BRITISH DOMESTIC VIOLENCE PERPETRATOR PROGRAMMES: 'PROGRAMME INTEGRITY' WITHIN 'SERVICE INTEGRITY'

By Ruth Phillips

Thesis submitted for the

Doctorate of Philosophy in Social Policy

London Metropolitan University

March 2015

Supervisors:

Professor Liz Kelly

Professor Nicole Westmarland

Dr Maddy Coy

DECLARATION

I declare that this thesis, entitled *British Domestic Violence Perpetrator Programmes: 'Programme Integrity' Within 'Service Integrity'*, is the result of my own research except as cited in the references. The thesis has not been previously accepted for any degree and is not currently in candidature of any other degree.

Signature:

Name: Ruth Phillips

Date: 31st March 2015

ACKNOWLEDGEMENTS

ABSTRACT

Despite its stated importance to outcome evaluations, 'programme integrity' has long been lamented as a lacuna in the literature, especially in relation to domestic violence perpetrator programmes (DVPPs). Indeed, the literature reveals a lack of clarity regarding programme integrity in any context, although a baseline definition recognises its role as being to ensure programmes are delivered as intended and with a high level of efficacy. A 'dominant definition' emerges which is premised on programmes being subject to experimental models of development and evaluation and thus requiring strict adherence to a manual.

This study draws on interviews with British DVPP pioneers, current practitioners and a case study, to explore how programme integrity is understood and practised in British DVPPs. The study finds that the dominant definition is inadequate to capture the practise of DVPPs due to their 'process-driven' approach which relies upon a high level of reflexivity, responsivity, and innovation. Furthermore, DVPPs require a concept of programme integrity – directly related to group-work delivery – which is embedded within a wider 'service integrity' which recognises the ways in which all aspects of the DVPP service contribute to integrity.

The Respect Accreditation Standard requires that the work of the whole service is taken into account but this 'whole service approach' has not always translated into a 'whole service ethos' since the men's group-work aspect of the service is often given prominence in terms of resources and status. Thus, a concept of 'service integrity' is presented which builds on the Accreditation Standard and encourages a culture, or 'whole service ethos', that properly recognises and addresses the contributions of the whole service to achieve an intervention which is effective and innovative, and has 'integrity'.

LIST OF TABLES AND FIGURES

1

TABLE OF CONTENTS

INTRODUCTION

The concept and practice of 'domestic violence perpetrator programmes' (DVPPs) did not enter my life until I embarked upon this research in 2011. My practice experience, and Masters dissertation (Phillips, 2010), with female victim-survivors of domestic violence had, however, left me with a profound sense of injustice at the changes *women* had to make to their lives to escape violent men who, all too often, were left untouched. Thus, the notion of working with men, holding men accountable and supporting them to change, held instant appeal as well as some healthy scepticism.

In many ways, this reflects the social context of the emergence of DVPPs in Britain in the late 1980s. In the two decades since second wave feminism had highlighted domestic violence as a social issue, great strides had been made in public and policy awareness and the availability of support for women victim-survivors (Hague & Malo, 1993). Whilst these were still woefully inadequate, it nonetheless resulted in countless women's and children's lives saved, literally and figuratively. Criminal justice responses were improving, albeit slowly, but for many women the only real chance to escape violence and abuse lay in the 'option' of leaving behind everything they knew and fleeing to a women's refuge (Mullender, 1996).

Women's practitioners and activists, however, were beginning to notice that women were coming into refuges who had been abused by the same man. When one woman escaped, these men would simply move on to the next victim and nothing changed. Holding violent men to account was already a concern of feminist activists, who were pursuing the criminalisation of domestic violence. Yet, alongside this was the recognition that only a small proportion of domestic violence was reported to the police and, furthermore, that punishment alone, particularly when the majority of convictions resulted in fines, would not necessarily change attitudes and behaviours (Hester & Westmarland, 2005; Lewis, 2004).

The idea of working with men, to hold them to account and seek to change their behaviour, whilst radical and progressive, was met with a great deal of scepticism and no little resistance: but, for some, it had an internal logic which was hard to deny. Work which had been pioneered in North America, notably in Duluth, Minnesota, aroused interest in the UK and a number of transatlantic visits ensued as the first British DVPPs got underway in Scotland and London.

Today DVPPs work with Children's Services and Children and Families Court Advocacy and Support Services (CAFCASS), attend Multi-Agency Risk Assessment Conferences (MARACs) and Multi-Agency Safeguarding Hubs (MASHs), and provide specialist risk assessments to statutory agencies in their locality. There is a national membership organisation, Respect, which accredits DVPPs and continues to lobby government to

address perpetrators explicitly in public policy agendas. There are thirteen Respect Accredited DVPPs in Britain, many of which run multiple groups, and a further five organisations with 'Safe Minimum Practice' status. Eleven of these Respect-accredited DVPPs participated in this research and the wider Mirabal Project (Kelly and Westmarland, 2015) within which this study is nested.

Whilst this is a simplified account, it serves to outline the social context in which British DVPPs emerged. Greater detail unfolds with this thesis, particularly in the history explored in Chapter 4, which adds to the limited number of authoritative accounts (see, for example, Dobash, Dobash, Cavanagh, & Lewis, 2000; Dobash & Dobash, 1992). This chapter explains the context of the thesis presented here, provides an overview of the coming chapters, and outlines some points about language and terminology. First, however, it locates DVPPs within an outline of the philosophical and policy debates surrounding this work.

THE CONTEXT OF BRITISH DVPPS

There are a variety of ways in which the 'treatment' of domestic violence perpetrators may be approached, and most broad-brush discussions of perpetrators categorise these into three major framings: a psycho-educational 'feminist' approach, based on a gendered analysis of domestic violence; 'psychological' treatment, which focuses on individual psychopathologies and can include psychodynamic and cognitive behavioural approaches; and 'family systems', which views domestic violence as part of dysfunctional family interactions (Cunningham *et al.*, 1998; Hamilton, Koehler, & Lösel, 2012). It is the feminist approach which informs the majority of DVPPs although, as will be seen, the notion of a distinct and homogenous 'feminist' approach is somewhat misleading.

Emerging from grass-roots work, feminist theory on domestic violence and abuse recognises the underlying cause of domestic violence as the cultural and structural acceptance of men's right to dominate and control women (Pence & Paymar, 1993). DVPPs have been developed to hold men responsible for their violence and abuse and support them to change their abusive behaviour. The Duluth model, discussed in more depth in Chapter 4, is by far the most influential of these feminist inspired interventions (Babcock *et al.*, 2004; Bowen *et al.*, 2005; Graham-Kevan, 2007; Morran, 2011). Despite the ongoing categorisations listed above, gender-based DVPPs have developed in many directions and draw on aspects of other approaches such as CBT and psychological assessment (Babcock *et al.*, 2004; Gondolf, 2004; Bowen & Gilchrist, 2004; Bowen *et al.*, 2005; Hamilton *et al.*, 2012).

Couples counselling, anger management and other family systems practice are now widely recognised as contra-indicated (Respect, 2012; Bowen & Gilchrist, 2004; Bell, 2002) but these approaches, and the legacy of the 1970s psychiatric model based on individual psychopathology (Bowen *et al.*, 2002), have been a major concern for feminists who see these approaches as failing to hold men responsible for their abuse and placing women at greater risk (Morran, 2011).

These theory-related concerns are not unfounded. Whilst huge inroads have been made on policy agendas and practice, there is still a sense that proponents of the feminist approach have to work hard to keep women and children's safety and a gendered analysis at the centre of the debate. This applies both in practical ways, such as evidence which suggests a neglect of the women's support service within mainstreamed programmes (Bullock *et al.,* 2010), as well as challenges to the theoretical orientation itself (eg: Dixon *et al.,* 2011; Dixon & Graham-Kevan, 2011; Dutton & Corvo, 2006, 2007; Graham-Kevan & Archer, 2005; Dutton, 1994).

The Respect-accredited DVPPs in this study are based on what may loosely be termed 'feminist theory': that men's violent and abusive behaviour towards women is functional and instrumental and is 'influenced by learnt expectations and a gender-based sense of entitlement' (Respect, 2012:40-41). Respect accreditation stipulates sixty hours of group-work with men, and this is usually delivered over a 26-30 week programme. In recognition that women and children's safety must be central to any intervention with perpetrators (Respect, 2012; Pence & Paymar, 1993), accredited DVPPs in the UK are required to provide a service for women alongside their work with men to offer support and safety planning, and to counteract the sometimes false sense of security that a man's participation in a DVPP can foster (Respect, 2012; Bullock *et al.,* 2010; Pence & Paymar, 1993). Furthermore, the DVPP should be embedded within a co-ordinated community response (CCR) which involves working closely with local statutory, voluntary and criminal justice services (Respect, 2012; Pence & Shepard, 1999).

THE RESEARCH CONTEXT AND QUESTION

The thesis presented here addresses the question of programme integrity. It is linked to the Mirabal Project (Kelly and Westmarland, 2015) undertaken by London Metropolitan University, Durham University, and the London School of Tropical Medicine, and funded by the Economic and Social Research Council and the Northern Rock Foundation. The Mirabal Project has developed a new methodological approach to measuring success for DVPPs and shifted an outmoded 'do they work' research approach to one which asked 'what do DVPPs contribute to co-ordinated community responses to domestic violence?' This study is one of two linked PhD, the first of which examined children's experiences of DVPPs (Alderson, Kelly, & Westmarland, 2013; Alderson, Westmarland, & Kelly, 2013). The remit for this second PhD was to address a lacuna in the literature regarding 'programme integrity for DVPPs'.

The Mirabal Project, completed in January 2015, has offered promising findings for DVPPs: although the Duluth model of co-ordinated community response (CCR) (Pence & Shepard, 1999; Pence & McMahon, 1997) has not been fully replicated in the UK, many DVPPs did play an important role in what Kelly and Westmarland (2015) term 'local adaptations of a CCR' (p.3). Furthermore, significant numbers of men did make 'steps towards change' as a result of the men's group-work programmes offered by DVPPs (p.46). More problematic were the varied levels of support that women received from DVPPs (p.37) and the more limited change men achieved in the everyday aspects of coercive control which continued to curtail the lives of a significant number of women (pp.45-46).

This study is part of a programme of research incorporating the Mirabal project and the two linked PhDs. The research was conducted alongside the Mirabal Project: the participating DVPPs were the same, many of the ethical issues were the same, and there was a great deal of support as a result of being part of a research team. In practice, however, this research was entirely independent in that the data were collected and analysed independently using research tools and analytical frameworks designed specifically for this study. It was thus gratifying that the findings were complimentary to those of the Mirabal Project.

The study of programme integrity evolved into an examination of 'process' and the ways in which DVPP men's and women's services work together and contribute to change for men *and/or* women. However it also highlights the need for greater development of DVPP women's support services, and calls for the de-centring of men's group work.

Whilst there is nothing about this work which defines it as specifically feminist, it should nonetheless be understood as such. The use of qualitative methods does not define it so, since the idea that feminist research involves any particular method has long since been debunked (Harding, 1987; Kelly *et al*, 1992). So too has the notion that feminist research must be on, for or about women (Kelly *et al*, 1994). Rather, it is an approach, a methodology, and a positioning which demarcates this research as feminist.

This thesis is concerned with feminist approaches to working with abusive men and, like its subject matter, it is underpinned by the desire to improve the lives of women. Furthermore, it is conducted within a feminist research unit and, far from being incidental, it is my own experiences, my dissatisfactions with malestream research, and my interest with those marginalised by society which led me here and unapologetically colours my approach to academic inquiry. Thus, my decision to elevate the all-too-often unheard voices of practitioners was influenced by a feminist sensibility, albeit that not all DVPP workers are women. In seeking out the views of practitioners it transpires that here, as elsewhere, there exists a disparity between men's and women's voices, and work. A feminist sensibility, I believe, alerts me to this in ways that a non-feminist approach may easily overlook.

A PERSONAL CONTEXT

I came to this research, as mentioned, new to the concepts of DVPP work and of programme integrity. My previous research had centred in an interest in those marginalised by society – beggars, travellers, ex-prisoners, and latterly, women victim-survivors of domestic violence. This was also reflected in my professional life where I had been working with homeless young people, families with complex needs in supported housing and, briefly, a women's refuge. I had never considered the men who perpetrated violence and abuse against women as also being marginalised by society but, whilst I had little sympathy, it was immediately obvious to me that these were not 'monsters'. They were people: every bit as capable of making changes to their lives and behaviours as anyone else, and deserving of some compassion. The notion of behaviour change programmes for violent and abusive men was welcome in both a pragmatic and a philosophical sense.

As I finalise this thesis, I am employed by a DVPP, conducting in-depth risk assessments of violent and abusive men for the family courts, and about to embark on training as a men's group-work facilitator. I have also worked, briefly, for the women's support service in the same DVPP. Whilst I had collected all the data for this study prior to my employment in the DVPP, I have had to pay attention to where my own experience could bias my analysis as I wrote up the work. This was not always easy but the challenge was largely connected to my growing familiarity with *this* DVPP and how the issues uncovered in the research played out *here.* That is to say, the issues had already been revealed in the data collection; my employment in a DVPP simply confirmed that these issues were present here too, but in their own specific way. It was these specifics which I had to bracket from the writing up process.

The thesis presented here, then, is written with an unapologetic belief in the principles and practices of DVPPs, but it is a belief which has emerged from the research process and led to an ongoing involvement with DVPP work.

OVERVIEW OF CHAPTERS

In Chapter 2 the literature review examines DVPP evaluations to outline some of the methodological issues which have resulted in a lack of consensus regarding DVPP outcomes, and the philosophical and ideological debates which sit behind this. In this way, the context is set to examine the concept of programme integrity which is inextricably linked with evaluation research. A variety of contradictory and confusing 'definitions' of programme integrity are found in the literature. These are examined, with a 'dominant definition' emerging, tied in to a broader dominant discourse of scientism which valorises randomised controlled trials and 'evidence based practice'. Problematizing this dominance opens the way to explore alternative approaches to the evaluation and programme integrity of social interventions which may be more relevant to DVPPs.

Drawing on the principles of these alternative approaches, the methodology in Chapter 3 outlines a qualitative, practitioner-orientated approach and research design. The methodology describes three interrelated strands to the research: an exploration of the history of DVPPs in Britain, drawing on interviews with sixteen British pioneers, to elucidate the original 'delivery intention'; an examination of current DVPP practice, against the backdrop of the delivery intention of British DVPPs, through interviews with twenty-two current DVPP workers and stakeholders; and a case study of an emerging practice model of DVPP co-location within Children Services, in order to examine 'integrity' in a dynamic and challenging environment.

Chapter 4 explores the history of British DVPPs through the experience of practitioners who were involved in the emergence and development of pioneer British programmes and services. This establishes, above all, that the 'delivery intention' provided a framework but was predominantly about an approach and, as such, was never meant to remain static. What was important to integrity, however, was the critical reflection, both personal and through external scrutiny, and within projects as well as across the sector via the National Practitioners' Network. An initial focus on the group-work aspect of DVPPs is seen to be replaced

with the beginnings of a broader 'whole service' approach. Also discussed is the divergence between community-based DVPPs and Probation programmes when the latter were taken 'in-house' in 2005. The data from these interviews reflect the alternative approaches suggested in the literature review and provide further 'lines of sight' to move forward and examine current practice.

Contemporary DVPP practice is discussed in Chapter 5, which examines the current state of play in ten projects across Britain in order to understand the extent to which they are aligned with the original 'delivery intention', and uncover what else may be deemed important in relation to integrity. It examines the role of the women's support service and how this, and other work which sits alongside the men's group-work programme, contribute to a whole service approach. Whilst this 'whole service' approach is understood and claimed, it is not yet fully implemented. There is an implicit and explicit focus on men's group work as the main element of DVPPs and an under-resourcing of women's support work. Focussing on the term 'programme integrity' is revealed as unhelpful if we want to recognise the interdependence of group-work and women's support work and a whole service approach: a concept of 'service integrity' emerges as potentially more relevant for DVPPs.

The concept of 'service integrity' is expounded in Chapter 6. First, however, the chapter explores how, despite the stated importance of the whole service, the men's group-work remains prominent and feeds into widely held misconceptions of DVPPs by other agencies, funders and commissioners. This chapter examines why this is, and suggests ways that DVPPs themselves, and Respect, are inadvertently recreating this through the ongoing foregrounding of the men's group-work programme. A concept of 'service integrity' addresses these shortcomings by encouraging a whole service *ethos*. As such, it builds on the Respect Accreditation Standard (2012), which can be seen as a benchmark, and suggests a process of continual improvement towards excellence.

A framework for this process is outlined, drawing on the McKinsey 7S model (Peters, 2011; Waterman, Peters, & Phillips, 1980) which in turn was adapted for the Reclaiming Social Work model (Morning Lane Associates, 2014; Munro, 2011; Cross, Hubbard, & Munro, 2010). The model is used as a framework for a process of 'reflective analysis' which poses questions for DVPPs based on the strengths and weaknesses outlined in the analysis. A concept of 'programme integrity' relevant to DVPPs is also discussed, nested within the broader concept of service integrity. A set of 'reflective analysis questions' is offered, specifically for group-work delivery, which sits within the service integrity framework.

Chapter 7 presents a case study of an emerging practice model whereby DVPP workers are co-located within a local Children's Services department (Blacklock & Phillips, forthcoming). In this chapter I draw on and extend Hester's Three Planet Model (2004, 2011) as a tool to identify the challenges and tensions for service integrity when the 'domestic violence planet' and the 'child protection planet' attempt to come into a constellation. The case study demonstrates how the process of service integrity can aid DVPPs as they negotiate new and challenging environments.

The final, concluding chapter summarises the study, showing how an understanding of the 'delivery intention' of the original British DVPPs, and the practices and processes of 'integrity' within contemporary DVPPs has led to an understanding of how 'programme integrity', relevant to DVPPs, is nested within the concept of 'service integrity'.

SOME NOTES ON LANGUAGE AND TERMINOLOGY

Language has always been a contentious issue as feminists have sought to challenge dominant discourses in relation to many aspects of women's lives (Saul, 2010; Kelly, 1996). Nowhere is this more evident than in the issues of men's violence against female (ex)partners. Terms such as domestic violence/domestic abuse/ intimate partner violence, battered women/batterers, and victims/perpetrators have all been debated at length. Despite engagement with these debates, and some internal conflict, the selection of terms for this thesis was largely decided for me. That is to say, the most convenient and sensible course was to use the terms which are employed by DVPPs. Thus, 'domestic violence perpetrator programme' is used, despite a dislike of the term 'perpetrator' with its Americanised criminal justice connotations and its reference to men only in terms of what they have done.

'Domestic violence' is also a problematic term, since 'domestic' suggests that this violence is limited to the home. Furthermore, I struggled between the term 'violence', which foregrounds physical acts, and the alternative 'abuse' which denotes a broader range of behaviours but, at the same time, is a less descriptive term than violence. It was discussion with my fellows in the Child and Woman Abuse Studies Unit which won me over to the term 'violence' since we felt that any type of abuse is a violent act. On the same basis, I also made the decision not to use the acronym 'DV' since not offering the full term effectively obscures the reality of what is being discussed. I have not applied this reasoning to 'DVPP' since this acronym works like an honorary noun.

This acquiescence, however, had to be renegotiated as the research progressed. Certain aspects of the language used in, and for, DVPPs emerged as problematic in analysis, creating an internal conflict due to the incongruence of continuing to use terms which I argue are inappropriate. Nonetheless to switch terms in the middle of a text seemed confusing and distracting and thus, for the sake of continuity, DVPP is used throughout. The term 'programme integrity' – the very basis of this study – is also problematised inasmuch as it also continues to prioritise 'the programme' – that is, the men's group-work. However, the research begins with a literature review which explores what is understood by the term 'programme integrity' and, from here I have used 'programme integrity' when referring to group-work delivery and 'integrity' when referring to a wider, but as yet undefined, service integrity.

One final technical point: the English 'programme' is used throughout this thesis. Where quotes use the American English 'program', I have reproduced this as 'program[me]' for the sake of continuity.

'THE MISSING VARIABLE': A LITERATURE REVIEW ON PROGRAMME INTEGRITY

Programme integrity has been lamented as 'the missing variable' in evaluations of domestic violence perpetrator programmes (DVPPs) (Bowen & Gilchrist, 2004). The concept of programme integrity is inextricably linked to evaluation research and, as such, the literature review presented in this chapter begins with a focus on evaluations of DVPPs and other social interventions, to provide a context for the concept of programme integrity. The main methodological issues which result in inconsistent findings regarding the outcome of DVPP evaluations are discussed, as well as some of the underlying philosophical and ideological debates.

From this context, the purpose and definition of programme integrity are explored and a lack of clarity and consensus is revealed. It is necessary, throughout, to draw on discussion of programme integrity across a range of social interventions since there is a dearth of literature directly addressing programme integrity for DVPPs. Nonetheless, it is possible to draw out what I term the 'dominant definition', rooted in a scientistic paradigm which valorises 'evidence based practice' and experimental research designs using randomised controlled trials.

Emerging from the literature review is also what I refer to as a 'baseline definition' of programme integrity which provides a more neutral starting point to explore the 'delivery intention' of early British DVPPs and consider alternative approaches to programme integrity for DVPPs. Problematising the dominant definition of programme integrity leads to examination of alternative approaches in the literature, which may be more relevant to DVPPs. These approaches de-centre the ubiquitous 'evidence based practice' approach by bringing 'practice based evidence' back into the frame.

THE EVALUATION CONTEXT

In order to understand the question of programme integrity and the issues surrounding the concept, it is necessary to put this in the context of evaluation research, with which programme integrity is inextricably

linked. Evaluations of DVPPs have been notoriously difficult for a variety of methodological reasons, including:

> *High attrition rates; lack of control groups; relying for follow-up reports on male participants, programme co-ordinators or police reports, rather than women partners; limited measures which fail to capture the wide and complex range of abusive behaviours; failure to control for 'separation effect'; short term follow-ups focusing simply on outcome rather than the process of change; failure to consider programme context and delivery* (Lewis, 2004:206).

Saunders (2008) outlines a comprehensive array of DVPP evaluations, yet the overriding impression is that where a particular methodological issue may threaten the validity of one study, another study addresses this but raises others. It is not my aim here to review all the available evaluations, but rather to touch on some of the major methodological issues which arise, resulting in a lack of consensus.

'DO THEY WORK?' AND OTHER QUESTIONS

One of the major questions posed in relation to DVPPs is 'do they work?' On this basis, the majority of evaluations and meta-analyses seek to calculate an effect size for a particular programme or group of programmes. Whilst some studies have shown positive effects (Gondolf, 2002), others suggest there is little or no effect (Babcock, Green & Robie, 2004) or even a negative effect (Feder & Wilson, 2005). Numerous evaluations and meta-analyses have been largely inconclusive (Saunders, 2008) but this is not the same as saying that they do not work (Westmarland, Kelly & Chalder-Mills, 2010).

One of the largest meta-analyses of DVPP evaluations to date (Babcock *et al.,* 2004) found a small but significant effect size of 0.09 - 0.12%. In plain terms this translates to a five per cent decrease in violence amongst men who attended DVPPs. This may appear inconsequential but, as they point out, the provision of DVPPs 'in all reported cases of domestic violence in the United States would equate to *approximately 42,000 women per year no longer being battered*' (p.1044, emphasis added). Thus, what may appear to be a small effect size in quantitative terms can have a different meaning when translated into lives affected. Unfortunately, this important point is ignored by some commentators such as Day *et al.* (2009), despite citing this result as one of the most vigorous effect size calculations (p.204). However, effect size cannot be taken as a straight-forward yes/no answer to the 'do they work' question.

> *The research methods, program[me] implementation, and program[me] context influence the result of these analyses and pose several caveats. The effect size is not, therefore, a 'bottom line' of program[me] success or failure independent of interpretation, although it is sometimes used that way* (Gondolf, 2004:613).

Furthermore, the assertion which is so often made is that DVPPs are 'failing' where other types of programmes are enjoying great success. Although claims have been made for effect sizes of forty per cent in criminal justice programmes which utilise the risk-need-responsivity (RNR) model (Andrews & Bonta [2004], cited by Day *et al.,* 2009), there is little other evidence to support the overwhelming success of other types of programmes. Even the most vigorous proponents of these RNR criminal justice programmes

have been satisfied with the conclusion that: 'some service program[me]s are working with at least some offenders under some circumstances' (Andrews *et al.,* 1990:374). Gondolf (2004) argues that: 'batterer program[me] 'success rates' […] are comparable to those in drunk-driving, drug and alcohol, sex offender, and check-forging program[me]s' (p.613). Saunders (2008) makes a similar point, stating that: 'medical treatments are endorsed with equally small effect sizes' (p. 164). The variety of programmes available makes it difficult to standardise evaluations or generalise from the results (Saunders, 2011), but a key question rests on what exactly is being measured.

WHAT IS BEING MEASURED?

It is vital to consider what is being measured, how, and for what period of time? As Gondolf (2004) states: 're-assault has been the principle outcome of interest' especially as it is 'more concretely measureable' (p.607). However, many evaluations follow an 'intention to treat' model which means that outcomes are measured for anyone referred to the programme regardless of whether or not they actually attend, and this means that: 'drop-outs […] can cancel out the apparent effectiveness of the program[me] completers' (*ibid*. p.610). A dose-response model, analysing effects for those who attend most or all of the programme, can counteract this, as can an analysis that examines de-escalation of violence rather than a simple cessation of violence (Gondolf, 2002).

Gondolf (2002) sought to overcome the limitations of experimental designs for DVPP research and suggest a way forward, undertaking one of the most comprehensive DVPP evaluations to date. Gondolf's multi-site study followed 840 men participating in DVPPs and their (ex)partners, in four American cities over a four year period, and presents 'a more positive picture than previous evaluations' (p.199). Most men eventually desisted from violence and when assaults did occur they were less severe. Gondolf's overall conclusion, however, is that 'the system matters' (p.203). In particular, a swift and certain criminal justice response for non-attendance or re-assault was highly effective: a 'system' which is not yet in place in the UK. Nonetheless, the results were offered as 'an implicit endorsement' of DVPPs (p.199).

A call for evaluations to examine a broader set of outcomes (Saunders, 2008; Gondolf, 2002) was answered in the UK by a qualitative study which proposed a set of 'six measure of success' (Westmarland, Kelly and Chalder-Mills, 2010). Drawing on interviews with men who had attended DVPPs, their female (ex)partners, DVPP practitioners, and other stakeholders, they include outcomes for: victim-survivors, premised not just on greater safety but also improved relationships and expanded space for action; men, in terms of enhanced self-awareness, as well as their own improved relationships and improved parenting; and children, in terms of safer, healthier childhoods. These 'measures for success' sought to explore the coercive control (Stark, 2007) of abusive relationships which is so often overlooked in the push for recidivism outcomes (Gondolf, 2004).

The Mirabal project (Kelly & Westmarland, 2015), which drew on and extended the methodology of Gondolf's study, was also positive, finding that the majority of men who attended DVPPs made 'steps

towards change' (p.45), thus endorsing the work of DVPPs. Operationalising the 'measures for success' discussed above, however, revealed that men's behaviour change was less marked in aspects of coercive control, resulting in a significant number of women continuing to live lives in which their freedom and space for action was curtailed. Conversely, some women struggled to step into any expanded space for action that may have become available (p.17), pointing to a need for greater support in this area and highlighting that DVPPs are 'more than group work' (p.45). Kelly and Westmarland (2015) thus conclude that there is room for improvement in group-work with men and support for women and children, but are: 'optimistic about [DVPP's] ability to play an important part in the quest to end domestic violence' (p.46).

This approach also shifts the emphasis of evaluations by recognising that programme completion alone will not lead to success (Hester & Lilley, 2014). Lewis (2004) suggests a need to 'move beyond 'do programmes work' to investigate which aspects of programmes can be effective' (p.207), and this is mirrored by Morran (2011) who states that the emphasis has shifted from: 'a principal concern with 'what works' to questions about 'who works?', and 'what matters?'' (p.26). He argues that DVPPs have failed to grasp the nettle in terms of addressing more nuanced understandings of what helps men to make and maintain effective change (Morran, 2011; 2013). The Mirabal Project's finding, that DVPPs were less successful at addressing coercive control aspects of domestic violence (Kelly & Westmarland, 2015: 45), could be linked to Morran's observations.

Lewis (2004) contrasts the low effect sizes seen in experimental evaluation designs with the more positive results of 'naturalistic comparative evaluations', such as that conducted by Gondolf (2002), which attempt to overcome the shortcomings of experimental designs. What this may suggest is that experimental designs are not the most appropriate to measure the nuanced measures of success discussed above. However, a discourse of scientific legitimacy which surrounds experimental research designs results in a prevailing assumption that the programme is failing to produce results, rather than the evaluation methodology.

'EXPERIMENTAL' VERSUS 'REAL-WORLD' EVALUATION

The debate about experimental versus real-world delivery and evaluation of programmes is part of wider paradigmatic clashes between scientific and social research methods. There often is a great deal of polarity (Bennett & Piet, 1999) and some authoritative voices have been calling for more scientific approaches to DVPP programmes and evaluations (Dixon & Graham-Kevan, 2011; Dutton & Corvo, 2006). However it is also widely accepted that the social world is a far messier place than the confines of a laboratory style experiment (Midgley, 2009), and this applies to all manner of programmes including health prevention, criminal justice, classroom behaviour, and DVPPs.

In relation to DVPPs, and other social intervention programmes, the debate often centres in what counts as evidence (eg: Dutton & Corvo, 2006) with evaluation through randomised controlled trials (RCTs) typically seen as the 'gold standard' despite their limitations in real-world contexts (Lipsey & Cordray, 2000). Experimental designs, or Randomised Controlled Trials (RCTs), require participants to be randomly assigned

either to treatment or to a non-treatment control group. Within this model, some kind of equivalent 'control' group who do not receive the treatment are needed in order to examine whether the programme has had any effect over and above what may have occurred naturally or for other reasons.

> *The question is not whether a program[me] successfully treats a given percentage of participants over some specified period of time. Rather, it is whether persons in treatment do better than those receiving no treatment over identical follow up periods* (Dunford 2000a:427).

Drawing on his widely-cited San Diego Navy Experiment, Dunford (2000b) argues that the results of this experiment, when interpreted without data from the control group, show successful interventions. However, the control group data shows the same rate of recidivism as the intervention groups, thus revealing that the intervention groups were, in fact, ineffective. Despite a number of valid criticisms about the generalisability of Dunford's experiment (eg: Gondolf, 2001), he has made a clear point about the insufficiency of evaluations which are unable to make any comparison to a group which has not received the intervention. It is now widely accepted within all disciplines that outcome evaluations require some kind of control-group design in order to identify the actual effects of the intervention under consideration (Lipsey & Cordray, 2000).

It is also widely accepted that RCTs have significant ethical implications when it comes to evaluating programmes in real-world settings, broadly concerning the random assignment of participants (Lipsey & Cordray, 2000; Feder *et al.,* 2011; Gondolf, 2001; Wilcox *et al.,* 2005). The majority of outcome evaluations therefore utilise a quasi-experimental model (Gondolf, 2004) whereby a 'control group' is included for comparison but it is not necessarily randomly assigned or dichotomous. This may involve, for example, 'compar[ing] those completing the program[me] (or receiving a certain dose in terms of attendance) to a group of program[me] drop-outs or no-shows' (*ibid*. p.610). As a result of more sophisticated analysis techniques, it is suggested that quasi-experimental methods are as rigorous and valid as standard RCTs. Nonetheless, RCTs continue to be hailed as the only reliable research design for DVPP treatment and integrity (Dixon & Graham-Kevan, 2011).

Linked to this are pronouncements on how programmes should be designed and delivered which is, essentially, a larger question about the identification of 'causes' and thus the underlying programme theory. That is to say, if the cause of violence is understood as an individual psychopathology, programmes may be conceptualised as 'treatment' which lends itself to RCTs and quantifiable evidence. If, however, the cause of violence is part of a systemic power dynamic, programmes may be considered as a process of psychoeducational change, which requires a different kind of evaluation (Staller, 2006) and a different conception of programme integrity.

It is interesting to note that the same voices that are calling for more scientific proof of DVPP efficacy are also those that take issue with the feminist theory of DVPPs and suggest that there is no evidence to substantiate claims that domestic violence and abuse is predominantly perpetrated by men against women – that it is asymmetrical (Dutton & Corvo, 2007; Corvo *et al.,* 2008; Archer, 2000; Graham-Kevan & Archer,

2005). These debates are so well rehearsed in the wider domestic violence literature that there is little to be gained from reiterating them here - the main issues are extensively discussed in the exchanges between, for example, Dutton and Corvo (2006; 2007) and Gondolf (2007; 2011) and between Respect (2008; 2012) and Dixon *et al,* (2011).

There are two aspects of this debate, however, which do require further discussion due to their relevance to this study: the implicit ideology of arguments which seek to undermine the gender-based approach; and the false dichotomy between gender-based programmes and other approaches and techniques.

IDEOLOGY

Many of the critiques of the feminist approach to DVPPs suggest that it is based on ideology rather than empirical evidence (Dutton, 1994; Dutton & Corvo, 2006, 2007; Dixon *et al.,* 2011; Dixon & Graham-Kevan, 2011). Gondolf (2007) points out that these authors - though he is specifically addressing Dutton and Corvo - 'apply their own activist biases' within their critiques by arguing for the greater influence of psychotherapeutic models (p.1). Indeed, again and again the assertion is made that the feminist approach is ideological and should be countered by a scientific evidence base without any recognition that the scientific paradigm is ideological in and of itself.

Dutton (1994), for example, suggests that the question should be 'what psychopathology leads to violence?' instead of 'why do men beat their wives?' because, as he states 'the phrasing of the question always directs attention toward something and away from something else' (p.168). What he fails to acknowledge is that this works both ways, yet the same disingenuous logic is seen in Dixon *et al.*'s (2011) assertion that 'the feminist view [...] acts as a filter or 'lens' for the choice of research samples, the way investigations are framed, and how findings are interpreted' (p.3) which, the authors imply, is in contrast to psychological research.

It is this same attitude of scientific superiority which is prevalent in the notion of RCTs as the gold standard (Dunford, 2000) and the need for standardised quantitative checklists for programme integrity (Lowenkamp, 2004). Whilst scientific approaches have much to recommend them and, despite the caricatures, are often drawn upon in feminist research and evaluations (Gondolf, 2004; Smyth & Schorr, 2009), the suggestion is that programmes based on scientifically 'proven' evidence (or 'evidence based practice') are unproblematically superior (Dixon *et al.,* 2011).

A FALSE DICHOTOMY

Many who critique the feminist or gender-based approach to DVPPs portray these programmes as 'one-size-fits-all' (Dutton & Corvo, 2006; Graham-Kevan & Archer, 2005) and as rigid and unresponsive to change (Corvo *et al.,* 2008; Dixon & Graham-Kevan, 2011; Dixon *et al.,* 2011). While this is often openly asserted it is also reinforced with an underlying antipathy reflected throughout these writings. In reality there appears to be a great deal of cross-over between the kind of approaches favoured in these critiques – cognitive-

behavioural techniques, psychological assessment and coping skills - and the actual approach of most modern DVPPs (Babcock *et al.,* 2004; Davis *et al.,* 2000; Gondolf, 2004; Bowen *et al.,* 2005; Day *et al.,* 2009; Hamilton *et al.,* 2012). It may be useful, then, to consider what may lie behind this misconception.

Babcock *et al.*'s (2004) meta-analysis of DVPPs concludes that the reason little difference in effect size was found between Duluth and CBT style programmes was that:

> *Modern batterer groups tend to mix different theoretical approaches to treatment, combining both feminist theory of power and control as well as specific interventions to deal with anger control, stress management, and improved communication skills (p.1045).*

Whilst Dutton and Corvo (2006) dismiss this as the result of some extra-curricular input by 'frustrated treatment providers' (p.463), this crossover is actually widely established (Bennett & Piet, 1999; Gondolf, 2011; Babcock *et al.,* 2004; Hamilton *et al.,* 2012) and is recognised in the Respect Accreditation Standards (2012). Nonetheless, the argument that gender-based programmes are overly rigid continues unabated: Dutton & Corvo (2006) assert that: 'many US states and Canadian provinces remain rigidly locked into outmoded and poorly-informed policies' (p.458); Corvo *et al.* (2008) state that: 'program[me] content and strategies are shaped and controlled by fixed standards and guidelines' (p.112). The implication is that feminists have somehow 'cornered the market' on DVPPs with the hoodwinked support of governmental policy, legislation and funding (Corvo *et al.,* 2008; Dixon & Graham-Kevan, 2011; Graham-Kevan, 2007).

A more insidious undercurrent is revealed in suggestions that feminist theory has not changed since the 1980s (Dixon *et al.,* 2011); that the Duluth model remains as first published in 1993 (Dutton & Corvo, 2006); that DVPPs are somehow 'immun[e] from external, empirical accountability' (Corvo *et al.,* 2008:112); and countless references to the 'exclusivity of the gendered approach' (Dixon & Graham-Kevan, 2011:1146); 'a radical form of feminism' (Dutton & Corvo, 2006:461); and even 'the bedrock fundamentalist ideology of radical feminism' (Dutton & Corvo, 2007:659).

Terms such as 'fundamentalist' and 'radical' have particular social connotations in our post-9/11 culture and it is unlikely their use is inadvertent. Gondolf (2011) draws attention to the 'intensity' of the debate as illustrated in his own exchanges with Dutton and Corvo (2006, 2007 and Gondolf, 2007) but refrains from suggesting what may underlie the vehemence with which the gender-based approach is attacked. In this respect, Corvo and Dutton's (2007) own response is rather telling when they 'reiterate the shortcomings of psycho-educational models' with just one succinct point: 'they were designed by and are promoted by persons with no therapeutic expertise' (p.659).

The implicit suggestion that psychotherapeutic expertise is being undermined by the dominance of the gender-based approach is made more explicitly in Bennett and Piet's (1999) discussion of the debate about programme standards in the US. Informed by their case study of the process of designing a set of standards in Illinois, they suggest that 'mental health professionals view batterer program[me] regulation as a premature infringement on the right to practice according to their professional training' (p.7), with 'more

than a few mental health professionals bristl[ing] at the idea of being trained by paraprofessionals and advocates' (p.10).

Of course, these are not the only issues which contribute to such a locking of horns: competition for limited funding plays a part (Bennett & Piet, 1999; Scourfield & Dobash, 1999; Dutton & Corvo, 2006; Smyth & Schorr, 2009) and there is, undoubtedly, an entirely genuine difference of perspective. However, whilst the debate has become somewhat entrenched, the evidence does not appear to be so clear cut in terms of whether any particular approach works better than any other (Gondolf, 2011). The issue of programme integrity becomes all important, then, because if commissioners are demanding evidence of efficacy and programme integrity (Bennett & Piet, 1999; Sullivan, 2011; Midgley, 2009; Kumpfer *et al.,* 2012), there needs to be a good understanding of what programme integrity actually means in relation to DVPPs (Gondolf, 2002) and this, in turn, requires us to look again at how we evaluate programmes and their outcomes.

THE CONCEPT OF PROGRAMME INTEGRITY

Programme integrity, which in general terms is concerned with programme delivery, has been lamented as an aspect of evaluation research which is frequently overlooked (Quay, 1977; Gendreau *et al.,* 1999; Bowen & Gilchrist, 2004; Moncher & Prinz, 1991) and yet is considered to be of vital importance if we are to make any meaningful sense of outcome evaluations. Whilst programme integrity has become much more widely discussed in recent years, there is still a lack of clarity about exactly what it is and how it should be assessed. Its conceptualisation in relation to DVPPs is almost non-existent. Nonetheless, there is a great deal of literature emanating from the fields of criminal justice, health, and education from which the ongoing discussions and assessments can be explored.

The argument goes that without an understanding of how well a programme has been implemented the results of outcome evaluations cannot be relied upon since it is impossible to know if the outcomes are due to the original design of the programme or some aspect of its delivery (Andrews & Dowden, 2005; Bowen & Gilchrist, 2004; Chinman *et al.,* 2004; Moncher & Prinz 1991; Esbensen *et al.,* 2011; Forsetlund *et al.,* 2003; Gendreau, Goggin & Smith, 1999b; Quay, 1977; Hollin, 1995). Thus, whilst outcome evaluations provide information about whether a programme is effective in terms of changes in behaviour/attitude, programme integrity evaluation is said to uncover how and why a programme may or may not be successful at bringing about such change (Andrews, 2006; Bowen & Gilchrist, 2004; Munro & Bloor, 2010).

The received wisdom that programme integrity has a direct impact on outcomes is taken to be self-evident (Hollin, 1995; Clancy *et al.,* 2006) when, in fact, only a few studies directly address this supposition (Lowenkamp, 2004; Lowenkamp *et al.,* 2006; Lowenkamp *et al.,* 2010; Pentz *et al.,* 1990; Rohrbach *et al.,* 2007). Thus Bowen and Gilchrist (2004), for example, state that 'the current study illustrates the potential detrimental impact of poor treatment integrity on treatment outcomes' (p.226) where 'the current study' is a literature review which fails to provide empirical evidence to substantiate this statement. Researchers

have generally attempted to demonstrate this through meta-analyses and, in a few cases, through primary research but the results have been far from conclusive for any kind of programme.

META-ANALYSIS: PROGRAMME INTEGRITY DATA AND OUTCOMES

Meta-analyses which focus on programme integrity have been conducted in the fields of health prevention programmes (Dane & Schneider, 1998), criminal justice offender programmes (Andrews & Dowden, 2005) and psychological interventions (Moncher & Prinz, 1991). These three major meta-analyses have examined the inclusion of programme integrity data in outcome evaluations across a combined total of 794 evaluation studies. They have consistently found that programme integrity assessment data is lacking in the majority of studies, reducing, in the view of the authors, both the validity and reliability of outcome evaluations.

These meta-analyses also concurred on the correlation of integrity data - where it has been recorded - to programme efficacy, such that programmes with higher integrity consistently showed greater efficacy. Nonetheless, these findings are still inconclusive since, as Moncher and Prinz (1991) point out, the fact that studies did not highlight programme integrity data does not necessarily mean that it was not collected but may simply have been omitted due to the 'severe space limitations imposed by most journals' (p.248).

With this in mind, Shaffer and Pratt (2009) have called on meta-analysts to 'dig deeper' for programme integrity data. They argue that, whilst it may seem counterintuitive for meta-analysts to collect further data by surveying primary researchers and/or programmes, it is essential that this is done in order to 'create a more detailed body of information concerning 'what works' in correctional treatment' (p.103). The context within which this is set is one of reliance upon such meta-analyses as a response to a populist tough-on-crime policy agenda, but this does not detract from their point that by discounting studies which do not have sufficient programme integrity data, meta-analysts are weakening their own argument.

PRIMARY RESEARCH: PROGRAMME INTEGRITY DATA AND OUTCOMES

Whilst meta-analyses may not be entirely reliable in their findings of significant correlation between programme integrity and programme efficacy, only a few studies employing primary data have explicitly examined this link. Lowenkamp (2004, 2006, 2010) has undertaken several primary research studies in this area, beginning with his PhD thesis (Lowenkamp, 2004). Collecting two different sets of programme integrity measurement data and comparing them with outcome evaluations from 38 criminal justice programmes in the US state of Ohio, he concludes that both programme integrity data sets showed a positive correlation to efficacy, with some programme integrity components more strongly related to efficacy than others.

One of the datasets in the original research drew on Gendreau and Andrews' (1990) standardised tool for programme integrity assessment, the Correctional Program[me] Assessment Inventory (CPAI). The results of this analysis were written up for publication (Lowenkamp *et al.,* 2006) to highlight the correlation between programme integrity and treatment effects in a study of residential programmes for offenders. The CPAI,

which examines adherence to the model and other integrity issues, uses cut-off points to categorise programmes as 'satisfactory', 'needs improvement', and 'unsatisfactory'. The study found that recidivism was reduced by twenty-two per cent in a programme with 'satisfactory' programme integrity, 8.1% in programmes with 'satisfactory but needs improvement' levels of programme integrity, and only 1.7% in programmes with 'unsatisfactory' programme integrity.

Whilst these are impressive findings it should be noted that the CPAI data was collected from programme directors only and did not include the recommended session observations. Moreover, only one programme was satisfactory whilst twenty-four of the total thirty-eight programmes were deemed unsatisfactory. These findings are somewhat skewed, therefore, and it would be premature to suggest that satisfactory programme integrity is positively correlated with outcomes on the basis of a single programme. A second study by Lowenkamp *et al.* (2010), as well as several health prevention studies (Pentz *et al.,* 1990; Rohrbach *et al.,* 2007; Munro & Bloor, 2010), have still only provided very tentative evidence of the purported special relationship between programme integrity assessment and outcomes.

Overall, the evidence base for this 'obvious' (Hollin, 1995:196) correlation is surprisingly thin yet has been championed as a highly important aspect of outcome evaluation without which we cannot hope to correctly interpret outcome evaluation findings. My argument is not that there is no place for programme integrity assessment, or even that programme integrity assessment may be unimportant, but rather that what is being investigated is one particular and rather narrow version of what programme efficacy and integrity is. This is problematic when funding for programmes is becoming increasingly dependent on these dominant discourses of efficacy and integrity (Midgley, 2009; Kumpfer *et al.,* 2012; Sullivan, 2011). Not only is this an issue when the dominant discourse does not migrate easily to complex social interventions, but becomes more problematic when the very concept of programme integrity is not clearly defined. The next section will examine the concept of programme integrity as used in the literature.

THE ELUSIVE DEFINITION OF 'PROGRAMME INTEGRITY'

To uncover what programme integrity is, how it is defined and used in the literature, may seem like a simple task especially given the ubiquity of the term and demands for its inclusion in evaluation research. (Hollin, 1995; Andrews & Dowden, 2005; Bowen & Gilchrist, 2004; Dane & Schneider, 1998; Faw *et al.,* 2005; Morran, 2005; Wickstrom *et al.,* 1998). However, look a little deeper and the concept becomes very confusing with several interrelated terms - integrity, implementation, fidelity and quality - being used interchangeably. What is actually being referred to is often not explicit and it has been necessary to unpick and group the definitions, discussions or, more often, 'hints' of meaning, to build up a picture of their usage. Below, I discuss each term, drawing on the literature, beginning with the least contentious terms, in order to explicate an understanding of the dominant model of programme integrity – a 'dominant definition'.

PROGRAMME IMPLEMENTATION

Oxford Dictionaries Online defines 'implementation' as: 'the process of putting a decision or plan into effect; execution' (ODO, 2015) and the use of the term 'programme implementation' in the literature is largely in line with this. That is to say, implementation is concerned with how a programme is put into practice (Gendreau *et al.*, 1999; Melde *et al.*, 2006; Lowenkamp *et al.*, 2006; Melhuish *et al.*, 2007; Bullock *et al.*, 2010). For some this is based on the fairly narrow criteria of 'whether or not the […] programmes are being implemented according to the programme guidelines' (Bullock, 2010:3), whilst for others there are quite broad criteria such as organisational, programme, and staff factors (Gendreau *et al.*, 1999), and community support, planning, research, and funding for the programme (Lowenkamp *et al.*, 2006).

There are, however, two outliers in the implementation definitions. These appear to suggest that implementation is broader – that is, has broader criteria – than the concept of integrity (Andrews & Dowden, 2005; Faw *et al.*, 2005). Andrews and Dowden (2005), for example, do not actually define implementation but state that:

> It is […] important to distinguish the concept of programme integrity from other closely related but orthogonal concepts […] which have sometimes been subsumed under the label of programme implementation (Andrews & Dowden, 2005:174).

Whilst they clearly suggest that implementation is a broad term under which integrity has sometimes been subsumed, they offer no clue as to what either of these separate terms actually represents.

PROGRAMME QUALITY

'Quality', defined as: 'the standard of something as measured against other things of a similar kind; the degree of excellence of something' (ODO, 2015), is another definitional concept with which the programme integrity literature tends to concur. It is generally related to how well a programme is implemented (Pentz *et al.*, 1990; Dane & Schneider, 1998; Gendreau *et al.*, 1999; Chinman *et al.*, 2004: Mihalic *et al.*, 2008; Holliday *et al.*, 2009) and assesses issues such as the attitude, preparedness and enthusiasm of the facilitators (Dane & Schneider, 1998). Melde *et al.* (2006) refer to the 'strength […] of program[me] implementation' (2006:715), where 'strength' appears to correspond to 'quality'.

The quality of the programme, then, may be of a greater or lesser degree but this would need to be in comparison to some kind of ideal or best practice which is problematic for DVPPs due a lack of research to firmly identify this (Hester & Lilley, 2014; Akoensi, Koehler, Lösel, & Humphreys, 2012). It is a better fit for programmes which are based on a strictly pre-defined model. This is the definition used in a study of European DVPPs (Hamilton, Koehler, & Lösel, 2012) where 'quality assurance' uses a variety of processes to 'assess adherence to a predefined treatment protocol' (p.8).

'Quality' may be broad, to refer to the programme as it is embedded within the co-ordinated community response and other organisational aspects of quality (Hamilton *et al.,* 2012), or it may be narrower, relating to quality of delivery (Melde *et al.,* 2006). For the latter, it would probably be necessary to assess this through programme observation though this would perhaps be incomplete without a parallel assessment of supervision processes and reflexive practices.

