

Third Edition 2017

The Respect Standard

RESPECT

MEN & WOMEN WORKING TOGETHER TO
END DOMESTIC VIOLENCE

Respect would like to thank all the people and organisations who so generously gave their time, opinions and support to the development of the third edition of the standard.

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Home office introduction by Sarah Newton MP.



Domestic abuse is a devastating crime that shatters the lives of victims and families, and tackling it is a key priority for me in my role as Crime, Safeguarding and Vulnerability Minister and for this Government. That is why we have announced our intention to bring forward a landmark Domestic Violence and Abuse Bill to truly transform how we think about and tackle these appalling crimes.

Since its launch in 2001, Respect has led groundbreaking work to keep victims of domestic abuse safe by working with the cause of the problem, the perpetrator.

And the Respect Standard is a central part of this work. The Standard, first introduced in 2008, focuses on perpetrator interventions, and makes sure they are delivered professionally and competently and are effective in reducing harm. Most importantly, the Standard ensures that further harm is not inflicted on survivors or their children, something which is vital if we are to ensure support and safety for the survivor and help them move on with their lives.

The Respect Standard's principles should form the foundation of any work with perpetrators and I strongly encourage all commissioners to use Respect's Standards when commissioning work with perpetrators.

No one should have to live in fear of violence, and every child should be able to grow up knowing they are safe. We cannot create a world where people are safe from abusive and controlling relationships without targeted action on those who commit the abuse. And so I am delighted to introduce and endorse the third version of the Respect Standard.

Sarah Newton

Safe, effective, accountable work with perpetrators of domestic violence and abuse

This third edition of the Respect Standard is applicable to any organisation working with perpetrators of domestic violence and abuse. This document sets out what is required in terms of a model of work, management and operation of these services. To achieve accreditation, evidence will be sought to demonstrate that an organisation meets these requirements.

Providing a service to those who inflict violence and abuse on those they are close to brings with it a considerable responsibility: to ensure that this work is safe and effective and that it does not inadvertently contribute to the harm already experienced by survivors¹. The Respect Standard is focused on ensuring that organisations meet this responsibility and, in line with article 16 of the Istanbul convention², it places the experience of survivors and their safety, well-being and freedom at the centre of all work with perpetrators.

The Respect Standard includes a set of 10 principles which should underpin all work with perpetrators, and standards across 5 areas of service provision: management of the organisation; intervention delivery; diversity and access; multiagency working and innovation. The Respect Standard should be read alongside two companion documents, the Respect Outcomes Framework and Respect Guidance for Effective Targeting of Interventions.

Where interventions with perpetrators are delivered in a professional and competent manner they have proved effective in creating change and reducing harm. However, poorly run services can raise the risk and add to survivor vulnerability. Therefore, no organisation should provide perpetrator services without full regard of these nationally agreed principles and standards, and without sufficient resources to ensure compliance.

¹The terms survivor and perpetrator are explained in the glossary

²<https://www.coe.int/en/web/istanbul-convention/home?desktop=false>

Scope

The third edition of the Respect Standard has greater scope than previous editions, reflecting Respect's commitment to increasing the range of interventions on offer and supporting the variety of service providers seeking accreditation. This expansion in scope has been achieved while retaining the same robust approach that provides confidence for survivors, commissioners and funders. In addition, it now covers the whole range of services and interventions for perpetrators of domestic violence and abuse.

Since 1989, the UK has seen a steady growth of Domestic Violence/Abuse Perpetrator Programmes (DVPPs/DAPPs). These have focused on individual and group work behaviour change programmes for male perpetrators of violence towards female partners and ex-partners (survivors). Integral to this is a package of support for survivors provided by an Integrated Support Service (ISS). There is a growing body of UK and international research evidence (including Mirabal Project Research 2015³, IDAP CDVP evaluation 2015⁴, a US study 2002⁵ and an Australian study 2016⁶) that shows that such programmes have positive outcomes for survivor safety and freedom.

Over the last five years, interventions targeting the whole cohort of perpetrators have been piloted. These include: targeted prevention, early intervention work, high-risk, complex needs interventions, women's use of violence, and abuse by those in same sex relationships.

The Respect Standard aims to support and foster the development of a variety of interventions for perpetrators, addressing the different needs and, risk they present and the context for their behaviour. To achieve this safely, organisations must match individuals to suitable intervention/s, in line with risk, need and responsiveness principles. This is to ensure survivor confidence; that perpetrators are given an intervention which has a realistic opportunity of success, and that services provide value for money for commissioning agencies.

The move towards whole-cohort responses to perpetrators of domestic violence and abuse has brought with it innovation and a greater variety of interventions. Some organisations deliver high-intensity case management, standard group work intervention and short early help interventions. It is the organisation that holds the accreditation and therefore the assessment will look at all the organisation's work in this area. This will prevent an organisation submitting their blue-ribbon service while the rest of their work does not meet the Respect Standard. This wider view protects the value of accreditation for all.

Where an organisation undertakes work beyond that covered by the Standard, this should be aligned in England with the sector shared core standards⁷ and in Wales, the Welsh Women's Aid National Quality Service Standards⁸.

Stakeholder confidence

Accreditation has been developed so that members of the public, including survivors and perpetrators, funders, commissioners and other professionals, can be assured of high-quality, safety-focused services.

The requirements have been developed from research and practice over many years. The Respect Standard has been in operation since the first edition in 2008. Practitioners, policy makers and researchers have been involved in developing and testing these requirements. The Respect Standard and assessment methods are regularly reviewed to ensure that they are informed by current knowledge and experience.

This third edition is informed by the experience of accredited services, accreditation assessors and the independent accreditation panel. It has been through a series of consultations with service users (both perpetrators and survivors), practitioners, commissioners, funders, policy makers and professionals from the voluntary, statutory and private sectors across the UK.

Work with perpetrators of domestic violence and abuse is a rapidly developing area, and the Respect Standard will evolve to support this. No edition of the Respect Standard will ever capture all emerging practice and a regular review of the Respect Standard is necessary.

³Steps Towards Change, Kelly and Westmarland (2015) <https://www.dur.ac.uk/criva/projectmirabal/>

⁴An outcome evaluation of the Integrated Domestic Abuse Programme (IDAP) and Community Domestic Violence Programme (CDVP), Bloomfield and Dixon (2015) <https://www.gov.uk/government/publications/outcome-evaluation-of-idap-and-cdvp>

⁵Batterer Intervention Systems, Gondolf (2002) <http://sk.sagepub.com/books/batterer-intervention-systems>

⁶A Study of the Impact on Men and their Partners of attending Men's Behaviour Change Programmes, Brown et al (2016) <https://violencefreefamilies.org.au/longitudinal-study-effectiveness-mens-behaviour-change-programs/>

⁷<https://www.womensaid.org.uk/vawg-shared-core-standards/>

⁸<http://www.welshwomensaid.org.uk/wp-content/uploads/2016/12/Introduction-to-WWA-National-Quality-Standards-Sept-2016.pdf>

Violence against women and girls — a joined up approach

Across the UK, there has been a drive to move away from a siloed approach and to link up responses to violence against women and girls (VAWG), which Respect supports. This is underpinned in Wales by specific VAWG legislation⁹ and in England¹⁰ and Scotland¹¹ by national strategies to address VAWG.

Many respondents to our consultation wanted the Respect Standard to address perpetrators of all forms of VAWG. Sadly, there is currently not enough work happening with perpetrators of VAWG which is not domestic violence and abuse, to provide an evidence base upon which specific standards can be written.

Emerging areas of work

There are other new areas of work that are making significant progress in developing and delivering interventions that can be replicated, including: work with young people who use violence and abuse towards a family member; interventions to disrupt abusive behaviour and manage high risk perpetrators; work with women using violence against men and work with those in same sex relationships.

The Respect Standard does not exclude any of these interventions from being accredited. We expect organisations delivering these newer areas of work to use the principles and applicable standards in this document. The Innovation framework in section E is likely to be particularly relevant.

