



**CATÓLICA
LISBON**
BUSINESS & ECONOMICS

**Social Impact Bond Feasibility Study of
'DRIVE' Intervention Model to Address
Domestic Violence in Germany**

Felix Farokhfar

152119166

Dissertation written under the supervision of Professor Filipe Santos
(Católica-Lisbon)

Dissertation submitted in partial fulfilment of requirements for the MSc in
Management with specialisation in Strategy and Entrepreneurship at the
Universidade Católica Portuguesa, 02.06.2021.

Abstract

Domestic violence is one of the most pressing social problems on a global scale. In Germany alone, the number of domestic violence cases reached an all-time high in 2019 with a recorded 141,792 offences, of which 140 turned out to be fatal. Despite the state's efforts to combat the problem, the numbers are still on the rise, which is largely attributed to the inadequacy of the current intervention models. One model, however, which showed promising results is called DRIVE, a U.K. based intervention that focus on high-harm, high-risk and/or serial perpetrators to reduce the recidivism rate by 30%. The aim of the present thesis is to assess whether a Social Impact Bond (SIB), an innovative outcome-based financing mechanism, is a suitable way of financing the intervention by replicating the model as a pilot in Berlin, Germany. For this purpose, a financial model was built in Microsoft Excel to compute the internal rate of return (IRR), as well to outline potential savings for the government.

Keywords: Social Impact Bond; feasibility study; domestic violence; DRIVE intervention model

Title: Social Impact Bond Feasibility Study of 'DRIVE' Intervention Model to Address Domestic Violence in Germany.

Author: Felix Farokhfar

Resumo

A violência doméstica é um dos problemas sociais mais prementes à escala global. Particularmente na Alemanha, o número de casos de violência doméstica atingiu um máximo histórico em 2019 com 141.792 delitos registados, dos quais 140 revelaram-se fatais. Apesar dos esforços do Estado para combater o problema, os números continuam a aumentar, o que é largamente atribuído à inadequação dos atuais modelos de intervenção. Um modelo, porém, que mostrou resultados promissores, chama-se DRIVE, uma intervenção desenvolvida no Reino Unido que se foca em perpetradores de alto dano e alto risco e/ou em série para reduzir a taxa de reincidência em 30%. O objetivo da presente tese é avaliar se um Título de Impacto Social (SIB), um mecanismo inovador de financiamento baseado em resultados, é uma forma adequada de financiar a intervenção, a replicar o modelo como piloto em Berlim, Alemanha. Por esta razão, foi construído um modelo financeiro em Microsoft Excel para calcular a taxa interna de retorno (TIR), bem como para delinear possíveis poupanças fiscais para o governo.

Palavras-chave: Título de impacto social; estudo de viabilidade; violência doméstica; intervenção de DRIVE

Título: Estudo de Viabilidade de Títulos de Impacto Social do Modelo de Intervenção 'DRIVE' para abordar a Violência Doméstica na Alemanha.

Autor: Felix Farokhfar

Acknowledgments

The researcher would like to express sincere gratitude to Professor Filipe Santos and António Miguel for the chance to participate in this genuinely impactful research and mentorship that allowed developing this study. The acknowledgment also goes to João Santos in particular, who was the researcher's supervisor. Without his guidance and expertise, the delivery of this thesis would not have been possible. Furthermore, I would like to thank my dear family and friends for your valuable support.

Finally, I would like to dedicate this thesis to Klaus H., a caring father and husband, who has left us way too early this year. You will be missed. R.I.P.

Table of Content

1 Executive Summary	8
2 Methodology	9
3 Literature Review	10
3.1 Social Impact Bonds.....	10
3.1.1 What are Social Impact Bonds?	10
3.1.2 Benefits of Social Impact Bonds.....	11
3.1.3 Risks of Social Impact Bonds	12
3.1.4 Set-up of Social Impact Bonds.....	12
3.2 Domestic Violence	14
3.2.1 Definition of Domestic Violence.....	14
3.2.2 Domestic Violence in Germany	15
3.2.3 Causes of Domestic Violence	16
3.2.4 Consequences of Domestic Violence	17
3.2.5 Financial Consequences.....	18
3.2.6 Alignment of Public Bodies	18
4 Identifying a strong Intervention Model	19
4.1 Types of Interventions.....	19
4.2 DRIVE Intervention Model	21
4.3 DRIVE Framework	22
4.4 Data Analysis of DRIVE Intervention	23
4.4.1 Drive Service User and Victim Characteristics.....	23
4.4.2 Drive Service User Needs	24
4.4.3 Performance Analysis.....	24
5 Modelling the Social Impact Bond	26
5.1 Intervention Scope	26
5.1.1 Target Population	26
5.1.2 Cohort Delivery Model.....	27
5.2 Intervention Costs	28
5.3 Outcome Measurement.....	29
5.4 Payment Mechanism	29
5.5 Public Sector Value.....	30
5.6 Investment Structure	31
6 SIB Business Case and Sensitivity Analysis.....	32

6.1 Business Case	32
6.2 Sensitivity Analysis.....	32
7 Recommendations and next Steps	35
8 Limitations and Conclusion.....	37
8.1 Limitations.....	37
8.2 Conclusion.....	38
Bibliography	40
Appendices.....	45

Table and Figures

Table 1: Forms of Domestic Violence (Jain & Jain, 2015)15

Table 2: Costs of Domestic Violence in 2017 (Sacco, 2017).....18

Table 3: Costs of the Social Impact Bond29

Table 4: Sensitivity Analysis34

Figure 1: Actors, Transactions, and Interests in a Social Impact Bond (SIB) Constellation (Meier & Meyer, 2017).....12

Figure 2: Structure of the Social Problem Section.....14

Figure 3: DRIVE Framework (Hester et. al., 2019).....22

Figure 4: Drive Service User Needs (Hester et al., 2019)24

Figure 5: Assessment of Behavior Change of Drive users (Hester et. al., 2019)25

Figure 6: Social Impact Bond Timeline.....28

Figure 7: Public Sector Value31

Figure 8: Financial Inputs31

Figure 9: Investment Structure.....32

Figure 10: Social Impact Bond37

1 Executive Summary

“The overwhelming majority of physical, sexual and emotional violence takes place within close social confines, that is to say “at home”, and sadly, for many victims, it is part of everyday life” (BMFSJ, 2019).

According to a report conducted by the World Health Organization (WHO) between 2000 and 2018 across 161 countries, 30% of women have already experienced physical and/or sexual violence by an intimate partner (WHO, 2013), while it is believed that one in 25 men will become a victim of domestic violence in their lifetime.

In Germany alone 141,792 offences were reported to the police in 2019, an increase of 11,2% compared to 2015 (Bundeskriminalamt, 2019). Causes of domestic violence usually stem from the fact that perpetrators were themselves already victims of domestic violence, exposed to violence during childhood, or have a high prevalence of abusing alcohol and other substances, which in return reinforces abusive behavior (Ehrensaft et al.,2003). To put it in numbers, Roizen (1993) estimated that at the time of domestic offences 45% of men and 20% of women were to have a drinking problem. These causes in return have not only long-lasting consequences for the health of all those affected, such as perpetrators, victims and children, but also entail immense costs for the state, and thus for the taxpayers (Sacco, 2017). In order to combat this social problem and consequently reduce the costs, Germany has launched numerous initiatives both on a national and international scale. Despite all the efforts, the numbers of registered domestic violence offenses in Germany continue to rise, which can be attributed to inadequate perpetrator prevention programs, which usually take place in a group setting formats, and not individually addressing the perpetrators needs.

One of the perpetrator prevention programs, however, that has been adequately evaluated and shows promising results is DRIVE, a U.K. based intervention model that targets high-risk, high-harm and or serial perpetrators. The 12-month intervention program is a bespoke program addressing the needs of the offender, while also incorporating victims and children involved. Based on the performance analysis carried out by the University of Bristol a 30% reduction in recidivism rate could be assessed six months after the termination of the intervention, in comparison to a control group.

For this reason the researcher aims to assess the feasibility of funding the above mentioned intervention by replicating the model in Berlin, Germany by means of a Social Impact Bond. A Social Impact Bond is a new finance mechanism, which was first developed in 2010. In a

contractual agreement between a commissioner, a social service provider and social driven investors, the latter provides the capital needed for the service provider to run the intervention and seeks a financial return if predefined outcomes are sustained. In case of success, the investor receives the deployed capital along a premium paid by the commissioner. If defined outcomes, however, are not attained, the investor receives nothing, eventually not even recovering the principal.

This feasibility study proposes a Social Impact Bond of 4 years, having the potential to reach 375 perpetrators overall in Berlin, Germany. The model assumes a 30% reduction in recidivism per cohort, which can be assessed by comparing the recorded offences to the police six months before and after the intervention. Considering the IRR (internal return rate) of 9.74% this financial mechanism can be beneficial for both investors, as well the government by saving €300,000 during the project.

2 Methodology

The herein written thesis is conducted in the framework of a feasibility study and aims to assess whether a Social Impact Bond (abbreviated: SIB) is a suitable tool to fund an intervention that reduces the recidivism rate of perpetrators in the context of domestic violence. In particular, the researcher assesses the feasibility of funding the U.K. based intervention DRIVE, replicating the model in Berlin, Germany. The structure of this thesis follows a SIB methodology:

- *Literature review*: The thesis begins with a definition of Social Impact Bonds, followed by the value proposition and risks of this type of financing and its implementation. This is followed by a thorough look at the social problem of domestic violence, specifically in the country of Germany. Current figures and the costs of domestic violence are presented, followed by current initiatives of the government to address this social problem.
- *Identifying a strong intervention model*: This chapter starts with a brief look at current perpetrator prevention programs worldwide, before identifying a strong intervention model in the context of domestic violence, in this case DRIVE, a U.K. based model that focuses on high-risk, high-harm and/or serial perpetrators with a proven track of success. In addition, a data analysis of the program is conducted, covering in more detail the characteristics and needs of the participants and finally assessing the performance/efficacy of the model.

- *Modelling the SIB*: Hereby, the researcher envisions the SIB developed on Microsoft Excel, incorporating the intervention scope, costs, outcome metrics, payment mechanism as well as outlining the public sector value and investment structure.
- *Business case and sensitivity analysis*: The author proposes a business case including a sensitivity analysis to add more value to the model.
- *Limitations and conclusion*: In the last chapter the author summarizes the key findings of the research and addresses the models' limitations.

3 Literature Review

3.1 Social Impact Bonds

This sub-chapter provides an overview of the finance mechanism Social Impact Bond. It covers the definition along the benefits and its implementation.

3.1.1 What are Social Impact Bonds?

Social Impact Bonds (SIBs), or also known as “Payment for Success” and “Social Benefit Bond” in the U.S. and Australia, respectively, have emerged with the growing interest in the broad field of impact investing, which is defined as “*the active investment of capital in businesses and funds that generate positive social and/or environmental impacts, as well as financial returns to the investor*” (Meier & Meyer, 2017; Canadian Task Force on Social Finance, 2010), with SIBs being the most promising drivers within the impact investing industry (Trotta et al., 2015).

SIBs are a relatively new¹ way to finance the delivery of social services by mobilizing private financing (Fraser et al., 2016). They emerged in an attempt to address systematic issues that led to inadequate and often inefficient services for disadvantaged individuals (Social Finance, 2016). Traditionally, the entire social sector is dependent on grants and donations, provided mainly by governmental institutions, who pay for predefined activities (‘fee for service’) to attain their desired outcomes (Bridges Venture, 2014). This, however, has two consequences. Firstly, social service providers have no direct incentive to strive for better outcomes – either when their activities do not deliver the desired results or in cases when they can exceed expectations (Bridges Venture, 2014). Secondly, public bodies tend to allocate money towards funding already ‘tried-and-tested’ activities due to limited financial resources and the associated fear of failure. As a result, governments underinvest in preventative measures or earlier

¹ In 2010 the first Social Impact Bond (SIB) was initiated by Social Finance UK.

interventions which could help to address the root cause of social problems, helping more people earlier on and delivering potential cost savings for society in the long term (Warner, 2013).

To tackle these issues SIBs provide an alternative way to fund interventions by shifting the financial risk of an investment away from the government into the private sector, which have gained momentum in recent years. Since the launch of the first SIB, Social Impact Bonds have experienced a noticeable growth with currently 138 SIBs planned or started worldwide (Social Finance SIB Database, 2021), typically in the field of criminal justice, education, health, homelessness and child welfare (Social Finance, 2016).