PROGRAMME FIDELITY

It is at this point that the literature becomes more disparate, with the term fidelity used in several different ways. Given the dictionary definition of: 'the degree of exactness with which something is copied or reproduced' (ODO, 2015), it is possible to use the term fidelity to mean 'the programme delivered as intended' in either a narrow sense of adherence to the manual or guidelines (Chinman *et al.,* 2004; Melde *et al.,* 2006; Melhuish *et al.,* 2007), or in a slightly broader sense related to implementation in general (Rohrbach *et al.,* 2007; Mihalic *et al.,* 2008; Esbensen *et al.,* 2011). Whilst this may be the most common usage, and fidelity as 'adherence to a program[me] model' is very clearly defined by some (Blakely *et al.,* 1987:258), there is a distinct strand of literature which uses the term fidelity in a different way.

The problem arises with Moncher and Prinz's (1991) influential work on programme integrity which explicitly states that fidelity is a broad concept which 'refers to two related, but distinct, issues' of integrity and differentiation (1991:248). In some cases this has been mis-cited to mean that fidelity is the same thing as integrity (Dane & Schneider, 1998; Power *et al.,* 2005; Holliday *et al.,* 2009; Mann, 2009), but has also been cited more accurately by such stalwarts of programme integrity literature as Andrews and Dowden (2005).

Neither Moncher and Prinz (1991) nor Andrews and Dowden (2005) give any clear indication of why they use the term fidelity to mean something broader than integrity nor, in fact, do they explain what fidelity is other than being comprised of integrity and differentiation. Thus it would appear more logical to follow the strand of literature which concurs with the dictionary definition, and to understand fidelity as the degree to which a programme reproduces or copies its original conception. In this way, fidelity is akin to quality in that both are related to programme implementation and are measured by degree. However, these are terms which relate to different aspects of implementation and integrity, and they can intersect in quite complex ways.

PROGRAMME INTEGRITY

Even when programme integrity is not conflated with fidelity (Dane & Schneider, 1998; Power *et al.,* 2005; Holliday *et al.,* 2009, Mann, 2009; Hamiton *et al.,* 2012) or subsumed under it (Moncher & Prinz, 1991; Andrews & Dowden 2005), it is regularly defined in ways which are closer to the definition of fidelity (Meyer *et al.,* 2000; Bowen & Gilchrist, 2004; Faw *et al.,* 2005; Mihalic *et al.,* 2008). That is to say, it is defined as

'the degree to which a programme is delivered as designed and planned' (Morran, 2005:58) or 'the degree to which a programme is implemented as planned' (Wickstrom *et al.,* 1998:142).

Nonetheless, there is also a body of literature which defines and uses the term integrity in a more holistic way, and in line with the dictionary definition: 'the state of being whole and undivided; the condition of being unified or sound in construction' (ODO, 2015). This is echoed, albeit often implicitly, throughout the literature with references towards the interplay of practice, theory and design (Sobol *et al.,* 1989; Hollin, 1995; Andrews & Dowden, 2005; Day *et al.,*. 2009; Shaffer & Pratt, 2009; Lowenkamp *et al.,* 2010; Vanstone, 2011). One of the most holistic definitions is offered by Quay (1977), with programme integrity related to the 'adequacy of the conceptualization of treatment, the duration and intensity of the program[me], the quality and quantity of personnel, and the match of treatment, treater and treated' (p.341). Similarly, Clancy *et al.* (2006) suggest that 'the term 'programme integrity' refers to the extent to which those delivering a programme do so in tune with, as it were, both the letter and the spirit intended by its designers' (p.17).

TOWARDS A 'BASELINE DEFINITION'

Not all commentators use the term 'programme integrity' in exactly the same way but it is possible to view these different terms as aspects of programme integrity and draw some kind of consensus. It is perhaps useful to illustrate this as a diagram which shows how the different aspects of programme integrity are interrelated.

Figure. 2.1 depicts programme integrity as an overarching or unifying concept which encompasses all the different aspects. These include the philosophy (or theory) which underpins and drives programme conceptualization and delivery, and implementation which, as discussed above, refers to the actual delivery in practice. Fidelity and quality cut across all aspects of philosophy and implementation and could be measured on relative scales of lesser/greater quality and fidelity.

Fig 2.1: Programme Integrity Diagram
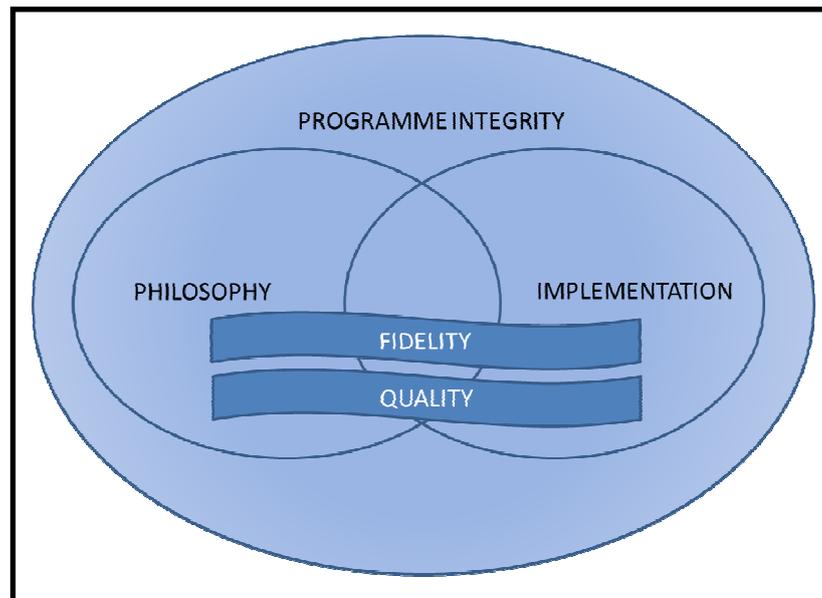
From this I propose a 'baseline definition' of programme integrity which states that: 'a programme should be delivered as intended'. Whilst this may be similar to use of the term 'fidelity', I am using it in a way which takes account of all the aspects described. That is to say, the programme should adhere to an 'approach' which encompasses the intention of the original philosophy or theory, implementation, and quality/fidelity requirements. In this way, the baseline definition can apply to all approaches, not just a strict adherence-to-manuals approach. All that is required is to ascertain and clarify what the original 'delivery intention' was.

THE 'DOMINANT DEFINITION'

As has been shown, there is a strong bias in the literature towards programmes which are based on strict experimental designs, such that it has been stated that only these programmes should be deemed to have programme integrity (Dixon & Graham-Kevan, 2011; Dunford, 2000a; Sullivan, 2011; Kumpfer *et al.,* 2012). This is what I refer to as the 'dominant definition' of programme integrity.

The 'dominant definition' of programme integrity can be characterised by the notion that a programme should adhere to the manual in order to deliver the desired outcomes. This is based on a medical model whereby the treatment is administered correctly, and in the correct dosage, to ensure a 'cure' and is linked to a paradigm of 'gold standard' scientific methods. This approach demands that these 'evidence-based practice' (EBP) programmes should not be adapted or changed in any way (Elliott & Mihalic, 2004; Mann, 2009; Corvo *et al.,* 2008; Dutton & Corvo, 2006; Dunford, 2000a). However, there is a great deal of debate regarding adaptation of programmes, and this is outlined next.

TO ADAPT OR NOT TO ADAPT?

Despite the dominant framing, many advocates of EBP programmes argue that adaptation, and particularly cultural adaptation, is inevitable, necessary and/or desirable (O'Connor *et al.,* 2007; Kumpfer *et al.,* 2012;

United Nations, 2002; Botvin & Griffin, 2007; Lara *et al.,* 2011; Castro *et al.,* 2004). The UN's Office for Drug Control and Crime Prevention, for example, states that:

> *Best practices should be seen as a synthesis of scientific research results and of lessons learned from ongoing and previous initiatives. They should always be adapted to the environments where they are to be applied irrespective of whether they are focussed on the individual, family, peers, school, community and/or society at large* (United Nations, 2002:iii).

It is, of course, rarely stated as boldly as this and it is more tentatively the case that the 'conversation has turned more to which approaches to program[me] adaptation are acceptable and which types are likely to undermine program[me] effectiveness' (O'Connor *et al.,* 2007:1). Much of the literature about this fidelity-adaptation debate tends to focus specifically on how EBP programmes can be scientifically formulated so as to allow adaptations that do not decrease effectiveness (Castro *et al.,* 2004; Kumpfer *et al.,* 2012). To this end, a range of generally concurrent suggestions have been made about which adaptations are acceptable and which are not. These tend to centre on the notion that there are 'core components' of any given programme which cannot be altered (O'Connor *et al.,* 2007; Botvin & Griffin 2007; Holliday *et al.,* 2009; Castro *et al.,* 2004), as well as an emphasis on maintaining the length or 'dosage' of the programme (O'Connor *et al.,* 2007; Kumpfer *et al.,* 2012). Cultural adaptations such as language translation, use of colloquialisms and reference to different customs and social arrangements are seen as 'surface structure' (Castro *et al.,* 2004:43) and can be adapted without too much risk to fidelity (but see Almeida & Dolan-Delvecchio, 1999, for a discussion of why this approach to cultural adaptation is problematic).

The consensus, then, appears to be that local additions to an EBP programme do not necessarily present a problem, whilst modifying or omitting core components is extremely deleterious. Blakely *et al.* (1987) set out to test this by examining a number of EBPs which had been adapted in various ways and evaluating their efficacy in relation to that of the model programme. Grouping the adaptations into two categories of 'additions to the programme' and 'change or modification of existing components', they conclude that 'local reinvention tended to contribute to the effectiveness of the program[me]s only when the reinvention took the form of additions to the model' (p.266). However, they are cautious about these results stating that: 'these findings should not be interpreted as an indication that components could not be improved upon' (p.266).

In line with this, another suggestion is that programmes are designed with built-in adaptations such as 'incorporating a menu of alternative activities that a provider can select from without compromising the core components or underlying theory of a prevention programme' (Botvin & Griffin, 2007:613). Holliday *et al.* (2009:47) use a 'traffic light system' to designate 'essential', 'consolidating' and 'link' activities which allow some flexibility for local needs, whilst the Families and Schools Together (FAST) programme (Kratochwill *et al.,* 2009; McDonald & Fitzroy, 2010; Crozier *et al.,* 2010) is designed in a way that 'encourage[s] teams to locally adapt the group process to fit their unique setting' (Kratochwill *et al.,* 2009:252).

Nonetheless, the over-riding feature of these suggestions remains focussed on the 'gold standard' of EBP and how a particular concept of programme integrity can be preserved when local adaptation is necessary. The notion that evidence based solely on strict scientific criteria should be privileged over any other kind of evidence (Dixon & Graham-Kevan, 2011; Kumpfer *et al.,* 2012) is problematic in relation to the 'complicated, situated, and practice-based assessment problems' (Staller, 2006:503) inherent within social interventions, and has been critiqued in response to the ascendency of EBP (Midgley, 2009).

WHAT COUNTS AS EVIDENCE?

Originating from the biomedical field as Evidence Based Medicine (EBM), a term coined by Professor of Tuberculosis Archie Cochrane in 1972, the concept was meant to encourage medical professionals to apply research evidence in the care and treatment of their patients (Staller, 2006; Midgley, 2009). In more recent years the concept has been broadened to apply to all manner of social programmes and services, and is often promoted as the only way to ensure positive outcomes and the only acceptable criteria for commissioning and funding projects (Dixon & Graham-Kevan, 2011; Kumpfer *et al.,* 2012; Dutton & Corvo, 2006; Andrews, 2006; Corvo *et al.,* 2008). Whilst there is an enticing logic to the argument for evidence based programmes, the flip side is that:

> At worst, [EBP] has been a way of rationalizing services by withdrawing funding for any forms of treatment that cannot be proven to work within the very restrictive definitions of evidence used by many of the advocates of EBP (Midgley, 2009:323).

Highlighting the gap between the concept and implementation of EBP, Midgley (2009) goes on to outline two different orientations which he terms 'implementers' and 'revisionists'. The implementers are those practitioners largely in favour of the EBP movement who seek primarily to improve the implementation of research evidence in the practice setting, seeing the relationship between research and practice as 'a fairly linear model' (p.32). However, a growing critique of EBP is seen in the position taken by 'revisionists', who 'argue for a re-visioning of – a looking again at – the whole relationship between research and practice, in order to develop a more meaningful form of EBP' (p.33).

Foremost amongst these critiques is the narrow definition of 'evidence' within this model. By valorising scientific evaluation and RCTs, the evidence of smaller scale qualitative research becomes devalued and practice experience is almost entirely discounted (Midgley, 2009; Staller, 2006; Smyth & Schorr, 2009). Yet, as Staller (2006) illustrates in her observation of a real-time interaction between railway officials (practitioners) and underage passengers (clients), professionals draw on a whole range of evidence and knowledge, assess and weigh it contextually, and make judgements and decisions based on the situation at hand.

Cochrane's original intention in EBM was to move away from the 'chaotic, individualistic, often ineffective and sometimes harmful' practices (cited by Midgley, 2009:29) which he had witnessed in medicine in the early to mid-1900s. Whilst it has been suggested that this description can be easily overlaid onto prevention

programme culture (Corvo *et al.,* 2008), it has also been suggested that EBP is 'a gross over-reaction' (Schorr, 2009:34). Besides, as Midgley (2009) states: 'what works for medicines does not work so easily for psychosocial interventions' (p.31). Furthermore, it creates a situation in which innovation is stifled (Smyth & Schorr, 2009; Kumpfer *et al.,* 2012) and valuable programmes which are unable to quantify their work in the required way are lost (Smyth & Schorr, 2009; Schorr, 2009; Schorr & Auspos, 2003). What is called for, then, is a broader evidence base which recognises that 'evidence cannot be reduced to one form of research design that privileges certain kinds of knowledge over others, but that we need a broader, more inclusive model of what kind of evidence can inform practice' (Midgley, 2009:34).

It is precisely this broader knowledge base which is exemplified in the work of Lisbeth Schorr (2003; 2009; Schorr & Auspos 2003) and her formulation of the Pathways Mapping Initiative (PMI) to 'assemble and organize knowledge about what works that will be particularly useful to local communities' (Schorr & Auspos, 2003). The PMI draws together 'groups of highly knowledgeable, experienced individuals including researchers and practitioners, who are steeped in their respective fields but diverse in their perspectives and beliefs' (p.671) in order to share and integrate evidence of all kinds regarding various community-based social interventions. In this way they have been able to produce a knowledge base that is 'wider, deeper, more coherent, and more actionable' (p.675) than EBP can hope to provide.

Explicit in this process is the recognition and valuing of what has been termed 'practice-based evidence' (Smyth & Schorr, 2009; Staller, 2006; Schorr, 2003). That is to say, a (re)turn towards the value of experiential knowledge and practitioners' assessment and decision-making processes. It is not, of course, a suggestion that research evidence should be ignored (Smyth & Schorr, 2009:10) but rather a recognition that research evidence is simply inadequate to answer every question or problem which may arise in the day-to-day work of a practitioner (Staller, 2006:518). Advocates of PBE, then, seek to dismantle the hierarchy of knowledge implicit in the EBP movement and reintegrate the experiential knowledge of practitioners to produce a broader knowledge base (Schorr & Auspos, 2003; Schorr, 2009).

Understanding the limitations of the EBP movement and reintegrating PBE allows for a more realistic approach to programme evaluation which draws on both quantitative and qualitative research (Staller, 2006). In this way, programmes which do not fit easily into the confines of RCT and statistical evidence are able to demonstrate their value through an approach which:

> *Insist[s] on rigor even in the absence of certainty, and find[s] credible evidence of effectiveness in strong theory; an accumulation of empirical evidence from similar or related efforts; consensus among informed observers based on a combination of theory, research, and practice experience; and a commitment to continually attending to evidence that confirms or threatens an assumption of effectiveness* (Smyth & Schorr 2009:13).

Morran (2011) draws attention to the socio-political imperatives which drive the dominance of EBP models.

> *The pressure upon statutory and (increasingly) voluntary or independent sectors to deliver models of practice which are 'evidence-based' and subsequently 'accredited' by 'expert panels', reflects New Labour thinking and policy on a range of problem (or problematized) behaviours (p.26).*

Arguably, the New Public Management (NPM) doctrine within which EBP has come to prominence goes back to the Thatcher era of the 1980s in the UK (Lapsley, 2009) and has cut across political doctrines in the thirty intervening years. The basis of the NPM model describes 'how management techniques from the private sector are now being applied to public services' (Lane, 2000:i). Springing from a neo-liberal ideology 'based on belief in the efficacy of markets and competition and business-like ideas and practices' (Mongkol, 2011:36), it has resulted in a focus on performance management indicators, competitive tendering and results-orientated planning and control (Pollitt *et al.*, 2007). At its most benevolent, NPM should improve public services by offering greater cost-efficiency and service-efficacy. However, it has been widely criticised in terms of its applicability to the 'distinct political, ethical, constitutional and social dimensions' of the public sector (Mongkol, 2011:36) and the way it has 'radically increased institutional and policy complexity' (Dunleavy *et al.,* 2005:467).

The broader political context permeates all aspects of social policy, including what approaches are dominant and seen as 'legitimate', right down to what programmes get funded and how they are required to monitor and report on their work. Having taken this broad context into consideration, it is also worth exploring the finer details of group-work sessions.

WHAT WORKS FOR WHOM, AND WHY?

What actually works within a group-work session, and how this builds into an effective programme, is something we know very little about (Gondolf, 2002; Schrock & Padavic, 2007). A few studies have attempted to answer this through interviews with programme participants and facilitators with varying results. (Gondolf & Hanneken, 1987; Gondolf, 2000; Silvergleid & Mankowski, 2006). Gondolf and Hanneken's (1987) interviews with twelve successful programme completers – that is, men who had refrained from abuse for at least ten months – suggested that the impetus for change came from the men themselves with the programme acting as a vehicle for change, where change in attitude was more important than techniques. However, a larger study (Gondolf, 2000), conducted as part of his multisite evaluation of DVPPs, asked men how they avoided re-assault and found this was overwhelmingly connected to the use of techniques learnt in the sessions rather than attitudinal change.

Taken at face value, the larger study could suggest that programme resources would be better directed solely towards the interruption methods and avoidance techniques advocated by DVPP critics. However, despite the admittance that 'the program[me] objectives of affecting men's attitudes and beliefs towards women do not appear to be met' (Gondolf, 2000:1218), there were tentative signs that a more fundamental change was occurring, particularly in the longer programmes. Equally, there was a degree of correspondence between these two studies and a third conducted by Silvergleid and Mankowski (2006): namely that the balance between support and confrontation/challenge from the facilitators was valued by the men; the group setting was considered important and supportive; and the skill of the facilitators was appreciated.

Whilst it is fair to say that, taken in context, the testimony of male perpetrators may well offer some significant insights (Morran, 2011, 2013; Lewis, 2004; Ptacek, 1988), another useful approach involves ethnographic observation of group-work sessions (Fox, 1999; Schrock & Padavic, 2007). These studies have produced some challenging, though potentially very useful, results. Schrock and Padavic's (2007) ethnography of a DVPP in the US refutes the critics' suggestion that the feminist approach is wrong, suggesting that DVPP inefficacy 'lies not in their emphasis on transforming men into egalitarian partners [...] but in their inability to do exactly that' (p.644). Although this is hardly a ringing endorsement of the programme they observed, their analysis of the (re)construction of masculinity within the group does offer up some nourishing food for thought regarding the intricacies of delivering a programme effectively and with integrity to its aims. It also points to the critical importance of ongoing monitoring, support and supervision for programme facilitators.

Fox's (1999) equally in-depth ethnography was conducted within a prison-based programme for general violent offenders but nonetheless her analysis of a Foucauldian 'regime of truth' offers up some highly relevant insights. Fox suggests that a particular rhetoric of change and norms is imposed upon the participants, such that 'confession must be performed 'in a particular vocabulary' and 'according to a particular explanatory code derived from some source of authority'' (p.89, quoting Rose [1996]). This again is not a particularly promising conclusion, especially when it is possible to see exactly this dynamic played out in Schrock and Padavic's (2007) DVPP ethnography. In fact, it points to a major lack of some level of programme integrity compared to the original ethos of the Duluth programme upon which so many DVPPs are purportedly based.

Ellen Pence's discussion of the ethos behind the Duluth programme, in an interview edited by Miller (2010), paints a clear picture of an empowering re-education process inspired by the work of the Brazilian educator and critical pedagogist, Paulo Freire. Pence describes how Freire 'advocated for educational curricula based on a liberating model rather than what he calls a domesticating or dominating model' (p.1008), and goes on to describe how this was adapted to work with domestic violence perpetrators. Throughout the interview, Pence emphasises the importance of highly skilled facilitators who are able to work with the men to encourage them to reflect on their own behaviour through the use of video vignettes and the control log, rather than imposing rules and values on them. This ethos, and the skill to implement it, was not in evidence in either of the programmes observed in the ethnographic studies and this may be an important programme integrity issue for DVPPs.

CONCLUSION: THE (RE)CONCEPTUALISATION OF PROGRAMME INTEGRITY

That this reorientation towards evidence will have an impact on the understanding and assessment of programme integrity is perhaps an obvious point, given that the roots of the 'dominant definition' of programme integrity are so firmly planted in the EBP movement. Exactly what programme integrity could look like for DVPPs and how it may be assessed within a broader knowledge base, however, is the subject of this thesis. In many ways, the gap which exists within the literature concerning DVPP-related programme

integrity is something of a blessing here: it suggests that there is an opportunity to open up the discussion and examination of programme integrity without first having to chip away at a calcified conception pre-embedded in 'model' DVPPs, and that there is an opportunity to challenge the ongoing demands of EBP and offer an alternative.

The 'dominant definition' of programme integrity found in the literature is problematic not only in its narrow scientistic definition of evidence, but also in terms of its equally narrow focus on the group-work element of programmes. Whilst a few programme integrity assessments do encompass broader aspects such as organisational factors, community support, and funding (Gendreau *et al.*, 1999; Lowenkamp *et al.*, 2006), there is generally a far greater emphasis on the delivery of a timetable and other group-work related issues. It is worth considering whether this is appropriate for DVPPs, given the importance of the women's support service (WSS) and the DVPP's location within a co-ordinated community response (CCR) (Bullock *et al.*, 2010; Pence & Paymar, 1993; Pence & Shepard, 1999; Respect, 2012).

The question raised is the extent to which a DVPP can be said to have integrity independent of the women's support service and the CCR within which it is embedded. This, however, is not simply an issue for the service itself, but is dependent on the policy, culture and economic context of the area it serves. Towers and Walby's (2012) report on the effect of budget cuts on services for violence against women and girls, highlighted that Respect-accredited DVPPs 'suffered budget cuts so that between 2010 and 2011 seventy-eight per cent of services reduced the number of clients they were able to assist' (p.3).

A recent report from the probation and family courts union (NAPO, 2012) has highlighted the concerns about the effect of budget cuts which has seen 'the introduction of cheaper, unaccredited courses' for domestic violence offenders (NAPO, 2012:1). Taken alongside an evaluation conducted in 2009 (Bullock *et al.*, 2010) which found that the women's support service was often marginalised within the Probation programmes, this raises a set of issues linked to programme integrity and the potential importance of considering the wider context of service delivery.

Delineating the concept of programme integrity for DVPPs is vital, then, on several levels. A socio-political environment which prioritises and legitimates 'evidence-based practice' within a scientistic approach to evaluation and social intervention dictates which programmes get funded. Whilst it is impressive that a feminist analysis of domestic violence and abuse has been so successful in driving domestic violence policy in general and DVPPs in particular, there is a need to consolidate this position in light of a growing academic hostility (Dutton & Corvo, 2007; Corvo *et al.*, 2008; Dixon *et al.*, 2011; Dixon & Graham-Kevan, 2011) and an increasingly neo-liberal approach to commissioning and funding (Kumpfer *et al.*, 2012; Midgley, 2009).

METHODOLOGY

This chapter sets out the approach taken in this study, explaining why a qualitative, practitioner-orientated approach is the most appropriate. The underlying ontology is interpretive and constructivist, positing that social reality is interpreted and (re)created by social actors. Interviews and observation were the methods chosen to explore how DVPP workers understand and practice 'integrity' in their work.

Before describing the research design, the chapter first examines the link between evaluation research and programme integrity. This provides a backdrop to the question of programme integrity, and also some insight into the principles of process-evaluation which are relevant to DVPP work and programme integrity. It also discusses the practitioner-orientation of the research through an exploration of practice-based approaches.

The research design incorporates three strands of data collection which intersect and build up a comprehensive picture of the meaning and practice of 'integrity' in British DVPPs. Each strand is described in detail, outlining the participants, sampling strategy, research tools and analysis. There is discussion of interviews as a method, since this applies across all three strands, and ethics are addressed in full. To begin, there is a description of the development of the research question.

THE EVOLUTION OF THE RESEARCH QUESTION

Directly linked to the Mirabal Project, this study set out to 'research programme integrity, and explore how group work 'works' and for whom' (ESRC Case for Support) and was originally envisioned to draw, in part, on a unique data set: video recordings of men's group-work sessions sourced from the DVPPs participating in Mirabal. Access to these recordings, which are routinely made for practice development purposes and form part of the Respect Accreditation criteria, was to be sought through the Mirabal recruitment process. However, as described here, the research question evolved as it emerged that the very concept of programme integrity, and its relationship to group process, is larger and more complex than originally comprehended. Initial investigation revealed that it is a highly contested concept, both in its own right and in terms of the theoretical and paradigmatic issues it touches upon (see Chapter 2).

Nonetheless, on first approaching programme integrity, and its link with implementation and group process, the video recordings were seen to potentially provide an obvious and fruitful direction of study addressing a lacuna in the literature to date. Consideration was given to video analysis and evaluation methodologies, and to the work of Irving Goffman, Judith Butler and West and Zimmerman to build a

theoretical framework for analysing interactions using a critical gender lens. During the first year of the PhD, the opportunity arose to undertake video analysis for an evaluation of a DVPP parenting programme (Coy, Thiara, Kelly, & Phillips, 2011) which drew on the same routine video recordings, and this also acted as a pilot study for this thesis. This analysis highlighted the limitations of these videos for the current study in that the recordings made by DVPPs are focussed on the practitioners and record very little of the men's interactions and reactions.

Had this been the only issue, work would have continued to devise an appropriate analytical framework to make use of the rich data which, camera position notwithstanding, the video recordings can provide. However, alongside the pilot study, the literature review (see Chapter 2) revealed a lack of consensus around the very concept of programme integrity, both within the domestic violence literature and across a range of academic and practice arenas. One cannot build a framework to analyse something which has not been clearly defined, hence observation of the videos became secondary to understanding the concept of programme integrity and its application to DVPPs.

The focus thus turned towards scrutinising the contested nature of programme integrity, understood differently by different groups and sectors largely dependent upon ontological standpoints. Thus, programme integrity may be understood along a continuum with a strict medical model at one end of the spectrum to a more process-orientated approach at the other (see Chapter 5). It became necessary to understand where on this continuum programme integrity could be most usefully located in relation to DVPPs today. This also raised questions regarding what the term means to DVPP practitioners, what it meant to the pioneers of British programmes, and what its utility is to DVPPs. These questions began to guide the research.

To explore what programme integrity might look like in relation to DVPPs, therefore, required methods aimed at unpacking and delineating the concept in general, and in the specific DVPP context within which it is to be located. One of the emerging influences was the possibility that programme integrity, as it relates to DVPPs, may not simply be tied to the delivery of men's group work sessions. This work, whilst the most prominent and recognised activity, actually represents only a proportion of DVPP work and may not necessarily be more important to programme integrity than other aspects of the service such as women's support work, multi-agency working, training, and assessments and reports prepared for courts and other external agencies. That is to say, regardless of how well the group work may be delivered, could it be said to have 'integrity' without reference to the other aspects of the service? A decision was made to focus on programme integrity as an holistic concept and practice for DVPPs and to orient the research towards practice-based knowledge. This resulted in a revised research question, as laid out below.

THE RESEARCH QUESTION

The focus of this study has shifted in line with a growing appreciation for the scope of the issues, both theoretical and practical, involved in delivering DVPPs. The original research question incorporated the

study of group process but proved to be somewhat premature and new aims emerged which reflect the need to properly explore what programme integrity means in relation to DVPPs. The revised research question became:

What does the concept of programme integrity mean for British DVPPs, how is it practised, and how can it be utilised by DVPPs?

Sitting underneath this are four aims which guided the research:

- to explore the concept of 'programme integrity', gaining an understanding of the socio-political context and implications of the 'dominant definition' of programme integrity, and its alternatives;

- to locate the emergence and development of DVPPs within the historical socio-political context and document early understandings of programme delivery and integrity;

- to scrutinise the understanding and practice of programme integrity within current DVPPs, in a general way (interviews) and in a more dynamic context (case study);

- to offer a conceptual framework for the maintenance/improvement/assessment of programme integrity for DVPPs.

QUALITATIVE METHODOLOGY

This thesis takes a qualitative approach in order to conduct an in-depth exploration of what programme integrity means in relation to DVPPs. Whilst there is a dominant preference in the literature for quantitative measures of programme integrity, this presupposes a clear model against which to take such measurements. Furthermore it is arguable whether quantitative measures alone are the best means of capturing programme integrity and this is reflected in other theoretical underpinnings of this study – evaluation theory and practice based evidence – discussed below.

Another concern I have sought to address is an imbalance between scientific 'evidence', supported by quantitative methods, and practice based knowledge, which can best be accessed through qualitative methods. A 'scientistic' discourse is dominant in a number of arenas – policy, funding, programme implementation, evaluation, and notions of what counts as evidence (see Chapter 2). This epistemic dominance is powerful but should be recognised as a discourse, rather than as 'truth'. As Foucault (1980) states:

Each society has its regime of truth, its 'general politics' of truth: that is, the types of discourse which it accepts and makes function as true; the mechanisms and instances which enable one to distinguish true and false statements, the means by which each is sanctioned; the techniques and procedures accorded value in the acquisition of truth; the status of those who are charged with saying what counts as true (p.131).

Thus, my aim has been to elevate the voices of practitioners in order to understand the processes of domestic violence perpetrator programmes, and thus to extrapolate what programme integrity might look like in this context. In so doing, the research takes an interpretive and constructivist approach. That is to

say, social reality (ontology) is understood to be interpreted and (re)created through the subjective experience of social actors. Thus, in order to understand the social world it is necessary to explore these interpretations and experiences to reveal what is being constructed and how (epistemology). The qualitative methods of observation and interviews were the most appropriate to this task.

Quantitative methods are an excellent way of delineating 'what' has occurred but reveal very little about 'how' and 'why'. This is where qualitative research comes into its own. Mixed qualitative and quantitative methods are increasingly employed in social research and, whilst the specificity of this study requires a qualitative approach, its position as an aspect of the wider Mirabal research project supports a mixed method approach to fully understand DVPPs. As far as the programme integrity aspect of DVPPs is concerned, however, a qualitative approach is both necessary and appropriate at this stage since the concept of programme integrity is contested and undefined, particularly for DVPPs. In relation to programme integrity, Parlett & Hamilton's (1976) theatrical analogy is particularly fitting:

> *To know whether a play 'works' one has to look not only at the manuscript but also at the performance; that is, at the interpretation of the play by the director and actors. It is this that is registered by the audience and appraised by the critics* (pp.32-33).

Parlett and Hamilton offered this analogy in their discussion of qualitative evaluation which brings us to an exploration of the link between programme integrity and evaluation.

EVALUATION METHODOLOGIES AND PROGRAMME INTEGRITY

The 'dominant definition' of programme integrity is inextricably linked to evaluation such that measures of programme integrity are considered essential to the validity of outcome evaluations (Andrews & Dowden, 2005; Bowen & Gilchrist, 2004; Chinman, Imm, & Wandersman, 2004). Despite my concerns about the dominant definition (see Chapter 2), it remains pertinent to consider evaluation methodologies and, in particular, to identify the relevance of process evaluations to programme integrity. This section provides an overview of the historical development of evaluation research in order to locate programme integrity within an understanding of process and qualitative evaluation.

Evaluation research can be traced back to the 17th century (Rossi, Lipsey, & Freeman, 2004) but, in its current form, has become a burgeoning field since the 1950s (Clarke & Dawson, 1999; Patton, 2002; Robson, 2002; Rossi *et al*., 2004). At its inception, evaluation was 'strongly positivist in orientation' (Gray, 2004:153), largely based on what Lipsey (1993) refers to as the 'black box' approach whereby 'inputs and outputs can be observed, but the connecting processes are not readily visible' (p.34). Conventional input-output evaluations use quantitative methods and experimental models – with randomized controlled trials (RCTs) defined as the gold standard - to assess the efficacy of interventions.

In purely summative input-output evaluations, the discourse of scientism reigns supreme and the tenets of positivist science – objectivity, empirical evidence, validity – abound, as the following definitions of evaluation demonstrate.

Evaluation is an objective process. It should be designed carefully to exclude subjective biases and to ensure valid and reliable results (Breakwell & Millward, 1995:3).

A social science activity directed at collecting, analysing, interpreting and communicating information about the workings and effectiveness of social program[me]s (Rossi et al., 2004:2).

A profession that uses formal methodologies to provide useful empirical evidence about public entities such as program[me]s, products, performance (Mertens & Wilson, 2012:5).

Parlett and Hamilton (1976) highlight that this is not just about methods but represents a particular paradigmatic approach. Insofar as this approach aligns the social world with the natural sciences in terms of being predictable, observable and measureable, it follows that an RCT input-output evaluation would be preferred. It also follows that summative evaluation of this kind could only be appropriate for programmes designed on the basis of a medical model which are to be delivered without deviation from the script and at the correct dosage (see Chapter 2). As long as the epistemic dominance, and political expediency, remains fixed in scientism mode, the debate will remain dichotomised with evidence-based practice gleaned from randomised controlled trials as the regime of truth.

The ontological assumptions of such positivist models were challenged as evaluation research gained momentum and its scope broadened. Researchers began to assert that experimental designs and quantitative methods can provide only part of a much bigger picture. That is to say, whilst useful in its place, the input-output model: 'does not depend on, or necessarily offer, any description of the causal process at work between the treatment and the outcome – that part is left inside the black box' (Lipsey, 1993:34).

The challenge was initiated by education evaluators when scientific techniques: 'continually produced results that contradicted the experiential observations of practitioners by suggesting that many educational programmes had no demonstrable effects' (Clarke & Dawson, 1999:55, citing Guba, 1972). British methodologists Pawson & Tilley (1994) were among the strongest critics.

It is high time for an end to the domination of the quasi-experimental model of evaluation. Such an approach is a fine strategy for evaluating the relative performances of washing powders or crop fertilizers, but is a lousy means of expressing the nature of causality and change going on within social programmes (p.292).

Gray (2004), along with many others (Patton, 2002; Robson, 2002; Rossi *et al*., 2004), suggests that 'the focus has shifted to a certain extent away from measurement and towards issues of what is evaluated, why, and for whom' (p.153). Qualitative methods are becoming more widely used, with the recognition that:

Most causal phenomena of practical interest […] involve multidimensional interactions that are often extended over time, complex multistep causal processes in which different individuals may react differently, and uncertain and potentially wide-ranging outcomes, not all necessarily desirable (Lipsey, 1993:34).

Nonetheless, it must also be recognised that programme evaluation has developed within a political context.

Evaluation has now become a political and managerial activity that makes significant input into the complex mosaic from which emerge policy decisions and resources for starting, enlarging, changing or sustaining program[me]s to better the human condition (Rossi *et al.*, 2004:10).

Not only does this tie programme evaluation into dominant political discourses, most recently of New Public Management and other neo-liberal imperatives (see Chapter 2), it is also anchored to resource allocation. Evaluations are expected to justify use of funds and demonstrate clear and concise outcomes (Rossi *et al.*, 2004; Wholey, Hatry, & Newcomer, 2010). Quantitative, input-output evaluations remain highly favoured (Robson, 2002), being ideologically and ontologically in tune with wider political discourse, in that they provide easy-to-read 'facts and figures' to policy makers, commissioners and funders.

MIXED METHODS IN EVALUATIONS

It has been argued that a mixed methods approach is a more efficacious way to meet the demands of evaluation research (Clarke & Dawson, 1999). Mixed methods are widely used today as it is recognised that 'there is rarely a single evaluation methodology that can fully capture all of the complexities of how program[me]s operate in the real world' (Bamberger, 2012:3). Furthermore, as Bamberger (2012) explains:

The purpose [of using mixed methods] is to strengthen the reliability of data, validity of the findings and recommendations, and to broaden and deepen our understanding of the processes through which program[me] outcomes and impacts are achieved, and how these are affected by the context in which the program[me] is implemented (p.1).

The Mirabal Project, to which this study is linked, used a mixed methods approach and conducted both quantitative and qualitative interviews and a wide range of other data. This allowed for analysis of the frequency of a range of abusive behaviours, alongside more in-depth examination of six 'measures of success' for DVPP interventions (Kelly & Westmarland, 2015; Westmarland, Kelly, & Chalder-Mills, 2010).

Whilst it is often useful to employ mixed methods, the evaluation of programme integrity may be well suited to a more formative evaluation design which relies on qualitative feedback of content and process to implement improvements rather than the outcome scores of quantitative summative evaluation (Patton, 2002; Robson, 2002). Referring to Parlett and Hamilton's 'illuminative evaluation' (1976), Clarke and Dawson (1999) note:

Evaluation should describe the perceptions and experiences of those individuals and groups involved in a particular programme. In order to understand the internal dynamics of a programme it is considered necessary for the evaluator to employ a variety of qualitative methods including in-depth interviews with programme participants and direct observations of programme activities (p.55).

I would also add that the perceptions and experiences of programme facilitators should be sought for the same reasons and it is to this practitioner-orientation that I now turn.

PRACTICE BASED APPROACHES

Intersecting with the argument for a qualitative approach to programme integrity is the decision to orient the research towards practitioner knowledge. To begin with, the 'baseline definition' of programme integrity alludes to the need to understand how the programme is designed and should be delivered and, given that DVPPs have largely been developed by practitioners, there are compelling reasons to seek the views of these developer-practitioners.

This decision was more than a pragmatic one. My own experiences in the service field highlighted that the voices of those at the coal face of social service delivery often go unheard or undervalued. Policies and procedures, passed down from central or local government, or from the top of the organisational hierarchy, are often expected to be accepted and implemented without consultation and with little reference to the hands-on experience of practitioners.

This reproduces a hierarchy of knowledge which assumes that scientific research, academic learning, and positions of authority can provide clear sight and direction. Meanwhile, those who deliver services on a daily basis are deemed unable to think strategically or sociologically and their knowledge is diminished as 'anecdotal'. Thus, as Sandra Harding (1993) points out:

> *In conventional accounts, socially situated beliefs only get to count as opinions. In order to achieve the status of knowledge, beliefs are supposed to break free of – to transcend – their original ties to local, historical interests, values and agendas* (p.50).

The valorisation of scientific method is nothing new, but a recent shift towards 'evidence-based practice' (EBP) has further marginalised the rich experience and knowledge of practitioners in policy and practice development. The notion of EBP originated from the field of medicine (see Chapter 2) and is now a ubiquitous term throughout many areas of public life (Midgley, 2009b), where it is an ambiguous concept. In medicine it has always been about the combination of clinical expertise and research evidence (Sackett *et al.,* 1996), yet its translation to social work tends to omit the notion of clinical expertise (Staller, 2006:507). Forrester (2010), for example, argues for 'interventions based on evidence from studies which compare one intervention with other ways of working' suggesting that any other choices are simply arbitrary personal preference.

In the view of some, EBP has become something of a double-edged sword. Largely driven by the demands of policymakers and funders (Smyth & Schorr, 2009), the evidence-based movement has led to:

> *A way of rationalizing services by withdrawing funding for any forms of treatment that cannot be proven to work within the very restrictive definitions of evidence used by many of the advocates of EBP* (Midgley, 2009b:323).

Whilst not suggesting that evidence is unnecessary, the 'evidence' referred to here is, in line with the hierarchy of knowledge, of a particular kind: namely scientific evidence ideally generated through experimental research designs, or the 'gold standard' of randomised controlled trials (RCTs) (Smyth & Schorr, 2009; Staller, 2006; Wilcox, Hoyle, & Young, 2005).

Another major challenge faced by critics of EBP is that of framing, as discussed here by Staller (2006).

Given the current rhetoric on best evidence, skeptics who raise concerns are left in an unenviable rhetorical position of arguing that they favor practice that involves something other than the best evidence. If not the best, then what is left but mediocre evidence or okay evidence or really bad evidence? None of these rhetorical alternatives to best evidence sound very good (p.512).

Emerging from these critiques is the concept of practice-based evidence (PBE) which not only places the practitioner at the centre but also acknowledges the complex and multiple sources of evidence, including but not limited to research evidence, which a practitioner can draw on and evaluate in a practice context (Staller, 2006). Furthermore, PBE seeks to contextualise interventions, recognising that the social world is more messy and complex than randomised controlled trials can allow for.

What is efficacious in randomized clinical trials is not always effective in the real world of day-to-day practice [...] Practice-based research provides the laboratory that will help generate new knowledge and bridge the chasm between recommended care and improved care (Westfall et al, 2007, cited by Horn & Gassaway, 2007:50).

The practitioner's role in PBE ranges from identifying meaningful research questions and involvement in research-practice networks, to utilising the principles of 'action research' such that the emphasis is on 'exploring current practice and building knowledge from the bottom upwards, with collaboration between clinicians and researchers highly valued' (Midgley, 2009b:326). Furthermore, PBE seeks methods to address the shortcomings of randomised controlled trials, as applied to social problems and social life.

Experimental methods are an especially poor fit with the efforts that could help the most vulnerable populations. People who face barriers that interact and occur in clusters must be seen in their real-world contexts, taking into account their challenges and strengths, their relationships and communities. Only then are we likely to be able to respond effectively. Our evaluation methods must be modified to embrace this complexity, not simply to control for it as nuisance variables (Smyth & Schorr, 2009:2).

The notion of these complexities being dealt with as 'nuisance variables' links with Morran's (2011) comment, discussed in Chapter 2, that pressure to conform to EBP models is: 'the result of New Labour thinking and policy on problem (or problematised) behaviours' (p.26). The rejection of a dominant discourse of EBP and randomised controlled trials stems from the ill-fit with DVPP process (Morran, 2011, 2013), the DVPP ethos of working with men as individuals (see Chapters 4 & 5), and the call to extend this ethos to more fully address coercive control (Kelly & Westmarland, 2015; Morran, 2011, 2013; Lewis, 2004).

RESEARCH DESIGN

There are three strands to this study which together build a comprehensive picture of 'integrity' as it is understood and practised in DVPPs. These strands developed from an initial analysis of the descriptions and definitions of programme integrity across a range of fields in the academic literature (see Chapter 2), which highlighted a lack of clarity or consensus regarding the concept of programme integrity. I was, however, able to draw out some baseline ideas: that programme integrity is specifically concerned with programme delivery and is considered an important, though often absent, variable for understanding and interpreting the results of outcome evaluations. This provided a 'dominant definition' which requires strict adherence to

EBP manuals, tested through randomised controlled trials, but also – more helpfully – a 'baseline definition' applicable to all approaches: a programme should be delivered as intended.

On this basis, I turned first to the origins of British programmes in order to ground my research in an understanding of how these programmes were developed and intended to be delivered. For this, in-depth interviews were conducted with sixteen participants who had been instrumental in the emergence and development of programmes, as practitioners or stakeholders. These interviews focussed on understanding the theory and practice underpinning DVPPs within the social and political context of programme emergence in Britain. From this, the aspects of practice and delivery pertinent to programme integrity began to emerge.

I then undertook twenty-two interviews with current DVPP practitioners across a range of positions and DVPP organisations to examine practice and understanding in relation to this emerging notion of programme integrity. This was supplemented by an opportunity to undertake a case study of an established DVPP service setting up a new project embedded within Children's Services. This allowed me to observe first-hand the intricacies of maintaining 'integrity' within a challenging environment, where services with different priorities negotiated the boundaries and intersections of their respective and connected responses.

QUALITATIVE METHODS

The qualitative methodology employed here allows for the depth necessary to explore a complex concept and the ways in which practice draws from, and supports, this. The experiential knowledge of practitioners is foregrounded through an understanding of the social world as interpreted and constructed through action and experience.

The methods utilised are those which are most appropriate to capture this experience, interpretation and construction: in-depth interviews and observation. The research design and details of the methods employed in each strand of data collection are discussed below but interviews feature throughout and merit examination here as a general method of data collection.

INTERVIEWS

Whilst interviews in the three strands of data collection discussed below may differ in detail, the overall approach to interviewing remained the same. Unstructured, or focussed, interviews were chosen as a means to explore in depth the experiences and perspectives of a variety of practitioners in, or related to, the DVPP field. My aim was not to compare accounts in the way that structured interviews allow, but rather to build up a picture of the basic tenets of the work in practice.

Focussed interviews allow participants 'to talk about the subject within their own frames of reference' (May, 2001:124) rather than through pre-determined categories. Prompts were used in order to ensure

that all areas of interest were covered but often these were unnecessary. It is a feature of DVPP work that practitioners regularly reflect upon how they work and the systems and processes they work within and it is likely that this made for a more natural interview process.

One of my concerns, however, was that the term 'programme integrity' has technical connotations and, given that its meaning is unclear in the academic literature, may not be easily understood in the practice arena. Furthermore, it is not a 'friendly' concept since it implies a judgement: one either has, or does not have, integrity. Awareness of these subtleties alongside more common dynamics between interviewer and interviewee, meant that I was keen to position participants as the experts. This was not simply an act, or a ruse to put participants at ease, but sprang from a genuine sense that this was indeed the case.

The interview schedules (see Appendices 1.b, 2.c, 2.d, 3.d, 4.c & 4.d) were individualised to each strand of data collection, but also developed in a process of iterative learning. Thus, for example, the pilot interviews provided several lessons as well as some interesting avenues to explore (see later section). These were taken forward into the first strand of data collection, which included prompts for the 'wider integrity' of DVPPs, and questions to gain clarity regarding terms used for different supervision processes.

The first strand of interviews with DVPP pioneers, revealed that the term 'programme integrity' is not widely used in DVPP practice and, where it is known, has distinct connotations. I therefore did not use the term 'programme integrity' when recruiting and contacting participants for the second stand of interviews, only referring obliquely to 'what was deemed important in terms of delivering effective programmes'. My intention was to elicit a spontaneous reaction to the term in the interview. A direct question about what the term 'programme integrity' meant to each participant was followed up, if necessary, with prompts related to two opposing views of the concept: (a) closely following a manual or (b) a more process-driven approach within a set of guidelines.

The downside to this was that some participants seemed uncomfortable if they were not familiar with the term and it was necessary for me to explain that it is not commonly used in practice and I was not seeking a 'correct' answer. This, however, allowed me to reiterate that it was their views I was interested in and took to be 'expert'. This approach to interviews and my efforts to position myself as non-expert were generally successful and participants appeared keen to share their knowledge, expertise and views.

ETHICS

Ethical approval for this study was granted by London Metropolitan University's Social Sciences Research Ethics Review Panel (see Appendix 5). The main ethical considerations centred on the potential for psychological harm to participants and to myself as the researcher.

Interviews exploring DVPP worker's views and understanding of structural conditions and organisational processes underpinning work with perpetrators, involved asking participants to reflect on what they feel is effective/ineffective in their own and their organisation's approach and practice. Whilst the risk was considered to be minimal, the importance of being sensitive to the potential impacts of asking participants to critically reflect on their own and their organisation's professional practices was recognised. In mitigation of this risk, it was known that participants were accustomed to the principles of reflexive practice and supervision processes in the normal run of their work. Informed consent was sought from all participants and this involved the discussion of this risk and the potential to take any issues arising to their own internal or external supervision.

There were also potential benefits for the participants. The research methodology placed great importance on the engagement of programme developers and staff in order to explore the concept of programme integrity based on professional experience. That is to say, there was an emphasis on valuing the expertise of the participants in a collaborative effort to explore 'integrity' in a way that would be relevant to practice.

Immersion in material which is focussed entirely on violence also creates a potential risk of stress/distress for the researcher. The fact that the study was located within a larger team, which met regularly, mitigated this in large part. Furthermore, I was able to draw on my own experience of working and researching within this field, as well as my supervisor's extensive experience, to ensure my emotional wellbeing. In the event, the focus on practice and processes of change was positive and did not give rise to any distress.

CONSENT AND CONFIDENTIALITY

All participants were provided with written information about the study (see Appendices 2.a, 3.b & 4.a) and were asked to sign a consent form. The purpose of these was to ensure that participants were fully informed of the practical and ethical issues which may arise when undertaking research interviews. An outline of the research proposal was provided in the participant information sheet, as well as discussion about the potential risks of participation. By going through the consent form at the beginning of each interview, I was able to ensure that each participant was fully aware of the intention of the research, risks and available responses to these risks.

The participant information sheets and consent forms also covered confidentiality, with slightly different caveats for participants in different strands of data collection. In the first strand, with DVPP pioneers, this was related to the challenge of offering full anonymity for this group of participants because the field of domestic violence perpetrator work is small and the origins of this work in Britain even smaller, thus participants would not be entirely anonymous to anyone who knows the field. This was explained in the invitation to participate and consent was sought on the following statement:

> I understand that I will not be named in any report or publication produced by the PhD researcher or researchers from the Mirabal Project, but I am also aware that I may be identifiable through connection with my work.

This was less problematic in the second strand, with current DVPP practitioners and stakeholders because, whilst still relatively small, the field of DVPP work has grown in the ensuing years. Individuals and their individual projects are not identified in the research and the range of people interviewed helps to preserve the anonymity of participants.

