

**Milton Keynes**

**Community Domestic Violence Perpetrator  
Programme**

**Feasibility Study & Scoping Document**

**Spring 2009**

‘Men’s violence towards partners can include physical, sexual, emotional and other forms of abuse. It is the direct consequence of a fundamental structural inequality in the relationship between men and women rooted in the patriarchal traditions that engender men’s beliefs in the need to secure and maintain power and control over their partners. From this perspective, men’s violence is defined as learned and intentional behaviour rather than the consequence of individual pathology, stress, alcohol abuse or a dysfunctional relationship.’<sup>1</sup>

Respect Statement of Principles 2000

The South-East Region whilst having 13.6% of the population only has 4.3% of perpetrators programmes (Respect members).<sup>2</sup>

Map of Gaps – The Post Code Lottery of Violence against Women Support Services

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## Contents

1.	Executive Summary	3
2.	Introduction	6
	2.1 Focus Groups	
3.	Needs Analysis	7
	3.1 Population	
	3.2 Criminal Justice	
	3.3 Support Services	
	3.4 Non Criminal Justice Sector	
	3.5 Legislation	
	3.6 Child Protection	
	3.7 Conclusion	
4.	Models of Work	11
	4.1 Effective Intervention	
	4.2 DVPP - Group Work Programmes	
	4.3 Respect	
	4.4 Evaluation of Perpetrator Programmes	
5.	Future Service Delivery	17
	5.1 Overview	
	5.2 Potential Barriers to Development	
	5.3 Project Development	
6.	Cost of Service Delivery	20
	6.1 Proposed Project Budget	
7.	Conclusion	
	Appendix 1 – Scoping Exercise, Work Proposal	23
	Appendix 2 – Agenda Focus Group	24
	Appendix 3 – Focus Group Questionnaire	25
	References	27

## Glossary

DVPP	Domestic Violence Prevention Programme – activities and services responding to domestic abusers.
ISS	Integrated Support Service – activities and services responding to partners and ex-partners of those involved with DVPP.
DVPS	Domestic Violence Prevention Service – combination of DVPP and ISS.

# 1. Executive Summary

## Introduction

1.1 This document is the result of a community domestic abuse perpetrator programme scoping and feasibility study undertaken by The Thames Valley Partnership on behalf of Milton Keynes Community Safety department in 2008. Feedback from local professional focus groups informs this document.

## Needs Analysis

1.2 The population of Milton Keynes at the 2001 census was 207,000 and is estimated to have risen to 231,000 in 2008. A population base of 150,000 - 200,000 is estimated to yield about 100 referrals per annum for a community domestic abuse perpetrator programme, where there is a well developed co-ordinated community response.

1.3 There are an estimated 24.67 incidents of domestic abuse per 1,000 population per year in Milton Keynes, of which 57% are non-recorded crime. The total incidents are 16.3% of the total in the Thames Valley against a comparative population of 9.9%.

1.4 Between April 2007 and March 2008 there were 4,239 incidents of domestic abuse reported to the Police of which 1,353 were repeats. The community safety target for 2007/8 was a reduction in repeat incidents by 10%.

1.5 Domestic violence prevention and intervention services are part of the Home Office National Domestic Violence delivery plan and the recommended co-ordinated community response.

1.6 Domestic abuse prevention work is integral under the new Gender Equality Duty, which will require addressing the needs of men in relation to their use of violence and abuse, especially in relation to child contact cases.

1.7 Within child protection domestic abuse is a common presenting risk factor but often service provision is solely directed to women and children. If true child protection is to achieve positive outcomes there is a need to engage with perpetrators.

1.8 The majority of partnership agencies in Milton Keynes identified the need for a self-referral perpetrator programme.

1.9 There are currently no direct services in Milton Keynes to address violent and abusive behaviour within intimate relationships outside of services provided by Probation.

1.10 It is clear that in Milton Keynes that there would be sufficient referrals for a Domestic Violence Prevention Service (DVPS). Referrals from the statutory and voluntary sector would include those outside criminal justice proceedings. Referrals

would also include self-referrals allowing earlier intervention and positive prevention strategies.

### **Models of Work and Evaluation**

1.11. Current national best practice in relation to seeking to address these behaviours determines the provision of a complete 'Domestic Violence Prevention Programme' (DVPP) consisting of individual and group work with domestic abusers, case and risk management together with a parallel partner support and contact service.

1.12 The central tenets of working with perpetrators include a behavioural change approach, where perpetrators are held accountable for their behaviour, motivated to change and which challenges behaviour and belief systems.

1.13 The current standards agency for such community responses is RESPECT in London. They currently offer a full service standard specification and accreditation process. Safe service provision should operate to their guidelines and work towards full accreditation.

1.14 Evaluation and outcomes measurements for community programmes are currently being developed but emerging research supports the effectiveness of this work, if delivered to standard. Comprehensive risk assessment, outcome measures, data recording and evaluations techniques are being outlined, monitored and are subject to onward development.

### **Future Service Delivery**

1.15 There is a demonstrable local desire and enthusiasm to support the development of this work and partner agencies wishing to host or participate in service delivery.