3.1.2 Benefits of Social Impact Bonds

SIBs are believed to create a win-win situation for all parties involved such as commissioner, social service provider and investor. Given the scarce financial resources of public bodies, the government can mitigate the costs of failure by shifting the financial risk of the investment to the private sector and paying for outcomes only (Bridges Ventures, 2014). Moreover, it allows public bodies to invest into preventative measures and stimulate innovation in social services which has the potential to result in more savings for the state budget in the long run, and thus also relieve the taxpayer. (Social Finance, 2016).

NGOs and social service providers on the other hand, get a chance to demonstrate their impact helping their communities achieve an important milestone. Through the mechanism of a SIB, social service providers/NGOs are provided with a stable and long-term revenue stream by the investor, which enables them to scale up their services, expand to broader locations or to come up with new services to ultimately help reaching more disadvantaged lives. (Bridges Ventures, 2014).

Lastly, investors finally have the answer to the long-lasting issue, aligning social and financial returns of their investments by means of a Social Impact Bond. SIBs allow the impact-driven high-net worth people to link their finances to the social outcomes and win as a result in both ways. The SIB method unlocks socially and financially better results and leads to an enhanced system of bringing value for society (Bridges Ventures, 2014).

3.1.3 Risks of Social Impact Bonds

Despite all the advantages listed above, there are potential risks that go along with this financing mechanism. Firstly, there exists execution risk. As argued by both Mulgan et al. (2011) and Carè et al., (2020), despite promising data after a pilot or a promising idea in general, there is always uncertainty whether the financed project leads to the desired and predefined outcomes or not.

If this risk proves to be the case, this can result into a financial risk which affects the investor predominantly. More specifically, if the desired outcomes are not attained the investor bears the potential risk of losing all the deployed capital (Gustaffsson et al., 2015).

Further risks arise from measuring the impact of the intervention fairly and from a neutral point of view. While some chosen metrics for the outcomes are very straight-forward and easily measurable in the case of reduction in recidivism of perpetrators for instance, some are more problematic to evaluate such as the Worcestershire SIB, in which loneliness was measured. Generally speaking, the metrics chosen in a SIB should omit any systematic bias and allow for second order effects. (Carè et al., 2020; Social Finance, 2015)

In addition, there are risks that occur beyond the projects' boundaries such as political and budgetary risks, that are incredibly hard to forecast. A change in the political majority or a halt in expenditures in the public sector may lead to the cancellation of the SIB (Carè et al., 2020).

3.1.4 Set-up of Social Impact Bonds

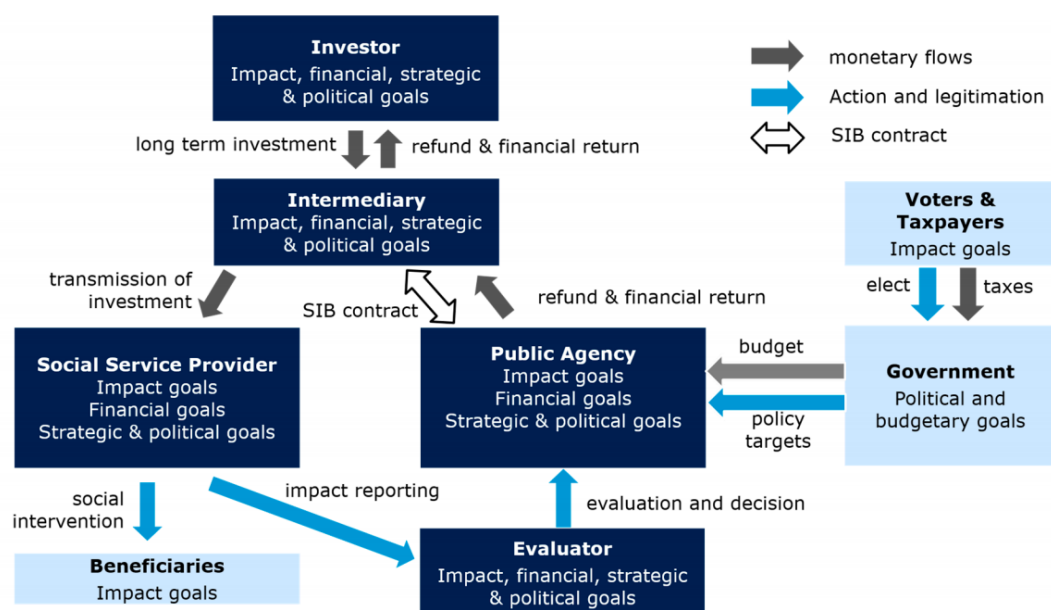


Figure 1: Actors, Transactions, and Interests in a Social Impact Bond (SIB) Constellation (Meier & Meyer, 2017)

According to Warner (2013) in the process of implementing a Social Impact Bond at least three parties are involved: a commissioner, typically a governmental institution; an investor; and a social service provider.

In the first step, public bodies identify a policy for a social problem. They then collaborate with social service providers with a proven intervention model, who receive the working capital needed for the delivery of their services from investors, who take on both the risks and the potential reward of achieving that policy goal. If predefined outcomes between the involved parties are achieved, the government pays back the initial investment to the investor plus an additional premium based on the government's savings (Fraser et al., 2016). If agreed outcomes, however, are not attained, the investor receives nothing and sometimes does not even recover the principal depending on the contract. So far, investors have primarily originated from the foundation sector or are so-called impact investors that are more focused on the social impact of their investments rather than purely on financial returns (Warner 2013).

Additionally, since the implementation of a SIB can be quite complex and sometimes it requires multiple organizations to deliver the service, an intermediary is deployed (as seen in figure 1). In this case, the intermediary receives the funds from the investor and pass them onto the social providers as well as receiving the payment from the outcome funders and making outcome payments to the investor (Warner, 2013). The intermediary is also in charge of managing the entire project as well as bringing together all the project's stakeholders to set up the best possible contract that fits the needs and capabilities of every party (Warner, 2013). Furthermore, to assess whether predefined outcomes are achieved, an evaluator, typically an independent entity, is deployed. The methodology by which outcomes will be measured is to be determined in the contract (Warner, 2013).

3.2 Domestic Violence

This section provides an overview of the social problem of domestic violence, following the structure below:

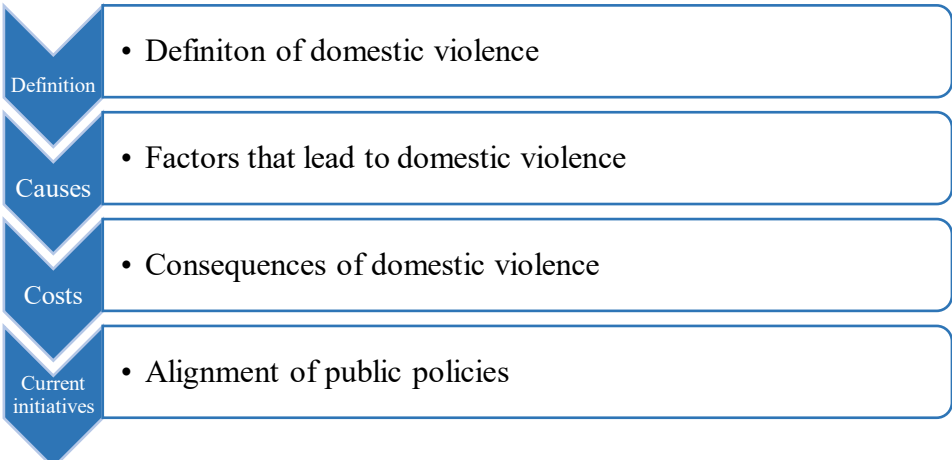


Figure 2: Structure of the Social Problem Section

3.2.1 Definition of Domestic Violence

Domestic violence or also referred to as ‘partner abuse’ or ‘domestic abuse’ is a social problem that has existed since antiquity. Violence between spouses had long been viewed as a rather ‘normal’ component of marriage or intimate relationships, something the partner has to ‘expect’ or ‘tolerate’ (Erez, 2002). It was only until the late 1970s when domestic violence was first addressed publicly and defined as a crime (Goldstein & Hannah, 2010).

To define the social problem, domestic violence refers to a paradigm of compulsive behavior deployed to establish power and control over a partner in an intimate relationship (Jain & Jain, 2015). Traditionally, it involves physical, sexual, psychological and financial components as well as controlling and coercive behavior as indicated in Table 1 (Bacchus et al., 2013). It can range from controlling behavior, where the abuser monitors every activity, to the use of physical force in which the victim is slapped, battered or even more severe, murdered.

According to a report conducted by the World Health Organization (WHO) between 2000 and 2018 across 161 countries, 30% of women have experienced physical and/or sexual violence by an intimate partner (WHO, 2013), while it is believed that one in 25 men will become a victim of domestic violence in their lifetime. The actual figures, however, are estimated to be significantly higher as victims are often reluctant to go to the police out of fear or shame. To put it in numbers, only one fifth of all rapes, 25% of all physical assaults and only one half of all stalking offences are reported to the police in cases when the victim is female, while even fewer incidents are recorded when the victim is male (Tjaden & Thoennes, 2000).

Moreover, the social issue affects women disproportionately as in 85% of the cases the victim is considered female (Erez, 2002). Nevertheless, domestic violence is an issue that affects people of any gender, sexual orientation and ethnicity and should be treated as such (Jain & Jain, 2015). It occurs in every socioeconomic group and has long-lasting consequences for the victims, perpetrators and children involved, along financial costs for the state and taxpayers. (Goldstein & Hannah, 2010).

Forms:	Definition:	Examples:
Physical violence	Use of physical force against an intimate partner.	Hitting, grabbing, slapping, choking, homicide
Sexual violence	Violation of the physical integrity.	Rape, prostitution, coercive sexual contact.
Psychological/ emotional abuse	Exposing another person to behavior that may result in trauma.	Threatening, supervision, controlling.
Financial abuse	Making the partner financially dependent.	Preventing the partner from working; controlling financial resources.
Controlling/ stalking	Harassment and intimidation, unwanted surveillance by an intimate partner	Stalking, cyberstalking, monitoring activities

Table 1: Forms of Domestic Violence (Jain & Jain, 2015)

3.2.2 Domestic Violence in Germany

Since the 70s, when domestic violence became the focus of public attention, there has been a sharp increase in reported domestic violence offences in Germany. Notably, in recent years between 2015 and 2019 the recorded number of cases increased by 11.2% overall, according to the Federal Criminal Statistic (Bundeskriminalamt, 2019). In 2019 a total of 141,792 domestic violence offenses were recorded, among 81% and 19% of the victims were female and male, respectively (Bundeskriminalamt, 2019).² Out of the 141,792 recorded incidents in the year of 2019 the most prevalent case was simple assault (86,812), followed by threatening, stalking, and coercion (32,477). Moreover, 3,086 victims of sexual assault, sexual coercion and rape were registered, and sadly for a total of 140, domestic violence turned out fatal, of which 111 were female and 29 male (Bundeskriminalamt, 2019).

² The Federal Criminal Statistic has not yet issued the report of 2020. Therefore, the researcher relied on the most recent data conducted, which is from 2019.

3.2.3 Causes of Domestic Violence

It is not quite easy to attribute domestic violence to one specific cause. Rather, there are a number of characteristics that increase the likelihood of domestic violence offences. In the 70's when domestic violence was addressed publicly, a rather feminist view on domestic violence emerged, which assumed that men are always the perpetrator who batter their spouses as a result of obtaining male domination and power (Eisikovits & Edleson 1989). This is, however, too short-sighted, since men may also be the victims and women the perpetrators. In fact, the most discussed and researched factors linked to domestic violence are alcohol and substance misuse, childhood victimization and socio-economic factors.

3.2.3.1 Alcohol and Substance Misuse

Alcohol and substance misuse have been subject of numerous studies as a matter of explaining violent behavior in the context of domestic violence. Although it remains uncertain whether alcohol and substance misuse is a direct cause linked to reported offences, a high prevalence of sexual, physical and psychological violence can be attributed to these addictions (Alvarado-Zaldivar et al. 1998). Roizen (1993) estimated that at the time of domestic offences 45% of men and 20% of women were having a drinking problem. These findings were supported by other studies (Caetano et al., 2004) in which 27 to 41% of men and 4 to 24% of women were drinking when the incident happened. Furthermore, scholars also indicated that people with alcohol and substance misuse are more likely to perpetrate compared to their counterparts without any of these addictions (Cunradi et al., 1999).