In the third strand, interview participants received written information and agreed to consent in the same way as strand two. However, due to the case study's fieldwork location within a busy Children's Services Department, not all participants were individually recruited as this was not practical. Consent was agreed verbally when staff were being observed in the course of their work, and when completing training and consultation evaluations.

Information about these Children's Services participants was not routinely collected, as this was not necessary, and many remained anonymous. When completing training questionnaires, participants were asked if they would be willing to undertake a follow-up interview approximately six weeks after the training and, if they consented, asked to give an email address to facilitate this. However, their responses were identified only with initials or a reference number in order to link the three stages of evaluation (pre- and post-workshop, and follow up).

DATA COLLECTION

Three pilot interviews were conducted in December 2011 with participants who had experience of delivering group-work programmes of any description. Participants were recruited from colleagues with whom I have worked in various capacities including a social worker with whom I had co-facilitated a women's group, a Women's Support Service worker with whom I had carried out some voluntary work, and a Respect worker who had assisted me with an archive search at the Respect offices. I therefore had knowledge of their experience with group-work programmes and by piloting interviews with non-DVPP facilitators, I avoided drawing on the pool of potential participants for the project.

The pilot interview schedule (see Appendix 1.b) consisted of a set of prompts to conduct a focussed interview. It was designed to begin to draw out the views of facilitators regarding what the term 'programme integrity' means to them and how they may apply it, or make use of it, in their own work. Interview questions covered three main areas: participant's role and experience of facilitating group work programmes; understanding/definition of the term 'programme integrity'; and experience of various practices which may have a bearing on programme integrity, such as video recording sessions, supervision, and reflection.

The semi-structured interview format worked well and allowed for questions to be asked in any order, or not asked at all if the issue was addressed spontaneously. The data gathered from the pilot interviews was useful as pointers for the main interviews. For example, it was here that the notion of 'organisational integrity' was first raised, related to a discussion that it is not solely about what goes on within the group-

work sessions which contributes to a sense of integrity. It was pointed out that although programme delivery can go really badly at times, it is important to put this into a context of how this is reflected on, and the decisions and actions that are taken as a result.

The notion of 'organisational integrity' relates to another aspect that became central in the final interviews: whether enough emphasis or importance is attached to the wider work of the DVPP service and how this may relate to overall integrity. Other interesting data to arise from the pilot interviews was a description of programme integrity as being about an 'ethical/moral duty' to provide the best possible service to clients, as well as 'facilitator experience' as a key indicator.

It also became apparent that the terms used for different supervision practices (eg: practice management; line management; personal supervision, etc) vary in different organisations. Thus, it became necessary to use more descriptive terms such as 'supervision which makes use of video recordings' in the interview prompts.

A final methodological issue was my own uncertainty about the extent to which interviews can be a 'conversation' and where this spills over into being too leading. In many ways this is the classic insider/outsider issue which can arise with qualitative interviews: my own experience of working within a support environment and delivering training/programmes leads to me feel an affinity to the research participants (insider) whilst at the same time acknowledging that (a) my own field of practice has been somewhat different, and (b) the importance of not over-identifying with the research participants (outsider).

DATA SET 1: THE SOCIO-HISTORICAL DEVELOPMENT OF DVPPS

The 'baseline definition' of programme integrity (see Chapter 2) suggests that it is related to programmes being delivered as intended. For the EBP/medical model of programme design this is a relatively simple concept since such programmes are designed so that the manual acts as a 'how-to' guide and there is little, if any, ambiguity about how the programme should be delivered. Manuals have also been developed for British DVPPs, and can be read in a 'how to' fashion to a certain extent. However, it became clear at an early stage that this was not the intention and so it was critical to explore exactly how the first British programmes developed and were delivered. Thus, to understand the delivery intention for DVPPs required information from the original developers of programmes. Since very little has been written on the history of the emergence and development of British programmes (Phillips, Kelly, & Westmarland, 2013), it became necessary to seek out the views of these pioneers.

PARTICIPANTS AND SAMPLING

A number of the developers of early British programmes remain in the domestic violence field and it was possible to contact people from all those programmes that are widely recognised as the first British DVPPs:

CHANGE in Stirling (1989); Lothian Domestic Violence Prevention Programme, LDVPP, in Edinburgh (1989); the Domestic Violence Intervention Project, DVIP, in London (1991); and Ahimsa, in Plymouth (1996) (see Chapter 4). Aside from CHANGE, these projects continue to operate, and the programmes developed by these early innovators remain influential.

In total, sixteen participants were recruited for this data set through a process of snowball sampling. Thus, in addition to those listed above, other influential people and projects were located including contributors to Probation's original IDAP and new BBR programmes, as well as stakeholders from local authorities and Women's Aid. Eleven early developer-facilitators of DVPP services (both men's group work and women's support services) participated in the study. In the text, these participants are identified as 'DVPP developers' as, despite different levels of involvement at different stages of early development, it was the most appropriate way to maintain some level of anonymity. However, since it was necessary to identify particular projects, this anonymity is only partial as described in the ethics section. Additionally, five stakeholders participated, and are denoted as 'stakeholders' in the text, identified only by the sector in which they worked. These stakeholders were from: Local Authorities; Women's Aid; and Probation (who were also programme developers within Probation). However, there was a great deal of crossover since some early developer-facilitators were also Probation officers, others were involved with Women's Aid, and still others initially delivered men's group work alongside women's support.

Many participants commented on the fact that the history of British DVPPs has not been recorded previously and were keen to tell their stories as well as offering literature and archive materials to aid the research. Some interviews were necessarily conducted over the telephone but the majority were face to face and I was invited into people's workplaces, university offices and even homes. One of the most striking things, for a researcher who has previously only worked with marginalised populations, was the participants' willingness to be interviewed and their trust in research processes and purpose.

INTERVIEW PROCESS

For this data set, interviews were conducted on a loosely semi-structured basis and an interview schedule was drawn up (see Appendices 2.c & 2.d). However, whilst the schedule remained useful as a set of prompts, in reality the interviews evolved into an oral history style. That is to say, many participants commenced to tell their stories with very little prompting and often apologised for what they saw as 'going off at tangents', or checked to see if what they were telling me was relevant to my research. My answer to this was always 'please, continue' as this story-telling yielded some fascinating insights. Participants were also mindful, at times, of the vicissitudes of memory and urged me to check with their former colleagues, or asserted that so-and-so would be able to tell me more, or give me a different perspective on a particular event.

This evolution into oral history is perhaps unsurprising given that the invitation to participants outlined my interest in the following points.

- The social/cultural context in which DVPP services emerged.

- The original aims of services/programmes and how these developed/changed.

- In what ways did British programmes replicate/differ from pre-curser programmes in the US, and why.

- What was deemed to be important in terms of delivering effective programmes.

- What were the hopes/visions and challenges for DVPPs.

- How programmes were to be embedded within local service structures/responses.

It is likely that participants had begun to reminisce about the early days of programme development several days or weeks prior to the interviews as a result of these prompts. In some instances there was a strong sense that although the history of DVPPs had not previously been recorded, it had been discussed on many occasions. In some ways, it had taken on an almost folklore nature which was shared amongst participants in particular areas. Whilst this could be seen as problematic in terms of accuracy, my perspective is that what is lost in detail is made up for in the shared foundation of socially constructed knowledge. Furthermore, in terms of accuracy a great deal of archive material was made available with which to corroborate much of what was discussed.

ARCHIVAL MATERIAL

Archive materials were held by CWASU, CHANGE, and Respect, and consisted of a variety of documents summarised below (see Appendices 6 & 7 for full lists).

- CHANGE project annual reports (1990-1993).

- CHANGE Conference proceedings, reports and papers (1990 and 1992).

- Documents about the National Practitioners Network meetings from both CHANGE and Respect archives (1992 – 2006).

- Respect Accreditation development meeting minutes and reports (2006).

- National Practitioners' Network 'Statement of Principles' dated 1997, and updated versions from 1998, 1999, and 2000.

- Sundry documents from CWASU archive including DVIP manual development documents (1992 and others undated); documents from Welsh and Scottish Women's Aid discussion days on working with violent men (both 1992); open letters from NPN to Probation outlining concerns with the Probation Pathfinder Project (pre-curser to IDAP) (1999); DVIP annual reports (1993/4 and 1994/5).

- Manuals from DVIP, CHANGE, Metro Men Against Violence (Toronto), and STOP project's self-help manual.

Information gleaned from these artefacts was invaluable in corroborating and supplementing the history related by interview participants.

DATA ANALYSIS

Despite the oral history style of the interviews, they were not analysed as oral histories but rather through a thematic analysis. Interviews from this data set were transcribed and uploaded into NVivo, a computer software application for qualitative research data. Once uploaded, interviews were coded for specific categories as well as seeking other themes which arose on a regular basis. This coding process required some revisiting of earlier interviews to ensure consistent coding throughout.

This stage of coding relied on broad categories of data, such as 'attitudes to work with men', and 'development of the curriculum'. These categories were then coded again to provide a more nuanced set of analytic codes. From this it was possible to observe patterns and similarities in the data, and highlight any differences or outlying views.

For this set of interviews, the data was used primarily to build a narrative account of the early development of British programs, and this did not require a great deal of theorising. Comparison of accounts from practitioners in programmes in different locations highlighted the collaborative approach of these early programme developers, and revealed the role of the National Practitioners' Network in this collaborative effort (see Phillips, Kelly, & Westmarland, 2013).

Archive material was used to corroborate and enrich the accounts given by practitioners. As such, there was very little 'analysis' of the archive material beyond linking it with interview accounts.

DATA SET 2: CURRENT DVPP PRACTICE

Having ascertained how programmes were originally developed in Britain and thus how they were intended to be delivered, a concept of 'integrity' began to emerge which was relevant to British DVPPs. This provided a line of sight through which to explore practice with current DVPP workers, build upon the emerging concept and calibrate its relevance to current developments, understandings and practice.

PARTICIPANTS AND SAMPLING

A total of twenty-two participants were recruited for this strand of the research, all of whom were currently involved in the delivery of DVPPs. A major concern was to get a range of perspectives from practitioners across the organisational structure. Whilst not all services have the same structure, it was possible to highlight five main positions which should be common to all services and with whom I wished to conduct interviews.

- Female group-work facilitator.

- Male group-work facilitator.

- Women's support worker.

- Programme manager (ideally the manager who oversees both men's and women's workers).

- Practice supervisor (often called treatment manager, sometimes this will be the same person as the programme manager).

The purpose of recruiting female and male group-work facilitators as separate positions was initially premised on an idea of exploring the enactment of gender within group-work delivery. However, this approach did not come to fruition and data was not analysed from this perspective. In the text, male and female facilitators are referred to simply as 'group-work facilitators'. Other participants are identified as 'women's support worker', 'DVPP manager', or 'practice manager' as appropriate.

I was also keen to interview stakeholders, especially funders/commissioners, as it is often stated that indicators of programme integrity (as an aspect of evidence-based practice) are required by funders (Midgeley, 2009). However, it was necessary to use a snowball sampling strategy via the programme managers to achieve this and, in the event, only two stakeholders agreed to participate. As in the first strand, these are denoted as 'stakeholder' and identified by their sector.

Having established the roles which were to be represented, two sampling strategies were considered regarding recruitment of participants from the sites involved in the Mirabal research.

SAMPLING STRATEGY ONE

In order to gain as broad a range of views as possible and to be able to talk about the Respect-accredited programmes as a whole, the sample could be drawn from every programme. Since it would not be feasible to interview all five workers in every programme (up to sixty-five interviews) two people from different roles could be selected randomly from each service. This would provide a total of twenty-six interviews, allowing for a total of five people from each of the different positions. This would involve either (a) randomly assigning positions to each service and asking the service if they can offer a willing interviewee in that position, or (b) asking services to list all those who are willing to participate in interviews and using a quota system to recruit people from different positions.

PROS

- Attempt to be representative of all the programmes in the Mirabal research population. Whilst there may well be differences in practice/understanding, programme integrity is a concept which should be applicable regardless of the approach taken or the organisation delivering the programme.

- Attempt to be representative of different positions within the structures of services.

- Random selection of positions from particular services to help mitigate self-selection bias.

CONS

•   Assumes that a consensus can/will be reached about programme integrity.

•   Recruitment strategy (a) would need to build in flexibility to allow for services being unable to nominate interviewee from a particular position (eg: asking sites to suggest someone else if they are genuinely unable to provide the position required). Recruitment strategy (b) places a larger burden on the service which they may be unwilling or unable to undertake.

SAMPLING STRATEGY TWO

Taking a case study approach, five sites would be selected and practitioners interviewed from different posts within each service. Sites could be selected through theoretical sampling, with regard to the model and/or manual being used, and/or the umbrella organisation which is running the programme (eg: NSPCC, Relate, independent). Alternatively, sites could be selected because of a specific interest such as co-located work with Children's Services or a particular model of work.

PROS

•   It may be easier to recruit people from the range of positions if they are all in one organisation which is supportive of the research.

•   If it is not possible to recruit the quotas of interviewees from the first five case study sites, it should be possible to continue to add sites to the sample until the quota is fulfilled.

•   Possibility of a greater depth of understanding about how programme integrity works in practice.

CONS

•   Only sites which are pre-disposed towards the research are likely to agree to be case study sites with the extra work this entails (albeit minimal), resulting in organisational self-selection bias.

•   More difficult to generalise beyond the particular site and talk about 'Respect-accredited DVPP Services' in general.

After much consideration, a decision was made to draw the sample from every site (sampling strategy one) to ensure it was possible to talk about DVPPs as a whole. That is to say, whilst there may be differences of opinion between interviewees, it is likely there will be a great deal of convergence and the intention was to draw together a consensus so that there is a concept of programme integrity which is largely agreed on.

RECRUITMENT

Participants were invited from all eleven research sites (projects) involved in the Mirabal research. This was done by randomly assigning two different positions to each project and contacting the programme manager

to invite the participation of the named roles. Flexibility was offered since it was understood that any given project may not be able to provide interviewees from the assigned positions. In total, ten projects from across Britain responded and between one and four interviewees participated from each of these projects. In terms of the roles represented, there were five programme managers, four practice/treatment supervisors, four male group-work facilitators, two female group work facilitators, five women's support workers and two stakeholders.

INTERVIEW PROCESS

Participants were again invited to undertake interviews which were conducted by telephone or face to face. The interviews were semi-structured following an interview schedule (see Appendix 3.d) which acted as a prompt and ensured all areas of interest were covered with all participants. Interviews were audio recorded, with consent, and then transcribed. As discussed previously, I purposefully avoided using the term programme integrity prior to the interview but, whilst not overly problematic, it sometimes felt with this group of participants that I was putting them on the spot when it came up in the interview schedule. There was sometimes a sense that they felt they *should* know what programme integrity meant and I found myself explaining that there was no right or wrong answer and that my point was to find out if it was a term used in practice. It was also noticeable that women's support workers appeared less confident than others regarding questions about general operation, programme model and programme integrity. Nonetheless, their responses generally revealed a great deal of knowledge and experience despite their reticence to comment on matters perhaps perceived as outside of their role.

'ORGANISATIONAL STRUCTURE' QUESTIONNAIRE

At this point in the study I had become interested in a much broader interpretation of 'integrity', including what was referred to as 'organisational integrity' – that is to say, the way that the whole organisation operates in line with its aims and ethos. Therefore, I devised a questionnaire to examine the structure of the organisation and to glean more information about the organisation as a whole and the way it functioned (see Appendix 3.e). This included questions about the number of men's groups run, whether there were women's groups, how many men's group-work facilitators and women's support workers were employed, the manual used for group work, types and frequency of supervision, and training.

In total I was able to complete 'organisational structure' questionnaires with eight projects and these were completed by telephone or face to face, usually with the programme manager. 'Organisational structure' questionnaires provided an overview of the whole organisation and highlighted some differences, though many similarities, between different projects. In the final analysis, these were used largely to inform my own understanding of the structure of DVPPs, and to provide an outline of a 'typical DVPP' (see Chapter 5).

DATA ANALYSIS

Interviews were transcribed and uploaded to NVivo in the same way as interviews from the previous data set. They were also coded in same way, drawing on thematic codes which emerged in the first data set, and seeking out other recurrent themes. During analysis, there were some occasions where it was useful to draw on both data sets. For example, participants in both data sets were asked about their understanding of the term 'programme integrity' and discussion of this in the text draws on responses from all participants.

Moving beyond thematic coding requires a process of comparing and linking different themes in order to theorise about what the data is revealing (Bazeley, 2009). This was particularly pertinent here as many of the interviewees did not speak directly about programme integrity but rather about the ways in which they work and how they monitor and develop their practice. Therefore, the question of what programme integrity means for British DVPP practitioners was formulated from the similarities – and differences – in practice, as described by interviewees.

DATA SET 3: CO-LOCATION CASE STUDY

During the course of the study an opportunity arose to undertake some research on a new project which involved an established DVPP developing a co-location project within a local Children's Services department. Access to the co-location site was offered on the agreement that I would conduct an independent process evaluation reporting to the DVPP (Phillips, 2013) in exchange for the opportunity to collect data relevant to the study of 'integrity'. It was quickly recognised that this presented an unanticipated, but real time, possibility to examine how 'integrity' worked in a dynamic way and within an entirely new context.

The case study was conducted within a busy Children's Services department with, potentially, a hundred or more social workers, children's practitioners, clinicians, and unit administrators as participants. In reality, only a small proportion of the total number of staff were observed, completed evaluation questionnaires, and/or took part in interviews.

PROCESS EVALUATION

The process evaluation (Phillips, 2013) undertaken on behalf of the DVPP did not focus specifically on 'integrity' but nonetheless generated data relevant to the case study applying the concept of 'service integrity' presented in Chapter 7. The process evaluation was primarily based on information collected through questionnaires, as detailed below, which also yielded data for the case study.

TRAINING QUESTIONNAIRES

These self-completion questionnaires followed a basic format adapted for each specific training workshop. They were designed to collect quantitative measures, including attitudinal scales, as well as capturing qualitative information. This proved to be very useful, for example the qualitative information helped to explain why quantitative measures of confidence dipped below expected parameters for two of the participants in the follow-up questionnaires (see 4.f – 4.l).

A total of ninety-seven training questionnaires were completed across three training workshops, as follows:

Training 1 – Working with Male Perpetrators of Domestic Violence (Full day: 19/07/2012)

- 10 pre-workshop questionnaires

- 12 post-workshop questionnaires

- 5 follow-up questionnaires

Training 2 - Safety Planning with Male Perpetrators of Domestic Violence (Half day: 07/11/2012)

- 16 pre-workshop questionnaires

- 16 post-workshop questionnaires

Training 3 - Why Some Women Stay in Abusive Relationships and Safety Planning (Full day: 28/11/2012)

- 20 pre-workshop questionnaires

- 18 post-workshop questionnaires

Where training attendees are quoted in the text, I refer to them as 'practitioners' and identify the training session (eg. practitioner 3, training 2). The reason for this is that the training was attended by social workers, children's practitioners, and Unit administrators, thus 'practitioner' provided a catch-all term.

CONSULTATION QUESTIONNAIRES

One role of the DVPP practitioners in the co-location project was to be available to social workers for consultation on cases where domestic violence was present or suspected. These consultations could take the form of specific appointments to discuss a case, or more informal discussions 'on the hoof'. Either way, after initially underestimating the demand and subsequent time allocation, details of all consultations were recorded for monitoring purposes. A questionnaire was devised to follow up on consultations (see Appendix 4.e) which again combined quantitative and qualitative data and was undertaken between four to eight weeks after the initial consultation in order to ascertain the extent to which the consultation had met its aims and the new actions which followed as a result. After the first batch, the questionnaire was updated to capture more information about how the learning was applied and what could be improved.

In total twenty-seven follow-up consultation questionnaires were completed between July 2012 and November 2012, which related to specific consultations between April 2012 and August 2012. Since it was only social workers who undertook consultation evaluations, they are referred to in the text as 'social worker'.

OBSERVATIONS

Observations were carried out over a period of nine months, between April and December 2012. DVPP practitioners were based in the Children's Services department for two days each week and some time was spent with them over the field work period, observing day to day interactions. Other observations were of meetings held amongst DVPP co-located staff and between DVPP and Children's Services staff, training workshops, and group-work planning.

Observation was non-participatory, in order to avoid disruption to work, but my presence and the purpose of the observation was explained in each setting.

OBSERVATION OF MEETINGS

Meetings took place at a variety of levels and for different purposes. 'Practice Development Meetings' were held on a monthly basis with the DVPP practitioners and the overseeing DVPP manager. 'Service Review Meetings' were held on a quarterly basis with the DVPP managers and practitioners, and two Children's Services group managers. Every six months the Service Review members were joined by other Children's Services managers such as Head of Service and Head of Access & Assessment (A&A) for a 'Strategic Review Meeting'. All of these meetings were held at the Children's Services offices and observation took place at a selection of these as outlined below.

Three Practice Development meetings were observed during the fieldwork period: on 3rd May, 12th July, and 24th August. The purpose of these meetings was to update on current position and discuss any challenges, ideas, or progress. The meetings were informal and what stood out was the trust and confidence placed in the DVPP staff co-located in Children's Services. That is to say, it was clear that the DVPP manager looked to the staff for ideas and assessment of how best to proceed in given situations, and had a great deal of trust and respect for their views and ideas.

'Project Review Meetings' were observed on 18th May and 16th August. These meetings were slightly more formal, with the DVPP giving a report on current outputs. However, it remained a forum for discussion and had a clearly solution-focussed and reflexive approach from all parties. There was, for example, a great deal of discussion about possible reasons for low identification of domestic violence-related cases in the audits carried out by individual units, with a range of suggestions offered including issues with the definition of domestic violence, desensitisation of social workers towards domestic violence, screening issues, and possible anxiety about DVPP expertise.

It was only possible to observe one bi-annual 'Strategic Review Meeting' on 20th September. There was some tension at this meeting, largely centred on the discussions about targeting domestic violence within the Access and Assessment team. There are logistical challenges inherent in such a move and this is an area which remained unresolved during the fieldwork period. Overall there was a sense that the shifts that had occurred with regard to awareness and partnership working had not yet infiltrated all areas of Children's Services and that, in the wider organisation, the focus was still on throughput of men on programmes rather than the more holistic potential of the DVPP changing local practice.

INTERVIEWS

Alongside the evaluation interviews with social workers, in-depth interviews were conducted with four DVPP staff and two Children's Services staff. As with other interviews, these followed a loose structure covering issues specific to co-located work and 'integrity' (see Appendices 4.c & 4.d).

The DVPP managers participated in a joint interview, whilst other interviewees met with me separately, though often 'on the hoof' due to the demands of the work.

DATA ANALYSIS

Analysis of the data collected in this strand was carried out thematically using a framework which drew on and extended Hester's (2004, 2011) Three Planet Model. Hester sets out some clear axes of tension and difference and from this I formulated categories to act as sensitising concepts or 'directions along which to look' (Blumer, 1969: 148).

As before, interview data was transcribed and uploaded to NVivo, and then coded by the themes formulated from Hester's model. Field diaries, questionnaires and meeting notes were also coded in the same way, albeit by hand. These emergent themes provided a framework for locating the potential tensions and challenges between the services and, by extension, for 'integrity'.

From here I was able to apply the concept of 'service integrity' through the framework proposed in Chapter 6. This allowed for analysis of the utility and flexibility of this concept and framework, and highlighted the way in which attention to a framework of service integrity could aid DVPPs as they negotiate new and challenging practice environments.

CONCLUSION

This chapter has discussed why a qualitative approach is most appropriate to capture DVPP practitioners' understanding of 'integrity', in order to explore a concept of integrity relevant to DVPPs. The link with evaluation research has provided some insight into alternative approaches to the question of 'integrity' and the practitioner-orientation of this study has been explored through practice-based approaches.

Evaluation research has shifted from a purely summative input-output model to encompass process-orientated evaluations which are more appropriate to complex social interventions. The principles of qualitative process evaluation have been suggested as more appropriate to understanding the 'how and why' of DVPP 'integrity'. This approach to evaluation interrogates the views of programme participants and, in the same vein, I suggest it should also draw on the views of programme facilitators.

Practice-based approaches allow for the voices of practitioners to be heard as experts. This disrupts the hierarchy of knowledge seen in scientistic approaches. It also allows practitioners' experiences to be understood as 'practice-based evidence'. Whilst this is not meant to replace the research orientation of 'evidence-based practice', it allows for a wider bank of knowledge to be regarded as 'evidence', and provides more nuanced accounts of social interventions.

The research design draws on these ideas in three stands of data collection which explore the history of DVPPs to elucidate a 'delivery intention', current DVPP practice to further explore ideas about 'integrity', and a case study in which 'integrity' can be observed in a dynamic and challenging environment. Together, these strands build towards a comprehensive picture of 'integrity' relevant to DVPPs.

'EMBARKING ON DIFFICULT TERRITORY': THE EMERGENCE OF BRITISH DOMESTIC VIOLENCE PERPETRATOR PROGRAMMES

This chapter draws on interviews with eleven pioneers and four stakeholders of domestic violence prevention programmes (DVPPs) in Britain, and archive materials from the Child and Woman Abuse Studies Unit (CWASU), Respect and the CHANGE programme. It builds on a briefing document (Phillips, Kelly, & Westmarland, 2013), drawn from the same data, to provide a narrative account and aims to establish the 'delivery intention' of the original British DVPPs, which can be taken as a baseline definition of programme integrity. That is to say, if programme integrity is, in part, linked to delivering a programme in line with what was intended at its conception, this chapter seeks to examine this conception.

The focus is on the emergence and development of some of the first recognised British programmes in the late 1980s and early 1990s, and also encompasses the National Practitioners' Network which ran from 1992 to 2010 and was revealed in interviews to be a significant factor in the development of DVPPs. The establishment of these early DVPPs was a radical and creative process, beset with tensions and challenges. British pioneers harnessed these tensions to forge services which sought to engage violent men in a responsive process of change and offered proactive support to their female (ex)partners.

The analysis extends backwards to discuss the North American programmes, established in the 1970s and 80s, which influenced British DVPPs. It also extends forwards to 2005 in order to incorporate the divergence of community-based and Probation programmes which, as will be seen in Chapter 5, has had major implications for the concept of programme integrity. Set against the backdrop of the socio-political imperatives of the period it provides a context for British DVPP development which is relevant to the contemporary concept of 'integrity'.

THE FIRST BRITISH PROGRAMMES

It has always been difficult to quantify and keep track of active men's groups – not least because of different notions of what constitutes a 'DVPP'. A list held by Hammersmith and Fulham Council in 1992, for

example, identified fourteen 'groups/programmes' in the UK, but this included groups which were described as 'individual counselling; no partner support' and 'self-help group facilitated and run by the Minister' alongside recognised programmes such as CHANGE, the Lothian Domestic Violence Probation Programme (LDVPP) and the Domestic Violence Intervention Project (DVIP) (Programmes/Groups for Abusive Men, 1992, CWASU archive). A telephone survey conducted in 1994 identified 23 programmes throughout the UK which 'provid[e] a service specifically for men who are violent towards women partners' (Scourfield & Dobash, 1999:130). This included two prison programmes as well as 'approaches [which] ranged from solely individual work to solely group-work' (Scourfield, 1994). The Network Directory, originally compiled by CHANGE in 1993 (CHANGE 1992-1993 Annual Report, CHANGE archives) and last updated in May 1999, lists 27 programmes but again includes services which provide 'one to one counselling' as well as a 'Kerb Crawlers Rehabilitation Programme' (Network Directory, 1999, CWASU archive).

Scourfield's (1994) telephone survey identifies Bristol MOVE (Men Overcoming Violence) as the earliest project, starting in 1985, though it had ceased to operate by the time his study was published. LDVPP and the CHANGE programme, which began within months of each other in 1989, were the first to be subject to academic study and evaluation (Dobash, Dobash, Cavanagh, & Lewis, 1999). The Domestic Violence Intervention Project (DVIP) followed closely on their heels, established in the London Borough of Hammersmith and Fulham in 1991, and was also the subject of an academic evaluation (Burton, Regan, & Kelly, 1998). In terms of gaining some recognition and credibility, these evaluations were highly important. Both evaluations were conducted by well-respected feminist researchers who were considered to be somewhat sceptical. This was a strategic move on the part of DVPPs to ensure the rigour and credibility of the evaluations, and is a reflection of the ways in which early programmes developers sought out their critics and worked with their feedback in order to ensure they were offering a service with a level of integrity.

These programmes – CHANGE, LDVPP, DVIP, and also Ahimsa – are taken as the starting point for DVPPs in Britain due to their influential trajectory. Ahimsa did not begin operating until 1996 but its founders were involved with a men's service prior to this and, as such, participated in conferences and network meetings from the beginning. Not only were these programmes subject to the first evaluations, they have formed the basis for the majority of present day Respect-accredited programmes through the manuals they produced and their role in the National Practitioners' Network. For the purposes of this thesis, these programmes are considered as the first British DVPPs.

THE ORIGINS OF BRITISH DVPPS

The grass-roots emergence of perpetrator work is far more clearly articulated in the US context (see, for example, Adams & Cayouette, 2002; Adams, 1988; Pence & Paymar, 1993; Ptacek, 1988), but has been somewhat overlooked in Britain. The British narrative often seems to be conflated with a global trajectory, whereby all DVPPs are said to have 'emerged directly out of the women's shelter movement' (Bowen,

2011:75). Although Bowen goes on to cite the 'Men's Aid House' set up by Chiswick Women's Refuge in 1976 as one such example in the UK, the interviewees revealed a more complex picture for the emergence of DVPPs in Britain.

In England and Scotland, programmes developed within slightly different contexts: in England they emerged primarily from men's concern with male violence whilst in Scotland programmes were embedded within criminal justice social work as a response to unsatisfactory court processes for domestic violence offences. These different trajectories are discussed in more detail below but there are also some important similarities in their origins. English and Scottish programmes alike were deeply influenced and informed by the work which had been developing in North America since the 1970s.

NORTH AMERICAN INFLUENCES

There is little doubt that the development of early British DVPPs was strongly influenced by pro-feminist North American programmes such as ManAlive, EMERGE, and, most notably, the 'Domestic Abuse Intervention Programme' (DAIP), more commonly referred to as the Duluth model or simply as 'Duluth'. Pioneered in the city of Duluth, Minnesota, this is by far the most commonly cited influence on British DVPPs, both by my interviewees and in the wider academic literature.

> *Duluth has been the most influential, probably because of its origins in the women's movement and the fact that it did see that you needed a co-ordinated community response, and the men's programme is only a little bit of that. It's about a co-ordinated community response to tackling the whole issue of domestic abuse* (DVPP developer 6).

It is not possible here to offer a full history of the emergence of programmes in the United States, or even to do justice to the development of the influential Duluth model. However, an overview of 'Duluth' is necessary to understanding the ways in which British programmes have drawn on – and differed from – these origins.

A BRIEF HISTORY OF THE DULUTH MODEL

The Duluth model emerged from a grass-roots feminist movement and this is true of men's programmes in North America more generally. The Duluth men's programme, established in 1980, was not the first however and David Adams, a pioneer of Boston's EMERGE programme in 1977, describes their own feminist-inspired beginnings:

> *[The EMERGE programme] was established at the behest of women who had founded the first battered women's program[me]s in Boston. Hotline staff […] were receiving an increasing number of calls from batterers: some requesting information about their partner's whereabouts and others requesting help for themselves. Since it was not their mission to work with men, staff from these program[me]s publicized a request for men to establish a program[me] for batterers* (Adams & Cayouette, 2002:1).

A similar process occurred in Duluth when the Domestic Abuse Intervention Project (DAIP) instigated an overhaul of public policies within the police, courts, and social services and created the first 'co-ordinated community response' (CCR). This involved a commitment across community and statutory agencies, to work together to ensure that men were held fully accountable for their abusive behaviour and were arrested, processed, and treated on this basis. However, as the pioneers of this 'community experiment' explain, this had some unintended consequences.

> *With a dramatic increase in arrests and prosecution, the city of Duluth had to contend with another major problem: What to do with all of these men? Unless there were aggravating circumstances, the courts refused to impose jail sentences on first offenders without first giving them an opportunity to rehabilitate themselves* (Pence & Paymar, 1993:xiii).

The rehabilitative ideal was still influential in Duluth, despite a backlash seen more generally across the US (see later section on the wider political context), and thus a creative solution was sought. The DIAP invited feminist activists, including workers from EMERGE, to design a curriculum for working with these court-mandated men. The theoretical model for this work continued to develop and in 1984, drawing on interviews with over two hundred victim-survivors of domestic violence who had attended educational sessions run by their women's shelter, they devised the Power and Control Wheel (see Appendix 8). Used almost universally across modern British DVPPs, the Power and Control wheel, depicts the different behaviours and tactics male abusers use to exert power and control over their female (ex)partners. It was a critical step in highlighting the real intent behind patterns of abusive behaviour, as experienced by the victims of male violence.

The intentionality of these abusive patterns of behaviour was the focus of the Duluth men's programme and, although a manual was drawn up, the programme involved working with what the men brought to the room. This meant that men would be encouraged to 'check in' and talk about their experiences of being violent and abusive, both past and present. Facilitators would engage with the things men talked about in order to discuss and challenge attitudes and beliefs. Deemed an 'educational' programme (Pence & Paymar, 1993:1), the developers took inspiration from Paulo Friere's notion of education to foster 'reflexive and critical thinking' (*ibid.* p.67) rather than a didactic approach.

By far the most important aspect of the Duluth model, however, is the CCR from which the men's group was a secondary development.

> *The Duluth Project (DAIP) is a pioneer in co-ordinated community responses to woman assault. But it is often misrepresented as a 'batterers treatment model', a 'mandatory arrest project', or a 'no drop prosecution program[me]'. Instead, the Duluth project should be seen as a system of networks, agreements, processes and applied principles created by the local shelter movement, criminal justice agencies, and human service program[me]s that were developed in a small northern Minnesota city over a fifteen year period* (Pence & McMahon, 1997).

That the men's group-work was not at the centre of the Duluth model appears to be an issue that its developers struggled with in the US. When the men's group-work programme was brought to the UK, the

CCR model was left even further behind, as discussed below. The implications of this for contemporary DVPPs, and for a concept of 'integrity', are further explored in Chapter 5.

IMPORTING 'DULUTH' TO BRITAIN

One of the first major differences between the Duluth model and British programmes – and one that was recognised as highly problematic by a number of interviewees – was a tendency to import only the men's programme, with little regard to wider community responses.

> *Ellen [Pence] was a little bemused by this because to her [the men's programmes] weren't the centre of the Duluth approach at all. They were a component of the Duluth approach – too many people seem to go away and take that out of it as the thing that they would do* (stakeholder 1, local authority).

> *Really you could only ethically put a perpetrator programme in a coordinated community response. That has been a massive problem, people trying to just run them in isolation* (DVPP developer 3).

That is not to say that attempts were not made to create a co-ordinated community response (CCR) at some level. DVIP found a home in a fledgling CCR being developed by Hammersmith and Fulham council. Robyn Holder, who was the Community Safety Officer and was instrumental in bringing DVIP on board, suggests that the introduction of the DVIP men's programme was highly influential in 'stimulating further the interest of police and Probation in domestic violence work and in providing them with something they could relate to' (Holder, 1999:259). Equally, in Scotland, interviewees described a great deal of work which was undertaken to make links with the judiciary and other agencies in order to create a more co-ordinated response.

The majority of British programmes, however, originated outside of the resources and reach of the statutory sector and it could be argued that they did not have the authority or the resources to implement a full, Duluth-style CCR. The greatest disappointment, then, as discussed below, is the failure of the then Home Office to implement a CCR when its own Duluth-inspired programmes became mandatory within the Probation Service in 2005.

> *What was really exciting about the Duluth approach, was the integrated community response. A woman who was a victim of domestic violence would ring up the police or whoever, and there would be a unified response, and resources would be mobilised very quickly. If the bloke was in the hands of the police he'd often be in court that day, so the whole thing was really slick. And I think it's particularly perverse and ironic that senior Probation officers were going over there to find out what was going on in Duluth, and they came back with the manual, which they thought 'well we can teach this in a weekend', and they didn't bring back any of the community integration. So they brought back the manual, started training people up and rolling people out, and sadly, and I think, to their shame in many ways, or to the shame of the Home Office at the time, none of the rest of it came with it* (DVPP developer 9).

The ongoing critique of the Probation services' rationalisation of programmes for abusive men is discussed more fully in Chapter 5, and the divergence of Probation and community DVPPs is addressed below. Initially, however, Probation programmes developed alongside community programmes, with a great deal

of co-operation and joint working. This began in Scotland where the CHANGE and LDVPP programmes were developed within criminal justice social work, the Scottish equivalent of English Probation services, but was also evident in England where programmes were often funded by Probation and facilitated by people who also worked in Probation.

DIFFERENT ROOTS IN ENGLAND AND SCOTLAND

Although Scottish and English programmes had different roots, it is important to remember that there was no real distinction in the way they developed. Not only did they draw on the same origins, developers also shared experience and practice, and debated theoretical and practice tensions and challenges, in the crucible of the National Practitioners' Network meetings. Nonetheless, it is useful to set out the specific histories of Scottish and English programmes.

In England there is a clear sense, both from interviewees and the available literature, that programmes developed out of pro-feminist men's groups which had become concerned about male violence and specifically violence against women. Burton et al. (1998) state that DVIP was rooted in 'men wishing to develop 'pro-feminist' work with violent men' (p.1) and this was reiterated in an interview.

> *So the three of us got together really through this kind of men's movement. We wanted to do something which was around men's violence. So, the three of us took ages to decide exactly what, about two years of talking about it, having meetings and things. [One of the group] is Canadian so he was going backwards and forwards to his parents a lot so he was bringing quite a lot of stuff back from the States about what was happening there and we were having a debate about men's violence and men's violence against women that seemed to go on forever. Then we decided what we were going to do is work on domestic violence and violence against women* (DVPP developer 10).

A founder of Ahimsa, which originated out of a more generic men's project in 1996, also describes their foundation in terms of men's concern with male violence. What is interesting here is the way in which the men using the service, rather than the founder's interest in Duluth or other feminist programmes, influenced the development of the service into a DVPP.

> *This project wasn't set up to work with domestic abuse. It was set up to work with men who were violent […] It might include domestic abuse but it was much more thinking about men's violence to other men, general violent cultures. And then what happened is, most of the men coming through the door, […] what they were most concerned about was their violence towards partners. The whole principles and structure of the work has been developed from work with the men. It didn't really owe anything, well, had no connection with domestic abuse programmes generally in the same way, Duluth or anything like that* (DVPP developer 8).

Another example is David Potts' group-work programme in prisons (Potts, 1996) which focussed on issues of masculinity and informed Potts' later involvement in setting up a DVPP under the auspices of Keighley Domestic Violence Forum. This highlights another similarity between English DVPPs – and a difference from Scotland – in that the majority of English programmes emerged from the voluntary sector (Mullender, 1996; Scourfield & Dobash, 1999; Scourfield, 1994).

Scottish programmes, in contrast, proceeded from the criminal justice arena and were heavily influenced and supported by feminist activists in government and academia. The CHANGE programme was based at Stirling University but operated within criminal justice social work services. A committee was set up, which included Russell and Rebecca Dobash, representatives from Scottish Women's Aid, and at least one sheriff, to look at the possibility of a men's programme. Funding was secured from the Scottish Executive's Urban Regeneration fund, and the CHANGE programme was established.

Another influence on Scottish programmes, as told by interviewees, was that the impetus for men's programmes arose in a similar way to Duluth: what to do with men who had been arrested but not imprisoned for domestic violence offences. This was the result of a policy which had been introduced in the courts and allowed for minor offences to be 'diverted from prosecution' to be dealt with directly by the criminal justice social work service. The Diversion from Prosecution Scheme was being used, at this time, to deal with men who had been arrested for domestic violence offences. When this was brought to the attention of the Women's Committee in the Scottish Executive, the judiciary were blocked from using the scheme for domestic violence offenders. This inevitably raised the issue of what to do with these men. Women's Aid, the Women's Committee, and the Social Work Committee together identified some available funding and, influenced by what they had heard of the Duluth project, set about establishing the Lothian Domestic Violence Probation Programme (LDVPP).

In contrast to programmes in England, the Scottish programmes only accepted court-mandated men, and it was some years before LDVPP established a community-based programme for voluntary men. Nonetheless, through the medium of the CHANGE conferences (1990-1992), and the National Practitioners' Network which developed from this, the Scottish facilitators worked closely with community and Probation programme facilitators in England to develop approaches to working with perpetrators.

DEVELOPING THE CONTENT

In order to build a group-work curriculum, developers sought out whatever research was available regarding group-work but found this was often contradictory and unsubstantiated. The lack of solid and reliable research is demonstrated by the example of programme length, described here.

> We started off as a sixteen week programme because that's what the research was indicating: short term psycho-educational focus groups look as effective as long term process groups – I remember that term very well. They were comparing two very different animals and they didn't realise it. And we realised, after we started working at 16 weeks, 'this is not enough, we're barely actually getting to the point where men are engaged and then that's finished'. So the programme grew (DVPP developer 6).

> What eventually became a 26 week manual, in the first programme that we actually ran I think we had 16 weeks' worth of material. What we knew was that we were embarking on difficult territory, where there wasn't a lot of UK practice experience around (DVPP developer 7).

Developers drew heavily on the experience of their North American forerunners such as Ellen Pence and Michael Paymar from DAIP, Hamish Sinclair and Donna Garske from Manalive, and David Adams from

Emerge. All came to the UK at various times to deliver training and give talks, and several British developers visited Duluth to see the work being delivered first hand.

However, despite their influence the programme materials and approaches were not just imported wholesale. Firstly, some adaptations were made in order to adjust the material to British culture and demographics.

You couldn't just import it. I mean Duluth is a white community with a sizeable Native American minority and not a massive amount of other difference. London is, well, really multi-cultural. So that's an immediate difference. There are other translations from the States to here. I think it was changed quite a lot (DVPP developer 2).

Developers also brought their own ideas and experiences to bear. British programmes did not emerge out of a vacuum and developers came equipped with a range of skills and knowledge from criminal justice work, counselling, psychotherapy, and group-work. They identified content that was relevant to a British audience but lacking in the US programmes and tried out different ideas to see what worked.

Bits of [the Duluth programme] weren't comfortable, bits were great. I loved lots of the Duluth programme, so we just kind of muddled through but as we got more confident we would slip in things that we liked ourselves and something was developing. It certainly had its roots in Duluth but […] I'd done a lot of group-work and [my colleague] had done a lot of work too, we would bring different things to it: 'why don't we try this with it; why don't we try that with it' (DVPP developer 4).

The changes in the programme, in content, just because of what people were bringing really. So we were getting a lot more harassment/stalking type stuff than was covered in the American curriculums, so we developed stuff around that. There's not really stuff on jealousy, in a useful way, in most of the American stuff I've seen, it's all a bit cognitive-behavioural. You can't do jealousy on a cognitive-behavioural basis, it doesn't really work, it's too irrational. And stuff on sexual abuse was just in response to women's experiences really so that we developed more than they'd done in the States (DVPP developer 10).

A process of trial and error ensued but this was not undertaken without rigour. Developers wrestled with the work on a day to day basis, observing and reflecting on what worked, what had an impact in the room, and how to engage men. This was described by interviewees as an exhilarating period of creativity and innovation underpinned by excruciating attention to detail and critical self-reflection.

We were going into territory that we were kind of uncertain about, but we were going in a way that was ... I mean we wrote up everything as we went along, we reflected every day on how such and such went last night, so basically, we did the men's' write up, but we also did a summary of how the module session had gone, so that we weren't flying by the seat of our pants (DVPP developer 7).

The question was always 'what works?' and, with very few practitioners on the ground and even less research to draw on, the developers had to base their answer on what appeared to have an impact in the room.

It was a genuine process of enquiry I think at the time. This was new, interesting, difficult, exciting work and it was a real process of enquiry into what would work. And it's interesting because, what worked? – we had no idea […] whether more or less guys were going out hitting their partners than before, what we

were saying was 'what worked' was what was having an impact, and seemed to be generating change, and making guys shift, in the room. That was the judgements we were making. I mean it was based on ... well clearly it was based on sound stuff around cognitive behavioural theory and sound stuff like that, and other therapies as well, but nevertheless what we saw working was what had an effect in the room, with groups of men (DVPP developer 2)

We did have a kind of programme but we were very much developing it on the hoof, that first couple of years. We'd try something out, we had a vague sense of where we were going and we had a kind of overall shape of the programme, but it developed and it changed and it evolved as we used it. This bit worked, this bit didn't, so we'll change this bit. It was very much a growing experience. We grew the programme by trying it out and learning from the guys we were working with. We asked them what they thought was useful and what wasn't, and we adapted it and changed it and tried new things out and tested it with students and practiced it in front of the mirror before you went and did it (DVPP developer 6).

Whilst necessity dictated this practice-based approach to understanding and developing what worked, this does not detract from the validity of what essentially amounts to 'practice-based evidence' (PBE). As argued in Chapter 2, the sidelining of PBE, often dismissed as mere anecdote, is part of an agenda which belies the role of 'clinical judgement' enshrined in the original concept of 'evidence based practice'.

MANUALISATION

The mainstays of work with abusive men – particularly in terms of being responsive - are very difficult to convey in a manual yet, nonetheless, manuals were produced. The CHANGE manual (Morran & Wilson, 1997) and DVIP manuals (Iwi & Todd, 2000) became a resource for other British programmes. The purpose of the manuals was to provide a framework of topics and exercises to cover in a module format but the expectation was always that the material would be used creatively and responsively, such that they would be: 'a model not a blueprint […] it is hoped that [the materials] will be further developed by other projects' (Morran and Wilson, 1997:vii). Ahimsa resisted manualisation but drew up 'guidelines' for the work and provided training for those who wanted to draw on their model.

As new programmes developed they often drew predominantly on one particular manual (or set of guidelines) but made their own adjustments and adaptations. The manuals provided an initial framework for new facilitators to learn how to do the work and they would generally deliver the manualised version until they had grown in confidence and reflected on the work. In this way facilitators continued to look for what worked in the room and relied on the same processes of monitoring and critical reflection to check and improve their practice. These processes were as much a part of the programme as the modules and exercises with the men, as this instruction from the CHANGE manual highlights.

Make time to talk over what has happened in the group; time to express the emotions aroused by certain members in it, or by what has been discussed. It is essential that process time be built in for workers to do this aside from the administrative and practical time needed for planning and record keeping. This is in addition to supervision and consultancy provision (Morran & Wilson, 1997:41).

An approach which is highly responsive and emphasises process over content sits in tension with the contemporary interpretation of 'evidence based practice' (EBP) which grew out of the 'what works' doctrine. Thus, to understand the ontological tensions which underpin the misalignment between the 'dominant definition' of programme integrity and the delivery of DVPPs, it is necessary to examine the rise to ideological dominance of the 'what works'/EBP doctrine.

THE WIDER POLITICAL CONTEXT

The development of programmes in both England and Scotland did not happen within a vacuum. Interviewees spoke about local socio-political contexts, such as the Diversion from Prosecution scheme described previously, but there was, of course, a broader context. As discussed in Chapter 1, the women's movement had brought about a huge shift in public awareness of domestic violence and, as a result of the work being done with female victim-survivors, there was increasing recognition of the need to confront men's violence in a different way. Alongside this were shifts within the criminal justice system which were also influential in a broader sense, both in the development of programmes and in the emerging issue of programme integrity. This begins with the 'rehabilitative ideal' – the idea that offenders could be rehabilitated, rather than simply incarcerated – a concept that has always been contested. The 'what works' doctrine, which grew from the need to understand what worked in terms of rehabilitation, has, at different times, aided and hindered attempts to find and implement interventions to address offending behaviour.

THE 'WHAT WORKS' DOCTRINE

The 'what works' agenda has its roots in American socio-political culture and the UK has undoubtedly been significantly influenced by US policy and practice, particularly in relation to the concept of 'evidence based practice'. Many authors outline an analogous historical analysis of the 'what works' doctrine (see, for example, Andrews et al., 1990; Lowenkamp *et al*., 2010; Moncher & Prinz, 1991), but Cullen & Jonson, (2011) will be drawn on here for their detailed exposition. Outlining the rehabilitative ideal of the US criminal justice system during the 20th century, and the rise and fall of the 'what works'/'nothing works' doctrines, offers valuable insights into the ideological undercurrents of such dramatic shifts.

Rehabilitation, according to Cullen and Jonson (2011), was the *sine qua non* of criminology such that: 'treatment was the logical extension of the scientific study of crime: find the causes of persistent criminality and then develop interventions to cure offenders of their criminogenic influences' (p.293). However, with the social upheavals of the 1960s, and the perceived failure of the enlightenment project to make significant changes in society, confidence in government strategy plummeted for both the general public and in academia.

The rehabilitative ideal, with all the discretion for treatment and sentencing in the hands of 'the system', came to be seen by academics as state-sponsored coercion and control. Simultaneously, for the government, treatment came to be seen as: 'yet another social welfare program[me] that undermined

individual responsibility and that separated bad behavioral choices (in this case, criminal acts) from unpleasant consequences (in this case, punishment)' (*ibid.* p.294). Set against this background of governmental and academic mistrust for correctional programmes, albeit for different reasons, the publication of a study which appeared to show that rehabilitation did not work was seized upon by both sides.