1.16 There is currently a knowledge gap among partner agencies about how such services operate and a current local skills gap for future service delivery.

1.17 There is a need to appropriately fund such service provision if safe operating structures are to be implemented and to ensure effective service outcomes, this is especially true in relation to safety and positive outcomes for children.

1.18 Partner agencies attending the focus group identified the need for this service and were realistic about the potential barriers to delivery. Agencies were keen to participate both in terms of referrals, supporting service development and contributing to multi-agency case management. Relate wished to be considered to host the service, a model which has been adopted elsewhere nationally.

1.19 Initial recommendations in terms of project development are outlined, including local awareness raising and skills building, project advisory group, adequate resourcing, appointment of an appropriate host agency and recruitment of relevant project workers.

## Cost of Service Delivery

1.20 The annual funding for comparative services addressing the needs of similar community populations is between £100,000 - £200,000 per annum, dependent on service specification and hosting arrangements. An outline budget is identified.

## Conclusion

There is a demonstrable need in Milton Keynes for this service and a clear pathway for service development and structure:-

- Currently an identifiable gap in service provision.
- Opportunity to directly impact on repeat victimisation and increase safety.
- Opportunity to directly improve outcomes for children living with domestic abuse.
- Local enthusiasm and commitment to providing this service.
- Opportunity to enhance and participate in a fully co-ordinated community response.
- A service which can deliver future cost-saving benefits.
- Local agencies willing to take responsibility for service delivery and the essential associated multi-agency working.

*'The weakest part of responses in the UK has been prevention..... provision of domestic violence perpetrator programmes should be consistent across regions, including court-mandated and voluntary access routes. They should work from a gendered analysis and be RESPECT accredited.'*<sup>11</sup>

## **2. Introduction**

In 2008 Milton Keynes Community Safety commissioned The Thames Valley Partnership to undertake a scoping and feasibility study for a self referral, community domestic abuse perpetrator programme.

The proposal undertook to review local needs, review national best practice, to engage in both business planning meetings and focus groups with local interested agencies and collate the resultant information into a feasibility study.

This document is the result of this commission - see Appendix 1 – Original Work Proposal.

### **2.1 Focus Groups**

The original document proposal included running local focus groups for potential partnership agencies in the development of this service in Milton Keynes. The content of these groups included introduction and background to the work, expectations of the group, awareness raising around interventions with perpetrators in the community and an opportunity for discussion, networking and contribution to the scoping questionnaire. (Refer to Appendix 2 for a copy of the agenda and Appendix 3 for the questionnaire)

Two local focus groups were held in Milton Keynes on 20<sup>th</sup> May and 12<sup>th</sup> June 2008. The feedback from these focus groups has been included in this report in shaded boxes to inform this document. Invitations for the focus groups were open to any interested professionals and were issued to all our local contacts and relevant associated service providers.

#### **Agencies Involved In Focus Groups and Scoping Process**

- MK Lighthouse
- Thames Valley Police
- Thames Valley Probation
- Social Care – Adult Protection
- Social Care – Children’s Services
- Reducing Violence – MK Council
- Health Service – Child Protection
- MK Safeguarding Board
- MK Early Intervention Centre
- MK Youth Offending Team
- Women’s Aid
- Victim Support
- MK Relate
- Local Solicitors
- Thames Valley Partnership
- Breaking Free – Independent Domestic Abuse Consultancy
- The Turning Point

### **3. Needs Analysis**

Domestic abuse continues to be prevalent within our society, despite improvements over the last forty years in the provision of specific services for victims, criminal justice responses and the activity of domestic violence forums and community safety partnerships. The direct financial costs to our society are huge, as are also the emotional and health impacts on victims and their children. A report by the Women's Equality Unit in 2004<sup>3</sup> estimated the direct financial cost nationally as £5.7 billion per year, especially to the criminal justice system and the health service, whilst the total indirect cost is placed at £23 billion.

Within Milton Keynes there is no central multi-agency co-ordinated collection of data in relation to domestic abuse, so any needs analysis must rely on individual agency reporting, whilst acknowledging that under-reporting is inherent. Several local agencies were approached for statistical data, but the only information suitable for inclusion and analysis was from Thames Valley Police.

#### **3.1 Population**

The population of Milton Keynes at the 2001 census was 207,000 and it is estimated that this will have risen to 231,000 in 2008<sup>4</sup>. The population of children and young people below the age of 19 will be about 25% of the total<sup>4</sup>.

A population base of 150,000 – 200,000 is estimated to yield about 100 referrals per annum for a DVPS – Domestic Violence Prevention Service, where there is a well developed co-ordinated community response<sup>5</sup>.

#### **3.2 Criminal Justice**

In the year 2004/5 Thames Valley Police dealt with 22,220 incidents of domestic abuse of which 11,192 were recorded as a crime<sup>6</sup>. The percentage of the total recorded as criminal incidents varied across the region with 54% in Berkshire West, 52% Berkshire East, 52% Buckinghamshire, 42% Milton Keynes and 51% Oxfordshire<sup>6</sup>. The Thames Valley Police Risk Assessment pilots estimate that as many as 10 % of these incidents may relate to higher risk cases, if this proves to be accurate, this could yield up to 400 such incidents, in Milton Keynes based on number of reported incidents in 2003/4.