3.2.3.2 Socio-Economic Factors

Although domestic violence occurs in any social and economic society, a particularly strong connection between low income, low education, unemployment and the risk of a domestic violence related incident, can be drawn (Hotaling & Sugarman 1986, Saunders 1993, Holtzworth-Munroe et al 1997b, Heise 1998, Walby & Myhill 2001b, Schumacher et al 2001). Notably, Gilchrist et al. (2003) assessed that 60% of all perpetrators referred to domestic violence programs in the UK were unemployed. Furthermore, people with lower income tend to batter more and to a more severe degree.

3.2.3.3 Childhood Victimization

Another cause of domestic violence can be traced back to earlier childhood victimization of the perpetrator. In one of the most important studies to assess the causes of domestic violence, Ehrensaft et al. (2003) found that the likelihood of later domestic violence perpetration increased sevenfold when the perpetrator witnessed domestic violence or was abused during

childhood. Interestingly, people who have been abused during childhood or adolescence are becoming a victim of domestic abuse more often than people who have not been abused, which applies to both men and women (Gomez, 2011). In particular, Coid (2000) investigated this hypothesis, focusing on women only, and found that the likelihood of becoming a victim in adulthood is four times higher for women who had been beaten and six times higher when they were abused.

3.2.4 Consequences of Domestic Violence

Now, that we have a better understanding of the causes or characteristics that increase the likelihood of domestic violence offenses, it is vital to have a brief look at its devastating consequences. Domestic violence offenses can result in both physical and psychological consequences, alongside financial costs for all involved parties including victims, perpetrators and children.

3.2.4.1 Physical Consequences

Physical consequences can arise in the short term as well as in the long run. Short term consequences occur as a result of physical injuries such as bruises, scratches, sprains or fractures, in which the victim is hospitalized (Ratner, 1998). In more severe cases the injuries have long lasting consequences where the victim is drawn for life. This typically includes severe bone fractures, burns or the loss of hearing (Ratner, 1998). However, it is not merely the victim who suffers physical injuries. Their perpetrators also often sustain defense wounds or self-inflicted injuries (Alejo, 2014).

3.2.4.2 Psychological Consequences

In addition to physical violence, it is primarily psychological violence that accompanies victims, in some cases for the rest of their lives. Heise et al. (1994) examined the health effects of rape on women in industrialized countries and found out that life expectancy of women aged 15-44 is reduced by 5 years after the incident, which can be attributed to psychological causes. Victims are also prone to suffer from anxiety and depressions, express suicidal thoughts and develop post-traumatic disorders along disruption of interpersonal relationships after years of abuse (Andrews & Brown, 1988; Astin et al., 1993; Tang, 1997; Kaslaw et al., 1998; Gutierrez et al., 2000). Due to the increased stress during and after exposure to violence, long-term diseases such as hypertension, heart disease and an increased likelihood of cancer can occur (AMA Council on Scientific Affairs, 1992). Moreover, victims are also likely to flee into drug and alcohol addictions. According to Miller (1990) being in a violent relationship is the strongest predictor of alcoholism.

3.2.4.3 Consequences on Children

Moreover, domestic violence can also have devastating consequences for children who are exposed to violent behavior of their parents. While the witnessing children are more likely to suffer from anxiety, depression and posttraumatic stress disorder, they are also more likely to adapt to the violent behavior of their role models (Gutterman, et. al., 2006). Gutterman et al. (2006) assessed that children tend to be more aggressive and reveal more behavioral disorders when exposed to domestic violence, as evaluated by both teachers and parents.

3.2.5 Financial Consequences

Regardless of the health factors attributed to domestic violence, the social problem also causes immense costs for the state and thus for the taxpayer. In the first national report conducted on the costs associated with domestic violence in Germany, Sacco (2017) estimated the costs to be around €2.29 billion in the year of 2017. This stems from police costs, mainly police operations, and judiciary costs, such as legal costs. In addition, there are 440 million euros in annual health care costs, which consist of the annual costs for hospitalization and treatment of mental illnesses. Moreover, the state provides support in the form of refuge houses and perpetrator programs which account for another €193 million annually. Since severe domestic violence offences can result in unemployment of the victim, Sacco (2017) included loss of gainful unemployment in her studies, which is comparable to the methodology of previous studies on estimating the costs of domestic violence in other countries.

Costs:	[Mio €]
Police	108,90 €
Judiciary	300,70 €
Housing and support	193,30 €
Health care	440,90 €
Loss of gainful employment	1.248,60 €
Total costs	2.292,40 €

Table 2: Costs of Domestic Violence in 2017 (Sacco, 2017)

3.2.6 Alignment of Public Bodies

Domestic violence has become a strategic priority to be addressed, both on a national and international scale. Nationally, the government has launched numerous initiatives to address the social problem as a consequence of the change in law in the 70's. One of these was the establishment of the "Consultation- Intervention- Violence Prevention" (BIG) in 1995 (Forum Kriminalprävention, 2020). In the form of a round table, governmental and non-governmental organizations, such as women's shelters, the police, the judiciary, and representatives of both

the health care system and youth welfare, these parties work together to combat the social problem collectively. On its establishment, new laws have been implemented, and new institutions have been founded and built. Education and training were also funded, and intervention centers were established to provide counseling to victims of domestic violence (Forum Kriminalprävention, 2020). With the initiative "Together against Violence", the federal government promises to provide 30 million euros annually between 2020 and 2023 for the expansion, conversion, new construction and renovation of women's shelters and specialized counseling centers for victims and perpetrator programs. In total, the government aims to invest 120 million euros in the protection of victims and treatment of perpetrators. (BMFSFJ, 2020)

Additionally, on an European level, Germany joined the Istanbul Convention, a European treaty that intends to protect victims in particular women from domestic violence and violence in general. It set out the framework, obligations, rights and measures to which all member states are bound. Emphasis is placed on international cooperation to make the fight against violence more effectively, by establishing groups of experts to monitor the implementation of chosen measures. Furthermore, as Article 8 of the Istanbul Convention states, parties should provide adequate financial and human resources necessary to address all forms of violence.

Despite the numerous initiatives mentioned above, domestic violence cases continue to rise. Bals (2008) argues that this is mainly attributed to the current perpetrator programs in place. Due to the lack of data for most interventions, a verdict on its effectiveness cannot be made. Moreover, Bals (2008) also criticizes the format of the programs, and the assumptions which the perpetrator intervention are based on. For this reason, a brief look at the current intervention models is required, which will be assessed in the next chapter.

4 Identifying a strong Intervention Model

This chapter provides an overview of current perpetrator interventions in the field of domestic violence and identifies a strong model that lays the foundation for modeling the Social Impact Bond Business Case presented in chapter 5.

4.1 Types of Interventions

Since the 70s, when domestic violence was first addressed publicly, scholars have been extensively working to find interventions that change the perpetrator's attitude, reduce violent behavior, and make the lives of victims-survivors and their children safer. When looking at the literature, perpetrator programs are often drawn on psychoeducational models (Lilley et al.,

2018), with the Duluth model being the most prevalent worldwide, including Germany. The underlying theory of that model is that men by nature use violence to exercise power and control which women and children are exposed to due to their unequal social, economic and political status in society. As a result, the program's main objective is to force men to consciously attend to their patriarchal and stereotypical beliefs toward women and to change the perpetrator's attitude, reducing violent behavior in the future (Pence & Paymar, 1993). Traditionally, the intervention is delivered in a group work setting varying in length from 12 to 52 weeks, which covers strategies to improve communication and problem solving skills, building empathy towards victim and tension reduction exercises (Hermann et al., 2014).

Although the model is continuously applied both on a national and international scale, the efficacy still remains unclear. In one of the first evaluations of Duluth model, Babcock and Steiner (1999) assessed the recidivism rate of completers and non-completers of a 36-week program. Their findings speak in favor of the efficacy of the model as fewer repeat offences were recorded among completers (8%) compared to participants who terminated the program early (23%). Evaluations of other scholars, however, showed less encouraging findings. For example, Gondolf (2000) assessed the recidivism rate of program completers (n= 578) 30 months after the intervention with the use of police data. The findings indicated a very high re-perpetration of 57% among participants for incidents related to domestic violence. Furthermore, in recent years, more scholars have expressed their doubts about the model. In particular, Stuart (2005) criticizes the Duluth Models' flawed assumptions, notably that the model neglects female perpetrators and male victims and does not tackle the root cause of domestic violence.

Due to the shortcomings of the Duluth Model and psychoeducational models in general, scholars have now shifted their focus to cognitive-behavioral models, targeting the root cause of the problem that leads to an increase in cases of domestic violence. According to Bates et al. (2017), perpetrator programs should be bespoke, delivered individually and focus on the needs of the perpetrator and address any cause that may have resulted in the abusive behavior. He stresses the support of both mental health and substance misuse as a crucial component for the effectiveness of perpetrator programs. Moreover, it is vital to follow an overall approach with victim-survivor safety at the core and incorporate a coordinated multi-agency partnership and information sharing arrangements between all involved stakeholders (e.g. police, judiciary, child protection, probation etc.) (Bullock et al., 2010; Ali et al., 2017; McGinn et al., 2016).

One of the perpetrator programs with victim-survivor safety at the core that include all the above mentioned criteria is the model 'DRIVE'. This approach showed promising results after its pilot projects in England and Wales, and will be presented in the following sub-chapter.

4.2 DRIVE Intervention Model

DRIVE is a U.K.-based project that aims to reduce the number of victims of DV by changing and disrupting perpetrator's behavior and holding them accountable. The intervention focuses particularly on high-risk, high-harm, and/or serial perpetrators as they pose the greatest risk of harm (Robinson, 2016). At the heart of the intervention lay the four defined key objectives (Hester et al., 2019):

- *''Reduce the number of serial perpetrators of domestic abuse*
- *Reduce the number of repeat and new victims*
- *Reduce the harm caused to victims and children*
- *Intervene earlier to safeguard families living with high-harm domestic abuse''*

To achieve the defined outcomes, the model sets up a holistic system approach working closely with a variety of different parties such as victim services, police, probation officers, children's social services, substance misuse and mental health teams to tackle the social problem as a whole. The program also incorporates intensive work with the perpetrator on a one-on-one basis, carried out by a case manager to target any cause that may have resulted in abusive behavior, therefore providing a bespoke program based on the needs of the perpetrator. Additionally, as victim-survivor safety at the core is considered a vital aspect, the model provides support for affected victims and children (Hester et al., 2019).