Robert Martinson's 1974 essay, 'What Works? – Questions and Answers About Prison Reform', is cited by Cullen and Jonson as the beginning of the 'nothing works' doctrine. Martinson's essay, and a co-authored book which followed in 1975, was based on an examination of 231 studies of correctional programmes and concluded that: 'with few and isolated exceptions, the rehabilitation efforts that have been reported so far have had no appreciable effect on recidivism' (cited by Cullen & Jonson, 2011:296). Thus began a pessimistic and 'ideologically inspired' (*ibid.* p.298) period of discrediting treatment programmes and the refutation of any attempts to show positive effects.

Despite the general pessimism, a few 'lonely voices' (*ibid.* p.298) continued to keep the rehabilitative ideal alive. Whilst early systematic reviews failed to convince the majority of scholars, the emergence of meta-analysis as a method for demonstrating programme efficacy provided a platform for these voices to be heard. By undertaking quantitative analysis of huge numbers of individual studies, meta-analysts were able to demonstrate impressive 'effect sizes' (or, reductions in recidivism) of between ten and forty percent for a range of interventions (*ibid.* p.303).

In the UK, the rehabilitative ideal also survived a decline in optimism in the 1960s to resurface in the 1970s and early 80s. Vanstone (2004) describes an opposition between treatment imposed upon offenders by 'experts' and the 'non-treatment paradigm [which] proposed a more collaborative model that accorded greater expertise to, and conferred more power on the client' (p.181). In the 1980s this non-treatment paradigm or, as Vanstone suggests it would be more appropriately described, 'the negotiated treatment paradigm' (*ibid.* p.181), referred to relatively unstructured residential or day programmes which were often premised on team-building outdoor activity sessions.

Concerns, raised in the mid-80s, brought the focus back to the original offence and called for greater empirical rigour, resulting in the provision of: 'a wider evidence base and constructed programmes of work around what are now known as criminogenic needs' (ibid. p.186). This approach was in line with the 'what works' doctrine as seen in the US, and gave rise to the introduction of the Probation 'pathfinder initiative' to create programmes with an emphasis on: 'the importance of ongoing monitoring, research and evaluation' (Hollin *et al.*, 2002:v). Although Probation explicitly related this initiative to a 'what works' agenda, the synonymous term 'evidence based practice' (EBP) was more widely used in the UK.

It should also be noted that these debates were not unique to the UK and US. One interviewee described a UK polarity which he compared to a similar process in Canada.

You've got the scientists who believe that anything that is done should be driven by pure science [and] are driven only by empirical findings, and then you've got [people from a therapeutic background] who were saying, 'look science follows behind practice, we have to be at the cutting edge, and so practice has to take risks, and experiment, and find things out, that science may be able to substantiate later' (DVPP developer 9).

Whether it comes under the rubric of 'what works' or 'evidence based practice', the above quote describes a fundamental ontological divide. In the current climate, EBP is the dominant paradigm but the ubiquity of EBP obscures the ideological presumptions inherent in the notion of 'evidence' used here such that practitioners are not positioned as knowers who can produce evidence (see in Chapter 5).

CHALLENGES AND RESISTANCE

Despite ongoing debates and arguments towards the idea of working with violent men, programme developers still reported encountering a great deal of resistance from many quarters. This overlaps with Scourfield & Dobash's research (1999), which found that eighty-seven per cent of their respondents said they had experienced resistance to establishing projects, with the main sources of resistance being women's refuge organisations and, perhaps more surprisingly, professionals in Social Services. They found that regular, formal, contact with Women's Aid was rare.

However, what emerged from the interviews for this thesis is that many DVPPs worked very hard to bring these groups on board, to be transparent, and to demonstrate their own bottom-line commitment to feminist principles. This was perhaps legitimised, in part, by the feminist credentials of the Duluth programme, despite the contradictions discussed above of importing the men's programme without the full CCR system and calling it 'Duluth'. Interviewees spoke of the pressures of needing to demonstrate that they were, in fact, working towards shared feminist goals whilst at the same time trying to explore a new way of holding men to account. These pioneer DVPPs harnessed this resistance and worked with the tensions in a way which could be seen as an initial attempt to ensure a level of programme integrity.

WOMEN'S MOVEMENT MISTRUST

Given that the recognition of domestic violence was a hard-won triumph of second wave feminism, and the battle to secure funding for refuges and other women's services was ongoing, it is little wonder that the notion of working with men met some heavy resistance. Whilst there were individual women and women's groups who were supportive, many others were sceptical or even hostile to the very concept. That the impetus for men's programmes did not emerge, in Britain, directly from the women's movement had an impact too, as this interviewee, a stakeholder in a local authority which saw the introduction of an early DVPP, points out.

There were dynamics about that - that most of the things that were happening were women leading responses to domestic violence in terms of women's services and this was probably the only project that I can remember that was men coming forward with a voluntary sector project and it remained – because I

was involved for a number of years – it remained a sensitive issue throughout (stakeholder 5, local authority).

Overall the introduction of men's work can be understood as a huge cultural shift for the women's movement with complex, and very real, tensions attached to it. These tensions took the form of the oft-cited concerns about competing for resources (Burton *et al*., 1998; Scourfield & Dobash, 1999), as well as what Women's Aid described as 'misgivings' about the very concept of working with men (Women's Aid presentation 1992, CHANGE Archives). Interviewees described a climate of suspicion and mistrust about their work with violent men.

> *A lot of women were very untrusting of the work with perpetrators and often rightly so. There was a massive amount of dangerous practice going on at that time […] Women's concerns about perpetrator work were really valid* (DVPP developer 3).

> *I said something [to the Women's Aid representatives] about the men having a break for coffee, and they were like 'Coffee? You give them coffee? And biscuits?' [laughing] That was the thing 'How could you give them biscuits?'* (DVPP developer 4).

Work with men was, in those early days, being provided by various organisations with different agendas and models, as seen in the directories of services described at the beginning of this chapter. Standards for safe practice were not introduced until 1994 when the National Practitioners' Network put together the first 'Statement of Principles' (CWASU archive). Up until this point, there were no guidelines and it was suggested that a good deal of work with men was unsafe (DVPP developer 3). This is most clearly exemplified in the lack of women's services when DVPPs were first introduced; a lack which was quickly recognised as placing women at greater risk as a direct result of working with male perpetrators (see section on 'Women's Support Services', this chapter).

As one of the key actors in the field, Women's Aid was often discussed by my interviewees as simultaneously a site of contention and a critical ally. The early developers did not shy away from this critical spotlight, but instead sought to harness the scepticism by inviting women's organisations onto their advisory committees, and commissioning evaluations from feminist researchers.

The CHANGE programme worked closely with local groups and Scottish Women's Aid and drew up a policy to aid their work ('CHANGE and Women's Aid policy', undated, CWASU archive). Amongst other things, it states that the CHANGE project will: 'ensure the views of Women's Aid are sought and taken into account in all policy decisions; Women's Aid reviews all written materials, publications and PR materials produced by the project before use; seek all funds for the programme in a way which ensures no competition with Women's Aid groups'. This was not mere lip service, as recalled by a stakeholder who was with Women's Aid at the time:

> *A colleague and I used to go and meet [early programme developers] and we used to sit and talk about all the materials, the information that was being given to the women and the men, about what the programme should have in it. Yes, really quite detailed and quite technical discussions about how things*

would be approached. There was quite a high level of involvement with the actual design of the programme. I was involved right from the very early days with CHANGE (stakeholder 3, Women's Aid)

For their own part, Women's Aid were working hard to come to terms with the complexities and challenges of their position on working with men. Documents from a number of workshops and meetings held by Women's Aid in the early 1990s (Respect archive; CWASU archive) demonstrate the concern about perpetrator programmes, but also the willingness and honesty of their internal interrogation of the issues and the implications for their own political and ethical position. A discussion day held by Scottish Women's Aid on 29th October 1992 and facilitated by Liz Kelly, sought to: 'go back to the basics of our thinking, our feeling and our experience, and try to draw a common direction about work with violent men' (SWA Discussion Day document, 1992, CWASU archive). In November 1992, Welsh Women's Aid hosted their own discussion day, recognising: 'a consensus of great reluctance to become involved in any work with violent men within Welsh Women's Aid' whilst also acknowledging that 'sooner or later we are going to be faced with proposals for some sort of programme for men in Wales – how will we respond?' (WWA mailing, 13/11/1992, CWASU archive).

DVPPs were determined to have 'a place at the table' (DVPP developer 3) as part of a wider response to domestic violence, but the women's movement was not the only source of resistance they had to contend with.

MAINSTREAM RESISTANCE

Alongside mistrust from the women's movement, interviewees also spoke about resistance from mainstream agencies and approaches, including psychology, Probation, and the judiciary. There was a general feeling that, as one interviewee put it, they were 'whipped from both sides' (DVPP developer 4). Another interviewee expressed the same feeling of being in a no-win situation.

There was resistance from the other side as well: there was a resistance to an analysis that said this is the patriarchy and that you needed to have a programme that held men responsible, and there was still at that stage quite a lot of resistance to the message that domestic abuse was serious criminal behaviour. So we were kind of stuck in the middle: we were squeezed from one side who thought that we were feminist nutters, and squeezed from the other side that said how can you bear to work with men? (DVPP developer 5).

This sense of being outsiders was also expressed by an interviewee from a psychotherapeutic background who described being seen by his colleagues as a 'feminist nutter' and as 'a maverick who wasn't true to the mentality of psychotherapy at that time' (DVPP developer 9). One area of contention was the difference between confidentiality for DVPPs and psychotherapeutic codes of ethics. DVPPs sought to work with men in a way which drew on the relational aspects of therapeutic work but, in the interests of safe practice, this was done without offering the confidentiality to men that therapists traditionally saw as central to their work. DVPPs sit somewhere between counselling, psychotherapeutic, educational, criminal justice and

social work responses, yet conforms to none of these models in their entirety. Thus, DVPPs were a 'hard sell' (DVPP developer 2) – a point reiterated in the following quote from a former stakeholder.

There was quite a selling job to be done with this, there was a promotion aspect of the programme which was quite a big part of the work for the workers - to sell it, not only to other criminal justice social workers, their own colleagues, but also importantly to the judiciary as well because this was a new disposal (stakeholder 3, Women's Aid).

English interviewees spoke of Probation's resistance regarding the length of programmes because, as one interviewee explained: 'they wanted to crunch the numbers, they wanted me to run an eight week group programme and I was, at the time, talking about a two year group programme' (DVPP developer 9). There were also issues about the criteria for 'success', mirroring those which arise in evaluation methodologies and which the Mirabal project has sought to address (Westmarland, Kelly, & Chalder-Mills, 2010; Kelly & Westmarland, 2015), whereby Probation's baseline criteria of 'reducing recidivism' was not seen by DVPP developers to be adequate in and of itself.

WORKING WITH RESISTANCE

Many DVPP pioneers described how difficult it was to deal with this resistance, sometimes on quite a personal level, but it became the springboard to further development of DVPPs. Programmes were growing and evolving at a fast pace and sometimes the pendulum would swing too far one way – such as was described by one interviewee as 'feeling we had to be more feminist than the feminists' (DVPP developer 2). Another interviewee, discussing Women's Aid as critic/ally stated that: 'to a large extent they were our conscience in the early days, because of their scepticism' (DVPP developer 5). A commitment to critical reflexivity was evident in interviews with these early pioneers and, as a result, the work with men evolved and, crucially in the British model, women's support services were introduced.

'WORKING WITH MEN AS MEN'

Many developers reflected that their initial approach was overly confrontational towards men, particularly as they sought to establish their feminist credentials in response to external critique. However, it quickly became clear that attempts to lecture or shame men simply did not work. It was essential to engage and motivate the men if any real changes were to be achieved.

I think probably in the early days I wasn't very nice to men because I didn't like what they had done, which wasn't very bright. You're not going to actually encourage anybody to change their behaviour by being horrible to them. I think, at the time, neither my colleague nor I had an in-depth understanding of the process of personal change. I don't think there was an in-depth understanding (DVPP developer 6).

The fine line between collusion and empathy, between holding men accountable and motivating them to change, emerged as extraordinarily delicate to negotiate. There was no real precedent and, aside from drawing on the experience of their North American counterparts, British developers relied on their instincts

and professional judgement. Developers recognised that they had to listen to men and 'meet them on their own ground'.

You've got to listen to what the men will say. If, in cohort one, you don't even accept the word 'anger' because 'otherwise we'll be colluding', then the guys are just going 'fuck that, they're not even listening to what I'm saying', so you've lost the guy (DVPP developer 7).

Practitioners described learning how to 'park' things like assertions of anger and return to them later, rather than trying to shut men down. The men were approached as individuals, with their own histories and issues to deal with, and with an understanding that the attitudes and beliefs which supported their violence and abuse had been ingrained over their lifetime.

It is based on treating men as adults: it is considering them as men who possibly will have had some fairly severe attachment difficulties as children; it's based on working with men as men and not as offenders (DVPP developer 4).

If we're working with men, we need to acknowledge that basically men have a whole range of issues. So some of these men basically need a stick, some of these men need the carrot. Some of these men are deeply needy, some of these men are traumatised (DVPP developer 7).

This meant that practitioners had to look at how they worked with a basic feminist notion of patriarchal control and entitlement when faced with men in a group who did not understand their behaviour in this way. It was ineffective to try and impose this kind of theoretical structure on the men to change their behaviour. That is not to say this understanding was lost, or even eroded, rather that it was necessary to approach behaviour change with more subtlety.

I think the shift was from thinking that patriarchy, power, and control explain all we need to know about why men abuse and realising that it simply doesn't - and probably never did - fit with the largely poor, scared and powerless-feeling men that were coming through our door. It certainly made no sense to him so at the very least we had to find a way of engaging him before we could invite him to think about these issues (DVPP developer 5).

Engaging men meant finding ways to motivate men to change, and listening to what men said revealed these motivations: men wanted to have happy and successful relationships; they wanted to be good fathers; they didn't think hitting women was a good thing and many felt ashamed that they 'needed' to do so. Developers recognised that the key to behaviour change lay in helping men to understand how this change would also benefit them: as men, as partners, and as fathers. This involved some quite radical shifts in perspectives, both for the men themselves but also for facilitators. Faced with the reality of men in a group-work setting, facilitators were forced to confront their own theoretical dualisms about abusive men. This was achieved by listening to men and being willing to stand in their shoes, whilst keeping a strong stance which held men accountable for their abuse.

You can't start off from a position of disbelieving men, you have to start from where they are, and if you build a trusting relationship with them – you will get some lies, it is not always in their interest to tell the truth. But mostly what men are giving you is their truth and if you're going to assist them to reflect on

that, and see shades of grey in their perceptions, you have to listen and you have to listen credulously. So that was a shift, because at the beginning we did start from a position that was black and white: we believe women; men are going to be trying to pull the wool over our eyes (DVPP developer 5).

This evolving recognition was so important in terms of effective work and was certainly seen as an aspect of 'integrity'. It is also this understanding which makes the term 'perpetrator' inappropriate (see Chapter 1) since it labels men only in terms of what they have done. As such, it has parallels with the labelling of women as 'victims' which frames them only through the lens of what they have experienced and goes against what women say about their experiences. The importance of listening to women was also an understanding which quickly evolved in the early days of British DVPPs, heralding the development, and then integration, of women's support services.

WOMEN'S SUPPORT SERVICES

The need for women's support services to be part of a DVPP is not only widely accepted today, it is an essential component for Respect-accredited services in the UK. This was not the case in the early days, with most perpetrator organisations not having any kind of women's service. The Scottish programmes – CHANGE and LDVPP – both started without any linked women's service, although CHANGE were giving ten percent of their funding to Women's Aid. This was a 'token payment for the pain that women had suffered' (DVPP developer 6) but it was hoped that it would go towards providing the kind of service required. Women's Aid did provide drop-in services, which (ex)partners of men on group could access, but it was against their ethos to work proactively, to contact women who had not approached them for help. Furthermore, the small number of partners of men on group who did attend Women's Aid drop-ins, were reporting that they felt it was not the right place for them as they had not separated from their partners.

Proactive contact with women was, however, seen as important almost as soon as the programmes began to work with men. At the very least, it was seen as necessary to an early form of programme integrity, that is, to monitor the efficacy of the programmes.

I mean right from the beginning we knew that women services were important. We didn't really have an understanding of safety planning or vulnerabilities or service generated risks, or any of the things that are now considered to be such an important part of the women's support service. It was just the sense that we couldn't know if we were being effective if we didn't ask women. If abuse was happening to particular women then asking those particular women if the men were changing was blindingly obvious. But what we did is, we asked them, and you could argue that we used them: we used them to judge our effectiveness without explicitly offering them a support service (DVPP developer 5).

The female facilitator of the CHANGE programme, and both the male and female facilitators from LDVPP, began to make contact with (ex)partners of men on group. This was not only difficult in terms of communication in those pre-mobile phone days, but was also far from ideal for those workers.

It made for huge problems. You've gone to see a woman in the morning and you're working with her partner in the evening and you cannot allow any of the information from her to be communicated to him,

and also not to contaminate how you work with him, and I found that extremely difficult at times (DVPP developer 6).

When DVIP began operating in London in 1991, they had designed the programme with a women's support service but had envisioned that Women's Aid would provide this. However, as described below, this was not to be and they had to redesign the service.

Our idea was that we would work with Women's Aid and they would do the partner support element and we would do the other stuff. But basically they were saying 'we're not going to do this women's work, we've got enough to do, if you want to have a women's service then you'll have to set one up yourself'. So we thought, 'we don't know anything about working with women'. So then we went through a process, we went and met with the whole domestic violence forum, and then we started designing a service with enhancement, thinking through what the women's service would look like (DVPP developer 10).

The next challenge, in both London and Scotland, was how to get the men's and women's services working together. Interviewees spoke of a great deal of mistrust between men's and women's workers and this was perhaps exacerbated by the services being completely separate. DVIP were widely credited in interviews for leading the way with integrated services, bringing the women's service into the same building as the men's service and working through the issues of confidentiality and information sharing that were necessary to a truly effective service.

Integrated, that's the key thing. You can have women supported, they can make sure the women know about the local refuge and other support services, but that is really different to working in an integrated service where you can manage the risk in an effective way (DVPP developer 3).

This was far from easy and an early evaluation (Burton *et al*, 1989) highlighted ongoing issues with this integration, in part due to what they termed 'gender agendas' (1989:10). That is to say, integration was plagued with the reflection of external gender inequalities within the DVPP.

An interviewee from another DVPP described how integrating the services was 'carved out through blood, sweat, and tears' (DVPP developer 5), but it set the standard for future DVPPs. When Ahimsa was established in 1996, they were, at least in part, influenced by others' experiences of the need to have an integrated women's service. They also drew on their own experience, having been working with abusive and violent men in different contexts previously, that some men would lie to their partners about their engagement with services. Thus, Ahimsa had a women's service from the beginning, employing a former Women's Aid worker. The need for women's services became part of the 'Statement of Principles and Minimum Standards' drawn up by the National Practitioners' Network, from which Respect developed the Accreditation Standard. This is a key feature of British DVPPs as work with women did not develop in this way in the United States or elsewhere.

PARTING OF THE WAYS

In the early days of DVPP development there was no distinction between programmes delivered by Probation for court mandated domestic violence offenders and programmes delivered in the community for 'voluntary' men. However, as domestic violence gained political currency, the whole landscape was shifting. Alongside a general rationalisation of services, the Home Office took up the 'what works' agenda and moved to bring domestic violence and other offender programmes in house between 2000–2006 (Hollin *et al.,* 2002). The impact of this has been only scantily addressed in the literature but the shift, and its impact, was widely acknowledged in the interviews.

> *Things were changing. [Domestic Violence] moved up the agenda, it was starting to be a more high profile crime, there was beginning to be more interesting money in it, and therefore you can see why [Probation] would want to run it in-house* (DVPP developer 10).

> *With the Home Office taking lead responsibility we were finding that most of the central government money was going into Probation rather than into community projects. Secondly, a lot of the trust funds who had supported us previously were now saying 'Ah, this is a statutory responsibility, we don't think we should be funding what is ultimately statutory work'. So we lost a lot of our funders* (DVPP developer 9).

When the Home Office began the process of developing its own domestic violence programmes in 2002 there were around 22 out of 42 Probation areas running a DVPP. The Duluth model was cited as the basis for 19 of these (stakeholder 4, Probation), but the quality of design and delivery varied greatly throughout England and Wales (stakeholder 2, Probation).

The Home Office developed two programmes: the Duluth-based 'Integrated Domestic Abuse Programme' (IDAP) and the more generic 'Community Domestic Violence Programme' (CDVP). Each Probation area had a choice of delivering either one of the two programmes - the majority chose IDAP and it was suggested that this was due to its similarity to the programmes which were already delivered by Probation workers in partnership with DVPPs (stakeholder 2, probation).

IDAP was widely criticised by interviewees as becoming: too tightly manualised; not responsive enough; delivered by unskilled and inexperienced staff; and lacking a robust women's support service.

> *[Probation] managers got a package and then they got staff, so it hadn't come from the workers up, it hadn't come from that kind of zeal* (DVPP developer 4).

> *IDAPs were borough based, but the women's service is London wide. It's just basic: you can't do that. You know, who is going to come from Bromley to Camden, on the off chance, for a bit of support* (stakeholder 1, local authority).

In many ways, these practitioner concerns have been borne out. Two Home Office evaluations of Probation Service DVPPs have identified variable quality in terms of group-work and supervision, risk management, co-work between women's and men's workers, and differential access to training (Bilby & Hatcher, 2004; Bullock, Sarre, Tarling, & Wilkinson, 2010).

Another important developmental factor was the National Practitioners' Network (NPN). This was a regular, though relatively informal, gathering of practitioners which operated from 1992 until 2010. Despite its stated importance by interviewees, it is not widely discussed in the UK literature. Mullender (1996) makes reference to the NPN only to highlight the growing involvement of Probation projects, and what she sees as the promising growth potential of criminal justice-linked programmes. Writing six years later, Eadie & Knight (2002) simply state that the NPN is: 'an informal grouping of persons […] from both independent and statutory sectors' (2002:169), but also suggest that the introduction of programmes in the 1990s was dominated by the NPN-supported pro-feminist approach. Beyond these brief references, little is said about a Network which had such extensive influence.

This dearth of information belies the crucial role of the NPN in the development of British DVPPs. Aside from being a forum for practitioners, discussed below, the NPN also developed the initial Statement of Principles in 1994 and created a membership-based organisation to run alongside the Network. Respect, the national organisation for DVPPs and associated services, launched in 2001 and formalised the NPN's Statement of Principles as the Statement of Principles and Minimum Standards of Practice for DVPPs and Associated Women's Services (Respect, 2004) and developed and maintain the accreditation of DVPPs through the Respect Accreditation Standard (Respect, 2012). The importance of these guidelines and standards to a concept of 'integrity' is fully discussed in Chapter 6, but their development within the NPN in 1994 highlights the attention paid to issues of integrity from the earliest stages.

The bi-annual NPN provided a critical forum to share experience, innovations and safe practice and, perhaps even more importantly, a source of support for practitioners. The very structure of the NPN meant that it provided a space for practitioners to explore issues and reflect on practice and innovations. It remained an informal gathering throughout and the notion of a committee was quickly rejected. That is not to say it was not challenging, or even fraught, at times. On the whole though it was seen as a supportive and nourishing forum.

> [The NPN was] a great forum for people to talk about practice, learn off people, and sit around with people […] and just basically talk about the untalkables: 'what do we think about provocation […] what does it actually mean?' So we were in a forum that was allowed to debate because it was bottom up (DVPP developer 7).

> I got back in touch with the network in about '96. And of course, things had moved on by then. There were a lot more people involved, very vibrant atmosphere in the Practitioners' Network, of people still stumbling into doing the work but very exciting, people wanting to know how to do stuff and sharing ideas and learning from each other, and a lot of people just getting on with it and getting stuck in (DVPP developer 11).

> Somewhere where we could meet and share practice and not have managers there or anything like that but just somewhere where we could just support each other and we would do it every six months, and we called ourselves The Network, The Practitioners' Network (DVPP developer 4).

Meetings were generally made up of a series of workshops which were proposed and facilitated by members. Topics ranged from 'what do we think about provocation?' to 'what is love?' and the purpose was to discuss, debate, and share practice experience. Connections made at the NPN would, of course, extend beyond the bi-annual meetings and continue to inform and develop the work across the country.

> *Really when you're talking about any of the developments over the years, what was always in the background, there was always the Network. So every group would always have like the mother, the mother group, but it wasn't a group though. There were no staff or anything like that, it just was this thing so you'd have a list of people you could phone, you'd say 'I remember that man I met at that Network, what's his name again, he was doing this kind of work', and you'd phone somebody and say 'what was that stuff you were doing about risk?' So it was really significant. I think it was more significant than we maybe all realised, it was really important the way we conducted ourselves in the Network, without a committee and just with this same ethos, it just seemed to be passed on* (DVPP developer 4).

It is little surprise then that British DVPPs grew along very similar lines across the country. This applies not only to the group-work format but also to the wider organisation of DVPP services. It is through the NPN, for example, that integrated women's services became widely practised and then enshrined as a central tenet of DVPP work.

The function of the NPN cannot be over-emphasised given that work with male perpetrators was so new and such a challenge to the status quo. With practitioners facing censure from all directions, the NPN was a safe space to work through the various intricacies of the work with fellow practitioners. The loss of this forum, which last met in 2010, is mourned in equal measure with other, public-sector wide losses such as the squeeze on resources which result in a lack of development work, continual changes to the funding streams, the drive towards targets, and the 'more for less' culture, all of which can impact upon 'integrity' for DVPPs.

CONCLUSION

This chapter set out to explore the history of the emergence and development of the first British DVPPs, in order to document early understandings of programme delivery and integrity. The necessity of taking this as the starting point was drawn from the literature review (see Chapter 2) which highlighted the importance of 'delivery intention'. That is to say, despite a lack of consensus on the meaning of 'programme integrity', a baseline definition was revealed: that programmes should be delivered as intended. Since very little has been written on the emergence and development of DVPPs in Britain, it was thus necessary to go back to the source to discover the 'delivery intention' of these programmes.

British DVPPs emerged in the late 1980s in response to growing concerns with men's violence against women, and the recognition that the emerging support and criminal justice responses available to help women escape domestic violence were not stopping men from being violent and abusive: these men simply went on to abuse the next partner. Thus, DVPPs worked with men to change their behaviour and offered another option to a small but growing range of responses to combat domestic violence.

The concept of working with men met with a great deal of resistance and mistrust but, in part, this helped to shape them. Early programme developers harnessed the resistance and sought to work closely with women's organisations and the criminal justice system. British developers turned to approaches and material which had been pioneered in North America, notably in Duluth, Minnesota. The Duluth model was actually a 'co-ordinated community response' (CCR) of which the men's program was a component. As 'Duluth' was imported to the UK, it came to refer to the men's programme alone and the CCR model was not so successfully brought with it.

Materials from North American programmes were not just imported wholesale - adaptations were made to the material in order to make it more relevant to the culture and demographics of the UK. More importantly, however, developers brought their own experiences and skills and drew on research and other approaches to develop the work in Britain. This is one of the key findings of this chapter, highlighting how, right from the start, British programmes were far from the monoliths some commentators suggest (Dutton & Corvo, 2006). In fact they were innovative, creative, adaptable and flexible.

Another key finding, related to the first, is the development of the ethos for working with men. At first practitioners were overly critical and directive but they discovered that supporting men to change would not be achieved in this way. The men had to be treated as men and not only in terms of what they had done, and practitioners learnt how to meet men where they were, as individuals, and work with the material they brought to the room. This, again, challenges stereotypes of DVPP work which suggest that the approach is premised on 'one-size-fits-all' (Dutton & Corvo, 2006; Graham-Kevan & Archer, 2005). The flexibility and responsivity of British DVPPs, and the ethos of working with men as individuals, required processes for critical self-reflection on practice and content. Practitioners were highly committed to this and the development of the National Practitioners' Network further supported both innovation and reflective practice. These reflective processes were part of the delivery intention and of programme integrity.

The early development of DVPPs was focused on men's group-work. In part, this focus was due to the fact that working with men was so new. However, it soon emerged that men's group-work also required pro-active work with the men's (ex)partners to run alongside it. At first this was premised on the need to find out, from women's perspectives, whether the men on group were actually making changes. It was also about safe practice and, in time, the importance of both these aspects led to women's services being integrated with men's services. Although 'delivery intention' suggests a concern only with men's group-work, integrated women's services were vital to safe and effective group-work and thus needed to be considered as an aspect of delivery intention. This was another key finding: that 'delivery intention', and thus 'programme integrity', involved more than just men's group-work for British DVPPs.

As British DVPPs continued to develop, domestic violence was gaining political currency and, in 2005, Probation moved to take criminal justice provision in-house with the development of the IDAP and CDVP programmes. What is most significant about this is the difficulties raised for many DVPPs in terms of

funding and referrals. As such, it marks the beginning of British DVPP efforts to adapt to changing socio-political imperatives which has continued to this day and is referred to as 'shape shifting' in the Mirabal Project (Kelly and Westmarland, 2015:42). The socio-political shifts which prompted Probation to bring programmes in-house were tied to the rise of a 'what works' agenda which valorises a scientistic approach and holds 'evidence based practice' and 'randomised controlled trials' as the gold standard. The history of British DVPPs reveals that these programmes and services utilise both 'evidence based practice' and 'practice based evidence', and do not fit easily into the dominant definition inspired by the scientistic paradigm.

In summary, then, the major findings of this chapter reveal how British DVPPs were creative and innovative, drawing on a range of approaches and materials, and developed an ethos of working with men as individuals. Practitioners were committed to reflective processes which served to ensure their work was safe and effective. Women support services were also vital to safe and effective work and thus, from the early days, 'delivery intention' and 'programme integrity' were about more than just group-work.

'YOU CAN'T GET THAT OUT OF A MANUAL': UNDERSTANDING INTEGRITY

The exploration of the emergence of British DVPPs in the previous chapter has provided some insight into the development and delivery of the services upon which contemporary Respect-accredited DVPPs are based. As the research turns now towards current practice, the historical analysis is drawn on as the basis against which to compare modern delivery with a 'baseline definition' of integrity: delivery as intended. It is more complex than it appears by this statement, since the historical analysis revealed that delivery was not intended to remain static. The 'delivery intention' of these pioneer programmes was premised on an *approach*, within a framework, and a process of ongoing reflection and development of practice.

The interviews drawn on in this chapter were conducted with workers in ten DVPPs which were participating in the Mirabal project (Kelly & Westmarland, 2015). They incorporate practitioner roles across the organisations: women's support workers; men's group-work facilitators; practice managers; service managers; and stakeholders. In total, twenty-two interviews were conducted for this section of the study, which aims to scrutinise the understanding and practice of 'integrity' within current DVPPs. A further sixteen interviews conducted with DVPP developers to locate DVPPs within a socio-historical context (see Chapter 4) are also drawn on in some instances, particularly since many of these developers remain in the field and/or involved in contemporary DVPPs.

This chapter looks at the current state of play in contemporary DVPPs in terms of 'delivery as intended', and draws out what is actually deemed important, to practitioners, with regards to 'integrity'. The chapter begins by sketching out the picture of a 'typical' DVPP to give an overview of the way in which the services are structured and operate, drawing on the 'organisational structure' questionnaires which were completed with eight of the DVPPs which participated in this study. It then explores interviewees' discussions of the DVPP approach, particularly in relation to their position on a continuum of structured to unstructured approaches, and their practice in relation to other aspects of the service within the framework of the approach. This reveals some contradictions with regards to the prominence of men's group-work, but nonetheless arrives at a consideration of the 'whole service' and its relevance to 'integrity'. What emerges is a concept of 'service integrity' which is developed in the next chapter.

CONTEMPORARY DVPPS

Contemporary DVPPs still draw on the Duluth model, and many still use the early Duluth-based group-work manuals – albeit with updates and adaptations - as the basis for their work. Whilst other manuals have been produced, these tend to have the same roots. Practitioners continue to develop the group-work with men and there is also an increased understanding of, and emphasis on, the role of the women's support service, particularly with increasing awareness of safe practice, which has become termed as 'risk management', both within the sector and more widely. Modern Respect-accredited DVPPs have an integrated women's support service and a set of processes to work together to achieve the overarching aim of increasing women's and children's safety.

A 'TYPICAL' DVPP

Although the DVPPs involved in this research had variations in structure depending on size, client base, location, and funding criteria, it is possible to describe a basic structure of DVPPs. The majority of DVPPs operate from one base which houses men's and women's services. The men's group-work and, in some cases women's group-work, may be delivered on the same premises but are often delivered out in the community in hired venues.

Men's group-work requires two facilitators – ideally one male and one female – and a typical DVPP may run several men's groups. One or more of the facilitators are usually employed full-time by the organisation in order to process referrals, conduct suitability assessments and, in some cases, undertake a small amount of one-to-one motivational work. Other facilitators tend to be sessional workers who may have employment elsewhere but are commissioned by the DVPP to deliver group-work sessions. A 'session' does not just involve the two or more hours required to deliver the group but also time to plan and debrief with the co-facilitator, and write-up notes or reports.

Men's group-work is routinely videoed for the purpose of 'practice management' or 'treatment management'. This is undertaken by all group-work facilitators and involves viewing the videos with an internal or external 'treatment/practice manager' to reflect on the delivery of the work – particularly what went well, or what didn't go well – in order to improve practice. Sections of videotape may be selected randomly or, if required, specific sections may be reviewed. Some DVPPs also use 'live observation' whereby the treatment/practice manager sits in on the group on a regular basis to observe the work and feed back to facilitators at the end of the session.

Facilitators also meet with the women's support workers on a regular basis for 'case management', or 'risk management', meetings. The purpose here is to share relevant information which pertains to risk, as well as that which is relevant to men's engagement and accountability. Facilitators and women's support workers also undertake clinical supervision, either individually or in groups. This provides an opportunity for workers

to off-load and/or discuss cases or aspects of the work which they feel are impacting upon them personally or professionally.

Women's support workers, of which there may only be one depending upon the size of the organisation, are usually employed by the DVPP on a full-time or part-time basis. The minimum requirement of their role is to make proactive telephone contact with partners and ex-partners of men attending group. Many women's support workers endeavour to meet the women face-to-face or offer ongoing telephone support. As well as keeping the women informed as to their (ex)partner's attendance on group and addressing any safety issues that arise, they will often provide support tailored to the woman's needs and/or signpost her to other agencies. A few DVPPs are able to offer women's group-work and, if so, this is also delivered by women's support workers.

Depending upon capacity, facilitators and women's support workers may also attend multiagency risk assessment conferences (MARACs) and other interagency forums, and/or child protection meetings with Children's Services. Reports and assessments are routinely prepared for the Children and Family Court Advisory and Support Service (CAFCASS) and Children's Services. Whilst most DVPPs continue to take 'voluntary' referrals from men, it has been noted that a growing proportion of referrals are coming from these statutory services (see Blacklock & Phillips, forthcoming; Kelly and Westmarland, 2015).

This description gives an overview of the basic structure of a DVPP and these aspects of service provision will be discussed in more detail below. There are always variations and individual DVPPs may also offer other services, such as specialist risk assessments for the family courts, or be located within wider support service organisations. However, the focus in this chapter will be on the fundamental men's and women's work of DVPPs, and the ways in which men's and women's services work together to achieve the aim of increasing safety for women and children. With this in mind, I turn now to the experience of current DVPP workers. In exploring the practice of these different aspects of the service – and the way they work together – some of the components of 'integrity' emerge.

DELIVERED AS INTENDED?

Throughout the interviews, DVPP practitioners talked about *how* they work with people. For men's group-work, the ethos of the work which was developed in the early days (see Chapter 4) is still very much apparent. Facilitators continue to work with the men in a responsive way, using the 'material' that men bring into the group – that is, their past and current experiences – within the framework of a manualised curriculum. Group-work manuals are understood as a framework, rather than a rigid set of instructions which must be adhered to: this is the basis of what is here referred to as a 'process-driven approach'. This was central to the way that DVPP facilitators understand their practice and, in the interviews, it was widely contrasted to Probation's approach, which fits more snugly with the 'dominant definition' of programme integrity (see Chapter 2). This dichotomising of 'process-driven' and 'adherence-to-manual' approaches is somewhat misleading and is more usefully viewed as a 'continuum' (DVPP developer 2). Before discussing

group-work practice in more detail, it is worth considering this continuum to examine where DVPP practitioners locate their work, and how they contrast this with the Probation Service approach.

A CONTINUUM FROM STRUCTURED TO UNSTRUCTURED

The dominant definition of programme integrity unearthed in the literature review (see Chapter 2) is premised on a medical model whereby programmes are tested and approved through randomised controlled trials. It is within this paradigm that programmes are delivered with strict adherence to structure and manuals in order that programme participants get the correct 'dosage' of the treatment which has been deemed effective. It should be noted that many representations of the medical model are somewhat of a caricature: even pharmaceutical treatments cannot 'prove' their efficacy as definitively as is sometimes assumed (Saunders, 2008). Nonetheless, it is fair to say that some programmes are developed and delivered in a way which is closer to a medical model and this involves strict adherence to a manual.

Whilst it is easy to create a binary between highly structured approaches and process-driven approaches, it is more realistic and useful to locate the different approaches on a continuum. The medical model described above would represent one end of the continuum. At the other end of the spectrum are entirely process-driven approaches such as psychotherapy.

Figure 5.1: A continuum from structured to unstructured approaches
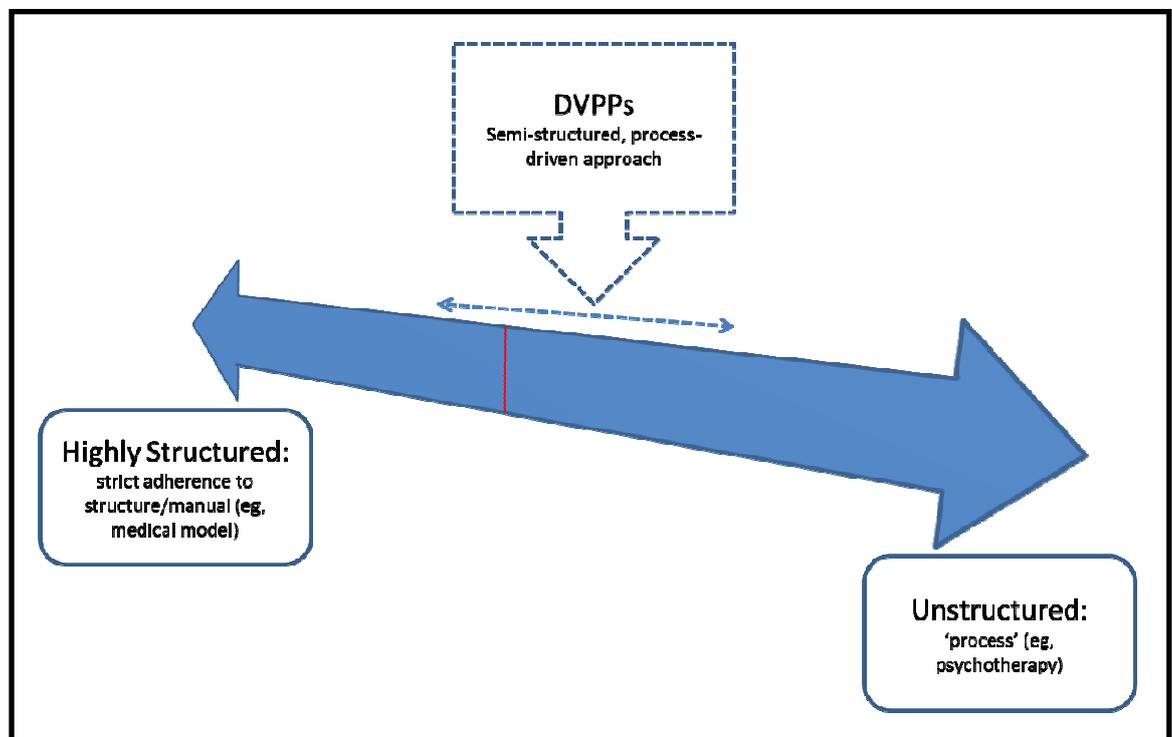
Whilst Probation's IDAP and CDVP programmes would be located towards the highly structured end, DVPP practitioners locate their work towards the 'process' end of such a continuum, with the need for flexibility and responsivity as central components. Thus, I describe DVPPs as having a 'semi-structured process-

driven' approach, referred to in this thesis simply as 'process-driven'. It should be noted, however, that DVPPs are not located at any one point on this continuum as the level of structure/process not only fluctuates between individual DVPPs but also between different facilitators at different times. An important point made by facilitators was that manuals were adhered to quite closely when facilitators are new and inexperienced. It takes time to build up the understanding, experience and confidence which allows the manuals to become the 'framework' which is viewed as the ideal. The more structured approach of Probation and the DVPP process-driven approach are now examined in more detail.

Respect-accredited DVPPs in Britain must submit a 'model of work' as part of the accreditation process and for the majority this will include the use of a group-work manual. All interviewees were asked to comment on programme integrity in relation firstly to 'adherence to a manual' and then to 'the manual as a guideline' in order to ascertain how manuals are used in group-work delivery and how they relate to programme integrity. Practitioners were unanimous that DVPP manuals represent a set of guidelines – a framework – within which to work in a process-driven way. Whilst most DVPP men's groups use a manual, practitioners were very clear that delivery does not require strict adherence to the manual and, in fact, this would not result in good or successful facilitation.

> *So if you follow their programme and you stick to it, even if you do the group pretty badly you probably won't make this worse. But how effective you'll be, I think that becomes an issue* (group-work facilitator 3).

> *Even if I'd followed the manual to the letter I could get to the end of a module and think 'oh god, that guy still hasn't got it'. What am I going to do?* (group-work facilitator 7).

Another practitioner gave a more direct example of the limitations of strict adherence:

> *If you've got somebody [on group] who suddenly bursts into tears for some reason, how do you manage that? You've got to be able to manage that in the context of the group. You either go 'oh my god' and you shunt them out the door, 'we'll just carry on then'; or you use it, 'ok, let's stick with this, what's this about?' Do you use this positively? The likelihood is yes! But I bet it's not in the bloody manual!* (service manager 4).

Much of the antipathy about adherence to the manuals is based on direct experience of the statutory provision of programmes within Probation, and the ways in which this was felt to stifle responsivity and flexibility. The comparison drawn with these structured approaches merits some consideration since it was so widely used to help articulate the integrity of the process-driven approach of DVPPs. It should, however, be noted that DVPP workers had a tendency to make Probation programmes into the 'other' against which they compared their own programmes and delivery styles. As such there was little consideration given to a range of delivery styles which undoubtedly occur even within the confines of a more structured approach such as within Probation. Nonetheless, it must also be said that many of these interviewees were drawing upon their own direct experience of delivering and/or practice-managing Probation programmes.

STRUCTURED APPROACHES

Several interviewees had experience of working within Probation and a large number of sessional DVPP facilitators continue to be employed delivering programmes in Probation: one manager put the figure at seventy per cent of the sessional workers in her project (service manager 5). Some practitioners agreed that 'there's some merit to [strict adherence], there's plusses and minuses' (group-work facilitator 3), others felt the Probation model was 'unrealistic' (group-work facilitator 2) or even that 'there is a fundamental flaw in that way of thinking' (service manager 4). Other interviewees recognised that in a national organisation the size of Probation there may be a need to take a more structured approach.

> *I think that within a big organisation like Probation there's probably some merit to not messing about with it too much because what you'll end up with very quickly, I think, is a kind of huge disparity in terms of practice* (group-work facilitator 3).

> *I can understand the [Probation] concept of programme integrity, I can understand that Probation – rolling out CDVP and IDAP across England and Wales – they had to try and standardise it, they had to try and put in some quality control. I understood what they were* trying *to do, and that was laudable really, to avoid people going all over the place, but it was just too much of a strait-jacket* (DVPP developer 16).

Despite these reflections, DVPP practitioners argued that the 'Probation approach' was overly rigid and mitigated against a practice which creates more change for more men. It is therefore useful to examine more closely what interviewees said about Probation's approach to domestic violence work.

'THE PROBLEM WITH PROBATION'

To begin, it is necessary to outline how interviewees viewed integrity issues in relation to strict adherence to manuals, such as what was viewed as Probation's approach.

> *I think the problem with the Probation approach is that they've insisted on [a version of] programme integrity, so 'it's Tuesday, we're doing sexual abuse whether you like it or not', whether a man's just come in, the check-in is 15 minutes, if a man's just come in in a right state because there's something that happened this morning and … well, the check-in is only 15 minutes, programme integrity says you don't use the group to help him through something* (DVPP developer 3).

Since the separation of community and Probation DVPPs in 2005 (see Chapter 4), the biggest dissatisfaction appears to be the way that practice is managed in Probation. That is to say, Probation were seen to have moved away from a process-driven approach and become far too structured. This has meant that 'programme integrity' relies solely on strict adherence to the manual. However, even this is complex: there were seen to be some benefits to the process of treatment management in Probation but, nonetheless, it was experienced as too constraining. Here, two DVPP workers who were ex-Probation treatment managers describe their experiences.

> *I think it's one of the frustrations that I've seen other treatment managers have within Probation, is that sometimes you'll see something that's brilliant and you have to score it down because it's going away*

from the script, and then you have to acknowledge to your staff that they are going to score low on programme integrity (practice manager 1).

I was okay with IDAP, liked IDAP, it was alright as a way to work but I struggled as a worker with the manuals because they were so rigid, so prescribed, it didn't feel very responsive, didn't feel very holistic, didn't feel very organic. It was constraining to actually do the work and it felt constraining in the way that Probation viewed being a treatment manager, the way I was expected to do it - I was supposed to score people down if the check-in was supposed to take ten minutes and they spent fifteen minutes on it. I was supposed to score them down even if I thought they actually did some good work in it because they'd run over the time that they were supposed to spend to cover it (DVPP developer 11).

For some DVPP practitioners, these frustrations are linked to an implicit presumption that if the material is good enough, anyone can deliver it.

The problem is, with Probation, the down-skilling – they're using lower and lower skilled people to run what is a highly-skilled programme. So it's not even Probation officers running it now, it is Probation support officers who get given the manual and, basically, fifteen minute check-in and now we're onto this exercise, and now let's see your control logs. So that has not worked (DVPP developer 3).

I think that when we've looked at what's happened within the statutory sector, which developed IDAP and CDVP, part of that concern around programme integrity is actually partly political. It's partly driven by the needs of evaluators, so that what is done in Yorkshire must be done the same in Yeovil, for example, And that's also happened against the background of the de-skilling, the de-professionalisation of the Probation sector, so that people get led into this prescriptive practice (DVPP developer 7).

Concerns have increased with the introduction of a new Probation programme in 2014 – Building Better Relationships (BBR) – which moves away from a gender analysis of domestic violence, as described here by one of its developers.

We've got a much more kind of generalised aggression model that goes with [BBR], it's a much more psychological and sociological approach to explain domestic violence, it's more about the individual and the function of the violence and their individual pathway into the use of violence in their relationships … It hasn't abandoned [feminist ideas], it's just a bit of a move on from there to be honest, it's just taken a broader approach to it, and a little bit broader explanations. If a guy comes along and he says, 'I hit my partner because I need to control her' we're not going to say 'you don't', but if he comes along and says 'I don't know why I hit my partner' we're not going to tell him 'it's because you want to control her'. We're going try and let him get some understanding of that from the work he does and if his conclusion at the end of it is 'well I do it because I want to control her', then we'll address that, but if it's about something else there's no point in trying to force a square peg into a round hole. So it's really, I suppose, just an approach that we take in terms of other programmes, which is about that 'expert in your own life' type approach. So the best way to promote and elicit change is that people gain a new understanding themselves rather than being forced into an understanding, if I can put it that way (stakeholder 2, Probation).

Whilst many of the concerns around BBR are related to the marketisation of the programme and the resulting closely guarded confidentiality of its content - a business sensitivity which DVPP practitioners regard as unnecessary 'secrecy' - this quote also reveals the ongoing stereotyping of Duluth-based men's group-work. The implication is that the feminist approach attempts to 'force a square peg into a round hole',

reflecting a stereotype which has support in the academic literature (Dixon & Graham-kevan, 2011; Dutton & Corvo, 2006; Graham-Kevan & Archer, 2005).

DVPPS: A SEMI-STRUCTURED, PROCESS-DRIVEN APPROACH

The ideal approach presented by interviewees is, with experience and confidence, the manuals can be used as a 'framework' within which the work is orientated. The analogy of a map was also used to explain this.

> *It's really important to have a framework, a model around which you go through dealing with all the issues you need to deal with. That needs to be your map, if you like, but while walking the map it is important to be able to take a little turn to smell the roses, or to climb that grassy little knoll, because if you don't do that then you miss out on a whole wealth of stuff that the individuals bring to the room, a whole load of learning that they are bringing to the situation that you need to be able to work with* (service manager 4).

Essentially, the process-driven approach is underpinned by the recognition that DVPPs are 'working with people and people are not rigid, we're not producing the same thing over and over again, we're dealing with real people' (service manager 4). Another interviewee expressed this point in a different way.

> *It's almost impossible to predict how a man is going to respond to a particular piece of work or structure … [the facilitators] really have to go with what's in front of them, they have to be prepared for anything. You can't get that out of a manual* (women's support worker 3).

Far from being a 'one-size-fits-all' approach as some commentators contend (Dutton & Corvo, 2006; Graham-Kevan & Archer, 2005), practitioners are alert to the fact that they are working with individuals who have different needs (service developer 6), different levels of motivation (practice manager 1), and different learning styles which leads to different group dynamics (service manager 2).The group-work programme, practitioners insist, is about change and this cannot be achieved mechanically.