As practice develops and an evidence base emerges we will work with our partners to develop specific standards for all of these areas of work.

Services eligible for accreditation

The minimum unit considered for accreditation is a service working with perpetrators with appropriate safety and support for survivors.

This third edition provides a standard to support innovation and the testing of new service models so that these can also be covered within accreditation, even if there aren't specific standards addressing those areas of work.

Respect accreditation applies to services in the voluntary, statutory or private sectors, or for those operating as a partnership or consortium of organisations. Where there is a partnership or consortium the organisation leading on the delivery of the intervention will hold the accreditation.

Organisations will be assessed against all applicable requirements of the Respect Standard to become accredited. Accreditation can be completed in two stages, but both parts need to be completed to achieve accreditation.

Organisations running an intervention with perpetrators without support for survivors cannot be considered for accreditation as they are unsafe and fundamentally breach the Respect Standard's core principles.

The model of work of a Respect accredited organisation

The Respect Standard requires all organisations seeking accreditation to have a written model of work. This should include the content and structure of the work or intervention, the underlying theory and the methods of delivery.

Accreditation does not prescribe one specific model of provision, delivery approach or theoretical underpinning. The organisation may put forward any model of work that matches the risk and needs profile of its target perpetrators, in line with principles set out below. The Standard provides a strong framework in which different approaches and models can be, and are, used safely and their effectiveness measured.

⁹<http://www.legislation.gov.uk/anaw/2015/3/contents/enacted>

¹⁰<https://www.gov.uk/government/publications/strategy-to-end-violence-against-women-and-girls-2016-to-2020>

¹¹<http://www.gov.scot/Publications/2016/03/7926>

Principles

- 1) **Do no harm.** Organisations take all reasonable steps to ensure that their services do not create additional risks for survivors of domestic violence and abuse.
- 2) **Gender matters.** Organisations work in a way that is gender informed, recognising the gender asymmetry that exists in the degree, frequency and impact of domestic violence and abuse. They understand that men's violence against women and girls is an effect of the structural inequality between men and women and that its consequences are amplified by this. A gender analysis includes violence and abuse perpetrated by women against men and abuse in same-sex relationships, and these also require a gender informed response.
- 3) **Safety first.** The primary aim of work with perpetrators is to increase the safety and wellbeing of survivors and their children. The provision of an Integrated Support Service for survivors alongside the intervention for perpetrators is essential. When working with perpetrators it is important to recognise the need for behaviour change, but risk reduction should always be prioritised.
- 4) **Sustainable change.** Organisations offer interventions that are an appropriate match to the perpetrator, considering the risks they pose, the needs they have and their willingness and ability to engage with the service offered. This will ensure that they are offered a realistic opportunity of achieving sustainable change
- 5) **Fulfilling lives.** Organisations are committed to supporting all service users to have healthy, respectful relationships and to lead fulfilling lives.
- 6) **The system counts.** Domestic violence and abuse cannot be addressed by one agency alone and work with perpetrators should never take place in isolation. Organisations are committed to working with partners to improve responses as part of their local multiagency arrangements.
- 7) **Services for all.** Organisations recognise and respect the diversity of their local community and take steps to respond to everyone according to their needs.
- 8) **Respectful communities.** Organisations recognise that the environment their service users live in has an impact on their lives. They will make the links between individual change and the development of respectful communities.
- 9) **Competent staff.** Organisations deliver a safe, effective service by developing the skills, well-being and knowledge of their staff through training, supervision and case work support.
- 10) **Measurably effective services.** Organisations employ clear and proportionate measurement tools, which demonstrate both the individual benefits and the impact of interventions.

Two stages of assessment for Accreditation

Accreditation is split into a two-stage process, outlined below, and is only awarded once both stages have been satisfactorily passed.

Stage one

Stage one focuses on safety and the risk management processes of the organisation, which is a significant part of the Respect Standard. Organisations achieving stage one are expected to complete stage two within a year. If an organisation fails to do so, they will be required to begin at stage one again.

Stage two

Stage two is an assessment of quality and effectiveness. It provides intervention deliverers, funders, commissioners, referring agencies, survivors, perpetrators and the public with assurance that the accredited service is as safe and effective as possible.

Accreditation must be renewed every three years, or earlier if there are significant changes to the structure or operation of the organisation or services. Organisations currently holding accreditation will be assessed against this edition of the standard when their reaccreditation assessment is due, retaining their accreditation until this time.

Further monitoring

All accredited organisations are required to complete an annual maintenance report. This must include but is not limited to: sending a copy of their annual report, notifying Respect of any significant changes in management or operations and re-confirmation of all currently delivered interventions. All accredited organisations may be subject to spot checks from Respect assessors.

Complaints process (for service users and professionals)

As the organisation that sets the service standard and manages the accreditation process, Respect accepts responsibility to uphold the quality of this system. Where someone has good reason to believe that an accredited organisation is not working in accordance with the Respect Standard and they have not been able to resolve their concern through the complaints process provided by the organisation involved, then they can raise their concern with Respect.

When Respect receives a complaint about an accredited organisation we will respond to this in a timely and effective manner, in line with our complaints procedure.

Structure Of The Standard

The Respect Standard consists of the following sections:

- **Section A: Management of the organisation**

A1. Policies and procedures

A2. Management and accountability

A3. Recruitment, supporting staff and training

A4. Case management

A5. Output and outcome monitoring

- **Section B: Intervention delivery**

B1. Model of work

B2. Assessment

B3. Risk management

B4. ISS delivery and integration

B5. Delivery quality

B6. Children and young people

- **Section C: Diversity and equality**

- **Section D: Multiagency work**

- **Section E: Innovation framework — testing a new intervention**

Each section is structured as follows:

- An overall heading which describes what the section is about.
- Service standards (such as 'A1') that contain the basic requirements of each section.
- A statement on the purpose of that service standard.
- Evidence that will be sought by assessors to show that an organisation is meeting that service standard.
- A guidance section for any additional information on the service standard.

A. Management of the organisation

The management procedures and activities are sufficient to ensure the quality of the service provided, the development of staff and the role of the organisation in the wider community response to domestic violence and abuse.

A1 Service standard

The organisation has the necessary policies and procedures in place to provide a secure and clear framework for effective management, employment and service provision.

Purpose

To ensure that the organisation operates in a way that is consistent with its core objectives and values.

Evidence

A1.1

The organisation has the written policies and procedures listed below and they are clear, workable, fully implemented and reviewed regularly. This list is not a comprehensive list of all the policies and procedures needed for an organisation but focuses on those that have specific bearing on working on domestic violence and abuse.

- a)** Health and safety policy (covering safety for staff and service users); lone working and home visits policy; a procedure for staff in responding to abuse from service users.
- b)** Equal opportunities and diversity strategy; equal opportunities, diversity and anti-discrimination policies for service delivery and employment.
- c)** Confidentiality, data protection and information-sharing policies; procedure and guidelines on sharing information internally and externally; multiagency information sharing protocols; response to serious incident or case review.
- d)** Safeguarding children and vulnerable adults policy and procedure.
- e)** Risk management policy and procedure.
- f)** Complaints policy and procedure.
- g)** Policy and procedure on the use of interpreters, signers, etc.
- h)** Code of conduct for staff.
- i)** Policy about staff experience of domestic violence and abuse and procedure for responding to information about past or current domestic violence and abuse involving a staff member as perpetrator or survivor.
- j)** Disciplinary and grievance policy and procedure.
- k)** Record keeping policy and procedure.
- l)** Policy covering practice management and clinical supervision

Guidance

All policies and procedures need to:
 Be approved by the governing body and reviewed regularly.
 Be available to staff, to external professionals and service users if requested.
 Be part of the induction process for all staff and volunteers.
 Include reference to the needs of delivering an intervention for perpetrators of domestic violence and abuse and Respect accreditation.

A2 Service standard

The organisation has a documented management structure with clear lines of accountability and defined responsibilities for all staff. The governing body of the organisation has ultimate responsibility for the service.

Purpose

The senior management team or governing body ensure that the organisation is able to deliver services effectively.