4.3 DRIVE Framework

In order to understand the intervention and its structures, the intervention framework is depicted below:

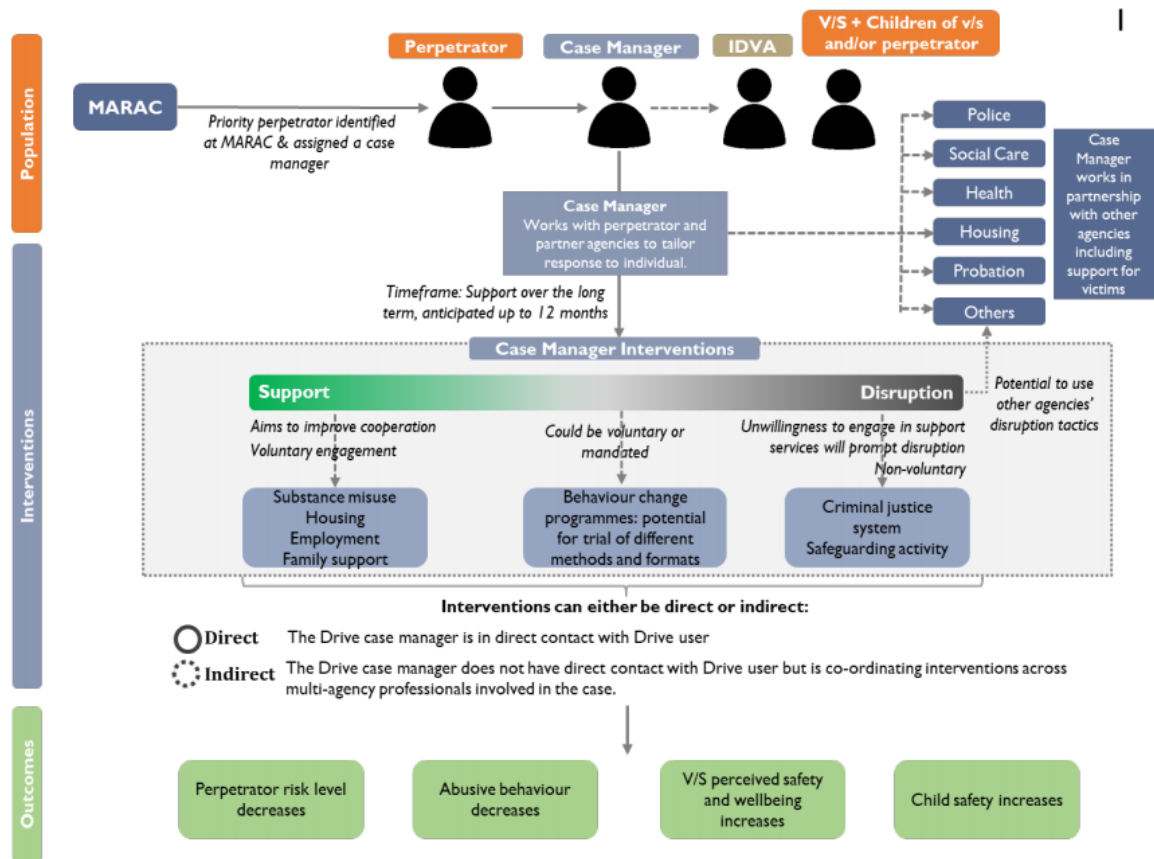


Figure 3: DRIVE Framework (Hester et al., 2019)

Prior to the start of the DRIVE intervention, an offender commits a domestic violence related crime, the victim reports the incident and the local police starts the investigation. The case is then referred to a multi-agency assessment conference (MARAC) as seen in the top left corner of the framework, where the DRIVE intervention begins. MARAC is a meeting between local police representatives, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation officers, and other specialists from the statutory and voluntary sector. When a victim's case is referred to the conference, the main objective is to share information on the case across all stakeholders and allocate the case to case management if it is deemed safe to engage with the perpetrator (Hester et al., 2019). A Case Manager then tries to engage with the perpetrator on a one on one basis for up to 12 months by using a combination of disrupt and support activities or both (as seen in the center of the framework)³.

³ For a more detailed overview of the specific tasks of the Case Manager, please refer to appendix 1.

Support activities aim to address any issues and needs of the perpetrator such as providing housing, aid for mental health, and support for substance misuse but also helping the perpetrator with debt or other issues that may have impacted the abusive behavior. In addition, the case manager helps the offender to work on impulse control and emotional regulation. At the same time, however, if the perpetrator is unwilling to engage in support activities, the case manager uses disrupt opportunities to hold the perpetrator accountable for his actions. This typically includes intervening via the criminal justice system if necessary, or sharing information with the police about the perpetrator's location (Hester et al., 2019). Both support and disrupt activities are intended to be carried out directly on a one-on-one basis by the case manager if it is deemed safe to engage. In cases where the manager's safety cannot be guaranteed, indirect work is carried out at a multi-agency level. This typically includes activities such as information sharing with other stakeholders involved, institutional advocacy, and coordinating multi-agency action to heighten risk awareness and respond (Hester et al., 2019)

Besides the case management, an Independent Domestic Violence Advisor (IDVA) is employed who engages with the victim and/or children throughout the entire intervention (as seen in the top right corner) also working on a personalized plan and addressing any needs and issues originated from the abuse (Hester et al., 2019).

The entire intervention is intended to last 12 months and aims to achieve the four previously mentioned outcomes, as indicated at the bottom of the framework.

4.4 Data Analysis of DRIVE Intervention

In 2016, DRIVE was first launched as a three year pilot project in three areas across England and Wales (Essex, South Wales, and West Sussex). During and after the three years pilot, an independent evaluator, the University of Bristol, carried out an extensive analysis in order to provide an overview of the participants characteristics, needs and assessed the efficacy of the intervention model.

4.4.1 Drive Service User and Victim Characteristics

In total 506⁴ offenders were allocated to Drive during the three year pilot distributed over the three mentioned sites. The participants varied in age from 17 to 81 years with an average age of 32. Most of them were identified male 477 (93.5%) followed by female 32 (6.5%), and considered White British 226 (44.5%) when ethnicity was known. When participants were asked about the relationship to the victim, Drive users classified their victim as their current

⁴ At intake 509 users were allocated to Drive, of whom 2 died and one moved away, resulting in n=506

intimate partner 65 (12.8%); ex-intimate partner 251 (49.3%), or family member. Moreover, 44 (8.6%) users indicated ‘living together’ or ‘not living together’ 302 (59.3%), when asked about the living arrangements with the victim. Additionally, during the pilot, IDVAs worked with a total of 196 victims, of whom 97% were female and 62% reported having children in the household (Hester et al., 2019).

4.4.2 Drive Service User Needs

Besides the characteristics, the needs of service user (n=487) were thoroughly investigated. The most prevalent needs for the perpetrator as indicated in Figure 4 were alcohol misuse 28%; housing needs 27%; employment difficulties 27%; and mental health 23%. It was then assessed whether these needs correlated with physical, sexual, harassment and stalking (H&S), and jealous and controlling behaviors (J&C) using logistic regressions. The findings indicated that users with employment difficulties were more likely to use physical abuse than those without such difficulties, while users with parenting capacity issues, drug misuse or other addictions were more likely to use sexual violence compared to their counterparts (Hester et al., 2019).

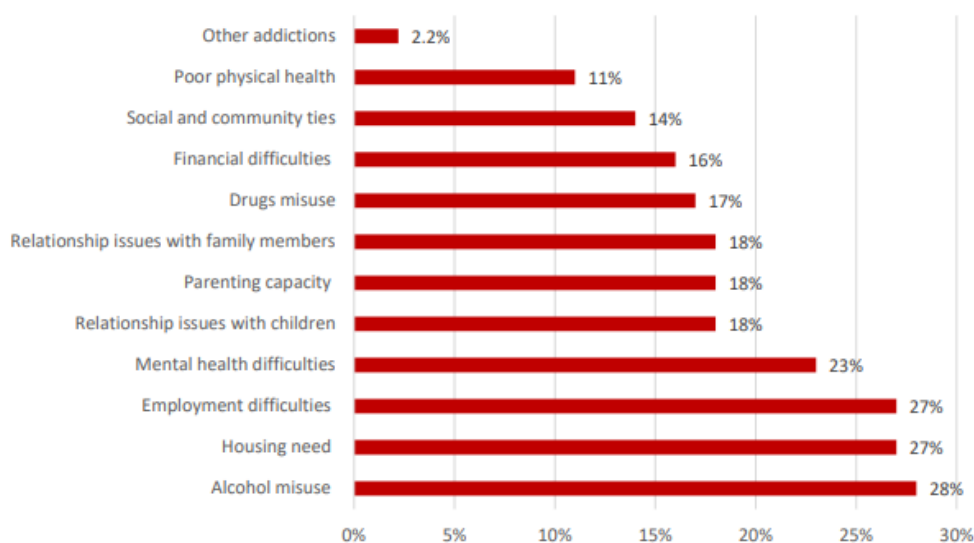


Figure 4: Drive service user needs (Hester et al., 2019)

4.4.3 Performance Analysis

The University of Bristol used a random control trial design (RCT) to evaluate the efficacy of the intervention model. After a domestic violence case was referred and discussed at MARAC, the perpetrator was randomly assigned to either Drive (n=506) or to a control group (n=2,085). This ensured a robust comparison between those two groups. The evaluation involved qualitative interviews and questionnaires with practitioners, Drive service users, and victim survivors to assess whether a change in abusive behavior of the perpetrator has been sustained,

and through both MARAC and police data, long-term outcomes such as recidivism could be assessed (Hester et al., 2019).

MARAC and Police data for site 2 (n=184) showed perpetration reduced by 30% for the Drive cohort 6 months after the intervention compared to 6 months before, while the numbers for the control group (n=1,139) remained constant. Furthermore, the number of domestic violence incidents continued to fall more than a year after the intervention, while an increase of domestic violence incidents after the 12 months for the control group could be verified. In addition, over the 12 month period of the intervention a substantial reduction in domestic violence and abusive behavior for all three Drive cohorts (n=506) could be examined. (Hester et al., 2019). In particular, the four aspects were evaluated: Physical abuse reduced by 82%; sexual abuse reduced by 88%; harassment and stalking (H&S) reduced by 75%; and jealousy and controlling behavior (J&C) reduced by 73% as indicated in figure 5:

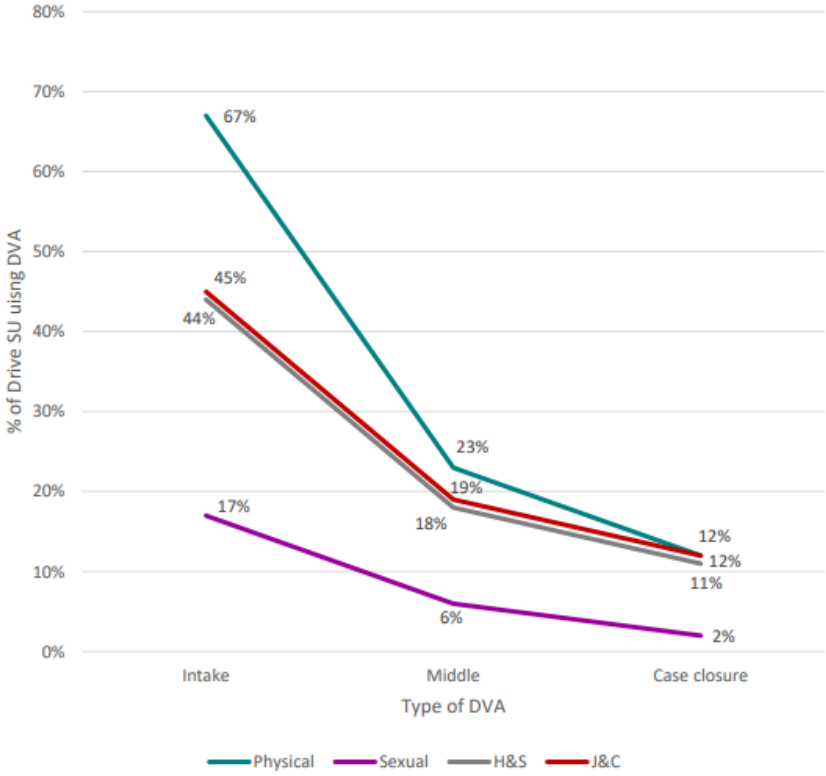


Figure 5: Assessment of Behavior Change of Drive users (Hester et al., 2019)

On top of that, IDVAs were able to evaluate risk as ‘permanently eliminated’ in three times as many cases for DRIVE victim survivors (11%) compared to participants in the control group (4%) (Hester et al., 2019).

These promising findings along with the fact that DRIVE has been replicated 10 times shows the efficacy of the model and is the reason why the researcher chose this intervention for the

modelling of the Social Impact Bond, which will be investigated in more depth in the following chapter.

5 Modelling the Social Impact Bond

Usually Social Impact Bonds have two types of applicability. Either test a new implementation model or scale up/ replicate an innovative model with a proven track of success. Since the conducted performance analysis of DRIVE clearly speaks in favor of the efficacy of the model, the researcher proposes replicating the intervention in Germany, more precisely in Berlin. This can be explained for two reasons. Firstly, when looking at the statistics in Berlin, it becomes clear that the German capital with 3,6m inhabitants is one of the most affected states in the context of domestic violence with a reported 14,824 cases in 2019, which represents 9,5% of all recorded incidents that year, making Berlin the state with the highest number of crimes according to an inhabitants-crimes-ratio of 0.411% (Senatsverwaltung, 2021). In comparison to Berlin, the two most populous federal states in Germany, North-Rhine-Westphalia and Bavaria registered 22,640 and 19,411 reported crimes that year but only per 17.94m (0.126 inhabitants-crimes-ratio) and 13.125m inhabitants (0.147% inhabitants-crimes-ratio), respectively, which emphasizes the scope of that social problem in Berlin. Secondly, and potentially more important than the former, DRIVE is best suitable in an already established infrastructure as it relies on strong partnerships with police, judiciary, health care and housing providers. These partnerships and the structure can be found in Berlin, namely in the already mentioned Consultation-Intervention-Violence-Prevention (BIG), which was founded in 1995.