> *This is a change programme. This is not an educational environment, we're not teaching history lessons, it's not about understanding domestic abuse, it's not about cognitive empathy. It's about something bigger than that. It's about change, it's about commitment to change, it's about group members identifying their own flaws, their own deficits, and committing to how they're going to make those changes* (practice manager 1).

> *The relationship between the facilitator and the service-user, client, whatever you want to call them, is as important as anything else. I don't think it's that the programme content isn't important but that the whole thing about being alongside them and being trusted by them is really key, and that has to be part of programme integrity* (practice manager 3).

> *A framework which also allows human engagement, which is the essence of relationship. And relationship, as we know, is crucial to sixty per cent of the change process. So basically, the dynamic of the relationship has to be built in: there's space to allow that to happen. Or else the process becomes sterile and when that becomes sterile you lose your effectiveness, you lose your ability to engage* (DVPP developer 7).

Practitioners argued that the process of change is supported by the relationship between facilitators and men on group, and this is achieved by the responsivity inherent in a flexible, process-driven approach. For

many it was this flexibility that formed one aspect of programme integrity, even though it is recognised as contrary to the dominant definition.

So yeah, programme integrity, I think you need to have a mind-set of actually, if something's not working, let's change it. If something is productive, let's stick with that; if it isn't productive, let's move on to the next part. So that isn't necessarily sticking strictly to the manual (group-work facilitator 2).

To achieve programme integrity you do need to be responsive. I think if you deliver something very coldly, in terms of the way it might be scripted, that means that it doesn't touch some of the men in the room and they don't get out of it what they should have, I would argue that you haven't actually delivered it with integrity (service manager 5).

If an exercise rolls over that's fine and there's time in the programme to run over and do one exercise maybe next week because there's been such a good discussion from the group, and it's about having that flexibility as well in programme integrity (service manager 2).

Delivering a programme is a dynamic, reflexive process which relies on the ability of facilitators to constantly assess what is working in the room. It will only work with the flexibility, and confidence, to innovate and adapt in line with what is productive, what is working with a particular group. This is where integrity lies for group-work facilitators. It is not about the end result as such, it is about the group and the individual men within that group, and the 'permission' to trust their practice-based knowledge in order to support change and learning in each specific context.

DVPP MEN'S WORK IN PRACTICE

Critiques of DVPP work present a stereotype of engagement which preaches at men, attempts to shame them, or forces them into one-size-fits-all content (Corvo, Dutton, & Chen, 2008; Dixon, Archer, & Graham-Kevan, 2011; Dixon & Graham-Kevan, 2011; Dutton & Corvo, 2006). A desire to challenge this stereotype may be one of the reasons why interviewees spoke at such length about the way they work with men. It is also possible that there is a kind of cultural hangover at play since many developers of British DVPPs were the first to admit that initial excursions into the work may indeed have been overbearing (see Chapter 4 and Phillips, Kelly, & Westmarland, 2013).

Practitioners gave many examples of the process-driven ways they work with men, often centred on the 'check-in' aspect of group work. 'Check-in' is used at the beginning of group-work sessions by all the DVPPs who participated in this study. It provides an opportunity for men to bring any disclosures of violence and abuse since the previous week and/or to speak about where they have applied the learning from the group. As such it is unstructured since there is no way of knowing what will be 'checked in' but it provides a foundation for working responsively with the material men bring to the room. As the examples below demonstrate, facilitators argued that it serves vital functions in the process of working with men, with where they are as each session begins.

We have five minutes at the beginning, like a check-in, so: 'how's it been for you Bill? Any problems? How are you and Pam getting on, any problems between you and Pam? Have you recognised yourself

acting abusively? Have you taken anything from what we discussed last week?' And even if, like last night we had five men, three of them came up with quite significant stuff. Now I don't think you should, just because of time, brush over that. If it's a learning point, if the man can learn something by verbalising it, by discussing it, that's great. And the other men can learn as well. So I'm happy to spend ten or fifteen minutes on the check-in, if it's productive. Which goes against the medical model of programme integrity (group-work facilitator 2).

Check-in can sometimes go on for thirty minutes plus, depending on what has actually been happening that last week: there could be an incident with an ex-partner that you're not going to cut short because that information that they disclose, it's very important you've got a clear understanding of what that's about and how you could then maybe incorporate that into the session you're delivering, in terms of strategies to reduce that risk or manage it. So there has sometimes been occasions where we've had check-in go on for thirty minutes and then you think 'we're never going to get through this session', but what's important here? (service manager 1).

Check-in is not simply an opportunity for facilitators to sit back and allow the men to talk about their week – it must be used correctly and managed appropriately. In this sense it can be a challenging process for facilitators. The quote below, from a practice manager, highlights the way in which a tick-box, adherence-to-manual approach to check-in could deliver inadequate, even inappropriate results.

At the start of every session we have a thing called a news diary and it's eight questions, each of which is a tool with the exception of the first one. The first question is your name, the second question is your partner or ex-partner's name, third question is the reasons why you're here, fourth question is any incidents of aggressive, violent, controlling behaviour this week, have you used 'time out', how are you feeling, anything else you want to tell us, then the last one is changes that you've made or are making, or been maintaining, since the last session. Now I have seen that news diary done by every single member of the group in fifteen minutes, so they just go: 'Fred, Sharon, yes, no, yes, no, yes, no, coming here'. So essentially you have completed your task, have you not? But it was a completely pointless piece of work! But I've also watched facilitators drag somebody through and they ask intrusive questions on every single one of the eight questions, and then you've lost the rest of the room because you've just done eight pieces of one-to-one work (practice manager 1).

It's clear from the check-in examples that one of the downsides of a highly structured approach is being too constrained by a timetable, and this was raised by practitioners in relation to other exercises.

If they nailed it, it's supposed to be a twenty minute exercise and in five minutes they've got it, you don't want to spend the next fifteen minutes doing it to death because then you just look like a bunch of robots and then the value, the integrity, of what you're doing is lost, I think, because the group are like 'oh yeah, she's reading a script, it's all a load of old rubbish' (practice manager 1).

There are timings for how long the exercises can last but they're not rigidly stuck to. If there's a really good discussion coming out of the 'pressure gauge' exercise then you'll carry on with that. So there are things to cover each module session and sometimes these can be shorter, sometimes it can be longer. If it's longer then there's the ability to slip stuff into the following week so nothing gets missed. It's a guidance (service manager 2).

I suppose the other issue around integrity would be that we were also alert to the fact that when particular elements of the programme were going well, and the men were getting into them, we would let them run. So it was more important to let what was happening in the room go, if guys were getting

into stuff, rather than to simply say 'okay guys … time's up'. Which is where programme integrity has later been confused within NOMS (DVPP developer 7).

What emerges from these quotes is the ways in which practitioners view the process of working with men as an aspect of integrity. That is to say, working with the material men bring, monitoring and assessing responses in a reflexive way, and adapting the work based on what is working in the room with *these* men is all part of the process-driven approach and this is an important component of programme integrity. It also reveals how far DVPP men's group-work is from the prevailing stereotype of 'one-size-fits-all' (Dutton & Corvo, 2006; Graham-Kevan & Archer, 2005) and forcing 'square pegs into round holes' (stakeholder 4, Probation).

What was also recognised by interviewees was the complexity of programme integrity when applied to a highly flexible and responsive approach to group-work delivery. There are processes which need to be in place to ensure the integrity of group-work delivery and the service as a whole linked to the overall goal of change in order to increase women's and children's safety.

As long as you've got treatment management, practice management, you've got good clinical supervision, you've got good case management, you've got the risk meetings and you can see what's happening and we are protecting women and children, we're not making things more risky for them, and you can see through treatment management that your facilitators aren't being kind of suckered into the perpetrators life and colluding, then if you've got all that in place then I think it's okay to deviate from what was originally in [the manual]. But you've got to have everything else in place or you could just have two facilitators who think 'well that's a bit rubbish, I don't like that' and go off and do what they want (practice manager 2).

Facilitators and managers highlighted the range of monitoring and assessment processes that combine across the service to ensure integrity, and these are explored in more detail next.

PROCESSES WHICH SURROUND THE WORK

Having begun by looking at the men's group work, the first of these processes to consider is practice management – sometimes referred to as treatment management - which is often, though problematically, related solely to group-work delivery (see Chapter 6). Other processes – such as case management – more formally involves the women's support service and begins to highlight the integral role of the women's service in effective delivery of both the group-work programme and the service as a whole (see later section on service integration).

REFLECTIVE PRACTICE PROCESSES

Practice management is a formal process where facilitators review video-recorded sessions of group-work, usually with an internal or external supervisor. Interviewees talked about the purpose of practice management and it has been possible to delineate three strands to this: developing practice skills; checking things out which did or did not go well; and ensuring that the work is being delivered well.

You can see your body language, you can see how you're discussing things, how you're challenging or not challenging, so that's really helpful. And it may identify things where 'actually, we should've spent a bit longer on that', or 'me or my colleague missed what that man said, we could've focused on that', or 'that was a worthless piece of discussion - why?' So, it's reflecting on stuff (group-work facilitator 2).

The value of an opportunity to reflect on and discuss practice was apparent in the interviews. Practice management sessions generally happen on a monthly basis but it is also important that facilitators refer to the videos and consult with their co-facilitator and/or practice manager at other times, when they have been unsure about how a particular piece of delivery went.

The other thing we would encourage our facilitators to do, sometimes they will run a cracking session and sometimes they will run a spectacularly shit session and they don't know why, or they do know why, and they will send me an email and say 'watch this, have a look at this, I want to review this', or 'can you make some time for me, I just need to look at this news diary, it didn't feel right'. So they use that, they can have that additionally, ad hoc, whatever is needed (practice manager 1).

What is also evident in the process-driven approach is that practice management is a developmental process rather than being about scoring facilitators as in more structured models. Nowhere is this clearer than in the recognition that, although one particular session may have gone badly, what matters is the reflection on why and what can be learnt from this, for a particular group, and practice more generally.

We accept the premise that we might pick out some takes at random to look at and they might not be very good. To some extent that doesn't matter too much if there's back-up to that. So like 'when that happens, and that group was a load of rubbish, what did you do, what decisions were taken by the group facilitators?' After the group you have to address some of that: 'you might have talked to this guy about suspending him, did you talk about going back in and readdressing the issue with this man?' That's what you'd be looking for, and it is the absence of that where I think it becomes a bit flaky (group-work facilitator 3).

In this way, practice management is an important aspect of 'integrity'. On the one hand it monitors the work that is being delivered, but on the other hand it supports responsivity in the room and builds reflective practice and development into the work. This is vital to a robust response which recognises that behaviour, motivation, and risk are not static. Whilst practice management is a requirement of both men's group-work and women's support work in the Respect accreditation standard (Respect, 2012), there was not the same emphasis on a robust and inbuilt process for women's work (see Chapter 6). The women's support service, however, usually had greater involvement in case management.

REVIEW PROCESSES

Case management – also referred to as risk management - is a regular meeting which involves group-work facilitators and women's support workers, and provides an opportunity to review cases and assess risk. Most DVPPs undertake formal case management at least once per month and the majority endeavour to meet face-to-face, although this can be a challenge where sessional staff facilitate men's group-work. In these cases, interviewees reported using an interactive database to keep both teams updated, and having

telephone conversations either with the manager or directly with the relevant worker to pass on risk issues as they arise.

The purpose of case management is to ensure that workers across the service are updated on men's and women's engagement and any issues which may have arisen, particularly in relation to women's and children's safety. As in the early days of integrated women's services (see Chapter 4) there are two strands to this: firstly to ensure safe practice, and secondly to hold men to account. This is a more complex process than it first appears due to the need to observe different levels of confidentiality for men and women, and to ensure that further risks are not generated by intervention. Several interviewees - notably women's support workers - gave descriptions of this practice which is summarised here.

If a man is attending group and 'checking in' that he has not been violent or abusive each week, it is insufficient to take this at face value since it is known, both through practice experience and research (Dobash *et al.*, 1998) that some perpetrators minimise and deny their abuse. That is to say, interviewees spoke directly about their experiences of men's minimisation and denial, as this programme developer describes:

> *I was finding that I was doing what I thought was reasonably good work with some of the very dangerous men that I was working with only to find that when I'd come across their partners, inadvertently, and surprisingly, the stories that I was getting from some of those women, were radically different from what the men were telling me, you know, on a face-to-face basis* (DVPP developer 9).

Furthermore, this is backed up in research which has identified the ways in which 'batterer's accounts of violence are texts through which they attempt to deny responsibility for violence and to present non violent self-identities' (Anderson & Umberson, 2001:359). This was also evidenced by Dobash *et al*. (1998) who drew on interviews with 122 male abusers and 144 female victims to 'reveal profound differences in men's and women's accounts of [violent and controlling] behaviours' (p.404). This included not only accounts of violence but reports of injuries sustained, where 'much lower proportions of men reported ever inflicting any specific type of injury' (p.405).

It is for this reason that the Women's Support Service endeavours to engage the (ex)partners, and this allows the women's worker to feedback any incidents which the (ex)partner has disclosed. If the women's support worker is sharing reports of ongoing abuse there is automatically a heightened level of risk because the man is not being honest about his abusive behaviour. However, the men's group work facilitators cannot usually confront the man directly if the only source of this information is his (ex)partner, as this may place her at greater risk.

Depending upon the level of risk and severity of the abuse, the woman may want support to contact the police and put other safety measures in place, such that it may then be possible to confront the man directly. However, as is more often the case, the woman may be reporting a low level of ongoing verbal or emotional abuse which she does not wish to report or take specific action on, particularly if it is unclear if any action would be forthcoming. In these cases, facilitators still need to be aware but must endeavour to

address 'verbal and emotional abuse' within the context of the group-work and without directing it at any particular man. They will also be more alert to subtle cues the man might give which may enable them to draw out a more honest account and assist the man in the change process.

At the same time the women's worker will be continuing to work with the woman to safety plan and think about the boundaries of what she will and won't accept. Whilst the men's workers cannot reveal what the (ex)partner has disclosed (unless they have permission and appropriate safety plans), the women's worker may be at liberty to let the (ex)partner know that the man is failing to disclose abuse, if it is considered necessary or helpful for the woman. Women's workers will be aware of men's engagement on group and will share information with the men's workers about anything which pertains to risk but (ex)partners are accorded complete confidentiality with regards to anything else they may disclose or discuss.

In this way, the women's support service is directly involved in effective group-work since the feedback from (ex)partners enables facilitators to work in a more informed way. This does not happen solely in fortnightly or monthly case management meetings; the majority of this work happens on an ad hoc basis, as and when issues arise.

SERVICE INTEGRATION

There is little doubt that the women's support service is vital to DVPP work today. The history of women's support work, and its integration with the men's work, shows that this was not always so (see Chapter 4). Nonetheless, interviewees from all positions within DVPPs spoke of the importance of the integrated work of women's support services. Furthermore, it was considered to be a component of integrity.

> *I think part of the integrity actually, I think it's about what we're doing is risky work so it's important that that's managed and monitored and I think that's a big part of my role. By working with the women, in hearing their experiences and their sides of it, enables me to work with the facilitators, and we do risk assessment and risk management, and I think that's a big part of the integrity of it* (women's support worker 2).

It is worth delineating what is meant by the term 'integrated work'. A number of terms are used to describe ways in which services work together. Citing Percy-Smith [2005], Atkinson, Jones, & Lamont (2007) suggest these may include joint working, multi-disciplinary work, and co-located work. Whilst all of these could be used to describe the work of DVPP men's and women's services, their definition of 'integration' is the best fit, and is also the term that DVPPs have used.

> *Integration: agencies working together within a single, often new, organisational structure (Atkinson, Jones & Lamont, 2007:99).*

Women's and men's services operate under the same organisational structure and thus 'integrated', as defined above, is the most appropriate term. The fact that it is only the women's service that is termed as 'integrated' makes an implicit suggestion that the men's service is the main part of the organisation, and this is problematic (see Chapter 6).

An integrated service is not easy to achieve and leads to some inevitable tensions, as discussed below, but is vital to effective functioning. It is important that the men's and women's work is considered, to use one interviewees term, as 'the other side of your coin' (group-work facilitator 7). DVPPs are widely understood, by those involved, as one service incorporating men's and women's work.

> *So the women's service are part of the team and that, for me, that's what the DVPP is – it's not the women's safety service isolated from the DVPP, it is part of the DVPP. So they are part of the discussions, part of the end of module reviews when we assess risk of each couple, and they contribute to that risk assessment. If something significant happens in between then the women's safety worker comes to the co-ordinator of that group and says 'right, this is what she's just told me, she is pregnant, we need to reassess the risk'* (service manager 2).

> *I work very closely, I mean all the women's workers here do, we work very closely with the men's service. What we hope is that if a woman is engaged with me and her partner or ex-partner is involved in the men's service, then the facilitators will give me feedback every week of how that man is participating in the group or if there's any safety issues. Then I'll be working with the woman on anything that she's sharing. So we do work very closely with the men's service and I take a really active interest in how the men are doing on the group. We know that a lot of men will just talk the talk, so to me the evidence of whether they're making changes or not is their partner or ex-partner, how she's finding him. If she's telling me that he's doing this, then the men's workers need to know that. Again, it's all around just increasing safety and obviously we're just seeing whatever her vulnerabilities are and trying to reduce his risk in whatever way we can. But we hope that by having the women's service involvement that she is going to be safer whether or not he makes changes* (women's support worker 3)*.

The closing comment in the quote above is indicative of the way in which a fully integrated women's support service is central to a successful DVPP. That is to say, if the service is operating well, the aim of increasing women's and children's safety can be achieved regardless of whether the man actually engages with the group-work programme. Interviewees expressed frustration at being viewed and measured on how many men they get through the programme when, in fact, there can be substantial successes even when the men failed to engage (see also Kelly & Westmarland, 2015).

> *Success is different for different people and the woman who was able to put her make-up on go off to college do courses and things and then she's got a job at the end of it: for us that's a success whether her bloke finished the programme or not. And that's why sometimes, when commissioners say 'how many men do you see … oh you're only seeing twenty men in the year?' which I think 'hang on!' When you look at the impact it has on that couple, then on the children, then on the wider family. So there are less visits to the GP, kids aren't being kept off school. It's a massive effect but they don't see, they just care about bums on seats* (group-work facilitator 5).

> *Everybody wants to measure us on how many men we work with and how many men we get through the programme and, for me, what I've really wanted to get people locally to understand is that the most important thing our project needs to be looking at achieving is making her safer. Now I can give examples of cases that have been referred to us, we've sent him numerous letters and he's never responded. But she has responded to contact we've made with her. We've found out nobody's ever helped so - if need be, based on the information she shared with us - we've referred her to MARAC. I've never met him, but have we not made her safer? I might have never even met her, I might have literally only filled in the MARAC referral because she had three telephone contacts with our women's support worker who filled in the CAADA, she scored through the roof, we can't get hold of him anyway, she's*

never phoned the police, never done anything about it, didn't realise there was support available to her. Now she's accepted it and we've referred her to MARAC and suddenly she's a lot safer, and we've had, what, three phone calls? Actually if you look at the cost of avoiding future incidents, that's a very cost-effective way of bringing someone safety compared to what the alternative might be. There is that misconception because we're a perpetrator programme and we work with him, it's definitely a misconception that that is what we should measure (service manager 5).

In this sense, the successful integration of men's and women's work must be viewed as a component of integrity since it contributes to effective group-work but can also achieve the overarching DVPP aim of increasing women's and children's safety, in and of itself, virtually without reference to the men's group-work.

WOMEN'S SUPPORT SERVICES

The women's support service does not focus on women separating from their abusive partner. That is not to say that staying with the partner is encouraged or seen as preferable, but rather that early on in the development of DVPPs it was recognised that not all women wanted to leave. Interviewees highlighted that some women's organisations will only work with women who have separated from their abusive partner and reported that their female clients often find this a significant barrier to accessing support. Alongside safety planning, the women's service is geared towards promoting realistic expectations of what the men's work may or may not achieve, linked to risk management and also to misconceptions of the programme that (ex)partners may have, leading them to assume that the programme will 'cure' the man.

DVPPs pioneered proactive contact with women (Burton, Regan, & Kelly, 1998) and contemporary women's support services continue to work proactively. This means that they contact women whose (ex)partners have been referred to the group-work programme rather than simply being available as and when a woman decides to seek help. Again this was controversial in the early years since many women's organisations felt this was disempowering for women (see Chapter 4). However, the value of proactive contact was highlighted in the first evaluation of DVIP (Burton, Regan, & Kelly, 1998) where a number of women who were initially resistant to accepting support came to recognise the value of it with time and the gentle persistence of the women's support service. Service generated risks – that is to say the risk that men will abuse the programme tools to further control partners, or use attendance to give a false sense of security to their partners – means that proactive work with women is vital.

The support that women are offered, if they decide to accept it, ranges from telephone check-ins, one-to-one support in person to women's group work. The level of support varies across DVPPs and this was explained by interviewees in terms of resources. Whilst a few women's support workers are only able to offer minimal telephone contact and signposting, many others bemoaned the lack of resources to offer group-work based support to women. Despite the rhetoric about how vital they are to the DVPP as a whole, women's support services tend to be under-resourced. This was a key finding of the Mirabal research (Kelly & Westmarland, 2015) and is highlighted in the following quotes from interviewees in this study.

I think the women don't get enough, as much service. I just really feel it is not good that there is such an imbalance of services within our organisation and I think we should be giving much, much more to the women (service manager 3).

Not generally [face-to-face work], simply because of caseload. There isn't time, it's just on the phone (women's support worker 3).

The last worker took over this post in the interim, alongside her own job. She was doing this to keep it going (women's support worker 2).

It is notable that three interviewees – a manager, a group-work facilitator, and a women's support worker – raised a difficult and controversial issue in working with women: namely that there may be scope for women to look at changing some of their behaviours. For example, it was suggested that it may be useful for women to have a better understanding of the dynamics of change, and to explore their own responses and behaviours. This is controversial because it can so easily slip into suggesting that women bear some responsibility for the abuse or for monitoring or managing the man's ongoing behaviour. Whilst this is not what was being suggested - and is not a debate that will be entered into here - it is notable because it highlights the lack of space and resources for women's support workers to explore and develop their work.

In part, this is about caseloads. Women's support services offer support to current and ex-partners and this can mean, potentially, that for every man on the group-work programme there are two, or even more, women to support. Yet this imbalance is not reflected in the number of women's support and group-work facilitator positions in the organisations involved in this study. This leads to high caseloads for women's support workers and the corresponding lack of time available for developmental work. Another issue is the way in which formal processes which surround men's group-work – specifically practice management - are not formally applied to women's support work.

I think the men's workers are under far more scrutiny and that's actually a benefit for them and I think we do need to think more about how we can help the women's workers (practice manager 3).

Practice management, as discussed, is a formal mechanism which creates the space to improve practice. Whilst this is not necessarily the same as developing the work in a wider sense, it does mean that there is a built-in process to look, rigorously and in detail, at the work being delivered, with the purpose of improving practice. Whilst men's group-work facilitators are routinely provided with practice management sessions, this was not evident for women's support workers. That is not to say that women's support workers do not make any time for reflective practice development, but it is not such a formal and required process of work for women's workers and is especially difficult in projects which have only one women's support worker.

It is, of course, only fair to say that the under-resourcing of women's support services is not a deliberate oversight on the part of DVPPs. Rather, it is largely a result of commissioner's reluctance to provide adequate funding for women's services and this may, in part, be linked to misconceptions of DVPP work and the prominence of men's group-work (see Chapter 6). For this reason, it is important that the role and purpose of women's support services are promoted as part of a 'whole service' approach.

TENSIONS

An integrated men's and women's service will inevitably throw up some tensions since, as one interviewee put it, 'each of us leans a little bit towards the people we are working with, so that creates a challenge for the team to not become polarised' (group-work facilitator 4). Another area of tension is described by Burton et al. (1998:10) as 'gender agendas' - that is to say, the reflection of societal gender politics and inequality within DVPPs. The value of an integrated service is that these tensions can be raised and addressed rather than rather than remaining 'hidden' in separate organisations. This section will outline these tensions but the focus of the discussion is to look at the ways in which the management of these tensions can impact - and even be productive - for integrity.

The first source of tension between men's and women's workers is neatly encapsulated by the quote from the group-work facilitator above. It seems to be an aspect of human nature to place those who are different in opposition, as 'others'. When women's workers are focused on the women's experiences and men's workers on the men's experiences, there will always be a danger of 'othering'. It would be hoped that an individual working with behaviour change would have enough self-awareness to recognise and address this kind of attitude, at least in any explicit or extreme sense. However, as this programme manager describes, 'taking sides' is a tendency which may still arise and must be attended to.

> *There is a friction between the men's service and the women service. I think there always will be, but all workers recognise that and most of the time they don't take it personally. At times the men's worker might simply be letting the women's worker know what the man has said and the women's worker goes 'oh is that right, well she says this', or the other way round. It happens both ways round. And it's like 'hang on a minute let's not re-enact the tensions within that relationship'. Or things like the men's worker being over-optimistic about the changes that the man is making and not wanting to hear the feedback that the women's worker is giving them, and that's difficult as well* (practice manager 3).

This particular interviewee goes on to speak about his role as a manager and the responsibilities of the workers to think about how they are working together and how they can manage that. 'Honest and open communication', he argues, is the key. Two other interviewees, however, highlighted more fundamental tensions and it is possible to extrapolate from this to highlight a number of issues relevant to integrity.

Interviews were conducted with a group-work facilitator and a women's support worker from the same organisation which was, by their own admission, undergoing some difficulties between men's and women's services. Whilst the interviews were not conducted with this in mind, nor were they focused on exploring these difficulties, the tensions can be encapsulated thus: the women's support worker felt that group-work facilitators brought too much of a therapeutic approach to the work, holding the men in an overly positive regard which led to the women's experiences being minimised; the group-work facilitator felt that women's support workers were not adequately trained and were ill-equipped to help the women address the dynamics of the relationship.

What is evident here is a lack of clear and honest communication and, at that point in time, a willingness to work through these issues was absent. If the organisation has a good foundation of shared aims and objectives it is often possible to work through such issues and strengthen the ethos of the work. However, it may be that there are valid issues arising here – at least in terms of perceptions of the different roles and the value and expertise placed on them. In this way, there is an ongoing echo of Burton *et al.*'s (1998) gender agendas, whereby women's support workers have a 'sense of being an unequal partner […] that reflected the reality for the project's service users and gender inequality more widely' (p.10).

Whilst this inequality was not explicitly expressed in interviews, I repeatedly came away from projects with a sense that men's group-work was held in higher regard, and that group-work facilitators were seen as more qualified or professional. It would require further research to explore this in depth but the wider focus on men's group-work and the under-resourcing of women's work may leave women's support workers on the back foot. It would appear that, despite these issues being raised in 1998, little has been done to raise the profile of women's support work or to address external misconceptions of the primacy of the men's group-work. These inequalities continue to be recreated, not least by the language of DVPPs and their umbrella organisation, Respect. The next chapter focuses on these and other issues which impact upon a 'whole service' approach to integrity.

Overall, the tension which exists between the men's and women's services need not be problematic if there is an ethos which promotes honest and open communication, and a willingness to work with these tensions. Indeed they could be productive since the ability to reflect on personal positioning and perspective, particularly in relation to gender agendas, can enhance work with clients. However, at the present time, there remains an implicit inequality between men's and women's services and this is a tension which must be addressed on a structural level if the 'whole service' ethos, expounded by interviewees, is to be fully enacted in practice.

THE 'WHOLE SERVICE' APPROACH

Whilst many interviewees focused on group-work activity when asked specifically about 'programme integrity' (see Chapter 6), the wider interview content suggests a much broader understanding of what makes a DVPP effective. Women's and children's safety will not be increased by the men's group-work programme in isolation and it was universally agreed that all aspects of the service must combine to reach this aim.

The necessity of articulating the whole service approach applies at a micro level, in that the group-work itself requires suitability assessments, session planning, debriefing, write-ups, case management, and supervision, all of which take place outside of the group-work room. At a macro level it was recognised that group-work could not function effectively without other aspects of the service, in particular the women's support service.

It is about the system. It's about both formal and informal interaction between the men's and women's service; it's about protocols with outside agencies to ensure that there is a shared understanding of risk and vulnerability and service generated risks. There are formal things you can do to improve organisational integrity and that will gradually increase through the use of formal processes and through informal contact between different parts of the organisation and between the organisation and the other agencies that work with it. Training, protocols, manuals - I think that makes it sound straightforward, it's not straightforward, but there are mechanisms for ensuring you've got organisational integrity (group-work facilitator 2).

The notion of 'the system' is key here and was linked by some participants with the model of co-ordinated community response (CCR) pioneered in Duluth. That is to say, there was a recognition that DVPPs are just one component in a wider response to domestic violence. However, it often referred to 'the system' of the DVPP itself – that is, the whole service working together and the processes which support that – as much as it referred to the CCR system.

I'm comfortable that the system, not just the programme but the systems we have in place, are increasing the safety of women and children (group-work facilitator 2).

In fact the system is understood as being about making women and children safer, by working together as a service *and* linking up with outside agencies.

For me, the whole ethos of the project is to protect women and children and the programme wouldn't work unless there was a women's service, so I think that's very important (group-work facilitator 5).

The components of integrity which have emerged from the interviews encompass the work of the whole service through an ethos which needs to permeate the work on all levels. This notion of a 'whole service' ethos leads to a concept which I term 'service integrity'. Whilst this is explored fully in the next chapter, there is one fundamental factor which is currently undermining the realisation of this ethos.

THE PROMINENCE OF MEN'S GROUP-WORK

Throughout the interviews it was noted that interviewees constantly referred to men's group-work when discussing 'the service', even when they were extolling the virtues of integrated services and the role of women's support work.

Emerging out of a context in which domestic violence work was focused on assisting women's escape from abusive men (see Chapter 1), the notion that work could be done with violent men was radical and controversial. Understandably, since it was the work with men that was new, this drew the most attention. It is also true that the first programmes in Britain were initially more focused on group-work and did not have a functioning women's service at their interception as, despite the DVPP efforts, Women's Aid were unwilling to provide the kind of women's service required. DVPPs began to provide their own women's service but it was some years before there was a consensus on the necessity of integrating men's and women's services (see Chapter 4).

It would seem that there are a variety of contextual reasons which have resulted in the evolution of DVPP women's services being slower and less prominent than the men's work, despite being innovators of pro-active and telephone support. A much improved understanding of women's support work, vulnerability and risk management, has done little to de-centre the men's group-work. A concept of service integrity will help to address this by bringing a 'whole service' approach to the fore.

CONCLUSION: MOVING TOWARDS SERVICE INTEGRITY

This chapter has drawn on interviews with a range of DVPP practitioners from ten projects involved in the Mirabal research and explores the current state of play for British DVPPs. To address the aim of scrutinising the understanding and practice of integrity within current DVPPs, it has focussed on the extent to which they are aligned with 'integrity' in the most basic sense of 'delivery as intended', and reveal what else is deemed important in relation to integrity. To achieve this it was necessary to draw on the original 'delivery intention' of British DVPPs (see Chapter 4). This 'delivery intention', which has acted as a baseline notion of integrity, was premised on an approach rather than a particular way of operating. It highlighted the principles of reflexive practice to support positive behaviour change with men, an emerging understanding of safe practice which requires proactive contact with (ex)partners of men on group, and processes for critical self-reflection to develop content and practice.

The data reveals that contemporary British DVPPs have successfully continued with the work as it was originally envisioned. That is to say, the approach and principles developed in the original work remain in place and practice has continued to develop, within these principles, as was intended. Many of these principles and practices were deemed by contemporary DVPP workers to be components of integrity: the need for responsivity and flexibility in group work delivery; the need for reflective practice, especially in terms of formal processes such as practice management; the importance of communication between the men's and women's services, both through the formal process of regular case management, and informal and ongoing discussion of cases between workers; the necessity of well managed integration between men's and women's services which allows for honest and open dialogue and recognises tensions as potentially productive; and an understanding of the women's support role as essential to effective and safe practice.

The men's work has continued to develop within an ethos which views men as men and not simply in terms of what they have done, and seeks to support positive change whilst remaining true to challenging and holding men accountable for their abusive behaviours. This requires a flexible and responsive approach to the work with men, and locates DVPP work towards the 'unstructured' or 'process-driven' end of a continuum of approaches. It is formally described here as a 'semi-structured process-driven' approach due to the way that manuals are used as a framework but allow for flexible and responsive process-driven work. This process-driven approach was regularly contrasted with the highly structured approach of Probation's IDAP and CDVP programmes, with the flexibility of the process-driven approach deemed an important

component of integrity. Nonetheless, flexibility requires robust processes of reflective practice and these were also viewed as vital to integrity.

There has been development in terms of the role and integration of the women's support service, and the recognition that a 'whole service' approach is vital to achieving the overarching aim of increasing women's and children's safety. Nonetheless, the whole service approach is understood but not yet fully enacted. The women's support service remains under-resourced despite the recognition that it is vital to increasing safety, both in and of itself and in conjunction with the men's group-work. Women's support work is often less developed than the men's group-work and this needs to be addressed, ideally in a more collaborative integrated model than that which currently exists. A fully integrated and collaborative men's and women's service is beneficial to effective DVPP work. At present, the men's group-work remains the most prominent aspect of DVPP work and this undermines the 'whole service' approach. It is the ethos which suffers, and this will always affect the full implementation of the approach.

A concept of 'service integrity', developed in the next chapter, is required which can help to address the ongoing inequalities, in both resources and status, which are undermining the whole service approach. The question of 'programme integrity' with which this research began, serves to again place men's group-work at the centre of DVPPs and must be preceded by 'service integrity' to combat this and to reflect the reality of the 'whole service' approach. Programme integrity, whilst still relevant, should be seen as nested within service integrity, as discussed in the next chapter.

'WE DO SOME AMAZING WORK WITH GUYS BUT THAT'S NOT ALL IT'S ABOUT': THE CONCEPT OF SERVICE INTEGRITY

Interviews with pioneers of British DVPPs (Chapter 4) and with current DVPP practitioners (Chapter 5) have highlighted the importance of the 'whole service' approach to DVPP work, and the elements of this which contribute to 'integrity'. The integration of men's and women's services, the communication and development processes surrounding these teams and their work, and ongoing reflective practice are considered vital to the integrity of the whole service. The aim of increasing women's and children's safety cannot be adequately met by men's group-work alone. This has led towards the notion of 'service integrity' which will be expounded in this chapter, offering a conceptual framework for the maintenance and improvement of 'integrity' for DVPPs. There are a number of potential advantages to a concept of service integrity, not least of which is to de-centre the men's group-work.

Despite the widespread agreement that the whole service is essential to 'integrity', men's group-work is still given prominence both implicitly and explicitly. There are a number of ways in which DVPPs themselves and the UK umbrella organisation, Respect, recreate the primacy of men's group-work at the expense of the rest of the service. In particular, the inequality in both status and resources between the men's and women's service is problematic - a point raised in Burton *et al's* (1998) evaluation of DVIP and still evident in the Mirabal findings almost two decades later (Kelly & Westmarland, 2015). This chapter explores the difficulties which arise when the men's programme becomes the main focus for commissioners and practitioners, and the ways in which this focus is inadvertently reinforced by DVPP organisations and within the Respect Accreditation Standard (2012). This is examined in terms of a 'whole service' *ethos* and the ways in which this can undermine a 'whole service' approach.

The foregrounding of a 'whole service' approach and ethos, through a concept of 'service integrity', does not imply that an understanding of 'programme integrity' is unnecessary or undesirable and this is also addressed in this chapter. The men's group-work represents the 'unique selling point' of DVPPs and this should not be lost, but the prominence of the men's programme leads to misconceptions of DVPPs which can impact upon funding and thus on effective functioning. The term 'programme integrity' inevitably

directs attention towards an actual programme - that is, to men's group-work delivery. However, 'programme integrity' should be specifically related to group-work delivery and needs to be nested within the broader concept of service integrity. Indeed, programme integrity, as presented here, cannot be achieved without reference to service integrity.

'Service integrity' recognises that DVPPs are more than just a men's group-work programme: the ethos and the practice of all aspects of the organisation are vitally important to ensure the integrity of the men's group-work and the service as a whole.

FROM WHOLE SERVICE APPROACH TO 'ETHOS'

The 'whole service' approach is linked to the aim of increasing women's and children's safety and recognises the way that all aspects of the service work together to achieve this. Underlying this, however, is an *ethos* which must be attended to if the approach is to be strengthened. 'Ethos' is defined as 'the distinctive character, spirit, and attitudes of a people, culture, era, etc.' (Collins Dictionary, 2004) and is used here to refer to the character and principles that DVPP workers bring to the work and the ways in which these are built on and fostered by the organisation.

This 'ethos' was widely referred to and was linked to the challenges of DVPP work, recognition of the expertise required to work with integrity, and the ways in which DVPP expertise is valued and supported within an organisation and externally. Processes which sit alongside direct work with clients must contribute to ensuring staff are supported and valued personally, professionally, and in terms of resources. In terms of the 'approach', these processes provide opportunities to critically examine and develop practice in order to provide, and improve upon, an effective and safe service. With attention to 'ethos', these processes also provide much-needed cohesion and support for staff within the organisation and an opportunity to share some of the burdens of the work.

The fact that these processes are not limited to formal meetings but involve ongoing communication was highlighted by interviewees and is reflected in the Respect Standard (2012).

> *Case management is part of the risk assessment process as well as a mechanism for ensuring effective service delivery. It is expected that staff will communicate with each other on a day to day basis, in a way that is responsive to changes in risk regarding clients. While the term case management encompasses this, it is used in the Standard specifically to refer to a routine, systematic and comprehensive process that reviews risk and progress of work with all clients* (from Glossary of Terms Used in the Standard).

The advantage of formally structuring these processes into the work is that they mark out space for focussed reflection and development, but the ongoing process of communication is equally important. Formal meetings of this kind can feel like an inconvenience when caseloads are high and demanding immediate attention. However, these are not just functional processes which are essential to safe practice; their less tangible value is in the fostering of a cohesive, reflective, and collaborative ethos which can be recognised and capitalised on.

The expertise required for DVPP work was regularly noted in interviews but, with only one exception, was always discussed in relation to men's group-work facilitators. The responsibility conferred by the flexibility of the process-driven approach to group-work delivery was noted in a positive way but this can be undermined by resource issues. Whilst applying across the whole service, the quote below again links this directly back to men's group-work.

> I think the whole service has got to have enough resources, have enough staff, and have enough money to be able to have that little bit of group-work being effective. And I think putting pressures on people, having people that work part-time to run the group, and assess everybody, and risk assess everybody, and review everybody, and write court reports for CAFCASS, and reports that go to case conference. I think if you're putting all those pressures on, things can slip (practice manager 2).

Whilst there is little that can be done at a service level about the prevailing financial climate, attention can be paid to fostering an 'ethos' which values - and promotes - the expertise of DVPP workers in both the men's and women's services. DVPP workers are acutely aware of these pressures and many interviewees drew links between the struggle for resources and misconceptions of DVPP work held by external agencies and commissioners.

'PEOPLE MISUNDERSTAND PERPETRATOR WORK'

Many interviewees were aware of the pressure from commissioners and outside agencies to provide shorter programmes and their tendency to only see DVPPs in terms of numbers of men attending group-work sessions and completing the programme.

> I think people misunderstand perpetrator work. People think it might be easier than it is. When we talk to other agencies and other domestic violence teams that don't work with perpetrators, I think they think it's an easier job. I don't think they see all the other things that happen behind the scenes, that it's not just that three-hour programme once a week, there is so much more going on (practice manager 2).

The idea that the work is seen as 'easier than it is', and a failure to recognise the part played by all aspects of the service, was believed to have some impact upon the decisions of funders and commissioners. Interviewees spoke about both the amount of work which goes into getting men engaged, and the failure to see the programme as one part of the work of the whole service - although this is still framed as the work which is 'around the programme'.

> I think funders see 'bums on seats' and numbers and if you've only got five in your group, 'why have you only got five?' You know, 'you've had 20 referrals last month why have you only got five on your group?' I don't think they understand that maybe half of that 20 aren't suitable, half of that 10 didn't turn up for any of the interviews or one-to-one sessions. I don't think people get that - I don't mean the general public, I mean funders and other agencies (practice manager 2).

> The programme is just one little part of the whole lot. The facilitators and women's support worker meet every two weeks to discuss clients and that is beneficial, and you can see why that works, why that helps. So it isn't just the programme, it is the other bits that are around the programme. A lot of outside workers don't understand that a perpetrator programme is just one little bit. Like for instance CAFCASS

[children and family court advisory and support service]. My understanding is that they <u>do</u> see a perpetrator programme as being the main element of the rest of domestic violence reduction. Actually, no! But that's how CAFCASS see it. They want answers, yes or no, has he changed or hasn't he changed, and that's impossible to give (group-work facilitator 2)*.*

What this leads to, although it is not made explicit here, is that the men's programme is relatively easy to procure funding for, but other aspects of the service - notably women's support work - do not get the same level of funding. This was reflected in the earlier discussion of women's support work (see Chapter 5) and was also raised in Burton *et al.*'s DVIP evaluation (1998:10, and see later section on structural issues). The 'bums on seats' mentality of commissioners is not, however, solely based on their *perception* of DVPPs. Rather, this is tied into a New Public Management culture and a climate of austerity which leads to the rationalisation of services and resources (see Chapter 2). Nonetheless, if DVPPs hope to secure funding for all aspects of the service - and need to do so to function effectively - it is important that the 'whole service' concept is better developed and promoted.

How is it, then, that the DVPP organisations end up reinforcing the primacy of the men's group-work, despite their own experience and knowledge that men's group-work is only one part of a bigger picture? In one interview, a service manager who spoke passionately about the breadth of the work and the importance of the whole service went on to admit her own complicity in the valorising of men's work.

Actually, I am guilty, even as the co-ordinator of the project, I am guilty of getting very wrapped up in 'him' and it's because the group programmes are so much more about managing him, and just things like rotas, getting guys in, getting them started at the right place, and getting them finished, and the reviews. And it does, it almost feels sometimes like actually the focus is there (service manager 5).

This dilemma, of de-centring men whilst focussing on them to change, is addressed in the following sections.

THE LANGUAGE OF DVPPS

One important point that feminism and feminist research has taught us is that language matters. One need only think of the rallying slogan of second wave feminism – 'the personal is political' - which worked to shift recognition of feminist issues, including domestic violence, from the private (personal) sphere to the public (political) sphere. I contend, like many feminists before me (see for example Cameron, 1998; Saul, 2010), that the language we use in everyday situations is critical to the way we construct and recreate the world around us.

The acronym DVPP is widely accepted as the collective 'noun' for organisations which offer men's group-work and a women's support service for their partners or ex-partners. However, what DVPP actually stands for is inconsistent across projects. The Respect Standard (2012) uses 'DVPP' to refer to the men's group-work as the 'domestic violence prevention programme'. A quick perusal of available websites for organisations which participated in this research and which term themselves 'DVPPs' reveals a variety of titles and language use as shown in Table 6:1.

D	V		P			P		
Domestic	Violence	Abuse	Perpetrator	Prevention	Other	Programme	Project	Other
9	6	3	4	3	2	5	2	2

The most common is the term used throughout this study: domestic violence perpetrator programme. This is, however, problematic as the word 'perpetrator' focuses attention on the man. It could be argued that it is correct to do so since domestic violence perpetrators have too long remained invisible (Edleson, 1998). Nonetheless, in the context of these services, I would argue that the need to promote the notion of the 'whole service' overrides this argument. A more pressing issue is the use of the word 'programme' when describing the organisation. 'Programme' foregrounds the men's group-work to the point of making the women's service, and all the other work the organisation does, invisible.

The Respect Standard (2012) consistently states that the organisations eligible for accreditation are those which 'provid[e] domestic violence prevention programmes (DVPPs) working with men who use intimate partner violence (IPV), and also provid[e] integrated safety services (ISS) for partners and ex-partners of these perpetrators' (p.1). It also uses the term domestic violence prevention service (p.2) but this is not explicitly defined until the glossary at the end of the document, which states: 'the DVPP working with men and the ISS working with women together form the Domestic Violence Prevention Service'.

Respect's DVPS, 'domestic violence prevention service', may still not be the most appropriate collective 'noun' for these organisations because the service is seeking to prevent domestic violence by way of working with the men, but this does not reflect the role of the women's service. That is to say, it is not the woman's responsibility to *prevent* the domestic violence. In order to address these points the term 'domestic violence *intervention* service' may be more appropriate.

The fact that 'DVPP' seems to be somewhat ambiguous and is widely used by organisations as the term for their *service* as opposed to the men's group-work specifically, further creates the impression that the men's work is the main component. There is an urgent need for organisations to consider the way they describe and promote their service so that the perceived prominence of men's work is not inadvertently reinforced to external agencies.

Another aspect of DVPP language which requires consideration is the term 'integrated women's support service' - sometimes 'integrated partner support service' or 'integrated safety service'. There are two aspects to this which contribute to inequality in status and resources of women's services (see Chapter 5). The first of these is the use of the term 'integrated' only in relation to the women's service. The connotation

is that the men's service is the main part of the organisation and the women's service has been integrated into this. In fact, both the men's and the women's service are (or should be) viewed as integrated with each other.

The second point is the widely-used job title 'support worker' for the women's service workers, especially in comparison to the equally widely-used 'violence prevention practitioner' for men's workers. In terms of both roles having equal status and requiring comparative levels of expertise and professionalism, I would argue that 'support worker' carries connotations of a lower status position (Cavendish, 2013; Kennedy, 2013) and links to stereotypical perceptions of 'women's work' (Rake & Lewis, 2009). If DVPP organisations recognise - and want commissioners to recognise - that the women's service is absolutely integral to the work of the men's service, it is important that external perceptions of the work are considered. Some DVPPs use the title 'women's safety worker' and this may be preferable. However, if the job title for men's workers is 'practitioner' then the women's workers should also be titled 'practitioners'.

GENDER AGENDAS

Adjustments in language may be subtle but can be powerful. As part of a wider commitment to bringing parity to the teams, it could help to address some of the issues raised by Burton *et al.*'s (1998) notion of 'gender agendas'. There are two key structural aspects to the notion of gender agendas which remain evident today.

> *At the structural level, funding was forthcoming for the work with violent man, thus financial support for WSS was 'on the back of' funding for work with men. This has been reflected in both how DVIP is understood by (and at times represented to) outside agencies and in the allocation of resources* (p.10).

Interviews in this study highlighted the under-resourcing of women's services (see Chapter 5) as well as issues with the way that DVPP services are perceived by funders and other agencies. It is likely that these are linked: if DVPPs and Respect continue to foreground the men's work, it is unlikely that other agencies, funders and commissioners will recognise the importance of – and the need to fund – all aspects of the service.

The second of Burton *et al's* (1998) 'gender agenda' points is an ongoing silo effect between men's and women's services.

> *There was a strong sense of not knowing enough about the other side of the project. In such a situation it is all too easy for misinformation and rumour to take the place of dialogue and communication. While there can be different interpretations and significance accorded to actions, we were also aware of positions taken which could have been resolved through more open communication* (p.11).

When asked about the work of their men's or women's service counterparts, interviewees had a very limited knowledge of their practice. Most women's support workers professed a limited knowledge of the men's group-work, gleaned from the manual, whilst men's workers had virtually no knowledge of the process of women's support work. Significantly, women's support workers were apologetic about their

limited knowledge, but men's workers did not recognise the relevance of understanding women's processes to their own work.

This lack of knowledge and communication can lead, as in the example in Chapter 5, to serious tensions between men's and women's workers and fails to take advantage of integration's potential to address gender agendas. There will always be tensions between men's and women's workers but these can be productive if there is an ethos of open and honest communication. Gender politics do not disappear for workers simply because an organisation is geared towards addressing these politics with their clients. Workers in an integrated DVPP service have the potential to explore these politics collaboratively and, through this, enhance their practice (see Chapter 5).

Reflective practice has been raised as essential to service integrity and men's group-work facilitators routinely talk about this in terms of practice management. The Respect Standard (2012) states that 'practice management should be attended by all staff at least monthly' (p.18) but is somewhat ambiguous about the process of this for women's services. That is to say, despite stipulating that women's workers should also have practice management, discussion of this process is geared towards men's group-work. Standard B2.4 states:

> *Practice management operates as a mechanism for ensuring that the service is being delivered in a manner that is consistent with its stated approach and model of work. All organisations record all group sessions with perpetrators in order to provide a direct method for monitoring group work against the model of work* (2012:31).

What this suggests is that practice management is directly linked to monitoring integrity but implies this is really about *programme* integrity. There are clear activities related to practice management for men's group-work delivery – that is, reviewing the video recordings of sessions – emphasised here and exclusively discussed in the accompanying guidance. It is little surprise that DVPPs have interpreted practice management as being for men's group-work facilitators. Certainly women's support workers did not indicate in interviews that they undertake any kind of formal practice management and, indeed, were unhappy at the lack of time to develop their work and practice. A similar point was raised by a practice manager in one project:

> *It's a bit of a weakness, and it's something we have been discussing. It might be partly because this has come from the criminal justice model, but the men are reviewed at various points, like before the start of the group-work, quite often they'll be reviewed halfway through, and then at the end. But there's nothing like that for the women and I think, for the men, it's an opportunity to say how they've been treated, as a formal thing in place where they can take stock* (practice manager 3).

Although this interviewee is referring more specifically to client reviews, it follows that this feedback would be discussed amongst the team, providing an opportunity for practice development work which is not afforded to the women or the women's workers.