Previous Police estimates have shown a rate of 24.67 incidents of domestic abuse per 1,000 population per year in Milton Keynes<sup>7</sup>. The overall incidents were 16.3% of the total in the region against a comparative population of 9.9%.

For the year April 2007 to March 2008, there were 4,239 incidents of domestic abuse reported to the Police in Milton Keynes, an average of over 350 per month, of which 1,353 were repeat incidents. 43% of the total were recorded as crimes which would suggest that a significant number did not proceed through a criminal justice response, but which could have resulted in a referral to a DVPS. Milton Keynes Council currently has a target to reduce repeat incidents of domestic violence, with a target of a 10% reduction in 2007/8<sup>8</sup>.

### 3.3 Support Services

MK Lighthouse and subsequently MK ACT have seen increasing referrals year on year for their domestic abuse support and crisis services. A significant number of their clients continue to co-habit with their partner, creating an on-going issue of risk both in terms of safety for families and also in relation to the impact on parenting and future outcomes for any children involved.

Estimates of the more direct local costs of domestic abuse were undertaken by the Women's Safety Unit in Cardiff<sup>9</sup>. Based on a female population, between the ages of 15 and 54, of 90,750 and a reporting rate to the police of 3,274 complaints per annum they estimated that in terms of the criminal justice system, costs to other agencies and those directly to victims was over £15 million per year. The total female population in Milton Keynes in 2008 is estimated to be 115,000 of which 65,380 are in the age range 15 to 54<sup>7 4</sup>. The total domestic crimes and incidents reported to the Police in Milton Keynes in 2003/4 were 2,978, a higher percentage than the Cardiff model yielded. Whilst it is complex to compare data regionally it would be reasonable to state that the costs to Milton Keynes are of a significant order and comparable to those found in Cardiff.

#### Prevalence Domestic Abuse – Support Agencies<sup>10</sup>

'Significant amount – domestic abuse is a prevalent issue'  
'Over 50% of the cases I manage'  
'It's 30% of our presenting case load'

### 3.4 Non Criminal justice Sector

It should be noted that the majority of perpetrators of domestic abuse fall outside the processes of the criminal justice sector and a proportion of these cases will present with high risk factors.

Equally Home Office figures suggest high levels of attrition within the criminal justice process and many cases where following report no further action is taken. In addition there are significant levels of under-reporting of cases of domestic abuse. All of these cases potentially can provide referrals to a DVPS either via sign-posting from another agency or as an independent self-referral.

	2004/5	2005/6	2006/7
Number Reported Incidents	234,734	241,027	658,736
Number of Arrests	134,790	166,448	206,638
Number People Charged	34,839	49,782	57,361
Number of Convictions	19,156	29,719	37,383

Reporting, Charging & Prosecutions for Domestic Violence (England & Wales)  
Source Home Office & Realising Rights & Fulfilling Obligations (2008)<sup>11</sup>

*'Given the current high attrition rates for violence against women offences and under-reporting, programmes that rely on mandated entry will reach a tiny minority of perpetrators. It is surely a lost opportunity, which incurs higher costs, to wait until violence has become so severe and repeated that it is subject to prosecution. Whilst not necessarily a majority there are a significant number of men who could be engaged at an earlier point, were services available'<sup>11</sup>*

### **Need For A Self-Referral Perpetrator Programme<sup>10</sup>**

'Many service users do not meet Probation requirements and we have nowhere to refer'

'Yes, this would aid preventative work in Milton Keynes'

'Yes, the Partnership failed to achieve the target for the reduction of repeats in domestic abuse'

'Yes there are considerable costs to other agencies and in terms of damage to victims and children'

## **3.5 Legislation**

Domestic violence prevention and intervention services are currently part of the Home Office National Domestic Violence Delivery Plan and the recommended co-ordinated community response model.

The Gender Equality Duty, 2007 has implications in relation to domestic abuse services. The needs of both men and women in relation to domestic abuse will have to be considered. The greater requirement for men in relation to domestic abuse is to provide services to address their abusive behaviour, especially in relation to child contact cases. Domestic abuse is a significant cause of gender inequality in our society, thus a DVPS will contribute to promoting gender equality<sup>5</sup>.

## **3.6 Child Protection**

Within the child protection arena, domestic abuse is a common presenting factor, but often there are no direct interventions with perpetrators to address their abusive behaviour. The provision of a Domestic Violence Prevention Programme - DVPP can directly improve outcomes for children and involvement in such work can increase the visibility and proactive contact of a complete DVPS, which facilitates risk management, enhances safety planning and provides more effective child protection. Once a DVPP service has been established and there is a reduction in abusive behaviours it is possible to improve onward parenting skills and engage with recovery work for protective parents and children.