The Social Impact Bond was developed through a financial model built on Microsoft Excel and is the foundation of the feasibility study, bringing together all the different components and stakeholders detailed in previous sections. For this purpose, the intervention scope is briefly explained, taking into consideration the target population, the cohort delivery and the intervention costs. Additionally, the internal rate of return (IRR) is calculated for the project from the investor's point of view. Furthermore, potential savings for the state are assessed and a sensitivity analysis is conducted to determine how key variables are affected based on changes in the key inputs. The researcher envisions the following Social Impact Bond:

5.1 Intervention Scope

5.1.1 Target Population

Since DRIVE focuses on high risk, high harm perpetrator and/ or serial perpetrators, the target population is the aforementioned in the location of Berlin. Specifically, the target population

must be above the age of 18 and both female and male perpetrators are eligible to be considered for the intervention, alongside their victims and/or children involved. Furthermore, the intervention is intended for institutionally referred or assigned perpetrators. Specifically, when a domestic violence offense is reported to the police, the case will then be forwarded to the round table, similar to MARAC in the U.K., where representatives of all involved stakeholders discuss if it is deemed safe to engage with the perpetrator. If the safety of all involved stakeholders, particularly for the case manager is guaranteed, the case will be randomly assigned to either the target or to the control group. In terms of the form of violence, recalling the data analysis of the DRIVE pilot, the four forms of domestic violence are considered: physical and sexual violence, harassment and stalking (H&S), along jealous and controlling behaviors. Lastly, the intervention during the pilot has the potential to reach 375 perpetrators overall, which will be discussed more briefly in the next sub-chapter.

5.1.2 Cohort Delivery Model

It is advised to maintain a stable number of participants per edition for the purpose of cohesion and measurability. Following a similar approach than the pilot project in the U.K., a three month implementation/test phase is required prior to the start of the first edition of the intervention (figure 6). This is crucial for two reasons. Firstly, since the intervention is intended to be replicated, time is needed to understand its structure and approach as well as to establish partnerships with the various stakeholders such as police, health care and housing providers, youth welfare etc. Secondly, the implementation phase is needed to set up the perpetrator panel as well as to gather enough information on each case and to refer the perpetrator to either the treatment or to a control group, similar to the DRIVE pilot. After that, three editions of interventions are planned each lasting 12 months, which are scheduled to start consecutively as seen in figure 6. Furthermore, a total of 125 participants per cohort are proposed, resulting in 375 beneficiaries overall after three editions. Outcomes are then measured six months after each edition (figure 6). The methodology on how outcomes are measured will be assessed in chapter 5.3. The length of the SIB is 4 years or more precisely 3 years and 9 months as illustrated below.

		SIB Timeline																																																																							
		2022												2023												2024												2025																																			
		J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S																											
1st cohort	Test (3m)	1st edition of intervention (12m)												outcome measurement (6m)																																																											
2nd cohort														2nd edition of intervention (12m)												outcome measurement (6m)																																															
3rd cohort																										3rd edition of intervention (12m)												outcome measurement (6m)																																			

Figure 6: Social Impact Bond Timeline

5.2 Intervention Costs

The intervention costs are intimately dependent on the intervention scope. DRIVE estimates the intervention costs to be €2,794.60 per perpetrator, which derive mainly from personnel costs.⁵ In particular, per cohort of 125 participants, 4 case managers, one service manager, one IDVA and one perpetrator panel coordinator are required. As a result, the researcher looked up the equivalent job roles in Berlin and took the monthly average income for these positions (table 3). This accounts for monthly personnel costs of €31,236 or €1,124,496 after three editions of the intervention. Furthermore, an additional 20% overhead costs are calculated based on the assumptions that costs such as water, gas and electricity or cell phone expenses will incur on a monthly basis. Additionally, a further €112,449.60 is added for the proposed 3 months implementation phase. This number originates from the monthly cost of the intervention (€37,483.20) multiplied by the number of months for the implementation phase (3 months). Moreover, since the proposed Social Impact Bond also requires the use of an intermediary due to the intervention's complexity, working together with various stakeholders, a further €2,300 per month is calculated, which accounts for €103,500 after 3 years and 9 months. Lastly, €300 evaluation costs are assumed per edition, which occur 6 months after each edition, therefore, resulting in overall evaluation costs of €900. This number also includes the evaluation report after each edition, and is set relatively low since the outcome measurement is straightforward and simple, which will be elaborated in chapter 5.3.

To conclude, the proposed Social Impact Bond costs €1,566,244.80 for the duration of 3 years and 9 months as seen in table 3.

⁵ DRIVE estimated the costs to be £2,400 per perpetrator. Converted into euros, the costs are €2,794.60 as of May 30th 2021 (Source: www.finanzen.net/waehrungsrechner/britische-pfund_euro)

Cost category	Amount	Total cost (monthly)	Total cost (per edition)	Total cost (3 editions)
IDVA (social worker)	1	3.762,00 €	45.144,00 €	135.432,00 €
Case manager	4	19.284,00 €	231.408,00 €	694.224,00 €
Perpetrator panel	1	3.290,00 €	39.480,00 €	118.440,00 €
Service manager	1	4.900,00 €	58.800,00 €	176.400,00 €
Total direct cost		31.236,00 €	374.832,00 €	1.124.496,00 €
Indirect cost (overheads) 20%		6.247,20 €	74.966,40 €	224.899,20 €
Total cost of intervention		37.483,20 €	449.798,40 €	1.349.395,20 €
+				
3m implementation phase				112.449,60 €
Intermediary costs		2.300,00 €		103.500,00 €
Evaluation costs		300,00 €		900,00 €
Social Impact Bond costs				1.566.244,80 €

Table 3: Costs of the Social Impact Bond

5.3 Outcome Measurement

According to Social Finance (2015), the selection of outcomes metrics to measure success is an essential step during the development of a SIB. It is crucial to ensure the chosen metrics are not only reflecting the success and impact of the project but are also easily available or accessible. Therefore, the reduction in recidivism rate is considered as the only outcome metric due to its indication of success of the intervention from a social outcome perspective and relative ease of measurement and verification. In particular, a 30% reduction in recidivism of each of the three cohorts is considered, which is consistent with the findings of the DRIVE pilot. The relative ease of measurement can be explained by the fact that only police data is needed to assess whether a reduction in recidivism has been sustained, by simply comparing the perpetrators domestic violence offenses 6 months prior with six months after the termination of the intervention.

5.4 Payment Mechanism

Traditionally, in a Social Impact Bond, repayments from the public body are made to the investor after the pre-defined goals have been achieved. It should be noted here that the investor pays the social service provider annually. For the above mentioned outcome metric a payment of €634,436 per cohort is considered once the 30% reduction in recidivism is sustained. The payment can be explained as follows: We first look again at the costs of domestic violence described in chapter 3.2.5. According to Sacco (2017), the costs amounted to €2.29 billion in 2017 based on 117,049 recorded offenses. Compared with the latest statistics available from 2019 and 141,792 offences, we get a result of €2.77 billion. Calculating the costs per case, we

get a result of €19,585. With the intervention, re-perpetration reduces by 30%, 6 months after the 12-month program. Since DRIVE focuses particularly on high-risk; high-harm; and/or serial perpetrators, the assumption is that the perpetrators would on average re-perpetrate once within a year if no intervention was given. However, with the intervention, 30% fewer crimes are committed, which means there are 30% fewer costs for the state, precisely €5,875.5 per case. Since both the investor and the state want to benefit from the intervention, the outcome payment is set at €634,436 (€5,075.5 per case, multiplied by 125 perpetrators to create an estimated saving of €800 per case). This entails that the state saves 100,000 euros per cohort (n=125) as further explained in the next section.

5.5 Public Sector Value

For the outcome payer it is crucial to know how much money can be saved by means of the intervention. For this reason a public sector savings analysis is compiled. The underlying assumption of this analysis is, that all of the three cohorts (n = 375) achieve the agreed outcome metric of 30% reduction in recidivism. As previously mentioned, the status quo of the current costs associated with domestic violence account for €19,585 per case or €7,344,360 for 375 cases, under the assumption that all of the 375 perpetrator would re-perpetrate if they did not receive any intervention (Figure 7). With the intervention, 30% less crimes are being committed, which results in public sector costs of €5,141,052.⁶ Furthermore, the costs for the proposed SIB account for €1,903,308, which stem from the two categories, cost of the delivery €1,566,245 and the surplus of €337,063. Taking all these numbers into account, this entails a substantial saving of €300,000 for the government.

It is noted here, that this number applies to 375 perpetrators. Given the scope of the problem in Berlin and in Germany in general, this has the potential to result in higher savings, when rolled out more broadly. Additionally, it is worth noting, that although the intervention achieves accountable savings to the public sector, they also bring innovation to the sector and, at the same time, relieve effort to the governments and municipalities. Furthermore, the victim and children involved benefit greatly from the behavioral change of their former abusive mother/father. Addictions from victims that were thoroughly assessed in chapter 3.2.4, that

⁶ Therefore, 375 potential cases multiplied by 30% reduction in recidivism multiplied by cost per case €19,585 results in €2,203,312.5. Subtracting this number from the status quo of €7,344,360, we receive €5,141,052.

stem as a result of the abuse will also reduce, which results in further costs savings for the state as well. To assess these savings, however, would be out of the scope of this thesis.

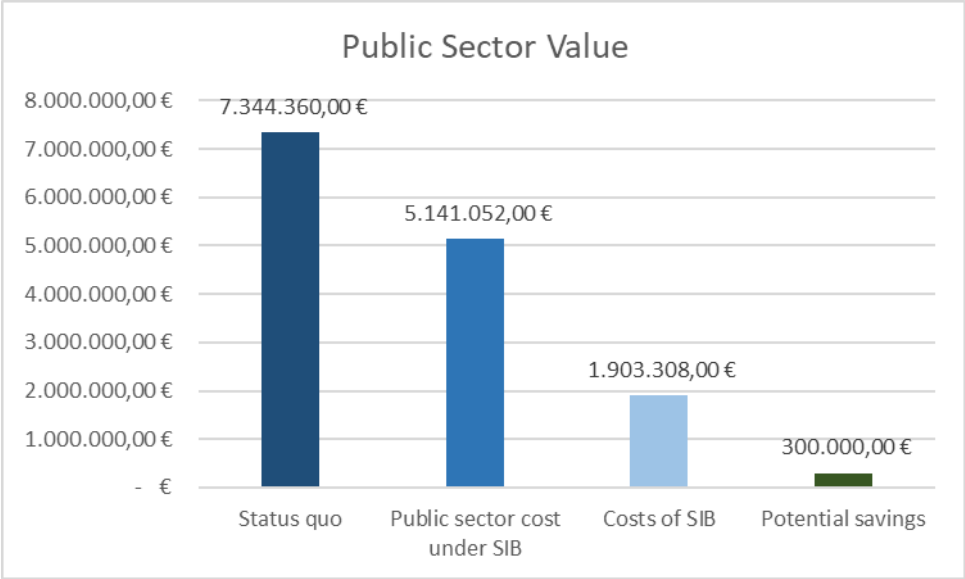


Figure 7: Public Sector Value

5.6 Investment Structure

As already mentioned above, the model contains an “annual basis” investment structure, meaning the investor provides the required capital annually to run the editions of the project as seen in figure 8. Furthermore, a working capital contingency equal to three months of the project or €103,476 is included. This amount, given its contingency purpose, shall not be used unless an eventuality or emergency occurs, and is to be returned to investors. In addition, a one month cash flow delay is considered between outcomes are measured and cash flows in as investors’ repayment. Lastly, the model also incorporates a 20% tax shield.

FINANCIAL INPUTS	
OPERATIONAL INPUTS	
Program start date	01.01.2022
Length of project	45 Months
Reserve level which begins cash return to investors	3 Months 103.476 €
Tax	20%
Cash flow Delay	1 Month
Working Capital Contingency	3 Months 103.476 €
Carry	0%
Investment structure	Annual basis

Figure 8: Financial Inputs

6 SIB Business Case and Sensitivity Analysis

6.1 Business Case

Taking into account all of the previously mentioned factors, the proposed Social Impact Bond computes an internal rate of return (IRR) of 9.74% and a project’s surplus of €337,063.