ACCREDITATION AND SERVICE INTEGRITY

Despite the points raised above, many interviewees looked to the Respect Accreditation Standard (2012) in relation to integrity and often directly equated accreditation with integrity in terms of safe and effective practice. There was an appreciation of the way in which the Respect Standard allows flexibility in approach and programme delivery, and recognition that it accredits the whole service.

> *Respect have gone some way to achieving [integrity] by accrediting services and I think that has been a really important factor in developing services that have the flexibility that we have in the delivery, because as long as we're delivering within guidelines that means we're going to address the issues we're here to address. Actually they are really flexible in how we do that and I found that extremely positive and reassuring that they recognise that as well* (service manager 5).

This was not accidental on the part of Respect, as the quote below demonstrates, and may be a reflection of the way in which the Respect Standard grew out of the distinctly bottom-up nexus of the National Practitioners' Network (see Chapter 4).

> *[For accreditation] you need a certain level of resources but you also need a good level of management, and good systems. And that's what we found with accreditation: organisations that might have been doing good work in the room with the man, haven't always had the systems around them. We've helped them develop those systems so that they are a much safer organisation* (DVPP developer 3).

There is a great deal of alignment between service integrity and the Respect Accreditation Standard, but the focus is on a whole service *approach*; accreditation cannot mandate a whole service *ethos*. The accreditation standard is able to set a benchmark and a framework for how the work should be done, whilst 'service integrity' is able to take this further and support DVPPs in an ongoing process of improvement towards excellence. Critiques notwithstanding, the Respect Standard provides a basis for the concept of service integrity presented here. The parameters of this are outlined below, before going on to expound the concept of service integrity and examine where this differs from accreditation.

THE RESPECT ACCREDITATION STANDARD

The Respect Standard provides a benchmark which acts as a starting point for service integrity in terms of a whole service approach. Whilst all ninety-seven points within the Standard must be met for accreditation and are therefore all relevant to service integrity, there are a few key aspects which are picked out here to highlight the alignment with service integrity issues. The Respect Standard is laid out in six sections (A-F), each covering different areas of structure and practice. Specific standards referred to here are denoted with their number (eg, B2.2) and page number, taken from the Respect Accreditation Standard, 2nd edition (2012).

The Respect Standard is clear that organisations must offer an integrated men's and women's service, albeit that they only term the women's service as 'integrated'. For accreditation, these two services do not necessarily have to be part of the same organisation, for example the woman's service can be provided by

Women's Aid. None of the research sites had this arrangement at the time interviews were conducted and it is unclear how well this would work in terms of full integration.

The Respect Standard requires that men's and women's workers receive equal pay (A2.4, p.10) and that all workers have the opportunity to take part in clinical supervision (A6.1, p.18), practice management (A6.2, p.18) and case management (A5.1, p.17) (see also a B2.1 and B2.2, p.23). In this way, the Respect Standard lays out a number of ways in which men's and women's services should be on par, despite the ways in which this is undermined through language and structure. Nonetheless the Respect Standard can only go so far and it is the responsibility of DVPPs to ensure that the service is fully integrated. This is down to the ethos of the organisation which, ultimately, cannot be enforced by accreditation.

A number of useful points are stipulated in the Respect Standard which allow for the development of an appropriate ethos: it does not prescribe any particular model or approach (p.4), but does lay out the basic aims within which to work (p.4-5) and highlights how practice management can ensure adherence to the organisation's approach (p.31). This provides a degree of autonomy, within the appropriate monitoring mechanisms, which is a key point for service integrity and creates space for DVPPs to develop their ethos.

Standard B2 (pp.28-31) is geared towards workers having a good understanding of the approach being utilised but does not require that all workers have an understanding of the approach and model of work employed by both men's and women's services. In this way, the men's and women's work remains silo-ed and there is less potential to work collaboratively. It is required that: 'there are clear aims and outcomes for discrete interventions' (B2.3, p.31). However, interviews revealed that women's support services have had less opportunity to develop such clear-cut aims and objectives as are seen in the men's work. In the Respect Standard, the governing body is charged with the responsibility of ensuring that resources are adequate (A2.2, p.10), and the guidance states that: 'this means ensuring staff are not overstretched to the point where the quality of the service is unduly affected' (p.10). I would argue that this is not being satisfactorily met if women's services do not have time and space to develop the work being delivered.

Partnership working is threaded through the Respect Standard and stipulates the need for: 'proactive efforts to obtain and share information about key concerns and risks of harm to the victim and to the children' with Children's Services (B7.3, p.44), and other professionals (D1.3, p.56). This has emerged as a key point for service integrity, particularly in light of a greater focus on women's outcomes which, if men do not engage, requires that this is reported on to inform wider risk management. That is to say, current and future partners and children may be made safer if men's lack of engagement is properly flagged in a risk management context. Furthermore, DVPP work with other agencies can act as a platform to promote understanding of the whole service approach. However, this will only be truly effective if it is underpinned by a whole service ethos.

QUALITY AND EXCELLENCE

The Respect Standard lays out a framework which is aligned with the whole service approach aspect of service integrity. However, service integrity sits outside the Respect Standard inasmuch as it is largely concerned with an *ethos* which cannot, ultimately, be mandated by accreditation. Service integrity is the responsibility of the DVPP. It is concerned with continual *improvement* as opposed to the 'benchmark' of accreditation. Patton (2002) describes the difference between 'quality control' and 'quality enhancement' which can be usefully applied here.

> *Quality-control efforts identify and measure minimum acceptable results [...] Quality enhancement, in contrast, focuses on excellence, that is, levels of attainment well beyond minimums. Quality control requires clear, specific, standardised, and measurable levels of acceptable results. Excellence, however, often involves individualisation and professional judgement that cannot and should not be standardised* (pp.148-9).

It should be noted that full accreditation under the Respect Standard goes beyond a minimum level and seeks: 'quality and effectiveness' (2012:6). However, an accreditation standard, by definition, needs to provide the 'clear, specific, standardised and measurable levels' described by Patton (2002:149), whereas the DVPP itself must strive for excellence.

It is essential that, as individual organisations, an internal ethos is fostered that supports the value of reflective practice, full collaborative integration across the service, and parity between the men's and women's services in terms of status and resources. These areas are covered in the Respect Standards but there are some ways in which the ethos which supports this could be strengthened and this is addressed by the concept of service integrity.

THE CONCEPT OF SERVICE INTEGRITY

If accreditation provides a benchmark which can be standardised and measured, 'service integrity' is about an ongoing search for excellence. As such, it is the responsibility of individual DVPPs and empowers them to build on their accredited status. It cannot be standardised in the same way that accreditation must be, but involves a continual process of improvement. It is akin to process evaluation, as opposed to the more 'outcome'-orientated evaluation of accreditation (see Chapter 3). It can, nonetheless, be set within a framework to facilitate its implementation, although this must not become rigid or standardised as this would, again, devalue the independence and professional judgement of practitioners.

It may be counterintuitive to place more responsibility onto the already stretched resources of DVPPs, but it need not be an onerous burden. The DVPPs involved in this study already demonstrated the commitment and efforts towards excellence which service integrity requires, but lack a framework for ongoing improvement. Areas of weakness which were discussed in interviews can be strengthened through attention and articulation of excellence within the framework of service integrity. The areas of weakness which have been identified were largely centred on:

- the prominence of men's group-work through language and perceptions;

- integration of men's and women's services, whereby the women's support service is often not afforded the same space for development and participation as men's work;

- inadequate communication and collaboration between men's and women's services;

- conceptualisation of 'success' premised on men's behaviour change.

These issues cannot be resolved overnight but service integrity offers a process of continual and ongoing improvement. Even where a framework for service integrity is adopted, this does not necessarily need to be implemented in one go. DVPPs might, for example, simply begin by having a monthly meeting of all staff which focuses on collaboration between services, or addresses some of the language issues. It may be that DVPPs already have a monthly meeting of all staff, in which case a service integrity framework can provide structure and focus.

Ongoing and incremental improvements are the keynote of service integrity. Nonetheless, there is effort required to put a framework in place and make time for the necessary dialogue, and the demands of direct casework can make this feel burdensome for practitioners. It is important that DVPP workers recognise the benefits that the process of service integrity can bring, not least of which is the potential for a more supportive and collaborative working environment. Women's support workers may, on the surface, have more to gain from this process and men's workers must be motivated by the benefits to their own work which a strengthened women's support service can bring. This includes recognition of the contribution women's support work can directly make to men's group-work processes, as well as a better conceptualisation of the contribution of women's support to the aim of increasing women's and children's safety.

Some of these issues , such as the prominence of men's work and the conceptualisation of 'success' premised on men's behaviour change, have already been discussed, but some further points require attention.

COLLABORATIVE INTEGRATION: THE KEYSTONE OF SERVICE INTEGRITY

It is essential that services operate in a way which fully integrates the work of men's and women's services in order to work effectively. The data suggests that there is room for improvement in this area. The Respect Standard (2012) states:

> *The close working between ISS and the DVPP is critical to the identification of risk, informed risk assessment and to enhancing safety. It also promotes shared understanding within the organisation and keeps women's experiences of abuse at the centre of the work […] The more effective and collaborative the relationship between the two services, the greater will be the opportunities to improve women and children's safety* (pp.25-26).

Some services did not appear to have a particularly close or collaborative relationship between services and this may, in part, be due to real or perceived differences in status. This inequality needs to be addressed both linguistically and structurally as has been discussed. Externally, DVPP organisations, including Respect, need to work harder to promote the 'whole service' approach of DVPP work and avoid reinforcing the prominence of men's group-work. The ability to do so with any great effect comes from the congruity of an ethos which also recognises the whole service.

Internally, there are also improvements which could be made to ensure the women's service is held in equal esteem to the men's service. Some of this is suggested in other points made below, but greater understanding and knowledge of both roles across the service would contribute to better integration and collaboration.

All accredited services are required to submit a model of work for their organisation which 'includes the content and structure of the work with clients, the theory underlying this and the methods of delivery' (Respect, 2012:4). What is not clear from interviews is the extent to which this is always a *shared* model of work, understood across the service. Furthermore, there was little indication of a specific model of work for women's support services in individual organisations. The model of work documents submitted for accreditation generally provide detail about the men's group-work approach, such as that men are challenged to take responsibility for their actions and taught to critically assess their gender-based expectations, whereas the women's service information focusses on the practicalities of how contact is made and support offered.

Men's and women's workers are often unfamiliar with the way their counterparts work and this can lead to unnecessary tensions, as in the example in Chapter 5, as well as a less collaborative working environment discussed above. Both men's and women's workers expressed the potential for bringing their work closer together, for example to offer more structured work with women which provides partners and ex-partners with better insight into the model of change employed in the men's group-work programme. Resource issues aside, this will only happen if there is greater collaboration leading to greater understanding of how each side of the service works within a shared model of change.

Greater clarity and further development of the work undertaken with women would capitalise on the findings, in this study and the Mirabal project, that women's and children's safety can be increased regardless of the man's engagement. For example, the Mirabal report (2015) highlighted the way women can be fearful of stepping into an increased space for action, but can learn to overcome their partner's negative responses such as sulking and become more confident. It is not enough to 'support' women when their own process of change may also require psycho-educational input. Some women's support services offer structured group work - although many do not have the resources - and the majority of women's support workers undoubtedly do provide input which goes beyond basic support and signposting, but this is not articulated in the way that men's work is, and thus the work is invisible.

At present, monitoring of practice is geared towards the monitoring of men's group-work through processes such as practice management. Whilst there is a specific place for this within 'programme integrity' (see section below), their dual purpose as a forum for practice development is widely understood and valued by interviewees and is a component of service integrity.

Whilst it would not necessarily be desirable to video (or audio) record work with (ex)partners, the women's support service could benefit from enhanced practice development. There is a need to provide women's workers with more opportunities to develop the content of their work, though this is complicated by the isolation of many women's support workers who work alone in the smaller projects. Creative solutions may be required to address this, for example links could be made with women's support workers from other projects, utilising virtual forums.

Full integration of the men's and women's services is essential. This can only be achieved by paying attention to perceptions of the work, rooted in ongoing gender agendas, as well as full participation in all the relevant processes of DVPP work. The Respect Standard states that women's support workers should 'participate in or *contribute to* case management with DVPP workers' (p.23, emphasis added). Whilst it is for practical reasons that some women's support workers are only able to *contribute to* case management - either through a database or via their manager – it creates an unfortunate separation between the services which would be best avoided. Without the dialogue afforded by full participation, both men's and women's work suffers, and any differences in perspective are not revealed and addressed. Again, a creative solution such as virtual meetings could be considered in order to ensure all workers are able to participate.

Service integrity takes account of the whole service which DVPPs offer and which must be fully integrated to support the aim of increasing women's and children's safety. DVPPs must act to de-centre men's work, both internally and externally. This requires that attention is paid to the language used to discuss and promote the service and to structural issues which continue to place a lesser value on women's support work. Processes which create space for women's work to be developed - both in terms of content and practice - need to be built into the structure of the service.

Interviewees demonstrated a great deal of personal commitment to excellence which would make a concept of service integrity attractive in and of itself, but DVPPs will want to promote their organisation's efforts towards service integrity to external agencies. While service integrity is not well suited to standardisation, it is possible to suggest a model or framework to implement and a commitment to this process this can be promoted by DVPPs.

A FRAMEWORK FOR SERVICE INTEGRITY

In order to make practical use of a concept it is necessary to operationalise this as a framework, and the concept of service integrity is no exception. The data collected for this study have revealed aspects of DVPP work which are considered as components of integrity and/or which may require improvement. These may

vary from one DVPP to another, but can provide some co-ordinates to map and improve service integrity. Offered here is a framework to facilitate the process of review and improvement towards service integrity.

Whilst a framework is offered here, it is essential to understand this as a suggested tool which can assist DVPPs to make space to address issues of service integrity. The danger is that adopting a framework can lead to a process which is yet another standardised 'exercise' and serves to undermine the very foundation of service integrity: the need to value and foreground the independence and professional judgement of practitioners. Indeed, the principle of recognising and foregrounding the 'practitioner voice' underpins the thesis presented here and it is essential that this is not undermined by a framework being adopted too rigidly or used to override issues which practitioners feel require attention.

A framework should take the form of a regular 'reflective analysis'. That is to say, it provides a framework of questions which prompt discussion about key aspects of service integrity in order to identify areas for improvement. It is envisioned that a reflective analysis process of this kind would be undertaken as a collaborative effort within the DVPP and this will require that a good level of open and honest communication can be facilitated. However, 'open and honest communication' is itself an aspect of service integrity which may need improvement in some DVPPs. Thus, as mentioned previously, it may be necessary to implement particular improvements before a full service integrity framework can be adopted. Service integrity cannot be standardised and is not 'attained' in the same way that an accreditation standard is. Rather, it is an ongoing process which may be reviewed bi-annually or annually. The framework includes suggested questions which DVPPs may seek to address, but these should be understood as prompts for discussion rather than yes/no tick boxes.

Whether a framework is implemented in one go or addressed in a step-by-step way, it is necessary to allow for full discussion and encourage a solution-focused approach to issues which arise. Open and honest communication must extend to DVPP managers who need to be transparent about the strategic and resource issues which may come into conflict with an ideal of service integrity. For example, practitioners may be in support of a stricter assessment criteria to ensure that men are not enrolled on the programme where there is little expectation for a reduction in risk (Respect Standard B4, p.37) but, for managers who must consider a strategic view, an overly strict suitability assessment may be unrealistic given contracts with external agencies.

The 'framework for service integrity' suggested here draws on the McKinsey 7S model (Waterman, Peters, & Phillips, 1980) and its adaptation for the Reclaiming Social Work (RSW) model (Morning Lane, 2014; Cross, Hubbard, & Munro, 2010; Munro, 2011). The '7S' model and was originally devised for businesses to improve organisational management and efficiency (Peters, 2011). It was adapted for the RSW model as a way of restructuring and shifting the culture of Children's Services, to provide a more effective service.

The 7S/RSW model is based on an understanding that to improve the efficacy of an organisation it is necessary to consider all aspects of the organisation's operation. The seven aspects are: strategy, structure,

staff, skill, systems, style, and shared values. Crucially, it is understood that these aspects are interrelated and interdependent, and that no single aspect takes precedence. The diagram below (Figure 6.1) serves to emphasise this crucial point.

Figure 6.1: The 7S/RSW model, reproduced from Munro, 2011
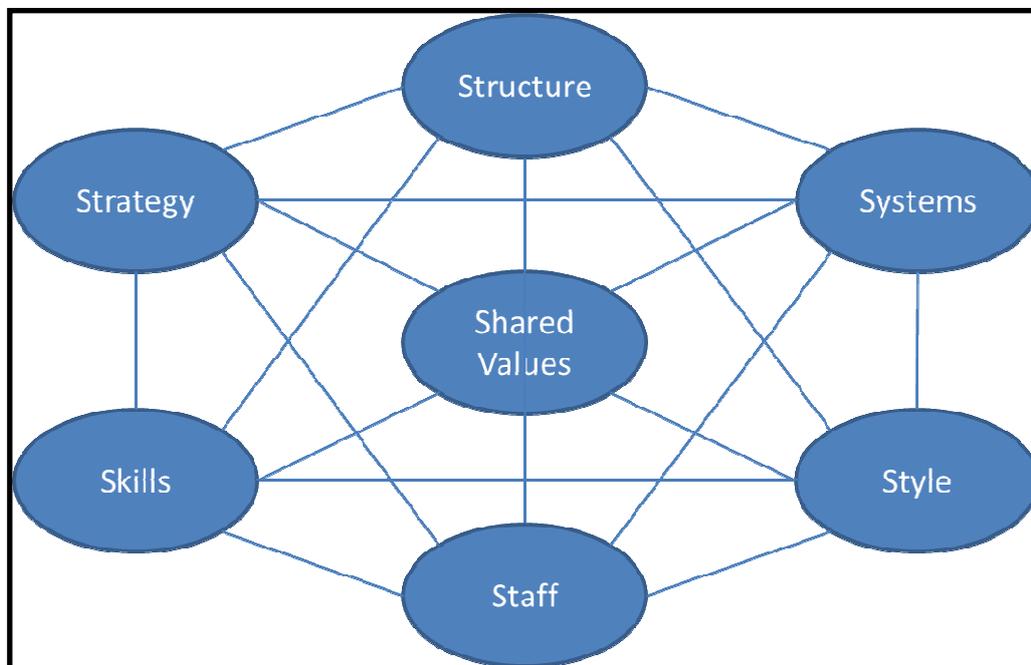
The model fits well with the concept of service integrity in its recognition that all components of an organisation need attention and none have primacy. These aspects are now discussed in full, giving their conceptualisation in the 7S model (Waterman *et al*. 1980) and the RSW model (Morning Lane, 2014; Cross, Hubbard, & Munro, 2010; Munro, 2011), their relevance and/or adaptation for the service integrity framework, and the 'reflective analysis' questions posed by each aspect. A tabulated version, for ease of reference, is included in Appendix 9.

STRATEGY

The 7S model describes strategy as 'actions a company plans in response to or anticipation of changes in its external environment' (Waterman et al, p.23). In terms of business organisations this means customer base, competitors, etc. In the RSW model, the concept is not explained but the actual strategy is outlined, which is to work proactively with families and privilege direct work.

For DVPPs, the 7S model's explanation of the concept points to what the Mirabal findings (2015) terms as 'shapeshifting'. That is 'respond to changing and challenging funding regimes' (p.42). This study has also highlighted the 'shapeshifting' of DVPPs to adapt to changing funding and policy imperatives (see Chapters 4 &7). 'Strategy' for DVPPs refers to these ongoing shifts and changes in macro and micro environments, but also to the original strategy of DVPPs – the 'unique selling point' of work with men, the overarching aim/strategy of increasing women's and children's safety, and proactive support for women.

Building on Respect Accreditation Standards in sections A and F, suggested questions could include:

- To what extent is the organisation focussed on 'increasing safety' as opposed to focussing on men's behaviour change?

- Is 'success' recognised in terms of outcomes for women and not just on men's behaviour change?

- Is the USP of working with men being retained?

- How is the organisation anticipating/responding to policy and funding climates or other external circumstances?

- Is the organisation promoting a 'whole service' approach?

- Is the *service* being promoted as a 'programme' (or 'DVPP') thus rendering the other work of the service invisible?

STRUCTURE

The 7S discussion of structure explains that the old business model was to create specialised tasks and then co-ordinate interactions between these tasks. However, as companies got bigger this became outmoded since the number of interactions between specialist units became unmanageable. This is the basis for RSW's creation of 'social work units'. Old social work teams, with managers overseeing a number of social workers each with their own caseload, were replaced with semi-autonomous units where each worker had knowledge of all cases held by that unit and had a monthly meeting providing 'intensive, reflective time to discuss and decide what needs to happen next' (Morning Lane, 2014).

DVPPs which are larger and operate two or more groups, may also need to be re-organise structure to make collaborative work more effective. However, it is relevant to all DVPPs in terms of encouraging collaborative working and full integration, particularly in terms of case management. Attention should be paid to the women's service, and whether the structure is facilitating full integration.

Building on Respect Accreditation Standards in sections A and B, suggested questions could include:

- Is the structure facilitating collaborative and integrated work?

- Does the structure need to adapt, to work more effectively with external agencies?

- Does the structure allow for both men's and women's workers participation in case management?

STAFF

In RSW, this has been interpreted with an emphasis on recruitment assessments in order to select high calibre staff. However, the original conception in the 7S model is interesting in that it emphasises 'how to get the best out of people' (Waterman *et al.*, p.23). In this sense, it *is* about recruiting the right people but it is also about nurturing and developing those people and making the best use of their skills.

For DVPPs this aspect focuses on both recruitment and nurturing of staff. This is about all staff having access to good quality supervision and practice management. It is also about the ways in which staff feel valued and supported.

Building on Respect Accreditation Standards in sections A and B, suggested questions could include:

- Is the expertise of staff in both men's and women's services valued equally? Do job titles reflect this?

- Are individual worker's skills recognised and put to the best use?

- Are processes such as case management, supervision and practice management available to *all* staff?

- Are these processes recognised as opportunities for support and cohesion, and valued as such by staff? If not, what needs to change?

SKILL

For the 7S model, 'skill' was about examining 'what does the company do best?' Recognising and articulating 'these dominating attributes or capabilities' (Waterman *et al.*, p.24) is important, as too is identifying new skills which could be developed. In the RSW model 'skills' are translated very differently and focus on the skills that staff have, the tools required for those skills, and the provision or supervision to support and develop these.

For DVPPs, a return to the original conception of the 7S model is more appropriate – with staff skills coming under the 'staff' 'area. This aspect then focuses on thinking about what do DVPPs (or this DVPP) do best? It may be better labelled as 'specialisms'.

Building on Respect Accreditation Standards in sections B and D, suggested questions could include:

- What does this DVPP do really well / what could be done better?

- Is there a tendency to place men's work at the centre? How can it be de-centred without losing the USP?

- Is there recognition that women's and children's safety can be achieved regardless of men's outcomes and that better reporting on men's lack of engagement can contribute to increased safety?

- If men are assessed as unsuitable or do not engage, how effectively is this being fed back to external agencies to facilitate current and/or future risk management?

- How well is the 'model of work', and aims and objectives of discrete interventions, developed and articulated in the women's service?

- Are models of work/manuals regularly reviewed and developed?

- Is 'success' being measured in terms of a range of outcomes?

- Is the service being promoted with a 'whole service' approach or is it promoted as a 'programme' or 'DVPP'?

SYSTEMS

The 7S and RSW models concur that this relates to procedures, processes and systems. RSW stipulates that these should be 'relevant, intelligent, flexible, and useful' and also suggests that 'procedures should […] encourage practitioners to think through what they want to do and why, then do it, rather than do it because they are told to' (Morning Lane, 2014). Munro (2011) states that 'systems enhance professional practice'.

DVPPs also need systems which are 'relevant, intelligent, flexible, and useful'. External funding contracts may dictate criteria for monitoring and reporting, but efforts should be made to streamline these as far as possible. This aspect should also consider how systems facilitate multi-agency working with external agencies.

Building on Respect Accreditation Standards in sections A, B and D, suggested questions could include:

- Are client systems (assessment, review, recording, reporting) efficient? Is there any unnecessary duplication?

- Are client systems fit for purpose – are they working to facilitate direct work, case management, and integrated work?

- Are staff systems (practice management, supervision) efficient and fit for purpose?

- Is the approach and model of direct work with clients coherent for both men's and women's services? Is it reviewed regularly?

- Are processes for monitoring and reporting on funding contracts streamlined as far as possible?

- Can processes which involve multi-agency work be adapted or streamlined?

- Is Programme integrity being addressed? (see Section on programme integrity)

STYLE

This is about culture, and for the 7S model this operates from the top down in a practical sense: it is about managers getting out in the field and talking about the nuts and bolts of the work. 'Talking' is emphasised in the sense that what is talked about gets focussed on and can thus create or change culture. In RSW it is the actual culture which is discussed rather than the concept, but this gives some interesting pointers. The Morning Lane website highlights 'organisational warmth towards its staff through the encouragement of open and supportive dialogue', whilst Munro (2011) emphasises collaborative work.

For DVPPs this is directly related to the 'whole service' ethos which has been discussed. The notion of 'talking' is relevant here, especially in relation to 'gender agendas' (Burton *et al*, 1998). There is not always a quick fix available, but if the conversations are ongoing there is greater likelihood of shifts in culture.

Building on Respect Accreditation Standards in sections A and B, suggested questions could include:

- Is there an ethos (culture) which doesn't just recognise but embraces the 'whole service' approach?

- Is the women's support service viewed as equal in expertise and status to the men's service?

- Does attention need to be paid to the language used to describe the service as a whole and the women's service?

- Is there an ethos which encourages and supports honest, open dialogue and recognises/treats tensions as productive? Do 'gender agendas' get discussed?

- Is 'reflective practice' extended to interactions between staff and teams, and the collaborative context?

- How can the reflective and collaborative style of DVPPs be extended to work with external agencies?

SHARED VALUES

For the 7S model these are 'guiding concepts – a set of values and aspirations, often unwritten, that go beyond the conventional formal statement of corporate objectives' (Waterman *et al*., p.25). For RSW the actual shared values are outlined. Munro (2011) puts in very simply in terms of 'staff have a similar outlook and approach'

For DVPPs this aspect directs attention to the values and aspirations of the organisation. It is concerned with how these are articulated and the extent to which the service has a shared approach.

Building on Respect Accreditation Standards in sections B, C and E, suggested questions could include:

- Are the organisation and its workers clear about their values?

- How are values explored in recruitment processes?

- Is there an understanding of a shared model of work and approach to change?

- Do men's and women's services have a working knowledge and understanding of each other's model of work and approach?

- Is integration and collaboration valued?

- Do staff have a level of autonomy (within the necessary reflective and practice management systems) which recognises their expertise?

The framework, and in particular the 'reflective analysis' questions are not fixed since DVPPs will have varied needs and have various levels of service integrity and, furthermore, professional judgement and expertise must remain central and will dictate what needs to be addressed. Nonetheless, it offers an opportunity and a structure for DVPPs to examine their position and address some of the issues raised in this study and the Mirabal project (Kelly & Westmarland, 2015). The issue of programme integrity is connected, in different ways, to strategy (theoretical approach and model), systems (approach) and style (ethos). The discussion of programme integrity which follows, highlights the need to pay attention to style as well as systems.

PROGRAMME INTEGRITY

A broader reading of the interview data has revealed the need to focus on the whole service approach of DVPP work, leading to the concept of service integrity. This does not mean, however, that 'programme integrity' has no relevance to DVPPs. Rather, programme integrity is better understood as relating specifically to the men's group-work programme and, crucially, as sitting within service integrity. That is, the approach, model and framework are important but it is also about the way in which other aspects of the service feed directly into the delivery of group-work programmes. This, in turn, is affected by the ethos, that is, by the extent to which services are fully and collaboratively integrated.

As discussed in relation to service integrity, the Respect Accreditation Standard (2012) provides a benchmark for the approach and this is also true for programme integrity. Much of what is required for programme integrity is found within standards which relate to a clear understanding of the model, aims and objectives (eg. B2, pp.28-31) and processes for reflective practice management and case management (eg. B1, p.23). Programme integrity for DVPPs cannot be understood in terms of measuring adherence to what works in any standardised sense. Many interviewees expressed a lack of certainty in 'what works' for DVPP men's group-work delivery because there is not the research to back it up. This perspective is influenced by the dominant paradigm and wants to understand exactly what it is about practice and the delivery of specific exercises or interventions that 'works'.

Practice-based evidence tells us, in no uncertain terms, that 'what works' is not fixed, that it is a reflexive process and is dependent on the individual men, their motivation and needs, and on the dynamics of the group. Practitioners must take courage from this. The Mirabal Project (Kelly & Westmarland, 2015) has concluded, with some caveats and areas for improvement, that the work DVPPs do assists the majority of men to change and improves the lives of a significant number of women and children. On this basis the study presented here must also conclude that the *way* DVPPs work is also effective. The caveats are that this work must continue to be supported by robust processes for reflection and development, and the areas for improvement are connected to how well these processes work in light of service integrity issues around collaboration and the whole service approach and ethos.

Whilst this discussion of programme integrity is specifically related to men's group work, it should be noted that the principles can be adapted to the group and one-to-one work undertaken by women's services. However, this would require greater clarity of the aims and objectives of specific pieces of women's support work and/or development of the model of work.

Programme integrity is an elusive concept within academic literature (see Chapter 2) and unsurprisingly this translates into defining programme integrity in the practice arena: one interviewee described it as 'trying to nail jelly to the wall' (DVPP developer 6). Discussion of the process-driven approach in Chapter 5 has already established that programme integrity for DVPPs is incompatible with any kind of 'tick box' approach.

Nonetheless, suggestions can be made which will help DVPPs to monitor programme integrity. It begins, however, with the attempt understand how practitioners understand the term 'programme integrity'.

'NAILING JELLY TO THE WALL'

All interviewees – that is, developers of early British DVPPs and current practitioners – were asked what the term 'programme integrity' meant to them. Nearly thirty per cent of interviewees were unable to offer a definition, though most were able to surmise a meaning from the term itself. An early programme developer, for example, stated that 'I can't recall that there was a word like programme integrity but there was a sense of there's good ways to do this and there's not so good ways to do it' (programme developer 11). Another participant expressed it like this: 'I can't say I've come across it, I mean the sense I have about it is first of all are we doing the things Respect would hope that we are doing, properly' (group-work facilitator 4).

Women's support service workers and stakeholders were less familiar with the term, pointing to the popular association of 'programme integrity' with the delivery of group work. Managers and men's group-work facilitators were, therefore, more likely to have heard the term in relation to processes of monitoring group-work and experience or knowledge of Probation's programmes. The term itself was perceived to be closely connected to Probation programmes and processes, with a negative connotation, where 'rigidness can come into play' (service manager 1). Or, as another interviewee states: 'it's a phrase that came out of Probation and when I've seen it used what it really means is not going off-message, not going off script' (group-work facilitator 3).

Rather than actually define the term, most practitioners talked about a practice of programme integrity as they understand it, and from this emerges a consensus about what programme integrity means in practice amongst DVPP workers. The broad categories in the data are related to how the programme works, adhering to the aims and objectives, and delivery within an agreed framework. These will now be discussed before considering how they are interrelated and form the basis for a concept of programme integrity for DVPPs. The concept of programme integrity presented here builds on these initial 'definitions' in a way which takes account of the broader findings of the study, and the Mirabal findings, such as the need to recognise and assess 'success' in different ways.

DVPP practitioners who did attempt a concise definition were most likely to refer to programmes 'doing what it says on the tin' (service manager 2). A stakeholder expressed that: 'the integrity of the programme is the effectiveness of it, and is it doing what it should be doing?' (stakeholder 2), whilst another practitioner stated 'programme integrity equals do you think it works or not' (group-work facilitator 6).

It is often expressed in terms of 'meeting outcomes': 'whether or not it was effective, post-programme, does it have a lasting effect?' (service manager 4). Similarly, another interviewee stated: 'if the whole process has integrity then the men should be doing well in 6 months, in 12 months, 18 months' (male

facilitator 4). Direct follow up with the men post-programme was also seen as highly desirable but often there were not enough resources to do this in any meaningful way. That is to say, some DVPPs follow up with the men at some point – often three months after programme completion – but many practitioners would like to see this extended.

The problem here is, again, the focus on men changing despite awareness that women and children may have become safer regardless of this. It is essential that measures of success fully incorporate this overarching aim of DVPPs. It is best conceptualised in the quote below, but steps must be taken to implement this understanding.

> *The aim of [this organisation] is to make it safe for women and children in [this area] and one of the offshoots of that is to maybe help men change their behaviour. So, in terms of the integrity, is the programme delivering what it's meant to be delivering? So, is it making women and children safer in [this area]? That's the only aim: the objectives are 'trying to support men to change their behaviour' and that sort of thing* (group-work facilitator 2).

Given the concern which gave rise to DVPPs – that abusive men go on to abuse the next partner (see Chapter 1) - it is entirely relevant to pay attention to men's change but there are two considerations here: how is men's change measured, and, if he has not changed, is an improved assessment of risk fed back to relevant agencies? Men's change must be seen in the light of research which highlights the *process* of change rather than immediate desistance for all men (Gondolf, 2002; Kelly and Westmarland, 2015). Furthermore, if lack of engagement and/or change, and any assessments that have been undertaken, is fed back to relevant agencies such as Children's Service and CAFCASS, it can contribute to current or future risk assessments.

Practitioners posited that outcomes provide information about whether the programme has brought about change, and thus contributes to monitoring whether a programme is being run with integrity. Outcomes may refer to whether there have been police call-outs during or post programme, and retention/attrition rates of men on programmes, but also included other feedback such as from (ex)partners, men, and other agencies. Taking the points made above into account regarding measures of success, it is essential that feedback is sought from a number of sources and treated as evidence.

Another broad theme was that programme integrity involves adherence to aims and objectives. This may be in relation to men's group-work content such as one service manager's assertion that 'programme integrity is just so that you're not going off on a tangent with something totally different, you're focussed on delivering the aims and objectives within each session' (service manager 1). Clarity about the aims and objectives of each session is vital to the delivery of a flexible, process-driven programme and practice management plays an important role in this. Women's support work would also benefit from the articulation and monitoring of aims and objectives, particularly if there is to be a greater focus on women's outcomes of freedom and safety.

Another way of thinking about this was to consider the 'basic principles' and 'core ethos' of programmes, such as 'treating people with respect and not colluding' (programme developer 6).

> *The integrity is about the sort of values you're bringing to the work, holding men accountable, and it's got quite a lot to do with gender – not rigidly about what your programme says or whether you're doing it according to the programme. It's the style and delivery and it's the value base of the organisation* (group-work facilitator 7).

This applies across the whole service and calls for careful recruitment of staff.

> *My viewpoint has always been, if you've got the right attitudes and values you can teach the rest. But if people have got a judgemental approach, or are impatient, or think you have to throw people's offending in their face rather than get them to see that change would be good for them, they're not going to make good workers in this area. And the same goes for women's workers as well, and I think the approach the women's workers take is very similar, it is very motivational. I think one thing they would always say, they would always be encouraging women to report assaults, or support them to do that, but they will not be telling the woman what she should be doing in terms of her relationship. And it's the same thing, it doesn't work!* (practice manager 3).

An articulation of programme integrity which initially appears to match the dominant definition is the need for a programme to be 'delivered the way it's meant to be delivered' (practice manager 3). However, practitioners who defined programme integrity in this way elaborated on what this actually means in practice.

> *Obviously your programme integrity, following the manual throughout and ensuring you're covering each learning and each style throughout that. But it's important that if you can maybe change an exercise, so you're still getting the session content across but you're just adapting it slightly so that it fits with the needs of the group* (service manager 1).

An early programme developer talked about 'a kind of framework' – that programme integrity was originally about 'keeping pretty much to the agenda, and not departing too much from the script' but that it became distorted to mean 'keeping really rigidly to a script: basically programme fetishism' (programme developer 7). This is related to the idea of using the manual as a framework (see Chapter 5) and the need for flexibility was always stressed, such that 'it's not that things necessarily have to be done in order or absolutely to timetable' (practice manager 3). Another practitioner puts it in broader terms.

> *Programme integrity is about looking at your programme, making sure it's fulfilling the things that you set out to do, set out to fulfil. How much that then gets used to say you have to stick to this curriculum, how much it allows for you to come away from the script, is debateable and it'll change from project to project* (group-work facilitator 3).

This point is closely related to the idea of 'keeping on track' and the need for clarity about aims and objectives. However, it is also about the recognition of the manual as a framework and thus, as a tool for this.

AN EMERGING CONSENSUS

A consensus emerges that programme integrity is concerned with delivering a programme effectively by keeping on track with the aims and objectives of the programme design and delivery intention. However, to be relevant to DVPPs, the concept of programme integrity must ensure that efficacy takes account of the process of change for men and incorporates women's outcomes. Furthermore, the delivery intention is premised on an and demands rigorous attention to the development of both programme content and practitioner skills, and this cannot be fully realised without paying attention to the ethos of service integrity.

The value of flexibility is crucial and leads to the question of how service delivery may be monitored and assessed to ensure that flexibility remains within the bounds of aims and objectives. There is a whole process to consider, beginning with the original and ongoing development of the framework, how this is delivered in a flexible and responsive way (as well as what it is responsive to, and how), how this is monitored and assessed, and how the whole process feeds back into the ongoing development of the framework. This is depicted in diagrammatic form, in Figure 6.2 below, and is then discussed in detail.

Figure 6.2: programme integrity in a process context
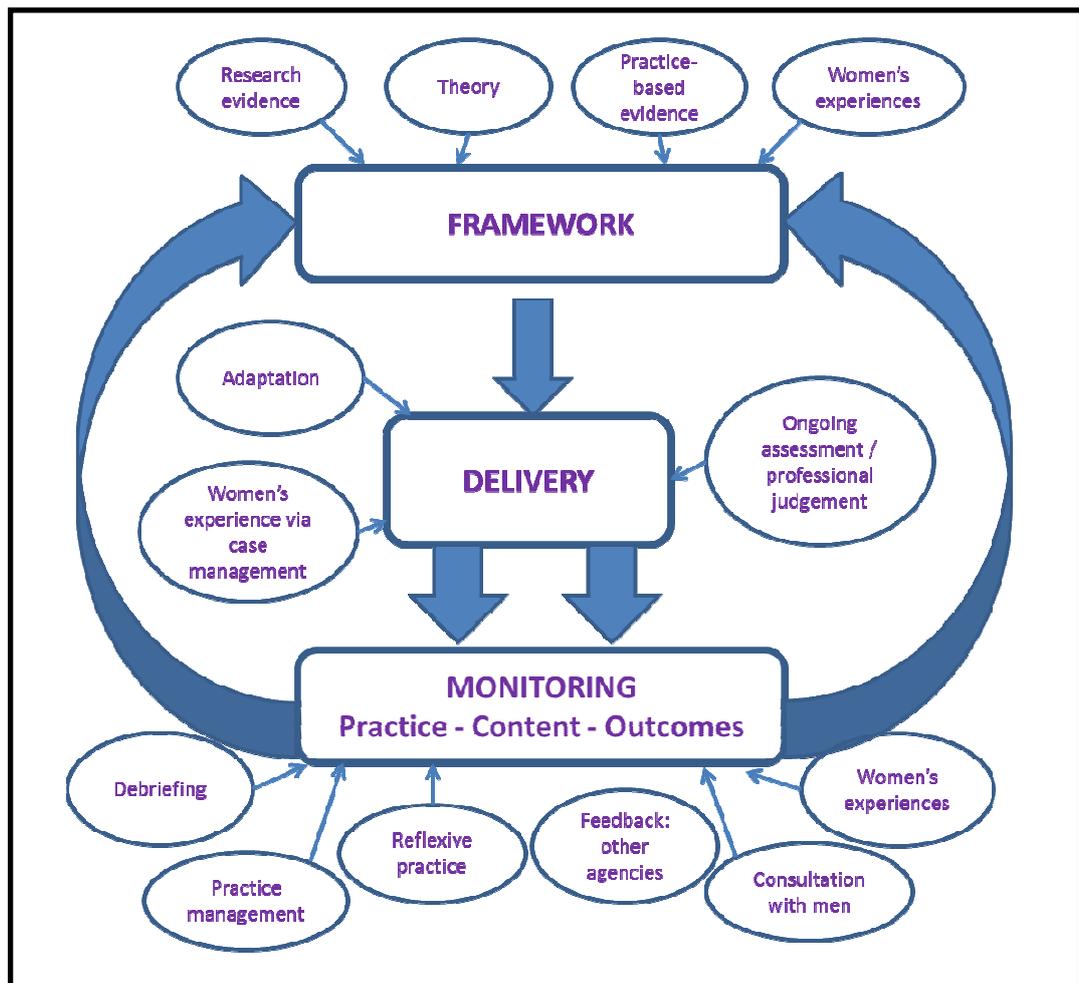
PROGRAMME INTEGRITY AS PROCESS

The early developers of British programmes did not start from scratch but drew on the material that had been pioneered in North America, adapted and developed through practice experience and research evidence (see Chapter 4). This process has continued, and contemporary programmes are based on manuals which draw on the same material, further adapted and developed as necessary. However, this needs ongoing review and development, particularly at present to respond to challenges from the Mirabal project (Kelly & Westmarland, 2015) such as the possibility of shifts to better address coercive control.

> *I think it's important that all programmes have this research behind it, so it's based on what works. So you know that you're delivering elements that will help men become aware and understand and be motivated to change* (group-work facilitator 2).

Practitioners were knowledgeable and confident about the theory and research which underpinned their programme model inasmuch as covering the areas which are recognised as important to domestic violence and behaviour change work.

> *In terms of domestic violence these are the areas are highlighted, these are the behaviours that men perpetrate. You know, you're not going to get every man on the programme to cover every segment of the power and control wheel or even every single seven modules fit exactly to each person, that isn't the case in all men, but certainly a lot of elements do* (service manager 1).

Programme integrity relies on a manual, or framework, which is based on a clear theoretical approach, research evidence - including that which incorporates women's experiences - and the practice-based evidence of facilitators. This provides a robust framework to deliver the programme but it is in the delivery itself where the real work takes place and thus it is essential that it is understood as a framework within which to innovate and adapt, in conjunction with the checks and balances outlined in the next sections.

Whilst research evidence provides a strong framework, translating what is known from research into what works in the room is far more complex. What works with one man, or within the dynamics of one group, may not work so well with others.

> *Some groups respond well to certain material so, for example, we've just done two sessions on jealousy and isolation and we followed the material religiously for the first session. We got an okay response, but men kept talking about their <u>partner</u>'s jealousy. So maybe we've got a group of men that for some reason or another that topic doesn't resonate and, from our own knowledge of their stories, we did what we could in that session but in session two we thought 'well we could go with the material and end up feeling like it was an okay session but it could have been better, or we could bring in [a different, related exercise]'. So session two of jealousy and isolation, we could've gone with the material but actually we thought now is the time to try a couple of partner empathy exercises, which we did. Which worked very well. So I think that session was a success* (group-work facilitator 4).

Delivering the material requires constant and ongoing assessment of what is working in the room and calls for a high level of professional judgement. As in the example above, facilitators may need to change things

'on the hoof' when they see something isn't working. Equally, they may plan to try a new exercise which they have come across and feel that it will address an issue more effectively.

> *My co-facilitator used to work in a different authority and we used to share a lot of materials between us. You know, if he had seen something he would ring me and say 'I've seen this and it would really link in with this module and I've got you a copy, and vice versa* (group-work facilitator 6).

> *We're always coming up with different ideas and we've actually done these different worksheets that weren't in the original manual, to say this goes quite well with this* (practice manager 2).

Facilitators rely on reflexive 'practice-based evidence', working out what is working in the room for individuals and for each group. They constantly gauge responses to assess whether the men are understanding the research-based learning points set out in the manual. Facilitators attempt to create and support change, in the room, with individual men within particular group dynamics.

> *You have to gauge the group you're working with and it's the body language, it's the responses, it's the motivation, it's the participation, it's the way all those dynamics are working within your group, as well as delivering in your head what you've got to deliver, and then grasping and ensuring that you've got an indication of 'have they really got that?'* (service manager 1).

> *It is down to the ability of the facilitators to be able to understand and pick up the subtle hints, the manipulation that goes on, and the facilitators do you get a lot of training and support, they are our key resource within the program* (service manager 2).

What must also be brought into the room - although often not explicitly - is the 'evidence' that women's support workers can bring via case management.

> *So, it's all linked up together. We need the women's support workers monitoring carefully what's going on, how the women feel, what their reactions to their men are if they are still in the relationship. And we need to see that kind of evidence back in the group* (group-work facilitator 4).

To be robust, the process does not end there - practice, content and outcomes need to be regularly monitored, reviewed and developed.

Given that DVPPs are delivered in a way that allows for flexibility and adaptation within a framework that values professional judgement, monitoring processes become even more significant if programmes are to be delivered with integrity. It is clear that integrity cannot be assessed based on adherence to a manual and requires a more nuanced assessment which encompasses practice, content and perceptions of change.

The processes of debriefing and practice management are vital to ensuring this reflexive process and, as such, programme integrity. As discussed in Chapter 5, practice management provides an opportunity to monitor the quality of delivery and adherence to aims and objectives, but it is also valued for its practice development potential.

Debriefing is a more or less formal process which facilitators undertake at the end of the session to reflect upon that session. For some facilitators this is a conversation, whilst others complete 'reflective logs'. Either

way, it allows facilitators to reflect on what worked and what didn't and to consider individual men's engagement and participation.

> *The debrief is more about how the facilitators challenged, how they interacted, how the perpetrators interacted, who engaged well, who didn't, where there any issues that came out of that. I suppose looking at risk more than anything: did somebody say something that we need to inform WSS about because we think this is the trigger, do we let do we need to let them know? (practice manager 2).*

> *After each session me and my colleague will discuss how that session has gone, discuss particular clients, and if we need to challenge each other that's fine, you've got to feel comfortable with what you said. I'm running the Monday night group with a colleague who I've known for many years and it just becomes the norm, after each session we spend 10 minutes doing that. So that's one part. But I also do reflect on my part in that process, so in that session, okay what did I say, what could I have said, and what shouldn't I have said, how I've reacted to the man, how I've challenged them, how I've tried to bring them in or extract more opinions or thoughts from them. And I reflect on 'I'm not sure about him, he comes across as okay but something tells me something and I don't know what that is' but at least that means he's still on the radar. So it's that reflective practice (male facilitator 2).*

For some interviewees, this reflective process is rushed and informal but it is universally valued. It is important that this time is recognised and built in to working hours. Equally, it is important to consider case management as part of the 'monitoring' process. If case management is fully participatory, whether formal or informal, it provides feedback on risk and change between the men's and women's services, and assists with the change process.

Whilst practice management allows for the monitoring of content and adaptations, most projects also have regular meetings with all facilitators to review content and update the framework. Content reviews usually take place on a bi-annual or annual basis and draw on emerging research evidence, practice-based evidence, and feedback from men.

> *I meet with the co-ordinator and all the facilitators every six months, and we amend a module. We update it with current knowledge and legislation, what works and what doesn't work, which is why the facilitators are key, the people who are there regularly, to say 'I didn't think that worked' or 'that did work' or 'we got good feedback on that'. And then I get [one of the manual developers] to look over the changes and just make sure we're on the right line (service manager 2).*

The opportunity to share practice with other facilitators was valued by interviewees and echoes the value placed on the National Practitioners' Network (see Chapter 4).

> *In terms of sharing the best way to move forward with certain exercises, that has been discussed in the meetings we've had with the facilitators which is really useful because you've got people with different experience of delivering this particular manual and certain sessions in a way that you could say 'try it this way' or 'try it that way'. If you're not moving away from the session content, which is what we won't do, but it's adopting it so that it fits the needs of the group that you're working with (service manager 1).*

Content reviews also take men's feedback into consideration and, in some cases, new exercises, tools or modules are formulated in consultation with men who have completed the programme. One service manager, for example, spoke about developing a module to address new forms of abusive behaviour which

have come about with technological advances such as GPS on mobile phones and social networking sites. The need for the new module came about because men on group consistently brought up these issues, and it was formulated through research, practice experience and consultation with men. Programme integrity calls for regular reviews of programme content – taking all forms of evidence into account – and ideally undertaken as a collective endeavour with group-work facilitators.

Accepting that men are individuals, at different stages of motivation and change, means that the question of efficacy cannot be answered in simple terms. Interviewees spoke of the importance of feedback: from men, women, and outside agencies.

> *[Feedback from] the guys and from their partners as well. From the feedback that when they complete and then we hear it from them, from their partners, and not just from them but also from other agencies that are working with that family as well. So you'll have a health visitor or social worker and they'll say 'I can really see a difference in him, not just like I've had no referral from the place but even how he is, when he speaks, just generally'. So when you're getting that sort of feedback as well then you think 'well that's really positive for the programme'* (group-work facilitator 5).

> *I think when people see the clients, the changes the clients have made. A lot of people reflect on that, what a good programme it is. You know, social workers, they can have a conversation with someone and they don't feel afraid of that client* (group-work facilitator 6).

Although practitioners have consistently highlighted that women and children can be made safer even without the man's engagement and that feedback from (ex)partners is important, there is still a tendency to plot success against the changes men make. DVPPs need to ensure that they are monitoring outcomes in a way which takes a more nuanced view of success. The six measures of success formulated as part of the Mirabal Project (Westmarland and Kelly, 2010; Kelly and Westmarland, 2015) can be utilised by DVPPs to take a broader approach to outcomes which is not premised solely on men changing.