The Children and Family Courts Advisory and Support Service (CAFCASS), can work more effectively with a DVPS especially as a significant proportion of their caseload relates to domestic abuse and in child contact cases the provision of attendance on a perpetrator programme can be required if such a service is available.

### 3.7 Conclusion

The statistics clearly show that Milton Keynes would have sufficient referrals for a community DVPS. Referrals from the statutory and voluntary sector would include those outside criminal justice proceedings and the current service provision by Probation. Referrals would also include self-referrals allowing earlier intervention and positive prevention strategies. Domestic abuse is a clear presenting issue for many partner agencies consulted and the gap in service provision was repeatedly identified.

There are currently no specific community perpetrator services in Milton Keynes to address violent and abusive behaviour within intimate relationships outside of the services provided by Thames Valley Probation.

#### **What Do you Think Is the Single Main Reason for Having A Community Perpetrator Programme?<sup>10</sup>**

- 'Saving tax-payers money in the long run'
- 'Reduction of domestic violence at the lower end of the spectrum – preventative agenda'
- 'The safety of women and children'
- 'To reduce repeat victimisation – need to address perpetrators'
- 'Reduce future incidents of abuse'
- 'Perpetrators take responsibility'

## 4. Models of Work

### 4.1 Effective Intervention

Over the last thirty or forty years there have been significant changes in society's attitudes to domestic abuse and considerable development in services within the sector. Against this evolution in service provision there has been on-going debate in relation to appropriate interventions with perpetrators both within the criminal justice sector and the community.

A variety of services have been proposed and exist nationally to which domestic abuse perpetrators have been sign-posted including counselling, psychotherapy, anger management, marriage guidance, mental health services, parenting classes and drug and alcohol services.

Whilst some of these services may be useful or appropriate at some stage, dependent on the individual needs and assessment of a client, there is no doubt that the most effective interventions are provided by specialist DVPS services. These services address the safety of partners and children, provide an opportunity for behavioural change and make domestic abuse perpetrators accountable.

A specific DVPP service would include individual and group work programmes based on cognitive behavioural theory, which are of sufficient length to facilitate behavioural change. These programmes need to be delivered in conjunction with full partner support services, appropriate referral and careful assessment, case and risk management and be adequately resourced. The sign-posting of perpetrators to inappropriate services is not only ineffective and costly, but may raise unrealistic expectations, collude with the abusive behaviour, increase levels of risk for families and contribute to onward abuse. Specific services, e.g. anger management and couple counselling are now considered inappropriate, where the initial or main presenting factor is domestic abuse. It is essential that any DVPS service works closely with both drug and alcohol services and health service provision, which will include screening, referrals and shared case management.

#### Where Do You Currently Sign-post Perpetrators?<sup>10</sup>

Respect Help-line  
Addiction Services  
Turning Point – Aylesbury (Now ceased taking referrals)  
Probation  
Relate  
Lucy Faithful Foundation  
DVIP – London

**'Nowhere really'**

In relation to those services where referrals are made currently in Milton Keynes:-

- Respect – only phone line support and onward referral.
- Addiction Services – no provision of specialist domestic abuse intervention.
- Turning Point – ceased March 2009.
- Probation – only provide provision for high risk cases within the CJS.
- Relate – offer limited service where domestic abuse is an issue, will provide individual counselling for non-abusive client.
- Lucy Faithfull – specialist working with sex offenders, no specific domestic abuse provision.
- DVIP – issues of accessibility as located in London and lack of provision of partner support locally.

#### 4.2 DVPP - Group Work Programmes

*'Offenders who want to change must ultimately come to grips with the central contradictions in their thinking, that leads them to justify their violence and other abusive behaviour'*

Ellen Pence & Michael Paymar<sup>12</sup>

The majority of original work in relation to group work programmes was developed, piloted and evaluated in America. The most significant development was the Duluth model in 1980's, which was a structured group work programme designed to operate as part of a co-ordinated community response to domestic abuse. The central tenets of the Duluth model include:-

- Cognitive behavioural theory
- Perpetrators are responsible for their violence and abuse
- Perpetrators can change
- Challenging behaviour and belief systems
- Abuse is based on the misuse of power and control
- An essential element of the process is support for victims

This programme was not only adopted elsewhere, but also generated further developmental work and varying models of work started to be developed in the UK through the 1990's. The original programmes developed here in the community included DVIP (Hammersmith), CHANGE (Scotland) and LADV (Leicestershire). Since then various models have emerged in the community, along-side the emergence of accredited programmes within the Probation Service, but the majority owe their ethos, structure or design to the original Duluth model.

The National Probation Service currently run two accredited programmes for men with issues related to domestic abuse<sup>13</sup>:-

- IDAP – Integrated Domestic Abuse Programme – based on the Duluth model.
- CDVP – Community Domestic Violence Programme – based on the Correctional Services of Canada Family Violence Model.

Thames Valley Probation adopted the CDVP programme and these groups are available to men of high risk of domestic abuse within their service who are assessed

as suitable for group work. CDVP is a cognitive behavioural programme consisting of 25 group work sessions, nine individual sessions, risk assessment and risk management, partner support and pro-active case management. The programme runs in conjunction with a partner support service which is either provided in house or contracted out. This model is currently run by Probation in Milton Keynes, with the partner support service provided by Women's Aid.