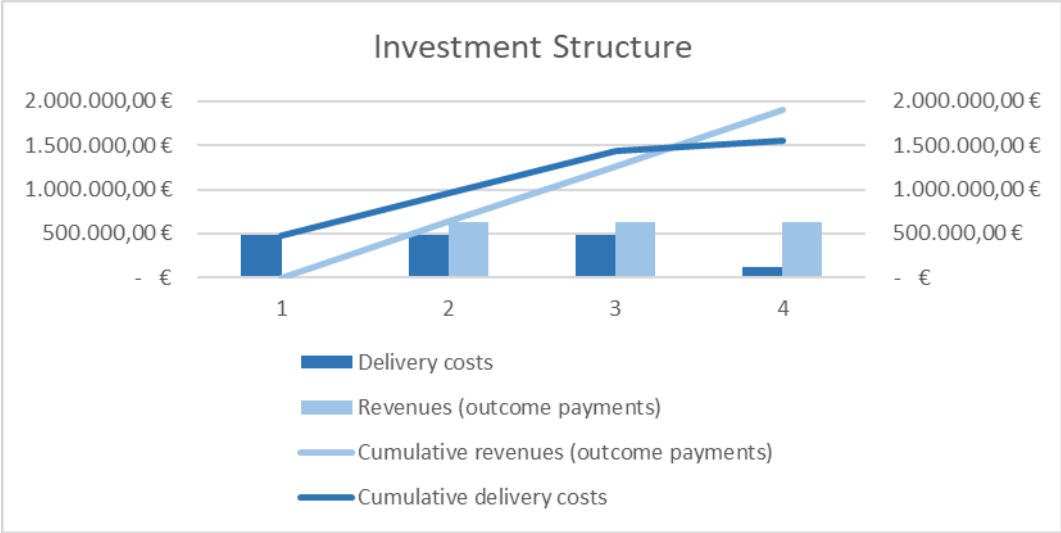


Figure 9: Investment Structure

6.2 Sensitivity Analysis

The proposed business case is drawn on estimates and assumptions, which may or may not materialize, thus having the potential to significantly impact the investment. For this reason, a sensitivity analysis is carried out to determine how key variables are affected based on changes in key inputs as a result of unforeseen events. A total of six scenarios are tested, a rather optimistic and a more pessimistic scenario is forecasted as a result of changing key factors of the proposed model, *ceteris paribus*, which is indicated as the base case scenario. Table 4 presents the impact of such scenarios on the proposed model.

The first variable that can vary is the success rate or more precisely the percentage of reduction in recidivism rate. The proposed model estimates a 30% reduction equal to the findings of DRIVE after their pilot project, which is quantified as the base case in the sensitivity analysis. However, this can deviate upwards or downwards, which has an impact on the maximum contract value and thus on the surplus and ultimately on the IRR. It is noted, if the reduction in recidivism rate is lower than 25%, the project is viewed as a failure and the investor bears the risk of not recovering the deployed capital. Therefore, in the presented analysis, a 25% reduction is assumed as the worst case scenario and a 40% reduction as the best case, indicated in table 4.

In addition, the outcome payment is changed up-and downwards in the second scenario of the table 4. This, however, is connected with a trade-off. While a higher outcome payment influences the surplus and thus the return for the investor, it simultaneously lowers the savings on the part of the state, whereas a lower outcome payment causes the opposite effect. In the analysis, an outcome payment of €734,436 per cohort was assumed as the best case and a payment of €522,100 as the worst case.

Lastly, the number of participants per cohort is changed. The initial number is 125 participants, as in the proposed model. However, since the project is newly implemented, it is possible that the organization that is executing the DRIVE intervention in Germany, cannot treat 125 perpetrators with the personnel used, since time is needed to adopt to the intervention. For this reason, 100 perpetrators per cohort are considered as the worst case, and 150 perpetrators per cohort as the best case scenario. For both scenarios the number of personnel used are identical to the base case scenario, therefore, the project costs remain unchanged. The formula for computing the maximum contract value is the following:

Taking the outcome payment of €634,436 divided by the number per cohort results in €5,075. Multiplying this amount by the total number of participants of the three cohorts (worst case: $n=300$) and (best case: $n=450$), results in a maximum contract value of €1,522,647 and €2,283,975.50 for the best case and worst case, respectively. The surplus of - €43,597.80 results from the difference between maximum contract value and project costs.

Success rate	worst case	base case	best case
Reduction in Recidivism	by 25%	by 30%	by 40%
Maximum contract value	1.836.090,00 €	1.903.308,00 €	2.937.744,00 €
Project costs	1.566.244,80 €	1.566.244,80 €	1.566.244,80 €
Surplus	269.845,20 €	337.063,20 €	1.371.499,20 €
IRR	7,87%	9,74%	33,35%

Outcome payment	worst case	base case	best case
Total possible payment	522.100,00 €	634.436,00 €	734.436,00 €
Maximum contract value	1.566.300,00 €	1.903.308,00 €	2.203.308,00 €
Project costs	1.566.244,80 €	1.566.244,80 €	1.566.244,80 €
Surplus	55,20 €	337.063,20 €	637.063,20 €
IRR	0,002%	9,74%	17,56%

Cohort	worst case	base case	best case
Number of participants	100	125	150
Maximum contract value	1.522.647,00 €	1.903.308,00 €	2.283.970,50 €
Project costs	1.566.244,80 €	1.566.244,80 €	1.566.244,80 €
Surplus	- 43.597,80 €	337.063,20 €	717.725,70 €
IRR	-1,68%	9,74%	19,54%

Table 4: Sensitivity Analysis

To conclude, the sensitivity analysis presented above shows how key variables are affected based on changes in the key inputs. In the second scenario, we can examine that setting the number of possible payment to €522,100 per cohort results in a return of 0,002% for the investor. This means, in order for the investor to benefit from this project, the outcome payment should be equal or greater than this number. Setting, the outcome payment to €734,436 per cohort, however, increases the investor's return substantially, in particular a return of 17.56% can be expected.

Furthermore, changes in the number of participants per cohort influences the key variables greatly. Setting the number of participants to 100 per cohort results in a negative return for the investor. However, stakeholders such as the government, and the beneficiaries benefit from the intervention. The government can still save money, while the perpetrator reduces his abusive behavior, reducing the likelihood of re-perpetrating and making the lives of both victim and children more bearable.

7 Recommendations and next Steps

Balancing the costs and returns from the sensitivity analysis conducted in the last chapter, the chosen metrics from the base case scenario should be applied in case of implementation of the SIB. Given the findings of the outcome payment, setting the outcome payment below or above the proposed €634,436 comes with a tradeoff. While a higher outcome payment results in a higher return for the investor, government savings will simultaneously decrease. A lower outcome will please the state's budget as more savings can be generated from, however, it might not be as lucrative from an investor point of view, particularly when the outcome payment is set below €522,100 per cohort. Therefore, setting the outcome payment at the proposed €634,436 per cohort, both parties will benefit from greatly and should be viewed as the target outcome payment. In terms of the number of participants, deviating from the suggested 125 beneficiaries per cohort is also not suggested, at least not during the pilot. Although the sensitivity analysis indicates that if more beneficiaries are incorporated in each cohort, the maximum contract value would increase. Though, it must be stated, since the roll-out of the first pilot in the U.K. and Wales, DRIVE has not yet increased the number of beneficiaries per cohort unless the size of the staff has been proportionally elevated. There is a risk that if the number of beneficiaries increases while the number of personnel remains the same, case managers may not do their job properly, i.e. they may not be able to deliver a bespoke program, addressing the perpetrators needs individually, and thus there is a risk that the recidivism rate will be higher than initially anticipated. Therefore, one should try to train the staff (Case Manager, Service Manager etc.) from the beginning, so that at intake 125 perpetrators can attend this intervention, since decreasing the size of the cohort will impact the investors surplus, negatively.

Furthermore, in terms of potential stakeholders to participate in the SIB, the researcher proposes the Bertelsmann foundation to be the initiator of the SIB. Due to their sound knowledge and expertise in the sphere of impact investing, already realizing 60 projects so far since its foundation in 1977, the foundation is seen as the most suitable initiator of the SIB. Moreover, Bertelsmann has also demonstrated great success with SIBs in particular, initiating two of the three Social Impact Bonds issued in Germany to date.

Additionally, the chemical corporation BASF SE is considered as the most designated investor to finance the project for two reasons. Firstly, the company has already financed the latest Social Impact Bond in Germany, which aimed to improve educational opportunities of children in primary school, in which the Bertelsmann Foundation was also the initiator, and secondly,

BASF SE views itself as a responsible company, that seeks to generate a positive contribution to the public welfare.

Furthermore, PHINEO should act as an intermediary. PHINEO is a nonprofit analysis and consulting firm for impactful social engagement, founded by the Bertelsmann Foundation in conjunction with other partners. PHINEO advocates for more impact and transparency in the nonprofit sector and actively accompanies the development of a market for impact-oriented investing in Germany.

The public sector commissioner should be the city of Berlin, being in charge of the payments of the outcome metrics achieved, while the intervention should be carried out by BIG. As previously mentioned, BIG was established as an institution to partner up with governmental and non-governmental organizations, such as the police, the judiciary and representatives of both the health care and youth welfare to work collectively to fight domestic violence. Moreover, since the staff of the BIG team needs to be trained according to the DRIVE intervention, a summary of the training, alongside the requirements for the positions of both Case and Service Manager have been included in the appendix. (Please see appendix 3 and 4). The 4-day training should ideally be taken place during the 3 months implementation phase. An exact estimate of the cost of the training, however, cannot be made at this time.

Lastly, on terms of next steps, a legal due diligence will need to be undertaken to understand what legal framework and contractual architecture is required for the proposed SIB model.

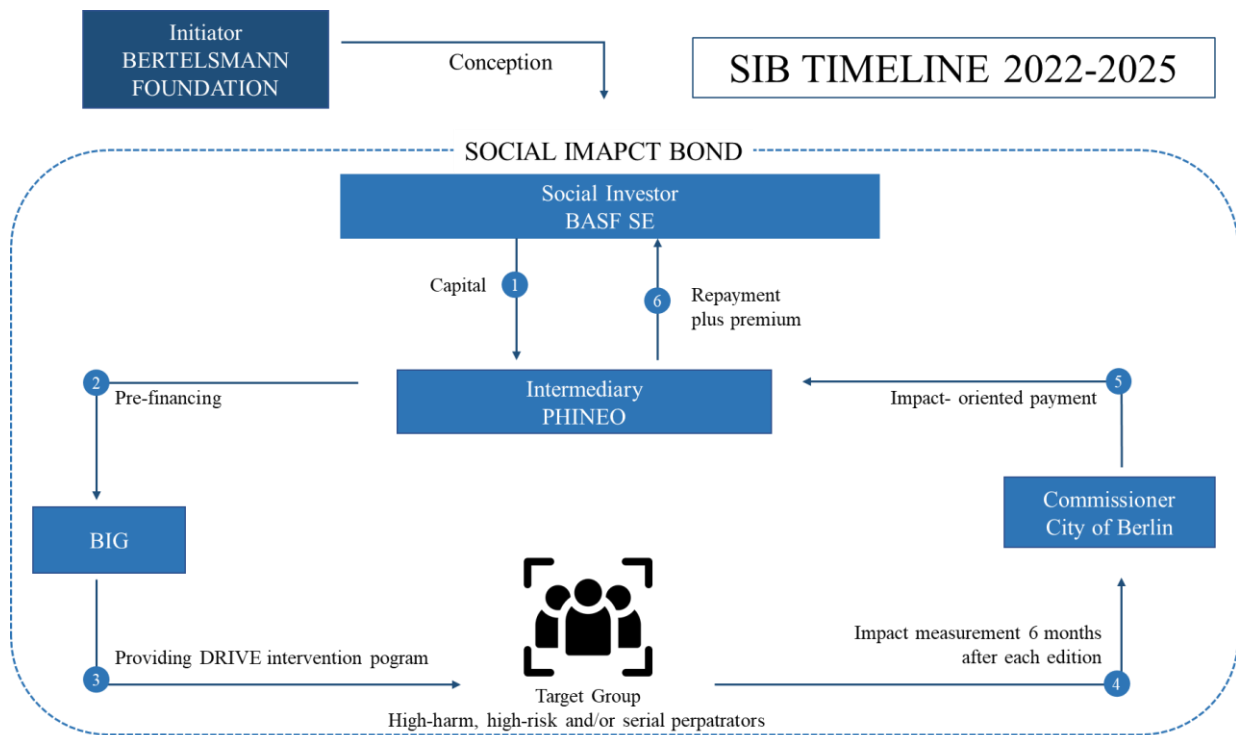


Figure 10: Social Impact Bond

8 Limitations and Conclusion

8.1 Limitations

As with all academic work, this feasibility study has potential limitations which are addressed below.