Evidence

A2.1 The organisation has a documented management structure with clear lines of accountability. Responsibilities, reporting and accountability structures are clearly defined to enable members of staff, the lead staff member and the governing body to fulfil their specific functions.

A2.2 The senior management team or governing body receives regular report on the activities of the organisation. This includes performance data on the domestic violence and abuse work sessions.

Guidance

A2.1 This requirement includes identifying with who responsibility lies for case and risk management, treatment management and line management.

A2.2 The senior management team or governing body will review the performance of the organisation's interventions and identify changes needed to ensure best use of human and financial resources.

A3 Service standard

The organisation takes the necessary steps to safely recruit staff and support them to develop their skills and experience.

Purpose

To ensure that the organisation has staff with the right skills and knowledge for their role.

Evidence

- A3.1** There are written job descriptions, person specifications and contracts for all staff and volunteers.
- A3.2** All prospective staff and volunteers are asked about their experience of domestic violence and abuse, as a perpetrator or survivor, and if there are other ways that domestic violence and abuse has affected their life.
- A3.3** Appropriate Disclosure and Barring Scheme, Disclosure Scotland or Access NI, checks are undertaken on staff and volunteers. These are repeated every three years.
- A3.4** The organisation provides its staff and volunteers with the relevant training and support to equip them with the core competencies needed for their role. This will include a good knowledge of the other services relevant to their service users.
- A3.5** Staff who have completed their probationary period are subject to regular line management sessions, which include a review of their competency and training needs.
- A3.6** There are written records of line management sessions.
- A3.7** The governing body provides a suitable person to provide supervision and support for the lead member of staff.
- A3.8** All staff attend practice management sessions provided by a suitable experienced senior practitioner. The Practice/Treatment Manager keeps notes of practice management sessions.
- A3.9** Clinical supervision is provided for and used by all front-line staff.
- A3.10** Sessional staff and volunteers undertaking work with services users are provided with the same practice management support and have access to clinical supervision, on a pro-rata basis.

Guidance

A3.1

The job description and person specification should be specific to the role.

A3.2

The aim is to ensure that staff and volunteers feel safe to disclose their experience of violence and abuse and to discuss how this may affect their work, including what support the organisation can provide. The aim is to ensure staff and volunteers are not put in a position where they are emotionally unable to undertake their job effectively.

Candidates should be asked sensitively about their past experience during interviews and informed clearly why they are being asked. If a candidate has direct experience of domestic violence and abuse, as a perpetrator and or victim, how they respond and how it informs their work in this area will be relevant.

Any allegations or disclosures that a member of staff is or has been a perpetrator of domestic violence and abuse must be taken seriously and handled appropriately and safely.

A3.3

Given the nature of the work and the information that staff have access to, it is important that employers are aware of any criminal justice system involvement, past or present, relating to potential or existing employees. A criminal conviction does not in itself bar anyone from working in the field. This would depend on the nature of the offence(s), how old it is and the position they are applying for. The organisation must discuss any offence(s) with the applicant when they have reached a conclusion as to its relevance to the position in the organisation. This is recorded in their personnel file.

A3.4

Staff will be skilled and knowledgeable in the areas required to deliver the model of work. This is likely to include attendance on a recognised training course in domestic and sexual violence.

Various training methods can be used, including e-learning, reading, mentoring, shadowing and participating in formal training courses.

The following training will be refreshed every three years for all staff and volunteers to ensure that their skills and knowledge remain current:

- safeguarding adults and children
- risk assessment and management
- data protection.

Staff across the intervention should also have opportunities to continue to develop their skills learn about relevant research and stay up to date with emerging approaches and their evidence.

A3.5

Additional guidance is not required.

A3.6

Additional guidance is not required.

A3.7

The lead staff member should have access to adequate supervision and support, either through a named member of staff, a member of the governing body or a suitable external person.

A3.8

The Practice/Treatment Manager will be a highly experienced practitioner who can help staff improve their practice. They will ensure that the organisation is delivering what it was set up to and that changes to service delivery are noted and have a clear rationale. The practice manager will review co-working and support staff in meeting specific challenges to service delivery. The Practice/Treatment Manager does not have responsibility for making decisions about risk management, this belongs in case management.

The Practice/Treatment Manager cannot practice manage their own work or that of someone they co-facilitate with.

Where the intervention is an intensive case management intervention rather than a structured behaviour change intervention, the practice management may be through observation, case file audits and in-depth case reviews.

ISS delivery must also be subject to practice management. This may be through observation, case file audits and in-depth case review.

The Practice/Treatment Manager will keep a record of sessions and their feedback to staff, observations on the model of work and variations from this and where necessary raise concerns with the Service Manager.

A3.9

Clinical supervision is defined in the glossary. Clinical supervision is usually provided by someone external to the organisation who can meet all the needs defined in the glossary. The frequency of clinical supervision depends on the experience and needs of the members of staff but should be at least six sessions per year for full time staff.

A3.10

No additional guidance is required.

A4 Service standard

The organisation has an effective case management system.

Purpose

To ensure that the organisation is monitoring and responding to changes in risk and the safety needs of its service users and their children.

Evidence

- A4.1** The organisation undertakes regular (at least monthly) case management reviews in which actions on how to best manage risk and increase the safety of service users and their children are tracked. Case management actions are recorded. Case management includes representation from both ISS and intervention services. Within this process, risk assessments are revisited and revised where necessary.
- A4.2** The manager with responsibility for case management has relevant experience and adequate specialist knowledge, including of risk factors and assessment.
- A4.3** Information from the following situations is clearly recorded within one working day: contact with service users; contact with other professionals; case specific supervision; multiagency working; agreements and reviews of risk and need.
- A4.4** The organisation undertakes case files audits on a sample of cases to quality assure recording of information and service delivery.

Guidance

- A4.1** Case management is a central component of any effective behaviour change intervention. Case management provides the mechanism for the organisation, through its managers, to hold responsibility for managing risk. All open cases are considered in the case management process.

Care is taken to ensure that case management is well run, recorded and given sufficient time. Effective Case Management is highly focused, and the required information is available at the time. Discussions are focused on, and result in, decision making and actions to reduce risk from and to service users.

Actions from the previous case management meeting are reviewed.
- A4.2** No additional guidance is required.
- A4.3** No additional guidance is required.
- A4.4** The organisation must make sure that case files are kept up to date, in accordance with its policy and service requirements. Case file audits should take place at least quarterly and a record of the audit process should be kept.

A5 Service standard

The organisation obtains, monitors and analyses data on the numbers of people who use the service and on the outcome of their use of the service.

Purpose

To be able to demonstrate that its services are well used and that they have a positive impact on the lives of those who use them.

Evidence

A5.1

The staff maintain clear records which meet the requirements of the service.

A5.2

The organisation collects and analyses output data.

A5.3

The organisation collects outcome data (see outcome framework paper).

A5.4

The organisation obtains and uses the views of service users on their experience of the service offered to them.

A5.5

The governing body, lead member of staff and others as appropriate, use output and outcome data as key performance indicators. They routinely identify emerging risk and issues, and set targets for improvement where necessary.

Guidance

A5.1

Service user records must support staff to work effectively, safely and consistently.

A5.2

Demographic and other data that is appropriate for the intervention. This is likely to include but not be limited to; information about the service users and their children, other agencies involved, history of violence and abuse, risk, needs and capacity to change assessments, joint work with other agencies, intervention plans, case reviews, the movement through the stages of the intervention through to completion/case closure, the take-up of the ISS, and its work on safety and needs of survivors and joint work with other agencies and advocacy work on behalf of survivors.

A5.3

Outcome data is collected using the Respect Outcomes Framework.

A5.4

Organisations will use a range of methods, which may include distributing and collecting feedback forms and consulting in a focus group or other setting on aspects of their service.

A5.5

No additional guidance is required.

B. Intervention delivery

The organisation has a model of work and a structure to deliver this in a manner which is coherent and safe.