It is also important that DVPPs ensure they are in contact with other professionals involved with the family. Feedback from these professionals is a valuable source of outcome monitoring and should be treated as practice-based evidence.

A FRAMEWORK FOR PROGRAMME INTEGRITY

Discussion of the term 'programme integrity' with DVPP practitioners reveals a paradigmatic clash with the dominant definition (see Chapter 2). That is not to say that DVPP practitioners dismiss the concept of programme integrity, but rather that the process-driven approach demands a recalibration of the concept that is relevant to DVPPs. Practitioners recognise the importance of manuals in terms of a framework and rely on robust processes of supervision and feedback to ensure that practice conforms to the aims, objectives and principles of DVPP work.

> *You can score it but I think it has to be a sort of 'small', 'medium' and 'large' scoring. So 'sort of achieved/oh my god you missed it by a mile' is bearable because it is possible to measure in that you can*

say 'yeah, yeah, that worked' or 'that was brilliant', or 'oh my god, that was wrong', but it's not like a tape measure because it's not that easy (PI01).

However, delivering a programme involves more than the actual time spent in the room and the concept of programme integrity for DVPPs needs to take this into account. It involves monitoring delivery, ensuring that (ex)partners input (via women's support services and case management) is used effectively where possible, and that adaptations in delivery are appropriate and reflexive.

'REFLECTIVE ANALYSIS' FOR PROGRAMME INTEGRITY

The approach and mechanics for delivery of group-work are addressed in the Respect Accreditation Standard (2012). The Standard stipulates an approach premised on a set of principles rather than a particular model and must submit a model of work (B2.1, p.28 and B2.3, p.31). A minimum of sixty hours is stipulated for group-work, and twenty-four hours for individual work (B1.2, p.23). Practice management is built into the Standard as a way of ensuring that delivery is adhering to the model of work, aims and objectives (B2.4, p.31), and case management ensures that safety is paramount (B1.2, p.23).

All of these points correspond with the findings of this study: that 'integrity' is about a responsive approach to working with men, within frameworks monitoring and development processes. Nonetheless, the findings also point to some room for improvement and a 'reflective analysis' can assist DVPPs to examine their delivery practice. DVPPs already have a 'framework' for programme integrity, in the form of a model of work, manual and/or guidelines. Thus, what is proposed here is a set of questions for reflective analysis. Whilst this is largely on men's group-work delivery, the principles can also be applied to women's support work, as and when the content of this is more fully articulated.

As discussed in relation to the wider framework for service integrity, it is essential that this framework is understood as a suggested tool to facilitate what in essence must be an open discussion which foregrounds professional judgement. If a framework simply becomes another burdensome exercise to satisfy managers or external agencies, its value – and integrity – is lost. The purpose of the framework is to offer prompts which can open the way for discussion, but it is facilitators who need to drive this and determine that which requires discussion. Some suggested questions could include:

- Are facilitators confident in their understanding and acceptance of the theoretical underpinnings of the framework for delivery?

- Is the framework/manual regularly reviewed, drawing on emerging research evidence, practice based evidence, and feedback from service users and other agencies?

- Is practice management working effectively to explore whether group-work facilitators are meeting the aims and objectives of each group-work session and to develop practice?

- How well is input sought from (ex)partners, via women's support service participation in case management, and used to inform the process of change in group-work sessions?

- How are specific innovations and adaptations within the group-work sessions monitored? Are they fed back into the framework/manual, as per question two?

- How are 'gender agendas' between male and female facilitators, and facilitators and the group, being recognised, discussed, and addressed?

- How effective is the two-way feedback between the DVPP and relevant agencies? Are there opportunities to work more collaboratively?

Many of these points are outlined in the Respect Accreditation Standard (2012), but the 'reflective analysis' questions seek to go beyond that. Thus, it is not just about whether practice management is in place, but how well it works; it is not just about whether case management has input from women's support services, but how effectively that input is sought and used. Facilitators could reflect on these questions individually or with their co-facilitator, but opportunities for different facilitators – within the same DVPP or across projects – to come together and share practice and perspectives should be encouraged.

CONCLUSION

This chapter offers the concept of 'service integrity' and a 'framework for reflective analysis' to assist DVPPs in a process of improvement towards excellence which builds on the Respect Accreditation Standard (2012). It also offers an exploration of programme integrity for British DVPPs, and 'reflective analysis' questions to support this. It is proposed that programme integrity is understood as nested within a broader service integrity, which reflects the realities of DVPP work.

To arrive at this point, the chapter first explored some of the issues raised in Chapter 5 regarding the ongoing prominence of men's group-work, and the implications of this, despite widespread insistence from interviewees that the whole service is essential to 'integrity'. In line with this finding, this chapter calls for the de-centring of men's group-work in contemporary DVPPs. It identifies the ways in which DVPPs and Respect inadvertently re-create the prominence of men's group-work in a number of ways. The language of DVPPs and the Respect Accreditation Standard (2012) is examined, highlighting the ways in which this feeds into the prominence of men's group-work thus rendering invisible the role of the women's support service, and the other work which sits alongside group-work.

Language is not the only issue, however, and there is also discussion of structural improvements which would benefit the safe and effective functioning of DVPPs. Men's and women's services must be 'integrated' in Respect-accredited DVPPs, but the level of integration and collaboration is questioned. There is, for example, little knowledge and understanding of each other's approach and work between the men's

and women's services, and improvements in this area would be beneficial not only for the efficacy of the work but also for worker's sense of cohesion and value.

Ongoing under-resourcing of women's support services is highlighted in this study and is also a finding of the Mirabal Project (Kelly & Westmarland, 2015). This is not focused solely on funding issues but also on women's support service status and the relative lack of space for reflection and development afforded to women's services. The notion of 'gender agendas' (Burton et al, 1998) is used to examine these issues of language and resources. It is suggested that shifting the language and structure of DVPPs to de-centre men's group-work will have an impact on how external agencies perceive and understand the work of DVPPs and, by extension, impact positively upon funding.

There is also a need for a more nuanced approach to 'success' for DVPPs. The Mirabal project's 'six measures of success' (Kelly & Westmarland, 2015; Westmarland, Kelly, & Chalder-Mills, 2010) highlights a range of ways in which DVPPs should consider 'success'. What is particularly significant about this is the proposal that success is not just measured in terms of men's behaviour change. This study concurs with Mirabal and draws attention to 'success' for women which can be achieved even when men fail to fully engage with the group-work programme. However, even this should not be premised only on increased safety, but also space for action and freedom from coercive control (Kelly & Westmarland, 2015). It is important that DVPPs internalise this and seek to measure and promote success more fully.

The concept of 'service integrity' presented here recognises that the Respect Accreditation Standard (2012), language critiques notwithstanding, provides an effective framework which acts as a benchmark for 'integrity'. Service integrity, however, is proposed as an ongoing process of continual reflection and improvement for DVPPs to move towards excellence. This also applies to programme integrity as presented here, where the Respect Accreditation Standard lays out the mechanics of ensuring group-work programmes are delivered with an integrity relevant to DVPP's. This involves understanding that the 'delivery intention' of DVPP programmes is about adherence to an approach, not a manual, and requires robust processes of reflection, practice management, case management, and input from women's support services. The discussion of 'programme integrity' proposes that this is nested within 'service integrity', and offers questions for 'reflective analysis'.

'THERE'S NO WAY THAT WOULD HAVE HAPPENED OVER THE PHONE': SERVICE INTEGRITY IN A CO-LOCATED PROJECT

Presented here is a case study of an emerging practice model, known as co-location, whereby staff from an independent DVPP are embedded within a local Children's Services department. It draws on observations of everyday work, training events and strategic meetings, alongside interviews with key DVPP and Children's Services staff (see Chapter 3 for more details). The case study covers a nine month period in the early stages of co-location, and applies the concept of 'service integrity' to a project operating within a dynamic and challenging environment.

The ability to adapt and innovate within, and in response to, shifting political and social priorities has been a defining feature in the historical development of DVPPs (see Chapter 4) and has been described as 'shape shifting' in the Mirabal findings (Kelly & Westmarland, 2015:42). DVPP responses have included active representation on Multi-Agency Safeguarding Hubs (MASH), specialist risk assessment services, child contact centres, and involvement with various triage, in-house and assimilated services across the country. Co-location is different in that it has the potential to provide a fully co-ordinated service as opposed to either an external 'referral destination' or a multi-agency information sharing forum. Given the historical challenges and differing priorities, DVPP co-location within Children's Services raises a number of potential issues with regard to service integrity, and this case study provides an opportunity to observe these dynamic tensions in a particular context.

This is highly relevant to the concept of 'service integrity' offered in this thesis (see Chapter 6) in that the potential challenges and tensions of a co-located project offer an opportunity to explore how service integrity operates in a dynamic context. According to one of the social work managers who led on the project, this DVPP was contracted for the co-location project based on its accredited status, but it is 'service integrity' which will determine how, or even if, the co-location can work. Without a strong 'ethos', which builds on the benchmark of accreditation, the potential challenges and tensions of co-location are increased.

The very concept of co-location is, in itself, aligned with aspects of service integrity: the 'shape shifting' involved is directly about 'strategy' – responding to external circumstances – as well as addressing the 'skill'

question of 'what does this DVPP do well and what could it do better?' That said, this case study does not seek to offer a definitive statement on whether service integrity is maintained in this particular project. This static question is replaced by the recognition that service integrity is an ongoing process and the balance can tip at any time. In this sense, outlining such tensions and challenges is necessary in order to provide a map of the landscape since there are potential cul de sacs, wrong turnings, and dead ends along the way. What emerges is that a concept of 'service integrity' can provide some gridlines on which to orient this map.

Marianne Hester's (2004, 2011) Three Planet Model is drawn on to provide a framework within which to examine these tensions. Hester's model is useful here in that it recognises these tensions in terms of the different priorities and approaches of agencies involved in domestic violence work. Taking this approach allows for greater understanding of these differences thus opening up the potential for finding some common ground. These tesions and alignments are also discussed with reference to the framework for service integrity proposed in Chapter 6, based on an adaptation of the MacKinsey 7S (Waterman, Peters & Phillips, 1980) and RSW models (Morning Lane, 2014; Munro, 2011; Cross, Hubbard & Munro, 2010).

CHILDREN'S SERVICES AND DOMESTIC VIOLENCE

The child protection arena is inextricably linked to domestic violence work and it has been estimated that between fifty and seventy percent of social work caseloads involve domestic violence (City of Westminster, 2012; NSPCC, 2009). Yet it is not clear to what extent domestic violence is treated as a peripheral issue in child protection work (Hester & Pearson, 1998; Stanley *et al*., 2011). It has long been noted that mothers remain the focus of professional intervention in child protection work despite the link between domestic violence and child abuse (Kelly, 1996; Lapierre, 2010; Stanley *et al*., 2011) and an increasing awareness of the harm caused to children who are exposed to domestic violence (Humphreys & Stanley, 2006; Mullender, 2002). Social work practice and culture continues to place the responsibility to protect children onto the mother, regardless of whether the mother is herself subject to ongoing abuse. In this process the perpetrator becomes invisible and is rarely the focus of professional intervention (Edleson, 1998; Stanley *et al*., 2011).

Shifts within the statutory sector, prompted by inquiries into child abuse deaths in the early 2000s, have provided an opening for DVPPs to work creatively with Children's Services resulting in some emerging service innovations and linkages. Lord Laming's inquiry into the death of Victoria Climbié (Laming, 2003) highlighted systemic failings in safeguarding children and called for an improved multi-agency approach to children's care, leading to changes in the Children Act 2004. This was closely followed by the introduction, in 2005, of s.120 into the 2002 Adoption and Children Act which extended the definition of significant harm to include 'any impairment of the child's health or development as a result of witnessing the ill-treatment of another person, such as domestic violence' (HMSO, 2006:67).

This legislation, alongside the death of baby Peter Connelly in 2007, and policy frameworks such as Every Child Matters which recognises the effect of domestic violence on children (Hester, 2011), have led to 'the number of referrals, assessments and children subject to child protection plans growing at an unprecedented, sustained rate' (Radford *et al.*, 2011:30, see also Stanley *et al.*, 2011). Radford *et al.* (2011) go on to state that 'neglect is the most commonly recorded reason for a child being subject to a child protection plan' (p.30) and noting a link between neglect registrations and domestic violence. Frustratingly data is not routinely recorded regarding the number of child protection cases which involve domestic violence, but a recent analysis of calls to a helpline for families under 'child protection' or 'child in need' procedures found that 'domestic violence-related child protection enquiries rose by an extraordinary 1146% between 2007/8 and 2012/13, from 35 to 436' (Ashley & Kanow, 2014:7).

Alongside this has been an increasing awareness of the failure to engage fathers in social work processes. Whilst the reasons for this are complex (Scourfield, 2014), when a man is known to be violent or abusive the reluctance to engage with him is often increased, resulting in a failure to directly address the risks posed by these men (Featherstone, 2009). Social workers have reported a lack of skills and/or confidence in engaging violent fathers (Hester, 2011; Phillips, 2013).

Citing Stanley's (2001:115) assertion that 'children's social care practitioners need to build their skills and confidence in work with violent fathers', Hester (2011) suggests that 'one way of doing that is to work more closely and draw on the knowledge of practitioners on the 'domestic violence planet' – who have extensive experience of work with domestic violence perpetrators' (p.846). Co-location is just such an attempt to bring the Child Protection and Domestic Violence 'planets' out of their separate orbits and into a constellation. Negotiating the different priorities and polices of two distinct practice arenas will necessarily involve compromise and, for service integrity, this can be problematic.

Co-location is driven by increasing recognition of the need to engage fathers in social work processes and the challenges of holding violent fathers accountable (Featherstone & Fraser, 2012; Featherstone & Peckover, 2007; Scourfield, 2014). The balancing act required to make co-location a viable proposition, especially with Children's Services holding the purse strings, is fraught and relies on a level of service integrity.

SERVICE INTEGRITY

The concept of service integrity, as discussed in Chapter 6, encompasses the whole DVPP service in terms of approach and ethos, and de-centres men's group-work as the primary function of DVPPs. It includes attention to the model, integration of the men's and women's services, responsivity and practice and case management. The purpose of co-location is to bring DVPP expertise into social work practice and influence the culture of Children's Services towards effective engagement with domestic violence perpetrators. The group-work programme, in and of itself, cannot achieve this and the concept of service integrity highlights the whole service approach and ethos which will be required to meet this aim.

It is worth noting that the men's group-work sessions were not observed in this case study. This was anticipated due to the time required to build up enough referrals for a group. More pertinent, however, is the understanding that a 'whole service' approach and ethos is essential and it is the processes which operate alongside group-work – engagement and assessments with perpetrators, approaches to working with women – which will potentially impact upon social work practice and culture in a co-located context. It is also these processes and knowledges which are potentially in tension with social work practice, and thus require the strong ethos of service integrity.

One of the key factors of the development of early DVPPs is the courage with which they challenged the status quo by saying something fundamentally different about the need to engage with perpetrators in order to address domestic violence. They maintained their radical stance in ways which also worked to overcome the sometimes outright hostility with which their message and their practice was met (see Chapter 4). In many ways, the co-location of DVPP work within Children's Services builds on this approach of working *with* tensions and challenges in a constructive but steadfast way. Drawing on the Three Planet Model (Hester, 2004, 2011) assists this process by recognising and foregrounding the underlying cultures and practices which contribute to these tensions.

THE THREE PLANETS MODEL

Historically relationships between the domestic violence sector and Children's Services have been tense, linked to perceptions of conflicting priorities and perspectives. This is usefully allegorised by the Three Planet Model (Hester, 2004, 2011) which highlights the tensions inherent in multi-agency work where there are different approaches to domestic violence in policy and practice arenas. In a pragmatic sense, the model: 'provides an attempt at understanding some of the systemic problems practitioners may be facing that undermine the effectiveness of their practice' (Hester 2011:838).

The three 'planets' representing different practice arenas in domestic violence work are: the 'domestic violence planet', including agencies which focus on supporting victim/survivors as well as the criminal justice agencies where interventions and sanctions are focussed on perpetrators; the 'child protection planet' with statutory agencies that are concerned with safeguarding children; and the 'child contact planet' which is framed by private law and decisions about residence and child contact. Each arena/planet is informed by different legal frameworks, discourses, priorities and approaches resulting in 'unintended fragmentation and contradictions in practice' (*ibid*. p.839).

Figure 7.1: The Three Planets Model, adapted from Hester 2004
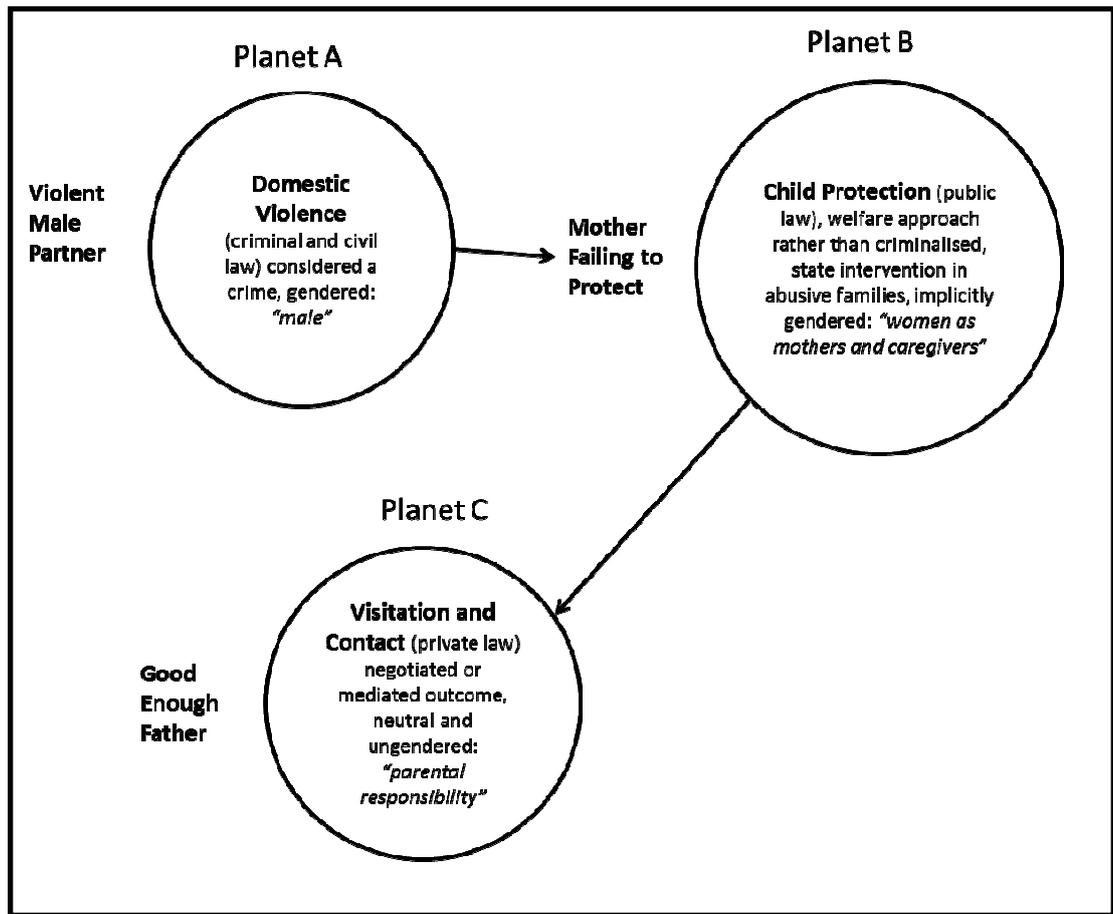
On the 'domestic violence planet', services are geared towards supporting and empowering female victim/survivors and criminalising perpetrators. However, it should be noted that DVPPs, which neither criminalise men nor focus solely on supporting women, also live on the domestic violence planet. What these approaches have in common is that they recognise men's responsibility for their violence and hold them to account to a greater or lesser degree. Adults are the central focus with 'the perpetrator […] perceived as a violent male partner or ex-partner and the female victim/survivor deemed in need of protection and support' (Hester, 2011:841). It is here that victim-survivors are recognised, first and foremost, as women instead of as 'mothers'. Risk to children is acknowledged but, despite work with children originating within the context of women's refuge services (Kelly 1996). Hester (2011) suggests this has become predominantly centred on referrals to Children's Services. However, the Mirabal project (Kelly & Westmarland, 2015) found that half the Respect-accredited DVPPs do some form of work with children and a few offer dedicated support services for children (p.39; see also Alderson, Kelly & Westmarland, 2013). Nonetheless, referral to Children's Services remains a regular avenue used by DVPPs and other domestic violence services to address risk to children. Thresholds for Children's Services involvement are often different to those in domestic violence services and levels of effective communication between these organisations can vary significantly.

On the 'child protection planet', Children's Services are the main actors. The focus here is the protection and safeguarding of children, largely situated within public law. On the child protection planet: 'a predominantly welfare, rather than criminalising, approach prevails' (Hester 2004:1444). It is highly, but implicitly, gendered: women are referred to as 'mothers' and are assumed to be the main caregivers, whilst men (fathers) are often invisible. A number of studies concur that this focus on children manifests in ways which ultimately hold the woman responsible for protecting her children regardless of the violence and abuse they may themselves be subject to (Kelly 1996; Edleson 1998; Hester & Westmarland 2006; Douglas & Walsh 2010; Hester 2011; Stanley *et al*., 2011; Lapierre 2010).

Whilst Children's Services have increasingly recognised the salience of domestic violence in social work caseloads and some have begun positive and innovative work, progress remains patchy and perpetrators are seldom a focus of intervention (Munro 2011; Stanley *et al.,* 2011). Even when a more active approach is taken to safety issues it is often in tension with the approach of the domestic violence planet. Hester (2011) gives the example of a woman supplied with a panic alarm to alert police of the unwanted visits and harassment from her abuser, yet her persistent use of it was taken as evidence of her failure to protect her children who were subsequently removed by the courts.

The 'child contact planet', comprising family court professionals and set within a private law framework, also focuses on adults but treats domestic violence as historical and disconnected from parenting. Firmly focused on future contact arrangements through negotiation and mediation, it is expected that: 'parents should put aside their differences for the sake of the child' (Hester 2011:849). There is an assumption that contact with both parents is preferable for children regardless of either the circumstances which led to the separation or the child's views. Thus: 'the primary concern in the family courts is getting women to overcome their fears of further abuse from ex-partners, rather than challenging the violence of men' (*ibid.* 849). This approach is therefore not only in tension with that of the domestic violence planet but may contradict the priorities of the 'child protection planet' where women are often expected to separate from and avoid contact with abusive partners in order to protect their children.

The Three Planet Model is drawn on here as a framework to explore the challenges for service integrity which arise through the attempt to bring the child protection and domestic violence planets into a constellation. Hester (2011) states that each planet has 'their own separate histories, culture, laws, and populations' and draws on Bourdieu's concept of habitus to explain this further: 'where the particular structures, orientations, and approaches in the work of a professional group may create divides between their own everyday and commonplace professional assumptions and practices and those of other professional groups' (p.837). Hester sets out some clear axes of tension and difference. From this I have taken the following categories to act as sensitising concepts or 'directions along which to look' (Blumer, 1969:148).

- **Culture** which includes: ethos; discourses; approaches; orientations

- **Laws** which includes: structure; resources; legal/policy frameworks

- **Populations (groups of professionals)** which includes: assumptions; practices

Analysing the data in terms of the planetary differences set out above provides a framework for locating the potential tensions and challenges between the services and, by extension, for service integrity. Working from the data there are certain aspects of these categories which are at the forefront – such as 'structure' and 'resources' as aspects of the law category – and the interconnections of the categories are revealed. As the DVPP and Children's Services attempt, to a greater or lesser degree, to bring the planets into alignment these differences and interconnections need to be acknowledged and negotiated in ways which allow both organisations to maintain their basic integrity.

THE LOCAL CONTEXT

The co-location project examined in this chapter emerged following a domestic abuse homicide in the area, which highlighted the need for more robust work with domestic violence perpetrators. In particular, the Domestic Homicide Review states that: 'the issue of identifying perpetrators earlier and then making them accountable for their behaviour exercised the panel considerably. This remains a difficult issue to address but there is a clear commitment to explore what is possible' (DHR Board, 2012:4). Having identified funding, the Children's Services Department approached the DVPP which then proposed a co-located service as a new and innovative response.

There were also specific local contexts which made the co-location project particularly timely and appropriate. A Community Safety and Social Inclusion scrutiny committee report in 2011 identified this area as having 'one of the highest rates of domestic violence in [the wider area] and it accounts for nearly 20% of all recorded violent crime' (CSSI, 2011:1). Other reports have examined domestic violence work in relation to child protection (Cross, Hubbard, & Munro, 2010; Richardson *et al*., 2002; Stanko, Crisp, Hale, & Lucraft, 1998).

A recent restructuring within this Children's Services department also provided a supportive framework. The Reclaiming Social Work initiative (see Chapter 6 for details) was instigated here in 2007 and involved a number of organisational and structural changes. This included the creation of Social Work Units (SWUs) whereby social workers are organised into small multi-skilled teams which take a combined responsibility for each case. The structure of the units is described here by the architects of the Reclaiming Social Work initiative.

> *Reclaiming Social Work organises staff into units. Significantly this ends the traditional team system whereby a team manager supervises six to eight social workers, each with their own caseload of families, and each in receipt of 1:1 casework supervision provided at varying intervals. In the Reclaiming Social Work model each Unit is led by a consultant social worker who has case responsibility for all families*

allocated to that unit. The other members of the Unit work to the consultant (a social worker; a children's practitioner, a unit co-ordinator and a clinician) to deliver on all the social work tasks required. Every family is discussed in a weekly group meeting, which offers intensive, reflective time to discuss and decide what needs to happen next (Morning Lane, 2014).

Thus, the department staff were arranged in Social Work Units (SWUs) each unit consisting of:

- Consultant Social Worker (CSW) – has some managerial responsibilities, and overall responsibility for cases

- Qualified Social Worker – may take the lead on certain cases, as appropriate

- Child Practitioner - may take the lead on certain cases, as appropriate

- Clinician – one for every two SWUs

- Unit Coordinator – this is an admin worker rather than a practitioner, whose remit is to reduce the bureaucracy for social work staff, freeing them up to focus on children and families.

What is significant about this in terms of service integrity is that the restructuring was focussed on making the work of Children's Services more collaborative and integrated within each SWU. This is complementary to the way in which DVPPs ideally work and therefore this aspect of the approach of this Children's Services Department and the DVPP will potentially be somewhat aligned.

The total number of SWUs in this area fluctuates between nineteen and twenty-two. Approximately seven SWUs make up the Advice and Assessment (A&A) team, dealing with initial referrals which have been passed on by the first response team, and carrying out short term work as appropriate. After six weeks the case is then either closed if no further action is deemed necessary, or passed on to the Child in Need (CIN) team. The CIN team, made up of the remaining SWUs, works on a more long term basis, putting CIN or Child Protection (CP) plans in place, reviewing and monitoring these as appropriate, as well as instigating Care Proceedings where deemed necessary.

THE CO-LOCATION PROJECT DESIGN

The co-location project involved three DVPP practitioners – two men's Violence Prevention Programme (VPP) workers and one Women's Support Service (WSS) worker – based within the Children's Services offices three days a week. The aims of the co-location project, which launched in March 2012, were set out.

- To provide in-house expert services in cases where domestic violence is a feature, including:

    o case consultation;

    o referral and risk assessment of male perpetrators;

    o referral and identification of support needs for female victim-survivors.

- To provide a Violence Prevention Programme for men from the borough who are assessed as suitable for group or one-to-one intervention.

- To provide proactive support and safety planning, including a women's group, for women whose partners are referred to the Violence Prevention Programme.

- To provide relevant training to Children's Services staff.

- To improve joint working and influence cultural and structural practices.

These aims were fulfilled by the DVPP practitioners, supported by a senior DVPP manager and a Children's Services manager from the social work team.

SERVICE INTEGRITY IN A DYNAMIC CONTEXT

This section examines the three areas of 'difference' or potential tension between the domestic violence planet and the child protection planet suggested by Hester's (2004, 2011) Three Planet Model. It is within these tensions that service integrity issues may be most clearly recognised and scrutinised. These areas of tension – laws, culture, populations – intersect in ways which are sometimes difficult to unpick. Nonetheless this framework provides some useful gridlines upon which to orient the utility and relevance of a concept of service integrity.

LAWS: THE CO-LOCATED STRUCTURE

Children's Services are regulated by a raft of legislative and policy frameworks, whilst DVPPs are governed by the Respect Accreditation Standard and their own internal policies. Both organisations operate to reduce risk, though the implications of Children's Services 'statutory duty' and the focus on children creates fundamentally different working practices compared to the DVPP's focus on 'increasing the safety of women and children'. The area of 'laws' which most stood out in this study, however, was that of structure.

We might think of structure in a number of different ways: the hierarchical structure of management and teams; the physical structure of the office layout and how this impacts upon co-location and collaboration; the policy and procedural structures (or 'systems') which determine the work that is done and the timeframe within which it is done. All are relevant to this discussion.

The most remarked upon notion of structure concerned the physical location of DVPP workers within the Children's Services offices, which corresponds with the 'structure' of the 7S/RSW framework regarding whether the structure of the organisation is conducive to promoting collaborative work. This was seen by most workers as highly beneficial, allowing DVPP staff to work alongside social workers, bringing their domestic violence expertise and approach to informal and formal consultations whilst gaining a clearer understanding of the other's pressures and priorities. This was reflected in interviews with social workers and DVPP staff alike.

What we're trying to do here is work much better in partnership rather than having a conversation where we're based over here and you're sending men over and we refer back if there are child protection issues, we may attend certain meetings and send you reports but our assessments are very discrete

processes and have a very strict format that we send over to you. We don't really have a chance to have a full communication about them (DVPP manager 1).

My work with social workers has been very different in the past. It's been stuff over the telephone really. It's been all around 'is this person ready for group; will you take him on the group or won't you?' But this is a lot deeper, it's a lot more rounded and I think social workers understand what the service is about better (VPP worker).

There's more awareness here, with the DVPP sitting in Children's Services, to know who's out there and who may need help. If you can't see it you don't refer to it – there's loads of resources out there that don't get as many referrals as they could because we can't see it so it's not there (Social Work Team Leader).

All these comments point to the improved communication a co-located service makes possible which helps to co-ordinate the DVPP work with social work rather than just being a referral destination. As such, co-location helps to promote a stronger collaboration and is thus both supported by a high level of service integrity and promotes greater service integrity. Whilst the VPP worker felt that social workers gained a better understanding of the DVPP service, the WSS worker, quoted below, highlights that this is reciprocal.

I think I have a better understanding of the pressures that social workers are under. I still get frustrated with some of their responses but at the same time I can see why and how (WSS worker).

Equally beneficial is the contribution to more informed decision making. Harne and Radford (2008) point out that: 'experienced programme workers can usefully contribute to safety or risk assessments to inform decisions being made on child contact by professionals, both prior to, during, and after programme attendance' (p.163). This was another advantage of the DVPP's co-location in Children's Services and was discussed in some of the interviews.

We've just been there on the spot when they've had to do something – make a decision or do something really quickly. So with things like helping getting women into refuges, for example, I've been able to give advice and put them in touch with people. That's worked really well – there's no way that would have happened over the phone (VPP worker).

A number of times I've overheard social workers talking about domestic violence cases, so you can go 'oh, is there anything that we can do?' (WSS worker).

With our staff being in there, getting quick discussions on things that they wouldn't do if we were over here and they had to phone, they just wouldn't bother, they would talk amongst themselves (DVPP manager 1).

I think it's been really helpful having them here, I think for me that's a real big feature, having them sitting on the floor interfacing with staff, staff knowing who they are, what they do, and it very much fits in to the Munro model of things (Social Work Team Leader).

Clearly co-location provided benefits at the level of physical structure which support collaborative working. Nonetheless, other aspects of physical co-location ('structure') harboured tensions which potentially impact upon service integrity, particularly where culture ('syle') intersected with structure.

RETURNING TO THE 'HOME' PLANET

One of the concerns about the physical proximity of co-location is the notion of 'going native'. This refers to the idea that 'outsiders' may end up adopting or over-identifying with the culture they are visiting, and is often used pejoratively. The possibility of DVPP staff 'going native' within the planetary culture of Children's Services had been suggested to the DVPP manager.

> *A significant figure in the DV sector, when I presented on the co-location model a year ago, she came up at the end and said 'You know this is not going to work, don't you? We've tried this with IDVAs and what happens is they go native and it just doesn't work'. And I hear that, but I still think we cannot avoid trying to find ways in which we work more closely together* (DVPP manager 1).

This manager then went on to discuss the high level of experience required of staff which mitigates this concern, and this was taken up by another DVPP manager.

> *If you have a worker that's starting from the point of not having experience then of course any of us can be more easily shaped if we don't have experience around something. But if the people that we recruit already have good experience, I mean it's part of what we recruit for, we expect that they're coming with a proven understanding of the power and control dynamics of domestic violence, not just having been on a DV awareness course and thinking it would be quite interesting getting into this kind of work* (DVPP Manager 2).

Aspects of service integrity which are relevant here are 'staff' – that is, the need to have staff with a good level of expertise – and 'style' – in that staff need to have a strong ethos, informed by 'shared values'. However, attention must be paid to another aspect of 'staff' concerns, which relates to the organisation's need to support and nurture their workers. The challenge of adequately supporting staff who are working remotely in the sometimes hostile or challenging culture of Children's Services was further reflected upon.

> *The logistics of having staff dotted around doing local groups and still maintaining their sense of 'who we are as DVPP employees, do we ever get a chance to meet up as a team and compare things?' That is stuff that we're having to start to respond to. We just got on with it in [this area] but we need to kind of come back, I think, and make sure we're supporting staff to do that work, rather than just expecting them to get on with it because they're good* (DVPP Manager 2).

> *I think the danger is that we 'go native'. I don't like that, it's not a positive phrase. But [working remotely] is a problem. It's a lot more energy being here than being in [our main offices]. The analogy is like a football team: the difference between playing an away game and playing a home game. You don't have your support there. And we're in the minority so there's people who have a slightly different agenda* (VPP worker).

To maintain service integrity, co-location requires that attention be paid to the expertise and support of co-located staff. Regular immersion in the atmospheric condition of the 'home' planet is also important to maintain and strengthen 'shared values'.

Potentially, the pressures for the WSS worker in this project were even greater due to there only being one. Whilst she relied on the support and shared culture of her VPP colleagues, it was further exacerbated by other service integrity issues which are specific to WSS. These issues are connected to differences in the men's and women's services of the DVPP, specifically with regard to confidentiality and expectation to engage. That is to say, the WSS offers a more comprehensive level of confidentiality to women than the men's service does to men. Similarly, whilst the men are suspended from group if they miss three sessions, the women are free to engage in the support service as they see fit.

Within Children's Services, where there has long been a culture of women being held responsible in domestic violence contexts and expected to engage with services in order to protect their children, this conflicted with the DVPP approach.

> *The Women's Support side is meant to be voluntary but it becomes mandatory when you venture into social services. Not necessarily outwardly referred to as mandatory, but unspoken* (WSS worker).

The WSS worker maintained the confidentiality boundary by explaining that: 'I can't talk about what was mentioned in the sessions however I can say that she's attended this many and works well'. The social workers appeared to accept this but she goes on to say that: 'If the women don't engage, the social worker's view is like, 'fine, but that's going to be noted on their record'' (WSS worker).

Within the 7S/RSW-based framework for service integrity, this relates to 'shared values'. There are significant differences between the DVPP women's service and Children's Services in terms of the 'guiding concepts' (Waterman *et al.*, 1980:25) for working with victim-survivors. The point of co-location is to attempt to shift the culture ('style') and thus bring in some shared values, but this takes time. In the meantime, the women's support worker draws on 'strategy', that is, she looks at how best to respond to external circumstances.

> *I've been aware of the social worker's pressure in my work with women as well. So it's necessary to emphasise as much as I can that this is their space; that I'm not here with an agenda. So whilst it feels like they are being coerced into it, let's try and make this as much about what they need rather than what social services expect from them* (WSS worker).

The WSS worker offers an insight into the ongoing negotiation of service integrity as a process. There were boundaries which must be maintained at all times, such as women's confidentiality, and there were other boundaries which were permeable, such as the non-voluntary nature of women's engagement in WSS, which requires overlaying the structure of one organisation with the ethos of the other. Here, again, structure and culture can be seen as intersecting.

THRESHOLDS

Talk of agendas and boundaries lead us towards another aspect of the 'law' category: the structure, or 'system', of policies and procedures. Again the aspects of structure/systems and culture can be seen to intersect, informing each other in a continuous feedback loop. The issue of 'thresholds' demonstrates this clearly.

Thresholds – that is, the point at which a family is deemed eligible for intervention to address domestic violence – emerged as an ongoing area of contention between the DVPP and Children's Services throughout the fieldwork period. Based upon definitions of domestic violence and the use of finite resources, in many ways this is a practical issue directly related to 'laws' in the Three Planets Model. Yet it is also an issue which both drives and underpins culture, as will be seen. In this sense it is hardly surprising that this should be contentious, particularly given that one of the aims of the co-location project was to: 'influence cultural and structural practices' (Phillips, 2013) in relation to domestic violence. Shifting the culture required some structural changes and vice versa, but this was by no means an easy task and, as always, relied on negotiation. The impact on service integrity lies within these negotiations which reach right into the heart of the DVPP ethos ('style') and 'shared values'.

The issue of thresholds begins with definitions of domestic violence. For a DVPP, which recognises the full range of abusive behaviours, any behaviour which seeks to exert power and control over an intimate partner is seen as abusive and eligible for intervention. In more recent years the notion of 'coercive control' (Stark, 2007) has been a useful conceptual addition to the domestic violence lexicon, and recognition of this pattern of abusive behaviour has been reflected in the Home Office's updated definition of domestic violence (Home Office, 2013). Nonetheless, many statutory agencies still focus on discrete incidents of physical violence – often only those involving police reports – despite widespread awareness that domestic violence is under reported and often endured for a long time before an initial report is made (Harne & Radford, 2008).

Audits carried out with Social Work Units in the early stages of the co-location project found very low identification of domestic violence within the cases held by each Unit, despite both research and practice-based understanding that domestic violence features in between 50-90 per cent of caseloads (City of Westminster, 2012; Humphreys *et al*., 2000; NSPCC, 2009; Social Work Manager 1, Project Review meeting 18/05/12; Social Work Manager 2, Strategic Review meeting 20/09/12). This under-identification was discussed several times at Practice Development and Project Review meetings with a variety of potential explanations put forward, including: social workers being de-sensitised to domestic violence; a definition based on physical violence; seeing abuse as historical; and cases being screened inappropriately. Underlying this was a sense that social workers, and Children's Services as an institution, attempt to underplay the extent of domestic violence for fear of being overwhelmed, evident in a social work manager's comment that domestic violence is 'just there' and is 'hard to think about separately from the bread and butter of Child Protection' (Social Work Manager 2, Strategic Review meeting 20/09/12).

Finite resources within Children's Services dictate that there has to be a threshold for referral and/or ongoing intervention. This arbitrary threshold, also applied in Multi Agency Risk Assessment Conferences (MARACs), is generally set at three - usually police recorded - incidents of domestic violence, or one very serious incident (DVPP manager 1; Featherstone & Peckover, 2007; SafeLives, 2015). The necessity for thresholds and the complexity of the situation is discussed here by a DVPP manager, himself a former social worker.

> So we know there's an artificial threshold there but I probably don't have, on one level, a problem with that threshold because when I used to sit in an assessment team, there was an area that I worked in where they'd give you all the police [notifications] on a Friday: the police used to drop them off in a bundle, and you might look through ninety incidents that have occurred, that in some way the police have been involved, and a significant proportion of those were domestic violence. If you were saying every single one of those you've got to send a social worker out to assess, you're swamped, you just can't do it. So you end up having to say ok, we'll put in some sort of arbitrary threshold that says at that point we'll look at it. And that's a conflict, because my staff would start on the basis of going in and probably wanting to say 'let me tell you, you think there's only one incident, there's bound to be this many so you really should treat this as quite serious' and you've got that other dynamic, it takes time to understand actually what underpins that. And that's really difficult because I think within this there's a compromise over that, and then the danger is the message goes out: 'actually it is only at the point of third incident that domestic violence becomes serious'. You shift from a threshold about 'what can we cope with?' to actually 'what defines risk?', which is very different (DVPP manager 1).

Neither does this conflict go unnoticed for social workers.

> It's difficult as well because when I'm making a judgement on something, if I'm judging for it to shut down, I'm looking at how many times they have come to police notice, so how many police recordings do they have of going out to the property or to him, but I also know that for every one that's reported, there's the X amount that have taken place that have never been reported, and yet we're expected to have a view, to make a judgement on that (Social Work team leader).

How thresholds are currently defined creates a culture which encourages social workers to associate domestic violence with discrete incidents, to discount cases where there have not been three police-recorded incidents, or to 'not see' domestic violence if this was not the presenting issue. The connotation of the threshold offers an escape from the challenge of responding to domestic violence and not being overwhelmed by it, particularly for those social workers who have not had the opportunity or inclination to build on their often inadequate basic training on domestic violence.

This is a huge conflict for DVPPs and a direct challenge to the 'shared values' within the DVPP, requiring attention to 'stategy', that is, to how to respond to external circumstances. The ethos of DVPP work has always been that any form of domestic violence – of men exerting power and control in intimate relationships – is unacceptable and serious. Yet working within the policy and procedures structure of Children's Services is impossible without accepting the pragmatic need for thresholds. Negotiating this contradiction, within a service integrity context, is extremely difficult due to the impact on culture. That is,

it can encourage a view of domestic violence as existing only once it has reached a certain level of risk. Again, this was deeply reflected upon.

> *In terms of this fundamental issue about integrity of process, one of the real challenges is, when we're sat over here we have it in a different way, when we're sat [in Children's Services] we're part of the process. Where do we say 'actually this case maybe should stay open but can't and we accept that'? How do you work with the dynamic that we're just not able to do all the things we want to do, things that actually won't get directly addressed. No one is ever going to openly say 'yeah there's a whole host of cases which we know are really dangerous and we're just going to close them', that won't ever be said. But that's the reality that everyone's dealing with. And there's a challenge for us about how do we actually give the right messages. I don't think there's an easy answer* (DVPP manager 1).

There were two 'answers' which emerged: both partial and neither easy. The first was firmly located in structure; the second directly addressed culture. The structural response involved turning attention to where, within Children's Services, the DVPP intervention could best be targeted. The culture-related answer lay in the work done with social workers through consultations and training to bring a new perspective to their practice which identifies the full range of abusive behaviours.

In terms of the structural response, there was an unspoken acceptance that the DVPP could not fundamentally change the resource-related need for Children's Services to have thresholds in place. They can, however, influence the level and potential efficacy of the service provided to those who did meet the threshold, particularly by targeting interventions at the most opportune point within the procedural structure. In other words, the DVPP must consider how to respond ('strategy') and adjust 'structure' as and where necessary and appropriate.

The procedural structure of Children's Services is such that referrals are received by the First Response team, or the Triage team for the police notifications known as 'Merlins'. In terms of domestic violence, these are screened using the Barnardo's Domestic Violence Risk Identification Matrix (Barnardo's, 2011). If deemed to have met the threshold, the referral is passed to the Access and Assessment (A&A) team which 'undertakes assessments of children and their families to determine if there is a role for children's social care, and how best a family may be supported' (Children's Services, 2013). These assessments, which are mandated to be completed within six weeks, may result in enough work having been done, including signposting and referrals, to address the situation so that the case may be closed. However, if risk has not been sufficiently reduced within A&A a referral is made onto the Child in Need (CIN) team which undertakes longer term work. Within the CIN team, a child may stay as 'Child in Need' or progress to 'Child Protection'.

The A&A and CIN teams sit in different areas of the Children's Services office, although there is no physical distinction in the layout as such. At the beginning of the observation period, the DVPP workers sat within the CIN team. Referrals and assessments for group-work could only come from CIN, although consultations were available to both CIN and A&A social workers. Consultation evaluations which were undertaken with social workers highlighted the frustrations of being unable to refer men from A&A to the DVPP, and the underlying resource issues were discussed repeatedly in Project Review and Strategic Review meetings.

The tension here results from the pressure for cases to be closed after A&A intervention, the realities of which, as DVPP manager 1 stated above, are never openly discussed. Even when evidence of domestic violence is present, referrals to relevant agencies may be seen as adequate to allow the case to be closed. This may include, of course, a referral to the DVPP if domestic violence has been a factor but this overlooks the reality of DVPP work where a number of referrals may be unsuitable and men do not always engage (see Chapter 5). If Children's Services close the case, the danger is that external motivation is removed and the man disengages. Furthermore, the cost of the programme will no longer be funded by Children's Services and the perpetrator will have to self-fund, providing another de-motivating factor. It also may mean that women do not get WSS support, which can potentially increase safety regardless of men's engagement or participation. In this project, however, a women's group was developed which was accessible to women in the area regardless of whether they had an (ex)partner attending group.

Nonetheless, this situation can create a 'revolving door', as discussed at Project Review meetings on 18/05/12 and 16/08/12, whereby families with domestic violence issues keep returning to the attention of Children's Services but either don't meet the threshold for referral or do just enough work in the A&A process to be closed before referral to CIN is deemed necessary. Thus, targeting DVPP resources in A&A was seen as a potential early intervention approach which could have the benefit of addressing domestic violence before it becomes more entrenched both through time and ineffective referrals. It would also contribute towards more informed decision making at the point of closure or referral to CIN, as one social worker pointed out.

> *I would have the DVPP sat in front door services, in A&A. Some of the reasons are that we would want to assess that perpetrator immediately to see if there is any mileage in the idea that he wanted to do anything about it and if not we take it to Child Protection case conference* (Social Work Team Leader).

Cost implications were discussed but these were framed in terms of the ways in which early intervention could ultimately be more cost effective. The social work manager, in a later interview, commented on this need to see 'the bigger picture'.

> *Senior management, when services are being commissioned, they want to see outcomes. Obviously we've got key performance indicators that we use to a degree but those can't tell us actually what the outcomes are for families […] I mean that's the struggle, everyone's got scarce resources and everyone's target driven, they want outcomes quickly that aren't necessarily going to happen. I understand the challenges that programmes have, and I'm probably more sympathetic when key performance indicators aren't met, whereas other people are like 'oh well, it's not working because we've only got nine men on a group' and I'm like 'well you need to look at the bigger picture'* (Social Work Manager).

At the Strategic Review meeting, however, there was a palpable resistance to the idea of targeting DVPP resources in A&A. The manager of A&A voiced her concerns about throughput of cases if all domestic violence cases had to be referred to the DVPP, yet there was a level of resistance which appeared to go beyond the simple logistics of the situation. This was reflected on in a later interview with a DVPP manager.

One of the challenges we always knew is that when we go in, and if you start to achieve a shift in processes and thinking, there may be some other consequences of that that are going to clash with the really important imperatives of social services. And one of those might be - and that kind of happened in one of the meetings in [this area] when you were there I think, which - certainly what I was picking up, I thought 'I know what is lying behind this' - was that when we were having a discussion about what we could do in the front end of the service. One of the dangers is, if we improve risk assessment, if we improve people's ability to identify risk and think more broadly about risk, one of the consequences of that is they know more about domestic violence than they did before, they're more aware of the prevalence, they're more aware of some of the risks, and therefore there's a greater body of cases that previously they might've been closing, that they say 'actually, we can't close it'. And we were having a discussion, weren't we, about what we might do at the front end, and what was really clear for me was that what the manager wanted was an endorsement on this decision to close. So there was a bit of an anxiety that 'we are closing a load of cases, and we don't know how many of them are safe', but in a way she was looking for a process that would allow it to close, where actually the process might be we'd be coming back and saying 'actually there's x percentage of your cases you should be keeping open here' (DVPP manager 1).

The freedom to speak frankly about the realities and implications of thresholds and resources is a luxury which Children's Services cannot easily afford. The DVPP's greater freedom to do so, underpinned by an ethos ('style') of open and honest communication, was vital to reflect on these realities and inform the DVPP's strategy for culture change within Children's Services. The issue of thresholds and the (partial) solution of turning towards where best to target the DVPP intervention, reveals some complexities in relation to service integrity. The ability of a DVPP to adapt and fit itself within a larger, slower moving, system can potentially be one of its major strengths, or its greatest weakness. The 'strategy' must be carefully considered for the DVPP to be able to uphold its ethos ('style') and 'shared values' whilst operating within the structure of Children's Services.

CULTURE

If we see culture and structure as interdependent, work which directly addresses culture can be assumed to have some impact on structure. Here co-location has a unique advantage, acting as a kind of beneficent Trojan horse whereby DVPP workers, once inside, can work not to overthrow the system but to win hearts and minds. The 'structure' of physical co-location alongside social workers has already been discussed as a major benefit of the project by both DVPP and Children's Services staff. Exactly how a DVPP might go about influencing culture change within Children's Services is worthy of further discussion.

The service offered by DVPP staff included consultations on cases involving domestic violence, and devising appropriate training for social workers. In a co-located context this does not just refer to formal requests for consultations on specific cases: it can become an ongoing, informal and organic process which permeates the whole of the work, reflecting the way an integrated men's and women's service work together within a DVPP.