One of the main limitations relates to the performance analysis of the DRIVE intervention model. During the pilot, the data of only one site, and thus a mere 184 perpetrators could be analyzed in terms of reduction in recidivism rate, which potentially lowers the significance of the findings. Yet, it can be noted, that the performance was compared with a larger control group (n=1,139) and the fact, that intervention model has already been replicated 10 times throughout the U.K., clearly speaks in favor of the efficacy of DRIVE.

Additionally, in regards to the proposed model of the researcher, it was assumed that the 30% reduction in recidivism rate of perpetrators would also occur in Germany, although this has so far only been evaluated in the U.K. Furthermore, the financial analysis performed in this model does not take inflation into consideration.

Moreover, a further limitation is based on the estimates made of the delivery costs of the intervention. The researcher only had access to the report from the University of Bristol on the performance analysis, who stated the price to be €2,794.60 per perpetrator, however, not on the

exact figures. For this reason, assumptions were made regarding the overhead costs, while for the personnel expenses, the average monthly income for the required job roles in Berlin were estimated. Assumptions were also made on the evaluation costs as well as on the intermediary costs. The costs for the latter were oriented towards the intermediary costs of the Osnabrück SIB, one of Germany's three Social Impact Bonds executed, in which PHINEO had also acted as the intermediary.

8.2 Conclusion

The proposed feasibility study addressed one of the most pressing social issues in Germany, namely domestic violence.

In the first chapter, the author discussed Social Impact Bonds, a new financing mechanism in the sphere of impact investment, listing both advantages and potential risks and going into more depth about their composition. This was followed by an excursion into one of the most pressing social problems of all, domestic violence. Reasons, health and economic consequences were briefly examined, as well as the efforts made so far to combat the social problem on a national and international level. In the second chapter, the author provided an overview of current offender programs and identified one model in particular that has shown promising results, DRIVE, which has already been replicated 10 across the U.K. This was followed by a thorough data analysis of the model in relation to the characteristics of the participants and the effectiveness of the model. The main part was the modelling of the Social Impact Bond, which was done in Excel. The intervention model DRIVE was sought to be replicated as a pilot project in Berlin. For this purpose, the necessary determinants such as intervention scope, outcome metrics and payments as well as the costs for the intervention were determined to calculate the internal rate of return from an investor's point of view. In addition, a sensitivity analysis was then carried out in order to assess how variables are affected based on changes in key inputs. The thesis and finally the next steps in terms of implementation were described.

To conclude, the feasibility study shows a great potential for impact and thus a high potential of value for money to the public sector. While from an investor point of view, a lucrative surplus of €337,063 can be generated along a measurable and sustainable impact, the government has the potential to save €100,000 per annum.⁷ Furthermore, the implementation of the proposed model also represents the fourth SIB in Germany and the very first tackling domestic violence, which may not only have a positive impact within the area of social innovation but may also

⁷ Please refer to Appendix 2 for calculating the surplus.

promote a higher involvement from a larger number of stakeholders in tackling social issues, thus opening doors to new structures and contexts.

Bibliography

Abbott, P., Williamson, E. (1999). Women, health and domestic violence. *Journal of Gender Studies*, 8(1), 83-102.

Alejo, K. (2014). Long-Term Physical and Mental Health Effects of Domestic Violence. *Themis: Research Journal of Justice Studies and Forensic Science: Vol. 2 , Article 5.*

Ali, P., Ariss, S., Powell, K., Crowder, M. and Cooper, R. (2017). Doncaster Domestic Abuse Perpetrator Programme: Evaluation Report, 2017 Sheffield: The University of Sheffield.

Alvarado-Zaldivar, G., Moysen, J. S., Estrada-Martinez, S., & Terrones-Gonzalez, A. (1998). Prevalência de violência domestica em la ciudad de Durango. *Salud Publica del México*, 40, 481–486.

American Medical Association Council On Scientific Affairs (1992). Violence against women: Relevance for medical practitioners, *Journal of the American Medical Association*, 267, pp. 3184–3189.

Andrews, B. & Brown, G. W. (1988). Marital violence in the community: A biographical approach. *British Journal of Psychiatry*, 153, 305–312.

Astin, M. C., Laerence, K. J. & Foy, D. W. (1993). Posttraumatic stress disorder among battered women: Risk and resiliency factors. *Violence and Victims*, 8, 17–27.

Babcock, J. C., & Steiner, R. (1999). The relationship between treatment, incarceration, and recidivism of battering: A program evaluation of Seattle's coordinated community response to domestic violence. *Journal of Family Psychology*, 13, 46–59.

Bacchus, J. L., Bewley, S., Mezey, G., (2006). A Qualitative Exploration of the Nature of Domestic Violence in Pregnancy. *Violence Against Women*. Vol. 12 No. 6, 2006, 588-604.

Bacchus, L., Devries, K., Mak, J., Child, J., Falder, G., Petzold, M., Astbury, J., Watts, C. (2013). Intimate Partner Violence and Incident Depressive Symptoms and Suicide Attempts: A Systematic Review of Longitudinal Studies. *Journal of PLOS Medicine*.

Bals, N. (2008.) Häusliche Gewalt: Die Entdeckung eines sozialen Problems, konträre Strömungen und Deutschland als „Entwicklungsland“. In: Groenemeyer A., Wieseler S. (eds) *Soziologie sozialer Probleme und sozialer Kontrolle*. Verlag für Sozialwissenschaften.

BMFSFJ (2019). Greater Protection in Cases of Domestic Violence. Information on the Act on Protection Against Violence.

- BMFSFJ (2020). Förderprogramm. Gemeinsam gegen Gewalt an Frauen.
- Bridges Impact +. (2014). Choosing Social Impact Bonds: A Practitioner's Guide. Bridges Ventures.
- Bullock, K., Sarre, S., Tarling, R. and Wilkinson, M. (2010). The Delivery of Domestic Abuse Programmes: An Implementation Study of the Delivery of Domestic Abuse Programmes in Probation Areas and Her Majesty's Prison Service Ministry of Justice Research Series 15/10 London: Ministry of Justice.
- Bundeskriminalamt (2019). Partnerschaftsgewalt. Kriminalstatistische Auswertung – Berichtsjahr 2019.
- Coid, J. (2000). A survey of women's experience of domestic violence attending primary care in East London. In Conference report: Domestic violence a health response: Working in a wider partnership. London, UK: Department of Health.
- Carè, R., Rania, F., De Lisa, R. (2020). Critical Success Factors, Motivations, and Risks in Social Impact Bonds. Sustainability 2020, 12, 7291.
- Dear, A., Helbitz, A., Khare, R., Lotan, R., Newman, J., Sims, G. C., Zaroulis, A. (2016). Social Impact Bonds: The Early Years. Social Finance.
- Ehrensaft, M. K., Cohen, P., Brown, J., Smailes, E., Chen, H., & Johnson, J. G. (2003). Intergenerational transmission of partner violence: A 20-year prospective study. *Journal of Consulting & Clinical Psychology*, 71(4), 741–753.
- Eisikovits, Z. C. & Edleson, J. L. (1989). Intervening with men who batter: a critical review of the literature. *Social Service Review*. 63 (3). 384-414.
- Eisikovits, Z.C., Edleson, J.L. (1989). Intervening with Men who Batter A Critical Review of the Literature. *Social Service Review*, 63, 384-414.
- Erez, E. (2002). Domestic Violence and the Criminal Justice System: An Overview. *Online Journal of Issues in Nursing*. Vol. 7 No. 1, Manuscript 3.
- Erez, Edna (2002). "Domestic Violence and the Criminal Justice System: An Overview" *Online Journal of Issues in Nursing*. Vol. 7 No. 1.
- Forum Kriminalprävention (2020) Viel erreicht und dennoch nicht am Ziel. Aktuelle Entwicklungen bei der Prävention von häuslicher Gewalt.

Fraser, A., Tan S., Lagarde M., Mays N. (2016). Narratives of Promise, Narratives of Caution: A Review of the Literature on Social Impact Bonds. *Social Policy & Administration*.

Gilchrist, E; Johnson, R; Takriti, R; Weston, S; Beech, A. & Kebbell, M. (2003) Domestic violence offenders; characteristics and offending related needs, Findings no 217. London: Home Office Research, Development and Statistics Directorate.

Goldstein, B., Hannah, T. (2010) Domestic violence, abuse, and child custody legal strategies and policy issues.

Gomez, A. (2011). Testing the cycle of violence hypothesis: Child abuse and adolescent dating violence as predictors of intimate partner violence in young adulthood. *Youth and Society*, 43, 171-192.

Gondolf, E. W. (2000). A 30-month follow-up of court-referred batterers in four cities. *International Journal of Offender Therapy and Comparative Criminology*, 44, 111–128.

Gustafsson-Wright, E., Gardiner, S., Putch V. (2015). The Potential and Limitations of Impact Bonds. Lessons from the first five years of experience worldwide.

Gutierrez, P. M., Thakker, R. R. & Kuczen, C. (2000). Exploration of the relationship between physical and/or sexual abuse attitudes about life and death, and suicidal ideation in young women. *Death Studies*, 24, 675–688.

Heise, L. L. (1998) Violence against women: an integrated, ecological framework. *Violence Against Women*. 4 (3). 262-290.

Herman, K., Rotunda, R., Williamson, G., Vodanovich, V. (2014) Outcomes From a Duluth Model Batterer Intervention Program at Completion and Long Term Follow-Up, *Journal of Offender Rehabilitation*, 53:1, 1-18.

Hester, M., Eisenstadt, N., Ortega-Avila, A., Morgan, K., Walker, S.J. & Bell, J. (2019) Evaluation of the Drive Project – A Three-year Pilot to Address High-risk, High-harm Perpetrators of Domestic Abuse: Centre for Gender & Violence Research, University of Bristol

Holtzworth-Munroe, A; Stuart, G L; Hutchinson, G. (1997a). Violent versus non-violent husbands: differences in attachment patterns, dependency and jealousy. *Journal of Family Psychology*. 11 (3). 314-331.

Hotaling, G.T. & Sugarman, D. B. (1986). An analysis of risk markers in husband-to-wife violence: The current state of knowledge. *Violence and Victims*. 1 (2). 101-124.

- Jain, P., & Jain, A. (2015). Domestic Violence and Social Work. *International Journal in Management and Social Science*. Vol. 3 No. 11.
- Kaslaw, N. J., Thompson, M. P., Meadows, L. A., et al. (1993). Factors that mediate and the link between partner abuse and suicidal behavior in African American women. *Journal of Consulting and Clinical Psychology*, 66, 533–540.
- Kishor, S., & Johnson, K. (2006). Reproductive health and domestic violence: Are the poorest women uniquely disadvantaged?. *Demography*, 43(2), 293-307.
- Lilley-Walker, S., Hester, M. and Turner, W. (2018). ‘Evaluation of European Domestic Violence Perpetrator Programmes: Toward a Model for Designing and Reporting Evaluations Related to Perpetrator Treatment Interventions’ *International Journal of Offender Therapy and Comparative Criminology* 62 (4): 868-88
- Maier, F., Meyer, M. (2017). *Social Impact Bonds and the Perils of Aligned Interests*. Institute for Nonprofit Management.
- McGinn, T., Taylor, B., McColgan, M. and Lagdon, S. (2016). ‘Survivor Perspectives on IPV Perpetrator Interventions: A Systematic Narrative Review’ *Trauma, Violence and Abuse* 17 (3): 239-255.
- Miller, B. (1990). The relationship between alcohol and drugs and family violence, in: M. De La Rosa, E. Lambert & E. Grouper (Eds), *Drugs and Violence: causes, correlates and consequences* (Rockville, MD, National Institute of Drug Abuse, NIDA Research Monograph 103).
- Pence, E. and Paymar, M. (1993). *Education Groups for Men Who Batter: The Duluth Model* New York: Springer Publishing Company.
- Ratner, P. A. (1998). Modeling acts of aggression and dominance as wife abuse and exploring their adverse health effects. *Journal of Marriage and the Family*, 60, 453–465.
- Robinson, A. (2016). *Serial Domestic Abuse in Wales: An Exploratory Study Into its Definition, Prevalence, Correlates, and Management, Victims & Offenders*
- Roizen, J. (1993). Issues in the epidemiology of alcohol and violence. In Martin, S. E. (ed.), *Alcohol and Interpersonal Violence: Fostering Multidisciplinary Perspectives*, National Institute on Alcohol Abuse and Alcoholism, Rockville, MD, pp. 3–36.
- Sacco, S. (2017). *Häusliche Gewalt. Kostenstudie für Deutschland*.