Community or self-referral programmes have continued to develop nationally although coverage is still sparse. The majority are based on some elements of the Duluth model, but vary locally in terms of specific duration, pre-group provision, assessment model and partner support services. Community programmes, in contrast to prison based or Probation programmes need to be rolling in nature and have regular entry points, which not only maintain viable groups, but also enhance speed of entry and contribute beneficially to group dynamics. Models of work regionally include:-

- The Turning Point – Aylesbury – (Duluth Model)
- The Bridge – Coventry (Relate) – (Duluth Model)
- Changing Ways – East Berkshire- (DVIP Adapted Model)
- Making Changes – Newbury – (Duluth Model)

### **4.3 Respect**

Respect, founded in 2000, is the National Association for domestic violence perpetrator programmes and associated support services, which continues to promote best practice. Their statement of principles and minimum standards of practice were published in 2004<sup>1</sup>. In 2008 they published their own accreditation standards<sup>14</sup> and currently many of the community DVPS have applied for or are moving towards seeking this accreditation. In the future it is anticipated that funding for such services will be linked to operating according to this accreditation standard and current members of Respect have three years to obtain accreditation in order to maintain their membership.

The Respect Accreditation standards relate to increasing safety, assessing and managing risk, the co-ordinated community response, diversity and accessibility, promotion of respectful relationships, accountability and social change. There are individual standards in relation to service management, service structure (both perpetrators and partner support), diversity, risk management, appropriate practice in relation to children and partnership working. The standard provides comprehensive details and assistance for the development of such projects and should form the basis of any local developmental work with a view to any service seeking accreditation.

It is important to remember that all of Respect's aims and standards consider wider practice than either the individual or group work with perpetrators and that the focus of undertaking such interventions should be to increase the safety of partners and children, beyond any individual behavioural change that may occur.

Respect has also started a new national research project to look at the effectiveness of DVPS in the UK. In addition to this they are developing new software which

facilitates the recording of appropriate data, allows effective case management and contributes to the national collection of outcome data.

#### **4.4 Evaluation of Perpetrator Programmes**

The development of programmes to work with domestic violence perpetrators has long been hampered by the difficulty of proving effectiveness. Early evaluations simply focussed on re-conviction rates and related to work with men within the criminal justice system. These methods were soon demonstrated to be of little use in seeking to prove changes in behaviour and lacked practical application when considering work in the community. It was soon questioned as to what are the most appropriate outcomes to measure in relation to proving effectiveness. Group work programmes in the community, which rely on self referrals, are even more inherently difficult to evaluate as the outcomes may not directly relate to changes in behaviour, in itself almost impossible to monitor over time, but be more related to their aims of improving safety for partners and children.

The practical and ethical problems in determining effectiveness of this type of work have been clearly highlighted in recent research and literature reviews, most notably by Gondolf<sup>16</sup> and Dobash & Dobash<sup>15</sup>. The main difficulties are seen to relate to definitions of success, the sources of data, follow-up periods and research design. Targets for success need to be very clearly identified and linked to the aims of the work.

Data used for determining success can frequently be unreliable whether it's self-reports from the men who consistently under-report their abuse or reports to the Police again frequently under-reported. Follow up periods need to extend over time if true improvements are to be measured – again very complex on a self-referral programme, where contact is often lost and many men and their partners have no wish to engage with an evaluation period over time. Many of the relationships will end in a separation and therefore consistent partner assessment of the men becomes impossible. Sophisticated research and design is time consuming and expensive and way beyond the scope of the financial constraints of small projects, which in themselves yield only small samples for analysis.

Overall research has shown that the type of group work model employed is important with the key elements of the Duluth model being the most effective. The length of programme is also significant with most recommending at least six-month contact with participants to maximise the impact. The major conclusion that Gondolf<sup>16</sup> reached was that the most effective programmes in terms of outcomes for the participants were those that operated within a wider multi-agency context, with the interventions with the clients forming only one element of a consistent co-ordinated community response.

It is therefore important to consider the whole possible range of outcomes when evaluating work with perpetrators. The most important of these relates to contact with partners and families of clients attending. Traditionally support has been offered to victims only at their initiation, but we know that domestic violence can be isolating, increases vulnerability and distorts perceptions. Thus the pro-active contact made as a requirement of participation in the programme is not only an early form of intervention, but can have a number of advantages:-

- Support can be offered directly to a family who might not otherwise make contact.
- Someone independent takes the responsibility for naming the violence and abuse.
- Belief of the victim is established within the first contact.
- Women can be invited into support networks or groups.
- For those initially unwilling to take advantage of support – a pathway to future access can be established.
- Earlier relationship resolution may occur thus reducing longer term harm and abuse.
- Support can be provided during separation.
- Support services have visibility of families over a period of time.
- Clear indications of levels of risk can be identified.
- Appropriate safety planning can be implemented.