B1 Service standard

Organisations have a model of work that sets out the nature, content, targeting and theory of change to give service users a realistic opportunity for change.

Purpose

To ensure that interventions are designed in way that service users' risk and needs are as well matched as possible to the intervention provided. This is to increase the safety of those at risk of domestic violence and abuse.

Evidence

B1.1

Organisations will have a written model(s) of work, which will include:

- theory of change or logic model
- content guide
- assessment and targeting (see Respect's Effective Targeting of Interventions guidance document)
- integration with ISS
- outcome measures
- other delivery, including timing, sequencing and review process
- multiagency work and agreements.

B1.2

The organisation and staff working with service users understand why they use their approach. They understand the sequencing of intervention, who is appropriate for the intervention, the outcomes expected from discreet elements of work and their style of delivery.

B1.3

The organisation's model(s) of work will be reviewed regularly and, where appropriate, changes will be made to content, sequence or methods of delivery.

Guidance

B1.1

The model of work must be in line with the Respect Standard's principles, as set out in the beginning of this document.

B1.2

No additional guidance is required.

B1.3

No additional guidance is required.

B2 Service standard

The organisation is able to match intervention to the risk, needs and capacity of the perpetrator.

Purpose

To ensure a clear process in which risk, needs and capacity of the perpetrator are assessed and the intervention offered is designed to match them.

Evidence

B2.1

At intake, all perpetrators are subject to an assessment that is appropriate for the level of risk and need. The more significant the level of risk and need the more comprehensive the assessment.

B2.2

The assessment or engagement process includes supporting perpetrators to develop their motivation to engage in behaviour change.

B2.3

The assessment or engagement with service users includes an explanation of confidentiality, including its limits. The intervention confidentiality agreement will include agreeing to case files being reviewed and session tapes being viewed by managers, accreditation assessors and external evaluators as part of accreditation, monitoring and other quality assurance processes.

Interventions will need to have a clear framework for information sharing in its model of work. Where appropriate this must be agreed with multiagency partners.

B2.4

Information on how to contact survivors and others at risk will be sought at assessment and the perpetrator will be informed that the ISS will have contact with their partner, ex-partner or others at risk. Where it would be unsafe for the perpetrator to know that this is happening, the reason for this will be recorded.

B2.5

Assessment of appropriateness of the intervention is a regular activity within the case management structure.

B2.6

The organisation has a policy and process for suspending service users to guide staff to move or remove someone from the intervention where their suitability or level of risk and need is not suited for the intervention.

B2.7

Assessment will screen for criminal justice involvement. Where a perpetrator is involved in the criminal justice process pre-sentencing the organisation should consider carefully whether the intervention work should be sequenced to occur alongside the criminal process or after it has concluded.

If the organisation decides to work with someone involved in the pre-sentence stage of the criminal justice process they will have taken steps to ensure that their involvement does not have the unintended consequence of reducing the likelihood of successful prosecution.

Where a current service user becomes the subject of an investigation for a domestic violence and abuse related offence, or is charged with such an offence, the organisation will take similar actions as above before deciding whether to continue to offer the intervention. The consultation with other agencies and decision-making process will be recorded clearly in the case file.

B2.8

Service user assessment/engagement process must encompass an assessment of risk, needs and motivation to change. This will ensure that the intervention can be matched to the perpetrator to best increase the safety of those at risk, including the broader family.

B2.9

Organisations offering short interventions that are focussed on developing motivation have a clear pathway from this into a behaviour change intervention appropriate for the perpetrator.

B2.10

Assessment will consider any barriers to participation, including protected characteristics under the Equality Act, and how these might be removed or addressed.

B2.11

Assessment outcome is communicated clearly to perpetrators, ISS and other relevant professionals in timely way.

Guidance

B2.1

Staff must have criteria for deciding whether a perpetrator is appropriate for the intervention.

Where the perpetrator is subject to suitability assessment, and it is safe to do so, service users must be informed of the outcome of the assessment, along with the referring agency, where this exists. The model of work will identify who the intervention is effective for and the assessment process/eligibility criteria will reflect this.

Where this is an intervention suitability assessment, survivors will be informed of the outcome. Where individuals are not suitable for the intervention there should be attention to safety implications for survivors.

B2.2

Motivational interviewing is a basic skill for those working with perpetrators of domestic violence and abuse. Any assessment or engagement process needs to support perpetrators to develop a commitment to change.

B2.3

People starting to engage with the intervention will be informed of the confidentiality limits, what will be shared with who and under what circumstances.

Where the service user has been informed of and understands the confidentiality this is recorded in the case file.

B2.4

Information on how to contact survivors or others at risk is passed to ISS within 24 hours of it being known to the service. The ISS is offered to all those at risk as an integral part of the intervention.

B2.5

Intervention suitability will be under constant review as part of the case management process.

B2.6

The service user's circumstances and ability to benefit from the intervention may change in ways that mean a different response is more appropriate. Organisations will do this in a timely manner and move the individual into a more appropriate intervention or end their participation in the service.

Organisations will not offer a behaviour change intervention to someone where there is little chance that this will lead to a positive outcome. This is not good use of public funds and raises expectations of change that are unjustified.

B2.7

Where the perpetrator is involved in a pre-sentence criminal process the organisation must consult with criminal justice staff, survivor services and any other relevant professionals if they are considering offering a place on the intervention at the pre-sentence stage. This will be clearly recorded in the case file and clear messages should be presented that the perpetrator's attendance on its own should not be seen as any indication of behaviour change or reduction in risk.

ISS will monitor how any work with perpetrators involved in criminal proceedings affects their safety and the accountability of the perpetrator.

B2.8

Organisations will consider range of factors that may impact on their risk and ability to change. These will include but not be limited to: use of substances including alcohol, mental health, housing, other criminal activity and social supports. The organisation will be seeking to understand the dynamics of the domestic violence and abuse, risk, needs, capacity to change in every case. This will inform the organisation's decision on the intervention offered.

Organisations will not place people on an intervention that does not match their risk, needs and responsivity profile. The Respect document "Effective Targeting of Perpetrator Interventions" provides a guide for this process.

B2.9

Additional guidance is not required.

B2.10

Additional guidance is not required.

B2.11

Additional guidance is not required.

B3 Service standard

The identification and management of risk are a central function of any accredited organisation. This includes risk identification, communication of risk internally and externally and having effective procedures to manage or reduce risk on a day-to-day basis through a case management process.

Purpose

To reduce risk and increase the safety of those at risk.

Evidence

B3.1

There is a procedure for identifying the risk of further violence and abuse. Organisations must use a recognised risk assessment tool in all cases.

B3.2

The organisation brings together information on risk from multiple sources (survivors, third parties and service users) to develop a 360 view on risk. This process is central to the case management processes but not restricted to this arena. The organisation's view of risk must encompass risks to children.

B3.3

The assessment or engagement with service users includes an explanation of confidentiality, including its limits. The intervention confidentiality agreement will include agreeing to case files being reviewed and session tapes being viewed by managers, accreditation assessors and external evaluators as part of accreditation, monitoring and other quality assurance processes.

Interventions will need to have a clear framework for information sharing in its model of work. Where appropriate this must be agreed with multiagency partners.

B3.4

When reporting to external agencies about risk, this is done with a clear understanding of the limitations of its assessment of risk. These limitations are clearly communicated.

B3.5

Service Users are informed of the outcomes of risk assessments and are given the opportunity to comment on them, unless there is a compelling safety reason not to do so.

B3.6

The organisation is signed up to the local information sharing protocol(s) and/or has information sharing agreements with relevant agencies to enable effective multiagency risk management.

B3.7

The organisation works with other agencies to increase the safety of survivors and improve perpetrator accountability.

Guidance

B3.1

Additional guidance is not required.

B3.2

Additional guidance is not required.

B3.3

Developing a common language about risk across multiple professionals helps promote multiagency working. The DASH (Domestic Abuse, Stalking and Harassment) risk identification tool is the instrument which is most commonly used across agencies and within the MARAC process. Organisations may find this helpful a part of the risk management process.