- Saunders, D. G. (1993). Husbands who assault: multiple profiles requiring multiple responses. In N.Z. Hilton (ed). *Legal responses to wife assault: current trends and evaluation*. Newbury Park: Sage.
- Schafer, J., Caetano, R., Cunradi, B. (2004). A path model of risk factors for intimate partner violence among couples in the United States. *Journal of Interpersonal Violence*. 19 (2). 127-142.
- Schumacher, J. A; Feldbau-Kohn, S; Smith Slep, A. & Heyman, R. E. (2001). Risk factors for male-to-female partner physical abuse. *Aggression and Violent Behaviour*. 6 (2-3). 281-285.
- Senatsverwaltung für Justiz, Verbraucherschutz und Antidiskriminierung (2021). *Entwicklung der häuslichen Gewalt in 2020*.
- Social Finance UK. (2013). *A technical guide to developing Social Impact Bonds*. Social Finance UK.
- Sternberg, K. J., Lamb, M. E., Gutterman, E., Abbott, C. B., & Dawud-Noursi, S. (2006). Adolescents' perceptions of attachments to their mothers and fathers in families with histories of domestic violence: A longitudinal perspective. *Child Abuse & Neglect*, 29, 853-869.
- Symons, T., (2015). "Technical guide: Designing Outcome Metrics". Social Finance.
- Tang, C. (1997). Psychological impact of wife abuse: Experiences of Chinese women and their children. *Journal of Interpersonal Violence*, 12, 466–475.
- Tesch, B., Bekerian, D., English P. (2010). *International Journal of Police Science and Management*, Vol. 12 No. 4, 2010, pp. 526–535.
- Tjaden, P., & Thoennes, N. (2000). Prevalence and consequences of male-to-female and female-to-male intimate partner violence as measured by the National Violence Against Women Survey. *Violence Against Women*, 6(2), 142–161.
- Walby, S. & Myhill, A. (2001b). Assessing and managing risk. In J. Taylor-Browne (ed). *What Works in reducing domestic violence? A comprehensive guide for professionals*. London: Whiting & Birch.
- Warner, M. (2013). Private finance for public goods: social impact bonds. *Journal of Economic Policy Reform*, 2013.
- World Health Organization (2003). *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*.

Appendices

Appendix 1: Responsibilities of the Case Manager

Direct work with service users:

1. *“Maintain a proactive response to service users, continuously providing positive options for behavior change throughout the service users time in the Drive project*
2. *Use combination of motivational work, relationship building and a broad range of therapeutic skills to engage service users to addressing their abusive behavior*
3. *Motivate and support service users to address the broad range of needs that may contribute to the risk that they pose to others or act as barrier for them in addressing that risk. e.g. housing, substance use etc.*
4. *To ensure that service users understand that the community and Drive project will ensure that they are accountable for continued use of abuse and abusive behavior towards others*
5. *Ensure that there is a consistent delivery of services to the identified perpetrators of domestic abuse, including comprehensive risk assessment, support planning, referrals to other agencies and MARAC.*
6. *Develop strategies that will disrupt the continued risk posed by service users*
7. *Undertake assessment of risk, needs and attitudes to inform the individual service user’s intervention plan*
8. *Ensure that risk assessment and risk management procedures are followed at all times.*
9. *Respect and value the diversity of the community in which the service works in, providing a service that recognizes the diverse needs of service users and their families*
10. *Work closely with the IDVAs supporting the partners, ex-partners and new partners, and family members of service users in management risk and developing intervention plans, as set out in the Drive Manual.*
11. *The welfare and safety of children and young people is paramount, considered in every aspect of your work, address parenting needs where appropriate and taking action to safeguard children.”* Source: SafeLives (2015). The Drive project. Service specification.

Link: [The Drive project - service specification.pdf \(safelives.org.uk\)](https://safelives.org.uk)

Case management:

1. *“Comply with child protection and information sharing policies, ensuring that service users and colleagues understand and comply with the service’s safeguarding framework.*
2. *Manage a case load focusing on high risk perpetrators of domestic abuse to provide an assertive, medium to long term service, based on thorough assessment and individual support planning that adopts the principles of the ‘Support or Disrupt’ concept.*
3. *Contribute to regular service reviews which include monitoring data, evaluations, intake and output policy, and practice and work load reviews for the whole service.*
4. *Attend monthly case management meeting with the Service Manager.*
5. *Attend clinical supervision.*
6. *Take appropriate steps to protect where there is an imminent risk to another person.*

Recording and administration:

1. *Ensure that case files and records are accurate and complete, and that both are kept and in compliance with Data Protection Act requirements. Including entering all the required information into the Drive project electronic case management system.*
2. *Maintain an accurate and secure audit trail of all relevant communication.*
3. *Comply with the data protection and information sharing protocols that Drive has agreed to.”* Source: SafeLives (2015). The Drive project. Service specification.

Link: [The Drive project - service specification.pdf \(safelives.org.uk\)](#)

Appendix 2

Financial Outputs:

OUTPUTS	
Maximum Contract Value	1.903.308,00 €
Project costs	1.566.244,80 €
Delivery Cost	1.461.844,80 €
Intermediary Costs	105.300,00 €
Evaluation costs	900,00 €
Investor Requirement	- 939.223,52 €
Project surplus	337.063,20 €

Appendix 3

Job Prerequisites: Case Manager

Experience: Essential

- *“Direct work with vulnerable service users*
- *Working within a public protection/ safeguarding multi-agency setting .e.g. Child protection, vulnerable adults, MRAC*
- *In managing safeguarding issues and procedures.*
- *Writing and presenting information formally and informally, to a range of audiences.*
- *Working within legislative frameworks and using this application to develop, influence and encourage partnership working.*
- *Working within conflict management continuum.*
- *Work with victims and or perpetrators of domestic abuse.*
- *Work with service users with complex needs and/or challenging behavior.*
- *Working with service users with diagnosed mental health issues*
- *Working with service users with substance misuse*
- *Work with young people aged 16-25 years.*
- *Of using pro-social modelling and motivational interviewing in practice.*

Knowledge and Understanding:

- *Have an excellent understanding of domestic abuse, including the impact on victims and their children, and the legal and practical remedies available.*
- *An understanding of public protection arrangements, the provision of policing, child protection, health and social care, housing support and of multi-agency/partnership working.*
- *Have a good knowledge of effective ways of working/engaging with perpetrators of domestic abuse.*

Have a thorough understanding of IDVA work including risk assessment, risk management and comprehensive safety planning.” Source: SafeLives (2015). The Drive project. Service specification.

Link: [The Drive project - service specification.pdf \(safelives.org.uk\)](https://safelives.org.uk)

- *“Have theoretical and procedural knowledge of other services involved in the response to domestic abuse.*
- *Understand multi-agency partnerships in relation to domestic abuse.*
- *An understanding of the MARAC process at an operational level;*
- *Understanding of the child protection system.*

Skills:

- *Ability and willingness to work independently and as part of a team.*
- *Good relationship management with regard to multi-agency work that incorporates sensitivity, responsiveness and attention to the promotion of congruent and effective partnership working.*
- *IT skills, including use of Microsoft Office.*
- *Hold a relevant degree, a vocational qualification or equivalent experience.*
- *Support and guide your service users, and have excellent advisory, negotiation & persuasive skills.*
- *Empathy*
- *Have excellent conflict and crisis management skills and the ability to deal with stressful and difficult situations.*
- *Have excellent interpersonal skills.*
- *Ability to lead and facilitate discussions to achieve a positive outcome.*
- *Excellent networking skills and the ability to develop strong working relationships with other agencies.*
- *Reflection and self-awareness.”*

Source: SafeLives (2015). The Drive project. Service specification.

Link: [The Drive project - service specification.pdf \(safelives.org.uk\)](https://safelives.org.uk)

Job Prerequisites: Service Manager

Experience:

- *“Working with high risk victims, perpetrators of domestic abuse, those with complex needs and/or challenging behavior.*
- *Experience of managing a team dealing with high risk, offenders or perpetrators of domestic abuse or work with vulnerable people.*
- *Working with perpetrators of domestic abuse striving to end their use of abuse and abuse intimate relationships.*
- *Experience of working to develop, influence and encourage partnership working on both a case by case basis and at a strategic level.*
- *Previous attendance at MARAC (as a representative/chair).*
- *Understand and be experienced in safeguarding issues and procedures.*
- *Writing and presenting information formally and informally, to a range of audiences.*
- *Experience of implementing an effective and supportive (case management) supervision process.*
- *Experience of financial management and fundraising would be desirable.*
- *Researching, designing and delivering training and support materials as required.*

Knowledge and Understanding:

- *Have an excellent understanding of domestic abuse, including the impact on victims and their children, an understanding of perpetrators of abuse and the legal and practical remedies available.*
- *An understanding of public protection arrangements, the provision of policing, child protection, health and social care, housing support and of multi-agency/partnership working.*
- *Have an excellent understanding of the context of an IDVA service and best practice when working with high risk victims of domestic abuse.*
- *Have an understanding of multi-agency partnerships and legalities of information sharing including in domestic abuse cases and domestic abuse programs.*

- *Have a good knowledge of effective ways of working/engaging with high risk perpetrators of*
- *domestic abuse or clients with complex needs and challenging behavior.*
- *Have theoretical and procedural knowledge of other voluntary and statutory services involved in the response to domestic abuse.*
- *An understanding of the MARAC process at both a strategic and operational level;*
- *An understanding of policy as it relates to domestic abuse and MARAC;*
- *Have a good knowledge of the relevant legislative requirements involved in managing a service governed by a board such as charity law, company law, financial regulations, employment law, health and safety legislation, equal opportunities, Child Protection /Protection of Vulnerable Adults, and any other legislation connected to funding and service level agreements.*

Skills:

- *Be able to manage a small team working with people who present a significant danger to others.*
- *Have strong organizational, report writing and communication skills both in person and through writing.*
- *Good relationship management with regard to multi-agency work which requires acute political sensitivity.*
- *IT skills, including use of Microsoft Office.*
- *Support and guide Case Managers, and have excellent advisory, negotiation and persuasive skills.*
- *Have excellent crisis management skills and the ability to deal with stressful and difficult situations.*
- *Have excellent interpersonal skills.*
- *Excellent networking skills and the ability to develop strong working relationships with other agencies.*

- *Program management skills, including reporting on key operational and financial deliverables and the effective management of budgets.”*

Source: SafeLives (2015). The Drive project. Service specification.

Link: The Drive project - service specification.pdf (safelives.org.uk)

Appendix 4 Drive Case Training Summary

”Inclusive material in 3 blocks of 4 days

- *Psychology of domestic abuse perpetrators*
- *Typologies of abuse*
- *Trauma and Trauma informed practice*
- *Advocacy Skills*
- *Motivational Interviewing*
- *Working with denial, minimization & blame*
- *Risk management and intervention planning*

- *Sexual violence*
- *Forced Marriage*
- *Mental health*
- *Impact on Children*
- *Male Victims*
- *Assessing counter allegations*
- *Criminal Law*
- *Assertive engagement with clients with complex needs*
- *Housing*
- *LGBTQIA**
- *Responding to crises situations*

- *Domestic Violence Disclosure Scheme*

- *Specialist 4-day block on holding 1-2-1 intensive interventions with high-harm, serial and complex need perpetrators”*

(Source: Geoghegan-Fittall, S., Keeble, C., Wunsch, D. (2020). The Croyden Drive Project: A 2-year Evaluation. Final Report.)