outputs focused on usefulness for stakeholders; ongoing engagement with the service providers to collaboratively design and deliver the evaluation; engagement with stakeholders in planning evaluation activities. Service-User and public involvement (PAG, CRG, F4C, Victim abuse services) enabled the development of appropriate data collection tools and has provided us with insights from these groups. These insights helped to improve the processes through which the team approached clients and partners, reducing the anxiety participants might feel when discussing the sensitive issue of domestic abuse and better protecting confidentiality. In addition, involvement helped practitioners and service users to gain insight into evaluation processes. Involvement of clients and members of the public directly informed the development of fieldwork approaches and data collection tools. Due to the nature of the client base, there were difficulties in maintaining membership of the client reference group, so this was convened with different members. There has been lack of continuity of contact with key stakeholders within the service provider organisation, owing to staff turnover and organisational change. However, this has been well managed, through maintaining relationships across the organisation to minimise the impact and easily create fresh relationships with new staff members. Over two years, organisational focus has also changed, and the delivery of the service has developed. Relationships of the service provider organisation with partner organisations have changed and developed, sometimes as a result of evaluation activities.
13.	**Any other information:**

> The PHPES process has been very successful. A particular benefit was being able to fund a member of the collaborator organisation for efficient data collection and management. The investment of commissioners in the process ensured strong engagement.

Department of Health and Social Care Disclaimer:
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