B3.4

Risk assessment tools are an essential part of the tool box for domestic violence and abuse agencies but at this time their ability to accurately predict further abusive behaviour is limited. The quality and scope of information available to complete a risk assessment and the appropriateness of the risk assessment tool add to or reduce reliability of such assessments. As such, the limitation of any assessment should be communicated when reporting on risk.

B3.5

No additional guidance is required.

B3.6

No additional guidance is required.

B3.7

The organisation will take an active role to work alongside other professionals to ensure that survivor safety is prioritised and perpetrator risk is appropriately managed.

B4 Service standard

The intervention with domestic violence and abuse perpetrators is accompanied by a corresponding service, ISS (Integrated Support Service). The ISS has the same value base and is focused on the safety and freedom of those affected by this abuse.

Purpose

To ensure that the safety of those at risk is not compromised by the intervention and that they are offered support to establish lives free from abuse.

Evidence

- B4.1** The intervention(s) with domestic violence and abuse perpetrators have integrated service provision (ISS) for survivors linked to perpetrators attending the intervention(s).
- B4.2** The ISS is offered to any adult who is at risk from the perpetrator, except where to do so would compromise their safety.
- B4.3** The people using the ISS are offered a safe and appropriate space in which to meet with ISS staff.
- B4.4** The confidentiality agreements for use in the ISS will set out clearly what information will be shared, with who and under what circumstances.
The staff should explain the implications of the confidentiality agreement to the survivor and ensure they sign the confidentiality form as a condition of taking up the services of the organisation.

Where the survivor is at high risk, services may continue to share information without their expressed consent in order to reduce that risk in line with the local information sharing protocols.
- B4.5** Contact details for survivors are given to the ISS within 24 hours of the perpetrator accessing the intervention. The ISS makes every possible effort to ensure that successful contact is made with all identified survivors currently at risk within one working week of receiving this information, or sooner if there are specific risk concerns.
- B4.6** Where a perpetrator attempts to prevent their partner, ex-partner or other person at risk from their behaviour, from accessing support services, the organisation will take whatever actions are safe to establish and or maintain contact with the survivor.

In some cases, suspending the perpetrator from the intervention may be in the best interests of the survivor.
- B4.7** ISS staff should communicate specific concerns about risk to the intervention staff in a timely manner.
- B4.8** Significant changes to the perpetrator's level of engagement with or attendance at the intervention will be communicated to the survivor within five working days, or sooner if there is heightened concern for safety.

B4.9

Where the suitability of a perpetrator is assessed before they are offered the intervention, the ISS, where safe to do so, will communicate the outcome. Where the perpetrator does not go on to access the intervention, the ISS will explore the safety implications of this and link with other support services available to those at risk.

Where the perpetrator is allocated to an intervention and there is no suitability assessment, (for example an intervention addressing high risk perpetrators), the ISS share information on the perpetrator's engagement in the intervention(s) with the survivor where it is safe to do so

B4.10

The ISS supports those at risk in using criminal and civil justice remedies to protect themselves and others from abusive behaviour. All staff understand what an effective response from criminal justice personnel looks like. Where their service user does not receive this, staff should inform their manager so that their concerns can be raised at a senior level.

B4.11

The ISS works in partnership with other specialist domestic violence and abuse services to ensure that the safety and support needs of survivors are met. Clear referral pathways are in place for survivors at all levels of risk

Guidance

B4.1

The scope and resource of the ISS provision will be in the model of work. It will reflect the nature of the intervention and the risk, needs and responsivity profiles of its service users.

The term integrated indicates that the provision for survivors is an integral part of the intervention. This does not mean that the ISS and the perpetrator intervention are always provided by the same organisation. However, processes will be in place to support a timely, consistent approach across all elements of service provision.

The ISS core activities include:

- Proactive contact with survivors.
- Assessment of risk and vulnerabilities and safety planning.
- Provide information to survivors about the nature, possible impact and limitations of the intervention.
- Further contacts, with level of contact time provided reflecting the nature of the intervention with the perpetrator.
- Ability to respond to significant changes in risk.
- Updating partners about intervention progress, assessment/ engagement outcomes or drop out.
- Participation in the relevant multiagency processes and undertake institutional advocacy as needed.
- Participate in case management, clinical supervision and practice development activities.

The model of work should include the role of the ISS provision appropriate to the type of intervention with the perpetrator. So for example high intensity, case management intervention will have an ISS provision which reflects the high risk of harm survivors are likely to face.

B4.2

Where the service is working with more than one survivor of a perpetrator, they must ensure that different workers are allocated to each and that procedures are in place to prevent them meeting. It is not compulsory for a survivor to engage with the ISS and it should not be taken as a condition of accessing the intervention. However, ISS workers should carefully explain to each survivor the reasons for the ISS wanting to stay in contact during the period of the intervention.

The ISS provision, as specified in the model of work, will be responsive to the service user group it is aimed at.

B4.3

Additional guidance is not required.

B4.4

The ethos is to ensure that all services users, survivors and perpetrators, are informed about how their data is managed, what is shared, in what circumstances, with whom and with what aim. This will also include when information will be shared without their consent in order to reduce harm. This will be outlined in the organisation's data protection policy, in the model of work and will be covered in the local information sharing protocols.

B4.5

Those at risk should have information on the intervention at the earliest opportunity. This is to prevent misleading information being presented by the perpetrator or others and to ensure that safety issues can be addressed as quickly as possible. This must be offered before any further behaviour change work takes place.

Perpetrators may enter new relationships and these new partners must be contacted proactively by the ISS, where possible and where safe to do so.

B4.6

Additional guidance is not required.

B4.7
/8

When the perpetrator fails to attend the intervention, where the organisation loses contact with them, or is considering suspending them from, there may be risk implications for survivors and their children. These should be communicated in a timely fashion to the survivor and relevant agencies.

B4.9

The principles of 'Do no harm' and 'Safety first' will underpin decisions about the extent of information sharing with the survivor. Where a perpetrator is referred to the service or is self-referring, it is almost always preferable that the survivor has information about this from the organisation.

Some interventions do not have an assessment process. For example, those targeting perpetrators whose behaviour is presenting a high risk of serious harm. There is not an assessment outcome as such, but there will be variation in engagement in the intervention which may have implications for the victim's safety and freedom. The ISS will consider when and how this is communicated as part of their work to increase safety.

B4.10

No additional guidance is required.

B4.11

The ISS service will demonstrate evidence of good links with other local specialist domestic violence and abuse services and refer survivors to these to ensure that their safety and support needs are met.

B5 Service standard

Intervention delivery is consistent with the model of work and the overall framework for delivery supports best practice.

Purpose

To ensure that perpetrators of domestic violence and abuse receive a competent, informed and well managed intervention.

Evidence

B5.1

The intervention staff have sufficient time and resource to deliver the intervention as set out in the model of work.

B5.2

Where the intervention is group work, this will be undertaken by a minimum of two staff. In group work with male adults who perpetrate domestic violence and abuse against their female partners, this will be a male and a female.

Individual work or case management with perpetrators may be undertaken by male or female workers.

B5.3

The intervention will have effective mechanisms to capture the quality and content of the delivery of its interventions to ensure adherence to the model of work and monitor the quality of delivery.

For example:

- Group work with perpetrators will be video recorded for practice development supervision and a sample of these recordings are reviewed as part of the practice supervision process.
- Individual work programmes will be audio recorded for the same reason.
- Intensive case management interventions will be subject to sample case file audits, case reviews and observation.

B5.4

All staff, including sessional staff, delivering the intervention will be required to attend practice supervision.

B5.5

Where group work is offered, this will ideally be in groups of between 6 and 12 members.