While men are attending perpetrator programmes there is enhanced visibility of their behaviour and they are under scrutiny. This allows a more dynamic and effective risk management process to occur, which will include the man's behaviour and disclosure in the group, their use of minimisation, denial and blame, information from the partner support service and feedback from other agencies involved. Risk factors may well be picked up and acted on more quickly.

In addition research at the Domestic Violence Intervention Project (DVIP - Hammersmith)<sup>17</sup> highlights other possible outcomes, which should be considered when assessing programme success. Firstly enabling safer separation, which is usually a time of heightened risk, can be a valuable outcome even among clients who have only attended assessment or a session or two of the programme. Just assessing clients and offering them a place on the programme sends a clear message that it is an individual's issue and provides an opportunity for partners to assert themselves and re-assess relationships aiding the decision making process. It should be remembered that perpetrator programmes are an opportunity for risk management and assessment in addition to the group work itself.

Effective programmes also need to be aware of potential risks related to intervention and seek to minimise their impact. The partners of clients on such groups can have unrealistic expectations and clients may use the group in coercive ways. All partners need as a minimum access to good information, factual details about the potential outcomes of the group work and relevant safety planning.

Perpetrators can be manipulative and use attendance on the group to influence partners, enhance the sophistication of their abuse or manipulate professional or court decisions. Therefore it is vital that such groups operate in a truly multi-agency dimension with clear joint understanding within partner and referring agencies.

One of the key elements of a DVPS is that it provides a clear message to the community, that domestic abuse is unacceptable and that perpetrators will be accountable.

*'Men who are violent towards women need to learn new, appropriate responses to feelings of jealousy and aggression. This requires an increase in the number of perpetrator programmes, including more self-referral programmes. Such programmes should adhere to the guidelines developed by Respect.'*

Marianne Hester & Nicole Westmarland<sup>18</sup>

Evaluation and outcome measurements for DVPS are currently being developed, but emerging research supports the effectiveness of this work, if delivered to standard and staff are well trained. Comprehensive risk assessment, outcome measures, data recording and evaluation techniques are being outlined, monitored and are subject to onward development.

## 5. Future Service Delivery

### 5.1 Overview

The needs analysis in this report clearly demonstrates that Milton Keynes would benefit from a local DVPS, inclusive of both interventions with perpetrators and an associated support service. The multi-agency focus group illustrated that there is not only interest, but enthusiasm and commitment to support the development of this work.

- Local Agency Contributions<sup>10</sup>**
- Participate in Partnership Project
  - Provide Co-ordination and Strategic Lead
  - Lobbying For Support
  - Membership of Advisory Group
  - Assist with Attracting Funding / Financial Contribution
  - Increase Local Awareness
  - Ownership of The Project
  - Referrals – Multi-agency
  - Partner Support Services - Experienced
  - Multi-agency Training
  - Venue
  - Management For The Project
  - Hosting The Project

Various contributions to the development of the project were identified by local partner agencies as listed.

The management of DVPS vary nationally, either through a partnership or by a statutory or voluntary sector service. In general either an independent organisation or management by a host agency seems to be more sustainable than partnership projects. The independence of these services via the voluntary sector or as an independent organisation is of value in terms of operating practice, but most benefit from a multi-agency advisory group due to the integral nature of partnership working. The perpetrator intervention work (DVPP) and associated support service (ISS) can be delivered by different organisations or be in-house, but close communication and shared case management is essential.

In Milton Keynes the local interviews and focus groups revealed one local agency interested in hosting this service, namely MK Relate. Relate nationally have changed their working practice in relation to domestic abuse – ‘Bridging to Change’<sup>19</sup> and currently three Relate projects nationally run full DVPS (their DVA-PP), which have been reviewed and evaluated<sup>20</sup>. Their recommendations conclude:-

- Relate has a crucial role to play in relation to domestic abuse and may be well placed to offer such services.

- Adequate planning and resourcing is required for such services, allowing for appropriate developmental time and expert advice.
- Any such service should adhere to Respect standards and accreditation guidelines.
- Projects should reflect an inter-agency partnership style of working.
- Projects should contribute to evaluation research and evidence based learning.

In addition in Milton Keynes, partner agencies showed their commitment to this model by offering referral routes, supporting service development and contributing to multi-agency case management.

## 5.2 Potential Barriers To Development

The focus groups identified the following barriers to the introduction of this service in Milton Keynes:-

### Perceived Local Barriers To Introducing A Perpetrator Programme<sup>10</sup>

- Justifying the Funding For This Work
- Proving Value For Money – Cost Effectiveness
- Meeting Partnership Agency Needs
- Risk Assessment & Risk Management
- Local Expectations
- Lack of Inter-agency Awareness
- Lack of Political Will / Prioritising The Work
- Making The Case for Such Work – Partnership Agencies
- Need for A Movement From Discussion To Action
- Lack of Strategic Support
- Linking Work to Local Agency Targets
- Issues Around Evaluation & Outcomes

The researchers also identified that there is a lack of local awareness about the nature of interventions with perpetrators. There is a need to build capacity both in terms of a general knowledge base amongst partner agencies and skills building for those directly involved in service delivery. This skills gap can be addressed within the developmental phase of project development.