Guidance

B5.1

The time and resource required will be dependent on the model of work and reflect the risk, needs and responsivity profile of the perpetrators. Perpetrators will have sufficient hours of contact with staff over a long enough time to provide a reasonable opportunity for them to recognise their abusiveness, stop being abusive and to develop skills for safe and respectful relationships and parenting. Staff will have the time and resource to carry out the following where these are part of the model of work:

- Preparation, delivery, debrief and follow up tasks related to perpetrator contact.
- Participate in case management with ISS staff if needed, including regular reviews of risk and of intervention suitability.
- Communicate effectively with other professionals to manage risk within a multi-agency context.
- Participate in all required training and supervision activities.
- Participate in practice management.

B5.2

No additional guidance is required.

B5.3

The organisation has a mechanism to review the interaction between service users and staff, to ensure that the quality and content is what it expects.

Practice Management (sometimes referred to as treatment management) is the process for reviewing delivery of the intervention and supporting practitioners to reflect on their practice and the quality of delivery.

For Practice/Treatment Managers to have clear sight of what happens in intervention delivery, a range of mechanisms will be used.

Where the organisation is delivering structured behaviour change group work, this must be video recorded and viewed by the Practice/Treatment Manager. Their observation will form part of the feedback to facilitators in the practice management session. Viewing one in five group sessions is a suggested frequency, unless there are reasons for more frequent support.

Audio recording is an adequate mechanism to review structured individual behaviour change work and feedback from the Practice/Treatment Manager's review of these recordings will form part of the practice supervision session. Individual work can be a demanding way to work with this client group. The perpetrator does not have the support of working with other people facing similar challenges and the worker does not have the support of a co-facilitator. Therefore, the frequency of practice supervisor reviews of these recording should reflect how challenging the work is.

Where the intervention is intensive case management, a mixture of case file audits, case reviews and observations will inform the practice management process. This will be reflected in the practice management notes.

ISS delivery will have a practice management process which includes case file audits and case reviews. Observations and audio recording will require informed consent of the survivors concerned.

B5.4

No additional guidance is required.

B5.5

The content of many of the group work based interventions with perpetrators require a populated group to work effectively. Groups will ideally have six or more participants, but when intervention groups become too large it is more difficult to shape the delivery to fit the individual needs of participants. Groups have with over 12 participants become challenging for even very experience facilitators.

B6 Service standard

The organisation will have a focus on the needs and safety of the children and young people connected to its service users.

Purpose

Children and young people can be harmed directly and indirectly by exposure to domestic violence and abuse and the organisation must be addressing this through its work.

Evidence

- B6.1** In the initial assessment/engagement with service users, and in any subsequent work, the impact of domestic violence and abuse on the lives of any relevant children will be a focus of the intervention. Details about children connected to the perpetrator are recorded. This will include whether they are known to children's social care, information about their safety and any concerns about their well-being.
- B6.2** Staff have training and support to enable them to implement the organisation's safeguarding procedures and to explore with service users the impact of domestic violence and abuse on the lives of any relevant children.
- B6.3** The organisation regularly monitors the safety and well-being of relevant children as part of the case management process. This is recorded in case management notes.
- B6.4** The organisation's intervention(s), as specified in the model of work, will consider the parenting skills and capacity of its service users. This consideration will be informed by an understanding of how domestic violence and abuse impacts on the parenting capacity of both perpetrators and survivors and the needs of children whose parents are attending a domestic violence and abuse intervention.
- B6.5** Staff are familiar with the local statutory children services, thresholds and referral pathways.
- B6.6** The organisation promotes its service to local voluntary and statutory children's services, has a clear referral process and takes positive steps to engage with senior children's services staff to promote effective working relationships.
- B6.7** Where a child is considered at risk of significant harm, there is a written plan of intervention agreed with the organisation, social worker and the service user. This will cover the sharing of information and dates for review. A copy of the plan is in the service user's case file.
- B6.8** Where the children of a service user are subject to a child protection plan (England) or children's plan (Scotland) and the organisation is unable to establish joint working with the social worker, then this will be escalated through the appropriate channels.
- B6.9** Where children connected to a service user are open cases with children's social care, the organisation has a responsibility to ensure that information in relation to risk and the work done with the service users is available to the children's services professionals, in line with its confidentiality and safeguarding policies.

- B6.10** Where a perpetrator is accessing the intervention because their children are subject to public law legal proceedings, then the organisation must ensure that they are fully informed of the background and the concerns about harm.
- B6.11** If an expert assessment or child protection plan recommends attendance at an intervention, then the organisation reports on progress and changes in risk to the court, the expert assessor and social worker.
- B6.12** Where children are the subject of Private Law child arrangements applications, organisations in England must not offer a behaviour change intervention for parents unless the organisation is recognised by Cafcass as an approved provider.
- B6.13** Where a perpetrator is seeking to access an intervention (organisations in England see B6.12) and their children are the subject of Private Law proceedings, they must ensure that their intervention contributes to safe and positive outcomes for the children.
- B6.14** Where the children of an existing or previous perpetrator become the subject of a child arrangements application, the organisation will make available information on the intervention, attendance and risk to all parties involved.
- B6.15** The organisation considers the specific needs of 16 to 21-year-old service users in relation to their stage of physical, emotional, psychological and neurological development. The organisation's work with them reflects this.

Guidance

- B6.1** Relevant children refers to any children who are currently affected by the domestic violence and abuse, or have the potential to be in the future.
- B6.2** In exploring the impact of the domestic violence and abuse on children, trauma experienced by the service user may be revealed. Organisations need to acknowledge this experience and, while this may not be the focus of the intervention, its relationship to behaviour will need to be explored and an appropriate response offered or sign posted to.
- Staff will understand the impacts of domestic violence and abuse on children, attachment and well-being.
- B6.3** Case management will always include reference to the needs of children when each case is reviewed.
- B6.4** While intervention may vary in intensity and contact time, the parenting needs of service users will be considered whether this is through links with other services, sign posting or direct work with service users.
- Children and young people are aware of the domestic violence and abuse and many are aware that the parent is receiving some intervention for this. How children and young people are informed of this, by who and the messages they receive about this are important. The intervention will support parents, where appropriate, in providing age appropriate information for their children.
- B6.5** No additional guidance is required.

B6.6

Evidence of joint working with statutory children's service will be visible on a case by case basis and at a more strategic level.

B6.7

No additional guidance is required.

B6.8

The intervention should be a collaborative, joint working process with other professionals involved with the family. The organisation will be able to demonstrate that it is taking reasonable steps to foster this joint working relationship, even where it is difficult to achieve. If this breaks down, the organisation must take steps address it.

B6.9

Where the organisation has been working with a service user whose children are open cases with statutory children's services, the organisation has a responsibility to share information. This should include:

- Attendance and nature of the intervention.
- Further abusive behaviour
- Significant concerns or changes in risk and the evidence is supporting these.
- Caveats on the conclusions which can be drawn from this information.

The report maybe be seen by all parties and the organisation will consider the risks and impact of this and, where appropriate and safe to do so, ensure that parents are aware of such reports. These reports will be professional, evidenced and defensible and they must be signed off by an experienced staff member with an understanding of the impact of domestic violence and abuse on children and family dynamics. Where children are the subject of legal proceedings the organisation should not step into the role of expert witness, where the court needs expert opinion it can commissioned separately.

B6.10

Organisations working with perpetrators whose children are subject to Public Law legal proceedings need to be fully informed about the background to the case. This should include sight of the chronology and the risk concerns related to the family.

Where a domestic violence and abuse expert witness is commissioned they will have access to all the relevant court papers, as well as the time and expertise to consider them. The resulting report can then be shared with the organisation to inform its work.

Organisations must be cautious about stepping into an expert witness role, being asked to report to the court on risk, perpetrator engagement and behaviour change without access to the court bundle and the capacity to fully consider this. An expert witness report may not always be appropriate or possible, but the case file will record the consideration of this option with the relevant professionals

If an expert witness is involved this should be someone separate from the intervention work and is often external to the organisation.

B6.11

For guidance on reporting see B6.9.

B6.12

In England, Domestic Violence/Abuse Perpetrator Programmes (DVPPs/DAPPs) are available under sections 11A-G Children Act 1989 (as amended by the Children and Adoption Act 2006) as a court ordered activity. No organisation in England should be offering a behaviour change intervention to a perpetrator whose children are the subject of an ongoing child arrangements application, unless it is a court ordered activity and the organisation is an approved Cafcass provider.

Where attendance is a court ordered activity, established reporting arrangements are in place to ensure that positive outcomes for children remain the focus of the work.

If there is a requirement for the perpetrator to attend a behaviour change intervention from the criminal court and there are open child arrangements proceedings there should be communication with Cafcass and National Probation Service regarding reporting and effective partnership working.

B6.13

Where the organisation is working with a perpetrator whose children are subject to private law proceedings (except in England see B6.12) the organisation must:

- Consider whether an expert witness report on domestic violence and abuse risk, impact and treatment viability would be appropriate.
- Have contact with all parties' legal representatives and reports are shared with all parties, with regard to the safety of those at risk.
- Consider that they may be called as a witness in the proceedings.

The organisation should ensure that attendance on the intervention is not misrepresented, and that the court is fully apprised of the intervention. See Guidance B6.9.

B6.14

Where a perpetrator is already attending the intervention, their children subsequently become the subject of a Private Law child arrangements application the organisation has a responsibility to establish contact with the ex-partner and to offer the services of the ISS and inform Cafcass.

The reasons for trying to establish contact with an ex-partner in these circumstances (beyond those set out elsewhere in the standards) are:

- To ensure that they have support around the family court process.;
- To ensure that they are fully aware of what reports and information they can ask for from the organisation.

There should, therefore, be a requirement on the perpetrator attending the intervention to provide details of their ex-partner (if possible) and ex-partner's legal representative as this may be the only, or most appropriate contact route.

See guidance B6.9 on reporting in such cases.

B6.15

Young service users are offered a response that considers their age. Organisations working with this age group will ensure that they have good links to local young people's services and expertise. Staff have supervision that supports them to respond to this age group.

Diversity and access

Organisations recognise and respect the diverse needs of their community and take steps to respond to this diversity.

C1 Service standard

Organisations recognise and respect diversity and work to ensure that a non-discriminatory service is available and accessible to all who need it.

Purpose

To ensure that the organisation is taking proactive steps to be as accessible as possible to local communities.

Evidence

C1.1

The organisation has a robust equalities framework or strategy to improve the accessibility and effectiveness of its services and to ensure its compliance with the terms of the Equality Act 2010.

C1.2

Regular monitoring is conducted on the profile and needs of service users and the wider population across all equality strands.

C1.3

Delivery plans explicitly address equalities and demonstrate how the service has responded to diversity of need in service planning and delivery. In some cases, this may be focused on specific populations.

C1.4

Resources and expertise are allocated to cover the costs involved in delivering actions to ensure users can engage with the service. For example, interpreting, translations and adaptations to cater for disability.

C1.5

The organisation's professional development activity, for staff, volunteers, board members etc, is sufficient to ensure that staff have the skills to explore the cultural landscape in which their service users live. They will understand how this may affect their presentation and understanding of domestic abuse, how they engage with help and support, and their ability to make change.

C1.6

Materials and language used in materials, publicity and service delivery are as free of jargon and as accessible as possible.

Guidance

C1.1

Organisations need to demonstrate that they review their current accessibility and effectiveness of their work with all local communities and that they are considering the five following areas below¹²:

- knowing your communities – that the organisation is aware of how protected characteristics are present in its area of service delivery
- organisational commitment – that the approach to diversity and access is agreed and engaged with across the organisation
- involving your communities – consultation, partnership and shared learning with the local communities is at the heart of an effective response
- responsive services – that removing barriers to effective engagement is an ongoing process in the delivery of services
- a skilled and committed workforce. – staff professional development addresses, skills and knowledge and new approaches to ensuring intervention respond well to diversity

The organisation will be able to demonstrate that they know who their potential service users are, that there is an organisational commitment to improvement in this area, that there is a process of consultation with local communities and planning on how to improve service and staff response.

The expectation is that an organisation's work on C1.1 is proportionate to their size, the service remit, local priorities and available resource.

C1.2

This monitoring will occur at least annually and will require the organisation to collect data on the users of its services across the protected characteristics (Equalities Act 2010).

C1.3

The organisation will have goals and actions around improving its response to diversity, proportionate to service delivery volume. Progress against these will be reviewed regularly, at least annually.

C1.4

This should cover all aspects of the intervention and be proportionate to the organisation's size. This can be achieved through formal partnership commitments, in-kind arrangements and by budget allocation.

C1.5

This could include training on cross cultural working, in-house skills development, joint working and knowledge transfer with other organisations on diversity issues.

C1.6

No additional guidance is required.

Multiagency work

Organisations recognise that domestic violence and abuse cannot be addressed by one agency alone and they are committed to working with partners to improve responses.

D Service standard

The organisation will be outward facing in ethos. It will engage with, and support, other agencies and community organisations in their shared goal of ending domestic violence and abuse.

Purpose

These additions to the previous standards require multiagency working, ensuring that the organisation is working to improve responses to domestic violence and abuse across in the community.

Evidence

- 30**
- D1** The organisation is an active participant in the relevant multiagency structures that contribute to developing a community response to domestic violence and abuse, evidenced in the minutes of meetings.
- D1.2** Where a service user becomes subject of MARAC, MATAAC or other multiagency process, the organisation will actively share information with the other professionals involved with the case in line with local multiagency information sharing protocols.
- D1.3** The organisation supports the development of effective criminal justice system responses to domestic violence and abuse. The organisation informs service users that domestic violence and abuse is a criminal act and gives clear messages that encourage reporting and accountability.
- D1.4** Where a perpetrator attending the intervention becomes involved with the criminal justice system, the organisation must take steps to establish a link with the relevant criminal justice personnel and specifically with those involved in the preparation of reports to inform sentencing.
- D1.5** The organisation has effective ways of making referrals to agencies responding to alcohol and drug misuse and to mental health agencies. The organisation has named contacts in those agencies and evidence of collaborative working.
- D1.6** The organisation engages in activities that raise awareness of domestic violence and abuse and ways to seek help to the general public.
- D1.7** Where response to a service user is inadequate, the organisation will take steps to raise awareness of this and support changes in practice to ensure the best outcomes for service users and their children.

Guidance

- D1.1** All areas have multiagency groups and structures that are focused on domestic violence and abuse and violence against women and girls. Most areas have groups with differing functions, from consultation and practice development, to strategic decision making. The organisation will be active in these in a way that is commensurate with its position, role and capacity. This is separate to the interagency work on case and risk management.
- D1.2** No additional guidance is required.
- D1.3** This will be seen in case files, in case management and through service delivery.
- D1.4** No further guidance is required.
- D1.5** Those accessing behaviour change interventions can have additional needs. Alcohol and substance misuse, mental health difficulties and housing problems occur with differing regularity and severity across the cohort of those who perpetrate domestic violence and abuse. Providers of interventions will be assessing the spectrum of need in their service users. Addressing needs that contributes to risk and/or act as a barrier to change is an important part of the process in ending abusive behaviour.
- Organisations must have evidence that they are working to create effective responses to their service users with agencies including alcohol and substance misuse, mental health and housing.
- D1.6** Ending domestic violence and abuse requires creating a community that is intolerant of oppression and discrimination in all its forms. Organisations will be able to demonstrate what actions they have taken to increase public awareness of domestic violence and abuse and sources of help.
- D1.7** The organisation will take steps, where needed, to address inadequate responses to domestic violence and abuse, and escalate concerns to ensure that services user safety and perpetrator accountability. This will be recorded in the case file.

Innovation Framework

Organisations continue to innovate and develop new approaches to ending domestic violence and abuse.

E Service standard

Sets out the requirements for innovative work with perpetrators of domestic violence and abuse.

Purpose

To ensure that new interventions are delivered safely and the learning is captured and shared well.