The other identified barriers will be addressed by development of a service delivery specification, funding strategy, undertaking relevant local training and consultancy, in-house presentations to referral agencies and participating in evaluation processes.

This document goes some way to justifying the need, providing outline costs, identifying agency needs and identifying project development requirements.

Local professionals identified the following for consideration in terms of moving the work forward:-

#### **What Needs To Happen To Get The Process Started<sup>10</sup>**

- Commitment of the Right People
- Ownership of the Project
- Appointment of DV Co-ordinator
- Set Up Local Advisory Group
- Partnership Working – Pooling Resources
- Engage Senior Management with Concrete Proposition
- Involve Responsible Authorities
- Local Awareness Raising/ Training About The Work
- Robust Cost Study / Business Case
- Engagement with Every Child Matters Agenda

### **5.3 Project Development**

Once initial funding has been identified and an appropriate agency identified to deliver the DVPS, whether independent or hosted in the voluntary sector, an initial developmental phase will be required to initiate the service. Tasks during this phase will include:-

- Recruitment of appropriate project workers
- Set-up of relevant advisory group
- Appropriate awareness training as required including child protection
- Comprehensive facilitator training
- Consultancy in relation to service standards and internal processes
- Adoption of required risk management procedures
- Case management and assessment training for relevant workers
- Implementation of appropriate supervision for workers
- Identify suitable venues for delivery
- Publicity for the service
- Negotiation of service level agreements with partner agencies
- Increased multi-agency awareness of service provision and referral pathways – agency based
- Initial assessments and referrals

It is estimated that this phase will take six months assuming early identification of a project manager.

Upon completion of this phase, it will be possible to take on-going referrals, undertake individual assessments, initiate individual work as required, start to deliver two group work programmes, provide a comprehensive support service and develop on-going case and risk management. The Respect accreditation standard provides detailed service structure development guidelines and safe minimum operating practices<sup>14</sup>.

## 6. Cost of Service Delivery

Successful DVPS need to be adequately and appropriately resourced. Nationally many effective programmes have failed because of either inadequate, inconsistent funding for full service delivery, lack of awareness of the comparative costs or lack of local commitment to the range of associated work beyond the actual group work element. In order to ensure safe operating structures, especially in relation to safety and positive outcomes for children appropriate funding is essential, in line with complete service delivery.

Identifying actual project costs is complex as local conditions vary dependent on how the service is structured and what local contributions in terms of salary or in kind may exist. The annual funding for comparative services addressing the needs of similar community populations is between £100,000 - £200,000 per annum, dependent on their service specification and hosting arrangements.

The following budget is based on a first year cost which would enable the development of a service and appropriate structuring with a view to seeking accreditation in its second year. The budget is a guide only and would need to be related to actual local delivery, but includes minimum standards of staffing for effective delivery.

### 6.1 Proposed Project Budget

These costs are not deemed comprehensive, but provide an outline of expenditure which may be incurred assuming a programme with a hundred referrals per annum and includes pre-group work, group work programme delivery, individual work where appropriate, detailed assessments, risk and case management, full partner support services, multi-agency working, advisory group support and project management. Any expansion of services e.g. post group provision etc would be subject to increased costs.

Please note that the following are omitted from the budget.

Office Rental – assumed supplied – general overheads assume a contribution to operating costs  
Accreditation Costs – currently £7,000.

The budget also assumes a combined DVPP and ISS services. These services may be split between agencies in which case expenditure will vary. The group work costs are difficult to estimate as they will depend on the number of sessions delivered per week and the sessional worker rate identified, but assumes two groups running per week with limited costs for a venue.

#### Staffing

Project Manager	£45,000
Prevention Programme Worker	£30,000
Support Service Worker	£30,000
Administration	£15,000

## Training & Consultancy (Year 1 Only)

Training	£ 8,000
Consultancy	£ 5,000

## Group Work

Sessional Workers (Six Months)	£26,000
Venue (Six Months)	£ 6,000

## General

Supervision	£ 6,000
Publicity	£ 5,000
Equipment (including recording)	£ 3,000
Computing & Software	£ 2,500
Insurance	£ 1,500
Interpreters	£ 3,000

## General Overheads

10% Budget (Includes general office overheads, travelling and subsistence, accountancy requirements, general expenses)	£18,600
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**Total** **£204,600**

## 7. Conclusion

There is a demonstrable need in Milton Keynes for this service and a clear pathway for service development and structure:-

- Currently an identifiable gap in service provision.
- Opportunity to directly impact on repeat victimisation and increase safety.
- Opportunity to directly improve outcomes for children living with domestic abuse.
- Local enthusiasm and commitment to providing this service.
- Opportunity to enhance and participate in a fully co-ordinated community response.
- A service which can deliver future cost-saving benefits.
- Local agencies willing to take responsibility for service delivery and the essential associated multi-agency working.

Domestic abuse is widespread within our society with both victims and children not only suffering direct physical and mental damage, but also living with the continued high risk of further harm. As a result, they will potentially endure the longer term effects of significant poor health, mental health problems including depression and a whole range of secondary debilitating outcomes.