Evidence

- | | |
|--------------|---|
| E1.1 | Demonstrate an unmet need for the innovation and set out why this target group needs a new approach. |
| E1.2 | The local advisory group, including representatives from the specialist domestic violence and abuse sector, has contributed to the design and implementation of the innovation. |
| E1.3 | There is a theory of change underpinning the innovation being tested. |
| E1.4 | There are clear review points for the intervention, as many successful innovations require adjustment during the initial implementation phase. |
| E1.5 | The ISS requirement is clearly set out in the model of work and resourced in the implementation plan. |
| E1.6 | There is sufficient resource for the data collection, project management, staff support and evaluation, not just service delivery. |
| E1.7 | The evaluation includes clear and proportionate outcome measures and the survivor's experience of the intervention will inform the evaluation. |
| E1.8 | The evaluation will seek to identify if the intervention proves to be effective and what is having an effect, to inform future replication. |
| E1.9 | The evaluation findings are subject to the scrutiny of external partners in a way that informs and supports the development of the sector. |
| E1.10 | There is an exit plan should the innovation prove ineffective and a timeline for when that exit plan will be executed if needed. |

Glossary Of Terms Used In The Standard

Term	Definition
Accreditation	The process of assessment and eventual decision that an organisation has satisfied all applicable requirements of the Respect Standard.
Accreditation assessment	The various activities carried out to assess how far the organisation is meeting the requirements of the Respect Standard. This will include: interviews with staff; watching recordings of group work with men or listening to audio recordings of individual work; examining case files and other activities as required.
Accreditation panel	The independent panel appointed to scrutinise the assessment procedure and come to an independent decision about whether an organisation has satisfied the requirements of the Respect Standard and can therefore be accredited.
Case management	Case management is part of the risk management process as well as a mechanism for ensuring effective service delivery. It is expected that staff will frequently communicate with each other about the service users they are working with. Case management encompasses this, it is used in the Respect Standard specifically to refer to a scheduled, systematic and comprehensive process that reviews risk and progress of work with all service users. As part of the case management process, decisions will be made and recorded about how best to respond to individual needs or behaviour.
Child arrangement orders and proceedings	Also known as Children Act private proceedings Section 8. These are civil court proceedings (see below) to settle disputes between parents or carers or others about where a child should live and with who (residence), and who they should have contact with and how (contact).
Civil proceedings	Court proceedings which take place in the civil, rather than criminal, courts and are therefore between individuals (or in some situations, between individuals and organisations), rather than between an individual and the Crown Prosecution Service. In responding to domestic violence and abuse, these cases are therefore usually between the survivor of violence and abuse and the perpetrator. Relevant civil proceedings include applications for occupancy (or ouster), non-molestation (or protection) and harassment (or stalking) injunctions or orders. Other relevant civil proceedings include child contact and residence (see above). The person applying for the order is known as the applicant and the person responding to it is known as the respondent.
Clinical supervision	Clinical supervision is to enhance professional skills, knowledge, and attitudes to achieve competency in providing quality responses to service users. It supports professional growth and development, improves clinical outcomes and can be delivered in a group or one to one.
Criminal act	An action or series of actions which are illegal, identified within legislation and as such are prosecuted by the state via the CJS.
Criminal Justice System	Sometimes referred to as the CJS, the criminal justice system includes the Police, Crown Prosecution Service (CPS), criminal courts, community rehabilitation companies (CRC's), HM Prison and Probation Service. Together they are responsible for detecting crime and bringing it to justice, carrying out the orders of court, such as collecting fines, and supervising community and custodial punishment.

Criminal proceedings	A criminal proceeding is one which takes place between an individual and the state (the CPS) within a court empowered to hear and decide on cases involving offenses against criminal law.
Coercive control	Coercive control ¹³ is a term developed by Professor Evan Stark to help us understand domestic violence and abuse as a pattern of behaviour which takes away the survivor's liberty or freedom and strips away their sense of self. It is not just bodily integrity which is violated but also the survivor's human rights.
DASH¹⁴	The Domestic Abuse, Stalking and Harassment risk identification tool.
Domestic Violence and Abuse	Domestic violence and abuse is a range of behaviours including physical and sexual violence and abuse, and coercive control.
Governing body/board	The entity responsible for the employment and oversight of the organisation seeking accreditation. This includes a coherent management structure and clear lines of accountability.
ISS	Integrated Support Service. This is the service for survivors who are partners and ex-partners of those in the perpetrator intervention.
MASH	The Multi-Agency Safeguarding Hub (MASH) brings key professionals together to facilitate early, better quality information sharing, analysis and decision-making, to safeguard vulnerable children, young people and adults more effectively.
MAPPA	Multi Agency Public Protection Arrangement, convened as the Multi Agency Public Protection Panel (MAPPP), a locally based multiagency group with statutory responsibilities to protect the public from named individuals assessed as being at high risk of committing violent and sexual offences.
MARAC	Multi Agency Risk Assessment Conference. This is a locally initiated multiagency group who convene regularly to monitor risk of domestic violence and abuse involving specific named individuals and to agree and monitor action to reduce that risk. Usually this will include police, probation, DVPS, child protection agencies, survivor's organisations and others as relevant.
(MATAC)	Multi-agency Tasking and Coordination (MATAC) multiagency process that focusses on reducing the risk posed by perpetrators
Model of work	The aims, underlying philosophy, content and methods for delivering the service. This will include descriptions of all activities, including intervention activities and case management. It will also include a description of the theoretical basis for the work.
Perpetrator	Used in the Respect Standard to describe someone who is abusing or has abused their partner or ex-partner and/or other family member.
Practice or treatment management	The process through which the delivery of the organisation's model of work is monitored. Commonly, one senior practitioner or someone externally with relevant experience has responsibility for this, as Practice/Treatment Manager. They will usually watch recordings of groups or audio recordings of individual work and discuss these with the staff involved, highlighting any changes needed in their practice.
Proactive contact	Taking the initiative and making repeated efforts to contact someone.

¹³<https://www.gov.uk/government/news/coercive-or-controlling-behaviour-now-a-crime>

¹⁴<http://safelives.org.uk/sites/default/files/resources/Dash%20for%20DVAs%20FINAL.pdf>

Intervention suitability assessment	The process of assessing an individual's suitability for an intervention. This is likely to include looking at levels of abuse and risk presented, motivation to change, recognition of the abuse as a problem and capacity to take an active part in the intervention.
Risk	For the purposes of the Respect Standard, risk is taken to mean the likelihood of further domestic violence and abuse occurring.
Risk assessment	The processes of assessing the level of risk from an individual to other specific individuals. It usually includes the use of a recognised risk assessment tool.
Risk management	The process of monitoring and reviewing risk, identifying and carrying out, or initiating actions to reduce risk.
Service User/s	Service users refers to both perpetrator and survivor. There are some standards that apply to both perpetrator and survivor and where this is the case the term service user/s is used.
Sessional staff	Staff who work for a short, fixed time, usually on a regular basis, rather than as full or part time employees.
Staff	Anyone who undertakes tasks on behalf of the organisation (paid or voluntary).
Shared core standards	Document in England setting out shared values and standards between Imkaan, Rape Crisis, Respect, SafeLives and Women's Aid England ¹⁵ . In Wales, Welsh Women's Aid National Quality Service Standards apply and cross reference to the Respect Standard ¹⁶ .
Survivor	This is a commonly used term to describe someone who is experiencing or has experienced domestic violence and or abuse. Survivor is usually used to emphasise the strength and resilience of the person who has been abused. Another commonly used term — particularly by the criminal justice system — is victim, as in a victim of crime. Although these terms are sometimes taken to mean the same thing, they have slightly different meanings. We have chosen to use the term survivor in this Standard, as it tends to be preferred by those who have experienced abuse.
Violent resistance	The use of violence in resistance to being subject to domestic violence and abuse.

¹⁵<https://www.womensaid.org.uk/vawg-shared-core-standards/>

¹⁶<http://www.welshwomensaid.org.uk/wp-content/uploads/2016/12/Introduction-to-WWA-National-Quality-Standards-Sept-2016.pdf>





RESPECT

MEN & WOMEN WORKING TOGETHER TO
END DOMESTIC VIOLENCE