*'Domestic Violence is one of the most pervasive of all social problems, affecting most of the population directly or indirectly'<sup>17</sup>*  
Neil Blacklock - Respect

If the safety of these families is to be secured and their protective factors enhanced, in addition to providing excellent support services, effective advocacy and protection for victims and children, we must directly address the behaviour of perpetrators. The majority of perpetrators of domestic abuse, for various reasons, are not dealt with directly by the criminal justice system and there is no opportunity to seek to address the repetitive nature of abusive behaviours. If society is to be seen to not condone such abuse we must support this clear message with an opportunity and a process for change – domestic abuse perpetrators, like other perpetrators of crime must be accountable and the community must provide a method and means of such accountability and reparation within a process which has the safety and protection of the family as its central theme.

It is evident both from work at Turning Point Bucks and from similar programmes elsewhere, that offering such services influences more people than those involved as participants, with direct implications for both partners and families and indirectly affecting responses from other professionals involved. Thus the wider responsibility of such work must always be acknowledged, not only to provide effective support to partners, but also to challenge 'institutional collusion' with abusive behaviour.

*'The weakest part of responses in the UK has been prevention..... provision of domestic violence perpetrator programmes should be consistent across regions, including court-mandated and voluntary access routes. They should work from a gendered analysis and be RESPECT accredited.'<sup>11</sup>*

## Appendix 1

# Milton Keynes – Community Domestic Violence Perpetrator Programme – Scoping & Feasibility Study

## Work Proposal

**Aim:** To undertake a feasibility study and produce a scoping document for a community self-referral domestic violence perpetrator programme in MK.

**Timescale:** The project work will take four months.  
Start date mid February – finish date mid June 2008.

Phase 1 – Review Local Needs & National Best Practice

Phase 2 - Business Planning Meetings

Phase 3 – Collation Information & Preparation Scoping Document

**Costs:** Total project cost £5,000. The total cost of the work will be paid directly to Thames Valley Partnership who may issue sub-contracts for specific pieces of the work. Costs are based on estimated commitments of time and will include travel expenses, contribution to administrative costs and strategic direction.

**Proposal:** The projected work will consist of four elements.

- 1) To undertake a review of national & regional best practice related to community perpetrator work.
- 2) To undertake a local needs analysis and current service provision review. Work will include statistical analysis of multi-agency data including Police, Probation, MK Lighthouse and from other agencies as available or relevant. A brief review will be undertaken of current available service provision and related existing referral routes.
- 3) To undertake business planning meetings with appropriate partnership agencies to establish commitment, potential contribution and onward sustainability of the work.
- 4) Collation and preparation of the final scoping document and presentation of key findings to an appropriate forum. The final document will include:-
  - Introduction & Background Material
  - Local Needs Analysis of Requirement for Service Provision
  - Discussion of Potential Models of Working & Evaluation Material
  - Outline of Options for Future Service Delivery
  - Provisional Costing for Potential Service Delivery
  - Review of Partnership Working
  - Sustainability Options
  - Outline of Future Implementation Procedures – Onward Development
  - Conclusion

## Appendix 2

### **Domestic Abuse - Working With Perpetrators In The Community in Milton Keynes**

**Tuesday May 20<sup>th</sup> 2008**

**Foundation House, Aylesbury Street, Wolverton MK12 5HX**

#### **Focus Group – Agenda**

10.30	Arrival & Coffee
11.00	Introduction
11.05	Expectations & The Way Forward
11.30	Why Engage With Perpetrators?
12.45	Discussion Groups – Both
1.00	Lunch & Networking
2.00	Close

## Appendix 3

# Domestic Abuse - Working With Perpetrators In The Community in Milton Keynes

## Questionnaire

Name :

Agency :

Date :

1. How much of your work is involved with domestic abuse – is this in relation to victims, perpetrators or both?
2. Do you feel there is a need for a self-referral perpetrator programme in Milton Keynes? If yes what evidence or information has informed this view?
3. How would such a programme link into your current work?
4. Where would you currently sign-post clients presenting with domestic abuse issues outside of the criminal justice system?
5. In what ways do you engage with the criminal justice sector in relation to domestic abuse and what risk thresholds do you use?
6. Where do you sign-post victims of domestic abuse?
7. How much do you feel you know about community perpetrator programmes? What information would be useful to you?
8. If a community based perpetrator programme was developed – in what capacity would you wish your agency to engage with the programme?
9. In what specific ways could your agency contribute to this programme, both initially and in the future?
10. Do you feel that your agency would make a financial contribution to this work?

11. How do you feel such a project could be managed locally?
12. What could your agency contribute to this management process?
13. How do you feel this group will fit in with current service provision for victims?
14. How do you feel this group will fit in with current service provision for children?
15. What do you feel needs to be in place locally before this work can develop?
16. Do you feel that this project could engage with any other service users eg alcohol, adolescents etc?
17. What do you feel is the single main reason for having a community perpetrator programme in Milton Keynes
18. Any other comments?

## References

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