Delivering a service of this kind, aiming to influence the culture of an organisation and a 'population' - a set of professionals – such as Children's Services staff, requires not only the ability ('strategy') to adapt and

respond but also the skill and confidence of staff to be able to negotiate this in ad-hoc situations. The need for a high level of expertise has been discussed previously in relation to the notion of 'going native'. Decisions to adapt or stand firm in dynamic and ongoing interactions is another aspect of staff skill, readily acknowledged here by a DVPP manager.

> *You need staff with real experience and confidence in their practice so that they are able, robustly, to have a sense of 'where can I make a shift here, where might I be able to do something slightly differently than I would ordinarily because we're in a different environment here, or where do I have to say no, we can't do it like that'. You need staff who have got the skill to have that dialogue* (DVPP manager 1).

This was not rhetoric: confidence in the authority and ability of staff was demonstrated repeatedly in meetings, with DVPP managers asking and clearly deferring to the experience of these front-line staff on a variety of issues. The calibre of staff, including the ongoing commitment to critical self-reflexivity, is essential where adaptation and responsivity are called for and draws on several aspects of service integrity. Not only do DVPP workers need expertise, they must also be granted a level of autonomy to think through and make decisions about 'strategy' in a dynamic way particularly in consultations, both formal and informal, with social workers. These provided a real opportunity to win the trust of social workers and influence their practice. Asked to comment on changes to practice following consultations, social workers were overwhelmingly positive. A number of social workers who were asked to evaluate DVPP training outlined benefits which were both practical and attitudinal.

Many social workers commented on the value of DVPP worker's presence bringing domestic violence into the foreground: 'Focusing on domestic violence – often know this stuff but when bombarded by other things it's useful to re-focus on the DV' (consultation 2, social worker 8); 'Useful to have specific discussion about domestic violence, aside from child care and substance misuse' (consultation 1, social worker 5). Others focussed on specific tools they had acquired through working alongside DVPP workers, for example the power and control wheel and CAADA risk assessments. A greater understanding of the gendered dynamics of domestic violence also helped social workers to consider safer practices such as: 'recognise pressures of couples working together – unfair on victims – separate work necessary' (consultation 3, social worker 1), and 'tried to meet with Mum alone' (consultation 3, social worker 7).

The potential change in culture is premised on practical skills and tools, but these practicalities also opened up a space for social workers to think differently about domestic violence. Such positive outcomes could not have been achieved without a great deal of thought and attention to the approach, with DVPP workers very mindful of 'not coming in with size 10 boots' (VPP worker). DVPP workers were alert to the need for tact and diplomacy, whilst maintaining a firm stance on holding men accountable and working with women in a way which recognised the impacts of domestic violence.

Several interviewees commented on the lack or inadequacy of basic social work training on domestic violence, with one social worker commenting that the most surprising thing about the DVPP training was that 'working with perpetrators is not a part of DV training in general or of social work training' (training 2,

practitioner 17). The workshops delivered during the fieldwork period were: Working with Male Perpetrators of Domestic Violence (training 1); Safety Planning with Male Perpetrators of Domestic Violence (training 2); and Working with Women in Abusive Relationships (training 3). Asked what was most useful, practitioners cited practical skills such as safety planning and risk assessment skills, and techniques to challenge denial and minimisation.

In terms of cultural change, greater interest lies in the new insights and attitudes which emerged in response to the question 'What has surprised you most in today's workshop?' Responses to this question highlighted the ways in which social workers had gained a new perspective on many different aspects of domestic violence dynamics and practicalities: 'How the current processes work against women when they are trying to flee domestic violence' (training 3, practitioner 13); 'Positive work [with perpetrators] may be possible!' (training 1, practitioner 1); 'Better understanding of victim's barriers to leaving – being more realistic about our expectations' (training 3, practitioner 14); 'Violence is a choice!' (training 2, practitioner 1). The trainings also prompted reflection about social work practice.

That I'm stuck in old ways of seeing the perpetrator as a perpetrator of violence – I forget that they are human and my approach is clouded by my desire to gather factual information needed for my assessment (training 2, practitioner 14).

This mirrors Featherstone's (2009) discussion of the pressures and culture of modern social work and its emphasis on 'assessing, identifying and categorising', highlighting 'concerns that technological and performance management imperatives have completely eclipsed 'practising' in child protection' (p.159). As such, this is another area in which the structure of policy frameworks intersects with culture.

Consultations and training provided an opportunity, by and large, to strengthen service integrity through collaboration and the opportunity to bring some alignment between the 'shared values' of the DVPP and Children's Services. The Children's Services audience was, however, a somewhat self-selected sample since social worker's engagement with training and consultation was not consistent across the organisation. The difficulties of engaging more resistant staff – notably clinicians – was not resolved during the period of fieldwork but revealed that the heterogeneity of the 'population' on the Child Protection planet .

POPULATIONS

There is no avoiding the fact that a DVPP and a Children Services Department are made up of different 'populations' with different sets of shared values. Furthermore, each organisation is likely to have a different 'style', that is, a different ethos in terms of their approach to the work and towards their staff. In this particular project, the Children Services Department's uptake of the Reclaiming Social Work model potentially allows for some level of alignment, at least in terms of a collaborative approach and the 'style' of encouraging open and honest communication.

Nonetheless, differences in culture ('style') will always give rise to tensions when bringing two organisations together. Waterman *at al.*, (1980), with respect to the business orientation of the 7S model, discuss this in terms of mergers and acquisitions but make some relevant points adaptable to co-location. They suggest that one of the most difficult things to achieve is to bring together the cultures ('styles') of two different organisations. 'No matter how closely related the businesses,' they explain, 'at some level of detail almost everything done by two parties to a merger will be done differently' (*ibid*. p.23). The solution they suggest is to work towards integrating the cultures but not to rush.

The cultures of a DVPP and a Children's Services Department are unlikely to ever become 'integrated' but the need to take things slowly was evident in the co-location project. However, whilst the slow and diplomatic approach appeared to be bringing some alignment between the DVPP staff and social workers, in some areas of the population this did not go so smoothly.

As previously discussed, Children's Services in this area were arranged into a system of Social Work Units (SWUs) each comprising a social work consultant, a social worker, a children's practitioner, a unit co-ordinator and a clinician. Whilst members of an SWU may have varying interest, insight and/or training in domestic violence work, there were marked differences in the approach of the clinicians.

The clinicians, who each work across two Social Work Units, are trained psychologists and psychotherapists who undertake specific pieces of work with social work clients, sometimes being the principal worker on a case. Clinicians were united by a systemic or pro-systemic approach which is antithetical to the core values of the DVPP. The issue which highlighted this was the clinicians' use of couples counselling with clients in relationships where there is domestic abuse. The DVPP hold a clear position that couples counselling is not appropriate in a domestic violence context. This is founded on the power and control dynamic, such that it is neither safe nor ethical for women to be asked to explore relationship issues with the abuser present.

The issue of couples counselling – either in-house or via referral to GPs by clinicians – was first flagged up at the Project Review Meeting of 18/05/2012 and was immediately recognised as needing to be 'handled carefully' (VPP worker). DVPP workers arranged a meeting with clinicians and supervisors, and training was proposed. The training would address risk assessment as a 'way in' to engage with clinicians, who had expressed an interest in this area of work. Discussed again at the next Practice Development Meeting (12/07/2012), it was suggested that DVPP workers refrain from 'battling' the issue and focus on the training proposal. However, there was some frustration voiced that social work managers had clearly stated that couples counselling must stop yet this had not filtered through to the clinicians.

In the event, the training was re-scheduled twice and was repeatedly discussed. At another Project Review Meeting, on 18/08/2012, VPP staff described a couples counselling case where the woman's request for separate sessions had been denied. The WSS worker also raised concerns that 'one of the clinical psychologists holds the view that women invite the violence'. The feeling was: 'we can't keep being diplomatic about this' (VPP worker).

Despite meetings, reflection, and the support of the social work managers at the Project Review meetings, discussion at the Strategic Review Meeting on 20/09/2012 revealed that some senior managers were more supportive of the clinician's position. The A&A manager suggested that rather than 'policy', the decision to sanction couples counselling was about: 'individual practitioners who are trained in couples work and have extensive experience of domestic violence being allowed to use those skills'.

CONCLUSION

Co-location as a model of work is very much in its infancy, particularly at the time this fieldwork was undertaken. Nonetheless the attempt to align the different cultures, laws, and populations of the Child Protection and Domestic Violence planets reveals some interesting insights with regard to the holistic concept of service integrity. The case study demonstrates both how the inherent flexibility of service integrity make co-located work possible, as well as how service integrity can be drawn on in a challenging environment to maintain values, ethos and principles of practice.

Applying the concept of service integrity to a co-located DVPP project has offered an opportunity to examine the utility of the concept in a dynamic context. Using Hester's Three Planet Model (2004, 2011) to provide 'lines of sight' has acted to identify, in advance, the areas of tension and challenge which are liable to arise when a DVPP ('domestic violence planet') attempts to come into a constellation with a Children Services Department ('child protection planet'). It is within these tensions and challenges - and a few alignments –that aspects of service integrity have been analysed.

The categories of Hester's model which provided a line of sight were culture, laws, and populations. In the analysis it was particular aspects of these categories which stood out in the data: the 'structure' aspect of the law category and the 'ethos' aspect of culture were most prominent. It was also possible to link these categories and their aspects to the 7S/RSW-based framework for service integrity proposed in Chapter 6. Thus, it was seen that 'structure', 'systems', and 'style' correspond with these areas of prominence. The way these aspects intersected was also revealed, aligning with the concept of the 7S/RSW model where all aspects are interrelated and none have primacy. Whilst co-location may present a challenge to some aspects more than others, the fact remains that attention must be paid to all aspects if an organisation is to operate effectively and with integrity.

The structure of co-located work was seen as hugely beneficial, allowing for more collaborative working between the DVPP and Children Services. In terms of service integrity this highlights how the DVPP has considered 'structure' in this way by adapting their structure in order to work in the most collaborative way. This reveals how service integrity can be applied in relation to the way a DVPP interacts with other services, and need not only be applied to internal structure. 'Strategy' has also been applied to the physical co-location aspect of the project in that the DVPP's proposal for a co-located model was born of a considered response to external circumstances, that is to say, from DVPP awareness of the rising numbers of child protection cases involving domestic violence and a desire to work more effectively with Children Services.

Another aspect of service integrity which was highlighted throughout the analysis was 'style' or ethos. One of the aims of the co-location project was to influence the culture of Children's Services. This was always going to be challenging but attention to other aspects of service integrity helped to mitigate this tension. Selecting staff with expertise (and a strong ethos) was vital but they also needed to have a degree of autonomy in order to make decisions in ad hoc situations. Also important was the attention to supporting and nurturing workers in the 'staff' aspect of service integrity. The pressure placed on DVPP staff, working remotely from the 'style' and 'shared values' of the main DVPP environment, must be attended to.

Thresholds for Children's Services' responses to domestic violence also created an area of tension, challenging the 'shared' values of the DVPP workers. Here, again, 'strategy' was attended to in terms of considering how best to respond to external circumstances, and 'structure' was adapted in answer to this. There were also tensions within 'population' issues, notably with the clinicians, whose approach to domestic violence work was particularly at odds with that of the DVPP. A solution to this issue, however, was not forthcoming during the period of fieldwork.

Whilst various aspects of service integrity have been highlighted, drawn on, and required attention, what is also revealed by this case study is that the very concept of co-located work would scarcely have been possible without a level of service integrity: the 'strategy' of proposing a co-located model; the 'structure' of physical co-location; the 'style' of collaborative work; the expertise of 'staff' and the need to support this; the 'skill' of promoting what the DVPP does best; attention to 'systems'; and the 'shared values' of the DVPP workers. All of these aspects of service integrity, proposed in Chapter 6, were called upon in the co-located project. This is not a comment on the extent to which the DVPP attained service integrity since this would miss the point. Service integrity is not attained as such, rather it is an ongoing process, one which continues to be negotiated in this co-location project .

CONCLUSIONS

This thesis set out to explore a lacuna in the literature, the 'missing variable' (Bowen & Gilchirst, 2004) of programme integrity. The research question evolved as the concept of programme integrity was revealed as contested and ill-defined. An initial intent to utilise a unique dataset of video recordings of DVPP programme delivery was also quickly disrupted: a separate pilot study (Coy, Thiara, Kelly, & Phillips, 2011) revealed that the recordings would not allow for full interrogation of group process due to camera positioning which focused on the facilitators. Furthermore, my own pilot interviews raised doubts about whether a specific focus on group-work delivery was the best way to proceed.

To examine programme integrity in a way which didn't focus solely on group-work delivery appears counter-intuitive and contradicts the dominant approach found in the literature. However, spurred on by my findings from the pilot interviews, my attention turned towards how DVPPs operate in terms of structure and process. Alongside this, the literature review continued to raise challenges in applying what I call the 'dominant definition' of programme integrity to DVPPs. That is to say, there were a number of aspects of this dominant definition which did not fit well with what I was learning about the practice of British DVPPs, albeit that this was hampered by stereotypes of DVPP work widely reiterated in the literature.

These aspects of the dominant approach and definition centred on the scientistic approach to the evaluation of DVPPs which called for 'evidence based practice' with a narrow definition of 'evidence' premised on programme models tested through randomised controlled trials. The dominance of the scientistic approach is also linked to the prominence of the New Public Management (NPM) doctrine which attempts to apply a business model to public sector services. The NPM focus on performance indicators, auditing and IT systems can, as Lapsley (2009) suggests, lead to a compliance culture and tick-box mentality and ultimately fails to deliver greater efficacy in public sector organisations.

For DVPPs, where 'process' is all important, the NPM approach is not equipped to provide the kind of culture or environment required to nurture programme or service integrity. DVPPs often have to walk the fine line between providing the kind of outcome data required by the prevalent NPM culture and practices of funders and commissioners, and maintaining the process of service integrity. The danger of NPM is that the development and creativity required for an authentic 'integrity' is not routinely factored into the costing of DVPPs and other social intervention programmes. The scientism of NPM approaches needs to be resisted were possible and carefully negotiated where necessary.

An examination of DVPP evaluation literature highlighted the shortcomings of the scientistic approach to evaluating DVPPs and other complex social interventions. Evaluation approaches set the context for exploring programme integrity as the latter is inextricably linked to evaluation concerns. That is, programme integrity is considered essential to understanding and interpreting outcome evaluations. It is posited that, without programme integrity data, it is impossible to say whether programme effects, positive or negative, result from programme design or programme delivery. If, therefore, a scientistic approach to evaluation is inappropriate for DVPPs, so too is the 'dominant definition' of programme integrity.

Examination of these dominant approaches to evaluation and programme integrity highlighted a number of philosophical and ideological issues, further consolidating the need to take an alternative approach to the examination of programme integrity for DVPPs. Alternative approaches which emerged in the literature also problematised the narrow evidence of 'evidence-based practice', and sought to bring 'practice-based evidence' back into the frame. Practitioner expertise and service-user feedback, *combined* with research evidence, was proposed as the most effective way to fully understand the impact and effects of complex social interventions. A baseline definition was formulated from the literature as a more neutral way to approach programme integrity: that programmes should be delivered as intended.

The result of this investigation and analysis of the literature was that the research question evolved into a focus on the meaning, practice and utility of the concept of programme integrity for DVPPs. The research design and methodology turned towards the views and knowledges of DVPP practitioners, beginning with pioneers of British DVPPs in order to discover the 'delivery intention' of the original programmes. The history of the emergence and development of British DVPPs, within its socio-political context, which emerged from qualitative interviews with eleven early programme developers and four stakeholders, was fascinating and not previously recorded. A briefing document (Phillips, Westmarland & Kelly, 2013) was produced to help address this gap but, more importantly, a great deal of insight into 'delivery intention' and 'integrity' was provided.

The delivery intention which emerged from these interviews was premised on an approach which drew on available research literature, albeit scant, the practice knowledges and materials of North American forerunners, the skills and experience of the developers themselves, and a process of trial and error innovation backed up with critical self-reflexivity and feedback from service-users and stakeholders. That some of the stakeholders were critical and suspicious of the work, only acted as a further refining and guiding process of reflexivity. Theories, ideas and practices were freely discussed and shared with other practitioners within the National Practitioners' Network, which was developed shortly after the first programmes began.

It was all the aspects of this approach, as well as a fast-developing ethos of working with men as individuals within the group, which represented the 'integrity' of DVPP work for these early developers and pioneers. In particular, the processes of reflection and review were understood as vital to integrity for a reflexive and responsive approach to programme delivery. Another aspect which emerged was the need to work with the

women (ex)partners of men on group in order to ensure that men were properly being held to account and to ascertain whether they were making any changes. This quickly expanded, however, to provide better support for these women and, within a few years, many DVPPs moved to integrate men's and women's work within one service. Thus, an initial focus on men's group-work, as the new and innovative piece of work, had developed into the beginnings of a 'whole service' approach which incorporated women's support work as an aspect of integrity.

An understanding of the 'delivery intention', and the emerging aspects of programme integrity, guided interviews with current DVPP practitioners. Twenty-two interviews were undertaken with workers from a range of positions within ten contemporary DVPPs participating in the Mirabal project. The term 'programme integrity' was not used in the recruitment of these participants, in order to ascertain practitioners' familiarity with and knowledge of the term when asked during the interview. As expected, many practitioners were not particularly familiar with the term but described their practice in ways which revealed their understanding and use of the principles of the concept. The data revealed that contemporary Respect-accredited DVPPs had indeed remained true to the delivery intention of British DVPPs. In contrast to the 'dominant definition' of programme integrity, that does not mean they had remained static or followed the same material in the same way. For British DVPPs, the delivery intention demanded the opposite: that programmes continue to develop and innovate, and remain responsive to the material - the experiences - which men bring to assessment and group. What had remained the same was the necessity of, and commitment to, robust processes of reflection. These included practice management and case management and were understood as both formal arrangements and informal, ongoing communication.

The most striking finding from the data was the emphasis on the 'whole service' approach to DVPP work. That is to say, workers from all positions - DVPP managers, practice managers, facilitators, and women's support workers - extolled the virtues of all aspects of DVPP work - in particular the integration of women's support work - and bemoaned the misconceptions of external agencies and funders who tended to view DVPP work as men's group-work only. However, what was curious about these proclamations was a failure to fully practice this whole service approach. Practitioners often undermined the whole service approach even as they were stating its importance. The focus, within DVPPs, remained predominantly on the men's group work, and women's services did not seem to enjoy the same status or resources. Whilst subtle, it was troubling that this reflected critiques from an early evaluation which had been conducted nearly two decades earlier (Burton *et al.*, 1998).

Analysis of the data from this perspective revealed a number of ways in which DVPPs, and the Respect Accreditation Standard (2012), inadvertently recreated this focus on men's group-work. In so doing, they were rendering invisible the work of women's support services and other work which sits alongside men's and women's services, such as assessments and reporting to external agencies and multiagency groups: in short, the very things which were being declared as important aspects of integrity. Thus, to achieve integrity it would be necessary to de-centre the men's group-work aspect of DVPP work. Examination of this internal

re-creation of the prominence of men's group-work revealed issues with language - such as the meaning of DVPP as 'domestic violence perpetrator *programme*' - and ongoing 'gender agendas' (Burton *et al.*, 1989:10) which were a reflection, within DVPPs, of societal gender politics and inequalities. In short, a culture or ethos which was not fully addressing or interrogating these inequalities. The compulsion to write 'had not fully addressed' in that sentence reminds me again how subtle these issues can be: gender agendas are unlikely to ever be 'fully addressed'; rather, what is required is an ongoing attention to, and discussion of, these issues.

The necessary 'integrity' which DVPP practitioners had described to me required, then, a process which would address the ethos of the whole service approach. The concept of 'service integrity' emerged from this analysis as just such a process of ongoing reflection and improvement. 'Programme integrity', specifically related to group-work delivery, is not dismissed; rather, it is understood as nested within 'service integrity'. Indeed, the concept of programme integrity presented here, relevant to DVPPs, cannot be fully realised without reference to a wider service integrity. Full and collaborative integration of men's and women's services feeds into and enhances group-work delivery practice.

'Service integrity' builds on the Respect Accreditation Standard (2012), which provides a robust framework for the mechanics of both programme integrity and the whole service approach, but cannot, by definition, mandate the whole service *ethos*. Thus, service integrity is the responsibility of DVPPs, as individual organisations, and a framework is provided for the process of 'reflective analysis' which DVPPs can undertake. This need not be an onerous task (though it is further discussed in 'limitations' below) as it is designed to act as a structure to support the commitment to excellence which was observed throughout interviews with DVPP workers. The concept of service integrity cannot be standardised as such, and DVPPs would need to adapt it to their own unique service and structure. It is also flexible, and this is demonstrated in a case study which applies the concept to an emerging practice innovation, or 'shape shift' (Kelly and Westmarland, 2015:42), whereby DVPP workers were located within a local Children Services Department. Drawing on and extending Hester's Three Planet Model (2004, 2011) highlighted some areas of tension which were likely to arise as a DVPP (domestic violence planet) and Children Services Department (child protection planet) attempted to come into a constellation. Applying the concept of service integrity offered a way for the DVPP to remain alert to issues of integrity whilst negotiating these challenges and tensions.

THE CONCEPT OF INTEGRITY

The question of integrity on which this thesis was premised has been revealed as broader and more ambiguous than initially realised. The assumption that programme integrity was a 'thing' which could simply be applied to DVPPs was disrupted almost immediately when the literature review (Chapter 2) highlighted the confusing and contradictory way the term has been used, and the thesis necessarily turned towards an explication of the concept itself.

The baseline definition which emerged from the literature review – that a programme should be delivered as intended – was utilised as a broad and neutral starting point which can be applied to any programme design and approach. Thus, a medical model programme may use a concept of programme integrity to assert that the programme should be delivered with strict adherence to the manual, since that is what was intended. However, it quickly became clear that this was not a version of programme integrity which would fit with DVPPs or, indeed, other complex social interventions which have a more process-driven approach.

Ultimately, programme integrity can be said to be about the attempt to ensure that a programme is delivered in the most effective way possible. A concept of programme integrity applicable to process-driven programmes goes beyond quality control to allow for programme development in line with emerging knowledge and experience and, as such, it requires commitment to critical reflexivity. More than the sum of its parts, this concept of programme integrity is as organic as the programme itself, recognising that the successful interaction of different elements is as important as the elements themselves, and none take primacy.

In applying a process-driven concept of programme integrity, it is useful to consider how the programme fits within a broad socio-political context and within the organisation itself, as well as the elements of the actual programme. For DVPPs, this has meant consideration of the broad context of co-ordinated community responses and the different elements of the organisation such as the women's support service, alongside the content and delivery of the group-work programme. It is this need to consider all aspects of the service, externally and internally, which has led to a concept of service integrity. This may also be applicable to other complex social interventions, which may need to consider their socio-political position and the structure of their own organisation, albeit that the salient issues will differ from those of DVPPs.

LIMITATIONS AND FUTURE DIRECTIONS

As a practitioner, I have been acutely aware of the burden placed on under-resourced third sector organisations, and my fear has been that the concept of service integrity only adds to this burden. There is little doubt that taking on board the critiques outlined in this study, and the framework of service integrity to address these critiques, would require effort and consideration. However my observation and interaction with DVPP workers across the country impressed me with a real sense of commitment to the principles and practice of the work. It is my hope that the concept and framework of service integrity can support and build on this commitment and enhance not only practice but also the working environment for DVPP practitioners. This remains to be seen.

As a researcher, I am confident that the concept of service integrity is generalisable across Respect-accredited DVPPs in Britain. However, the processes and practice of DVPPs which sit outside of Respect accreditation have not been examined and it is not possible to comment on whether the concept of service integrity would be useful or relevant to these services. Also, after much deliberation, I decided not to address the Caledonian System within this research (Scottish Government, 2011). The Caledonian system

was developed under the criminal justice service in Scotland and rolled out in 2011, just as this study was getting underway. In many ways it is a unique development which builds on the experience of many of the pioneers of Scottish DVPPs, who were involved in its formulation. However, the specifics of this system set it apart from Respect-accredited DVPPs and this guided my decision not to address it within this study.

Another point which was raised in this study, and which may warrant further research, was the idea that men's and women's services do not necessarily need to be part of the same organisation (Respect Accreditation Standard, 2012). Whilst this may be deemed necessary from a practical and resource-related perspective, in light of the issues raised in this study it seems unlikely that a fully collaborative service could be offered under these conditions.

There is work to be done to integrate the findings of the Mirabal Project (Kelly and Westmarland, 2015) and this study, related to the need for DVPPs to further develop their direct work with men and women. The Mirabal project highlights the more limited improvements men make towards changing aspects of coercive control, suggesting that this needs to be developed within the group-work programme. Similarly, the Mirabal project, and this study, have suggested that women's support work may require further development in order to more effectively support women to step into a greater space for action.

What began, then, as a thesis targeted on 'programme integrity' has evolved into an understanding of the history and process of DVPP work and a 'whole service' approach. Whilst this leads to a concept of 'programme integrity' which is relevant to DVPPs, it also proposes that a concept of 'service integrity' is required to fully realise programme integrity in this context. By addressing the ethos of the DVPP 'whole service' approach, this thesis offers the concept of 'service integrity' and provides a framework for DVPPs to build on their accredited status and work towards excellence. In this way, DVPPs can address some of the shortcomings which are identified in this study and the Mirabal project (Kelly & Westmarland, 2015) and move forwards, confident in the knowledge that the services they provide can and do assist men, women and children to have better, safer lives.

REFERENCES

Adams, D., & Cayouette, S. (2002). Emerge: A group education model for abusers. In E. Aldarondo & F. Mederos (Eds.), *Programs for Men Who Batter: Intervention and Prevention Strategies in a Diverse Society*. New York: Civic Research Inc.

Akoensi, T. D., Koehler, J. a, Lösel, F., & Humphreys, D. K. (2012). Domestic Violence Perpetrator Programs in Europe, Part II: A Systematic Review of the State of Evidence. *International journal of offender therapy and comparative criminology*.

Alderson, S., Kelly, L., & Westmarland, N. (2013). *Domestic Violence Perpetrator Programmes and Children and Young People*. London and Durham.

Alderson, S., Westmarland, N., & Kelly, L. (2013). The need for accountability to, and support for, children of men on domestic violence perpetrator programmes. *Child Abuse Review*, *22*(3), 182–193.

Almeida, R., & Dolan-Delvecchio, K. (1999). Addressing culture in batterers intervention. *Violence Against Women*, *5*(6), 654–683.

Anderson, K., & Umberson, D. (2001). Gendering violence: Masculinity and power in men's accounts of domestic violence. Gender & Society, 15(3), 358–380.

Andrews, D. (2006). Enhancing adherence To risk-need-responsivity: Making quality a matter of policy. *Criminology & Public Policy*, *5*(3), 595–602.

Andrews, D., & Dowden, C. (2005). Managing correctional treatment for reduced recidivism: A meta-analytic review of programme integrity. *Legal and Criminological Psychology*, *10*(2), 173–187.

Andrews, D., Zinger, I., Hoge, R., Bonta, J., Gendreau, P., & Cullen, F. (1990). Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis. *Criminology*, *28*(3), 369–404.

Archer, J. (2000). Sex differences in aggression between heterosexual partners: A meta-analytic review. *Psychological bulletin*, *126*(5), 651–80.

Atkinson, M., Jones, M., & Lamont, E. (2007). *Multi-Agency Working and its Implications for Practice : A Review of the Literature*. Reading.

Babcock, J., Green, C., & Robie, C. (2004). Does batterers' treatment work? A meta-analytic review of domestic violence treatment. *Clinical Psychology Review*, *23*(8), 1023–1053.

Barnardo's. (2011). Barnardo's Domestic Violence Risk Identification Matrix. London: Barnardo's.

Bell, C. (2002). *Report*. Retrieved from http://www.hands.org.gy/download/calvinreport.pdf

Bennett, L., & Piet, M. (1999). Standards for batterer intervention programs: In whose interest? *Violence Against Women*, *5*(1), 6–24.

Blacklock, N., & Phillips, R. (forthcoming). Reshaping the child protection response to domestic violence through collaborative working. In N. Stanley & C. Humphries (Eds.), *Domestic Violence and Protecting Children: New Thinking and Approaches*. London: Jessica Kingsley.

Blakely, C., Mayer, J., Gottshalk, R., Scmitt, N., Davidson, W., Roitman, D., & Emshoff, J. (1987). The fidelity-adaptation debate: Implications for the implementation of public sector social programs. *American Journal of Community Psychology*, *15*(3), 253–268.

Blumer, H. (1954). What is wrong with social theory? *American Sociological Review*, *19*(1), 3–10.

Blumer, H. (1969). *Symbolic Interactionism*. Englewood Cliffs, NJ: Prentice-Hall.

Botvin, G., & Griffin, K. (2007). School-based programmes to prevent alcohol, tobacco and other drug use. *International Review of Psychiatry*, *19*(6), 607–15.

Bowen, E. (2011). *The Rehabilitation of Partner-Violent Men*. Chichester: Wiley-Blackwell.

Bowen, E., Brown, L. E. N., & Gilchrist, E. (2002). Programmes for domestic violence perpetrators: A pro-feminist approach. *The Howard Journal*, *41*(3), 221–236.

Bowen, E., & Gilchrist, E. (2004). Comprehensive evaluation: A holistic approach to evaluating domestic violence offender programmes. *International Journal of Offender Therapy and Comparative Criminology*, *48*(2), 215–234.

Bowen, E., Gilchrist, E., & Beech, A. (2005). An examination of the impact of community-based rehabilitation on the offending behaviour of male domestic violence offenders and the characteristics associated with recidivism. *Legal and Criminological Psychology*, *10*(2), 189–209.

Bowen, G. A. (2006). Grounded theory and sensitizing concepts. *International Journal of Qualitative Methods*, *5*(3), 1–9.

Breakwell, G., & Millward, L. (1995). *Basic Evaluation Methods: Analysing Performance, Practice and Procedure*. Leicester: BPS Books.

Bullock, K., Sarre, S., Tarling, R., & Wilkinson, M. (2010). *The delivery of domestic abuse programmes: An implementation study of the delivery of domestic abuse programmes in probation areas and Her Majesty's Prison Service*. London. Retrieved from http://www.justice.gov.uk/downloads/publications/research-and-analysis/moj-research/delivery-domestic-abuse-programmes.pdf

Burton, S., Regan, L., & Kelly, L. (1998). *Supporting Women and Challenging Men: Lessons From the Domestic Violence Intervention Project*. *Prevention*. Bristol: Policy Press.

Cameron, D. (1998). *Feminist Critique of Language* (2nd ed.). London: Routledge.

Castro, F., Barrera, M., & Martinez, C. (2004). The cultural adaptation of prevention interventions: Resolving tensions between fidelity and fit. *Prevention Science*, *5*(1), 41–45.

Cavendish, C. (2013). *The Cavendish Review: An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings*. London: Department of Health.

Children's Services. (2013). Children and Young People's Access and Assessment Social Work Service. Retrieved March 07, 2015, from www.hackney.gov.uk/servapps/ hackneydirectory/details.aspx?OrgID =2612

Chinman, M., Imm, P., & Wandersman, A. (2004). *Getting to Outcomes: Promoting Accountability Through Methods and Tools for Planning, Implementation, and Evaluation*. Santa Monica, CA: RAND Corporation . Retrieved from http://www.rand.org/pubs/technical_reports/TR101.html

Clancy, A., K., H., Maguire, M., Peake, R., Raynor, P., Vanstone, M., & Kynch, J. (2006). *Getting Out and Staying Out: Results of the Prisoner Resettlement Pathfinders*. Bristol: Policy Press.

Clarke, A., & Dawson, R. (1999). *Evaluation Research: An Introduction to Principles, Methods and Practice*. London: Sage.

Cochrane, A. (1972). *Effectiveness and Efficiency: Random Reflections on Health Services*. London: Nuffield Provincial Hospitals Trust.

Collins Dictionary. (2004). *Collins Dictionary and Thesaurus* (2nd edition.). Glasgow: HarperCollins.

Corvo, K., Dutton, D., & Chen, W. (2008). Towards evidence-based practice with domestic violence perpetrators. *Journal of Aggression, Maltreatment and Trauma*, *16*(2), 111–130.

Coy, M., Thiara, R., Kelly, L., & Phillips, R. (2011). *Into the Foreground : an Evaluation of the Jacana Parenting Programme London Metropolitan University*. London: Nia & CWASU. Retrieved from http://www.niaendingviolence.org.uk/about_us/research.php

Cross, S., Hubbard, A., & Munro, E. (2010). *Reclaiming Social Work London Borough of Hackney Children and Young People ' s Services Part 1 : Independent Evaluation Part 2 : Unpacking the complexity of frontline practice – an ethnographic approach*. London: Hackney Children's Services. Retrieved from http://www.hackney.gov.uk/Assets/Documents/rsw-evaluation-report-sept-2010.pdf

Crozier, M., Rokutani, L., Russett, J., Godwin, E., & Banks, G. (2010). A multisite program evaluation of Families And Schools Together (FAST): Continued evidence of a successful multifamily community-based prevention program. *The School Community Journal*, *20*(1), 187–207.

Cullen, F. T., & Jonson, C. L. (2011). Rehabilitation and treatment programs. In J. Q. Wilson & J. Petersilia (Eds.), *Crime and Public Policy* (pp. 293–344). Oxford: Oxford University Press.

Cunningham, A., Jaffe, P., Baker, L., Dick, T., Malla, S., Mazaheri, N., & Poisson, S. (1998). *Theory-Derived Explanations of Male Violence Against Female Partners: Literature Update and Related Implications for Treatment and Evaluation*. London: London Family Court Clinic. Retrieved from http://www.lfcc.on.ca/maleviolence.pdf

Dane, A., & Schneider, B. H. (1998). Program integrity in primary and early secondary prevention: are implementation effects out of control? *Clinical psychology review*, *18*(1), 23–45.

Davis, R., Taylor, B., & Maxwell, C. (2000). *Does Batterer Treatment Reduce Violence? A Randomized Experiment in Brooklyn*. *Most*. New York: Victim Services Research.

Day, A., Chung, D., O'Leary, P., & Carson, E. (2009). Programs for men who perpetrate domestic violence: An examination of the issues underlying the effectiveness of intervention programs. *Journal of Family Violence*, *24*(3), 203–212.

DHR Board. (2012). *London Borough of Hackney Domestic Homicide Review: Executive Summary*. Retrieved from http://www.hackney.gov.uk/Assets/Documents/domestic-homicide-review-Exec-Sum.pdf

Dixon, L., Archer, J., & Graham-kevan, N. (2011). Perpetrator programmes for partner violence: Are they based on ideology or evidence? *Legal and Criminological Psychology*, *17*(2), 196–215

Dixon, L., & Graham-kevan, N. (2011). Understanding the nature and etiology of intimate partner violence and implications for practice and policy. *Clinical Psychology Review*, *31*(7), 1145–1155.

Dobash, R. P., Dobash, R. E., Cavanagh, K., & Lewis, R. (1998). Seperate and intersecting realities: A comparison of men's and women's accounts of violence against women. *Violence Against Women*, *4*(4), 382–414.

Dunford, F. (2000a). Determining program success: Experimental research designs. *Crime & Delinquency*, *46*(3), 425–434.

Dunford, F. (2000b). The San Diego Navy Experiment: An assessment of interventions for men who assault their wives. *Journal of Consulting and Clinical Psychology*, *68*(3), 468–476.

Dunleavy, P., Margetts, H., Bastow, S., & Tinkler, J. (2005). New Public Management Is Dead--Long Live Digital-Era Governance. *Journal of Public Administration Research and Theory*, *16*(3), 467–494.

Dutton, D. (1994). Patriarchy and wife abuse: The ecological fallacy. *Violence & Victims*, *9*(2), 125–140.

Dutton, D., & Corvo, K. (2006). Transforming a flawed policy: A call to revive psychology and science in domestic violence research and practice. *Aggression and Violent Behavior*, *11*(5), 457–483.

Dutton, D., & Corvo, K. (2007). The Duluth model: A data-impervious paradigm and a failed strategy. *Aggression and Violent Behavior*, *12*(6), 658–667.

Edleson, J. L. (1998). Responsible mothers and invisible men: Child protection in the case of adult domestic violence. *Journal of Interpersonal Violence*, *13*(2), 294–298.

Edleson, Jeffrey L. (2012). Groupwork with men who batter: What the research literature indicates. *VAWnet.org*, (February). Retrieved from http://www.vawnet.org/summary.php?doc_id=3159&find_type=web_sum_AR

Elliott, D., & Mihalic, S. (2004). Issues in disseminating and replicating effective prevention programs. *Prevention Science*, *5*(1), 47–54.

Esbensen, F.-A., Matsuda, K., Taylor, T., & Peterson, D. (2011). Multimethod strategy for assessing program fidelity: the national evaluation of the revised G.R.E.A.T. program. *Evaluation review*, *35*(1), 14–39.

Featherstone, B. (2009). *Contemporary Fathering: Theory, Policy and Practice*. Bristol: Policy Press: Policy Press.

Featherstone, B., & Fraser, C. (2012). Working with Fathers Around Domestic Violence: Contemporary Debates. *Child Abuse Review*, *21*(4), 255–263.

Featherstone, B., & Peckover, S. (2007). Letting them get away with it: Fathers, domestic violence and child welfare. *Critical Social Policy*, *27*(2), 181–202.

Feder, L., & Wilson, D. (2005). A meta-analytic review of court-mandated batterer intervention programs: Can courts affect abusers' behavior? *Journal of Experimental Criminology*, *1*(2), 239–262.

Feder, Lynette, Holditch Niolon, P., Campbell, J., Wallinder, J., Nelson, R., & Larrouy, H. (2011). The Need for Experimental Methodology in Intimate Partner Violence:Finding Programs That Effectively Prevent IPV. *Violence Against Women*, *17*(3), 340–358.

Forrester, D. (2010, June). The argument for evidence-based practice in social work. *Community Care*. Retrieved from http://www.communitycare.co.uk/2010/06/18/the-argument-for-evidence-based-practice-in-social-work/#.UnKGTlPAD3O

Forsetlund, L., Talseth, K., Bradley, P., Nordheim, L., & Bjørndal, A. (2003). Many a slip between cup and lip: Process evaluation of a program to promote and support evidence-based public health practice. *Evaluation Review*, *27*(2), 179–209.

Foucault, M. (1980). Truth and Power. In C. Gordon (Ed.), *Power/Knowledge: Selected Interview and Other Writings 1972-1977* (pp. 109–133). Brighton: Harvester Press

Fox, K. J. (1999). Changing Violent Minds: Discursive Correction and Resistance in the Cognitive Treatment of Violent Offenders in Prison. *Social Problems*, *46*(1), 88–103.

Franzen, S., Morrel-Samuels, S., Reischl, T., & Zimmerman, M. (2009). Using process evaluation to strengthen intergenerational partnerships in the Youth Empowerment Solutions program. *Journal of Prevention & Intervention in the Community*, *37*(4), 289–301.

Gendreau, P., Goggin, C., & Smith, P. (1999). The forgotten issue in effective correctional treatment: Program implementation. *International Journal of Offender Therapy and Comparative Criminology*, *43*(2), 180–187.

Gilchrist, E. (2009). Implicit thinking about implicit theories in intimate partner violence. *Psychology, Crime & Law*, *15*(2-3), 131–145.

Gondolf, E. W. (2000). How Batterer Program Participants Avoid Reassault. *Violence Against Women*, *6*(11), 1204–1222.

Gondolf, E. W. (2001). Limitations of Experimental Evaluation of Batterer Programs. *Trauma, Violence, & Abuse*, *2*(1), 79–88.

Gondolf, E. W. (2002). *Batterer Intervention Systems: Issues, Outcomes and Recommendations*. Thousand Oaks, CA: Sage.

Gondolf, E. W. (2004). Evaluating batterer counseling programs: A difficult task showing some effects and implications. *Aggression and Violent Behavior*, *9*(6), 605–631.

Gondolf, E. W., & Hanneken, J. (1987). The gender warrior: Reformed batterers on abuse, treatment, and change. *Journal of Family Violence*, *2*(2), 177–191.

Gondolf, E. W., Yllö, K., & Campbell, J. (1997). Collaboration between researchers and advocates. In G. K. Kaufman & J. Jasinski (Eds.), *Out of Darkness: Contemporary Research Perspectives on Family Violence* (pp. 255–261). Thousand Oaks, CA: Sage.

Graham-Kevan, N. (2007). Domestic violence: Research and implications for batterer programmes in Europe. *European Journal on Criminal Policy and Research*, *13*(3-4), 213–225.

Graham-Kevan, Nicola, & Archer, J. (2005). Using Johnson's domestic violence typology to classify men and women in a non-selected sample. In *Paper presented at 9th International Family Violence Research Conference, New Hampshire* (pp. 1–45). Retrieved from http://www.nfvlrc.org/docs/Graham_Kevan.ArcherJohnsonstudy.pdf

Gray, D. (2004). *Doing Research in the Real World*. London: Sage.

Hague, G., & Malos, E. (1993). *Domestic Violence: Action for Change*. Cheltenham: New Clarion Press.

Harding, S. (1987). Introduction: Is there a feminist method? In S. Harding (Ed.), *Feminism and Methodology*. Milton Keynes: Open University Press.

Harding, S. (1991). *Whose Science? Whose Knowledge? Thinking From Women's Lives*. Milton Keynes: Open University Press.

Harne, L., & Radford, G. (2008). *Tackling Domestic Violence: Theories, Policies and Practice*. Maidenhead: Open University Press.

Hester, M. (2004). Future Trends and Developments: Violence Against Women in Europe and East Asia. *Violence Against Women*, *10*(12), 1431–1448.

Hester, M. (2011). The Three Planet Model: Towards an Understanding of Contradictions in Approaches to Women and Children's Safety in Contexts of Domestic Violence. *British Journal of Social Work*, *41*(5), 837–853.

Hester, M., & Lilley, S-J. (2014). *Domestic and Sexual Violence Perpetrator Programmes: Article 16 of the Istanbul Convention*. Strasbourg: Council of Europe.

Hester, M., & Pearson, C. (1998). *From Centre to Periphery: Domestic Violence in Work with Abused Children*. Bristol: Policy Press.

Hester, M., & Westmarland, N. (2005). *Tackling Domestic Violence: Effective Interventions and Approaches*. London.

HMSO. (2006). *Adoption and Children Act 2002, explanatory notes* (2nd ed.). London: HMSO.

Home Office. (2013). Domestic violence and abuse: new definition. Retrieved April 07, 2014, from https://www.gov.uk/domestic-violence-and-abuse

Humphreys, C., & Stanley, N. (2006). *Domestic Violence and Child Protection: Directions for Good Practice*. (C. Humphreys & N. Stanley, Eds.). London: Jessica Kingsley Publishers.

Kelly, L., Regan, L. & Burton, S. (1992) Defending the indefensible? Quantitative methods and feminist research. In Hinds, H., Phoenix, A. & Stacey, J. (Eds.) *Working Out New Directions for Women's Studies*. London: Falmer Press.

Kelly, L., Burton, S., & Regan, L. (1994). Researching women's lives or studying women's oppression? Reflections on what constitutes feminist research. In M. Maynard & J. Purvis (Eds.), *Researching Women's Lives From a Feminist Perspective*. London: Taylor Francis.

Kelly, L. (1996). When Woman Protection is the Best Kind of Child Protection : Children , Domestic Violence and Child Abuse. *Administration (Dublin)*, *44*(2), 118–135.

Kelly, L., & Westmarland, N. (2015). *Domestic Violence Perpetrator Programmes: Steps to Change. Project Mirabal Final Report.* London and Durham: London Metropolitan University and Durham University.

Kennedy, J. (2013). Can we really improve care while support staff are treated so poorly? *Joseph Rowntree Foundation*. Retrieved February 24, 2015, from http://www.jrf.org.uk/blog/2013/07/can-we-improve-care-staff-treated-poorly

Kratochwill, T., McDonald, L., Levin, J., Scalia, P., & Coover, G. (2009). Families And Schools Together: An experimental study of multi-family support groups for children at risk. *Journal of School Psychology*, *47*(4), 245–65.

Kumpfer, K., Magalhães, C., & Xie, J. (2012). Cultural adaptations of evidence-based family interventions to strengthen families and improve children's developmental outcomes. *European Journal of Developmental Psychology*, *9*(1), 37–41.

Lane, J.-E. (2000). *New Public Management: An Introduction*. London: Routledge.

Lapsley, I. (2009). New Public Management: The Cruellest Invention of the Human Spirit? *Abacus*, *45*(1), 1–21.

Lara, M., Bryant-Stephens, T., Damitz, M., Findley, S., Gavillán, J., Mitchell, H., Woodell, C. (2011). Balancing "fidelity" and community context in the adaptation of asthma evidence-based interventions in the "real world". *Health Promotion Practice*, *12*(6 Suppl 1), 63S–72S.

Lewis, R. (2004). Making justice work: Effective legal interventions for domestic violence. *British Journal of Criminology*, *44*(2), 204–224.

Lipsey, M. (1993). Theory as method: Small theories of treatments. *New Directions for Program Evaluation*, *57*(1), 5–38.

Lipsey, M., & Cordray, D. (2000). Evaluation methods for social intervention. *Annual Review of Psychology*, *51*, 345–75.

Lowenkamp, C. (2004, September). *Correctional Program Integrity and Treatment Effectiveness: A Multi-site, Program-level Analysis. Academic medicine : journal of the Association of American Medical Colleges*. Unpublished doctoral dissertation: University of Cincinnati. Retrieved from http://www.cech.uc.edu/criminaljustice/files/2010/08/Lowenkamp.pdf

Lowenkamp, C., Flores, A., Holsinger, A., Makarios, M., & Latessa, E. (2010). Intensive supervision programs: Does program philosophy and the principles of effective intervention matter? *Journal of Criminal Justice*, *38*(4), 368–375.

Lowenkamp, C., Latessa, E., & Smith, P. (2006). Does correctional programme quality really matter? The impact of adhering to the principles of effective intervention. *Criminology & Public Policy*, *5*(3), 575–594.

Mann, R. (2009). Sex offender treatment: The case for manualization. *Journal of Sexual Aggression*, *15*(2), 121–131.

McDonald, L., & Fitzroy, S. (2010). *Families And Schools Together (FAST): Aggregate FASTUK Evaluation Report of 15 Schools in 15 Local Education Authorities (LEAs) across the UK. October*. London: Middlesex University.

Melde, C., Esbensen, F.-A., & Tusinski, K. (2006). Addressing program fidelity using onsite observations and program provider descriptions of program delivery. *Evaluation Review*, *30*(6), 714–40.

Melhuish, E., Belsky, J., Anning, A., Ball, M., Barnes, J., Romaniuk, H., & Leyland, A. (2007). Variation in community intervention programmes and consequences for children and families: The example of Sure Start Local Programmes. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, *48*(6), 543–51.

Mertens, D., & Wilson, A. (2012). *Program Evaluation Theory and Practice: A Comprehensive Guide*. New York: Guildford Press.

Midgley, N. (2009a). Editorial: Improvers, adapters and rejectors: The link between "evidence-based practice" and "evidence-based practitioners." *Clinical Child Psychology and Psychiatry*, *14*(3), 323–327.

Midgley, N. (2009b). Disseminators vs revisionists: Attitudes to the "implementation gap" in evidence-based practice. *Journal of Children's Services*, *4*(4), 28–38.

Mihalic, S., Fagan, A., & Argamaso, S. (2008). Implementing the LifeSkills Training drug prevention program: Factors related to implementation fidelity. *Implementation Science*, *3*(5), 1–16.

Miller, S. (2010). Discussing the Duluth Curriculum: Creating a process of change for men who batter. *Violence against women*, *16*(9), 1007–21.

Moncher, F. J., & Prinz, R. J. (1991). Treatment fidelity in outcome studies. *Clinical Psychology Review*, *11*(3), 247–266.

Mongkol, K. (2011). The Critical Review of New Public Management model and its criticisms. *Research Journal of Business Management*, *5*(1), 35–43.

Morning Lane. (2014). Reclaiming Social Work. *Website*. Retrieved April 09, 2014, from http://www.morninglane.org/Morning_Lane_Associate_1./Reclaiming.html

Morran, D. (2005). Programme integrity or programme integration: The need for a co-ordinated approach to work with domestic violence offenders. *Irish Probation Journal*, *2*(1), 57–67.

Morran, D. (2006). Thinking outside the box: Looking beyond programme integrity: The experience of a domestic violence offenders' programme. *British Journal of Community Justice*, *4*(1), 7–18.

Morran, D. (2011). Re-education or recovery? Re-thinking some aspects of domestic violence perpetrator programmes. *Probation Journal*, *58*(1), 23–36.

Morran, D. (2013). Desisting from domestic abuse: Influences, patterns and processes in the lives of formerly abusive men. *The Howard Journal of Criminal Justice*, *52*(3), 306–320.

Morran, D., & Wilson, M. (1997). *Men Who Are Violent to Women: A Groupwork Practice Manual*. Lyme Regis: Russell House Publishing.

Mullender, A. (2002). *Rethinking Domestic Violence: The Social Work and Probation Response*. London: Routledge.

Munro, E. (2011). *The Munro Review of Child Protection: Final Report*. London: Secretary of State for Education

Munro, A., & Bloor, M. (2010). Process evaluation: The new miracle ingredient in public health research? *Qualitative Research*, *10*(6), 699–713.

NAPO. (2012). *Probation: Domestic Abuse Programmes and Budgets* (pp. 1–31). London: National Association of Probation Officers.

O'Connor, C., Small, S., & Cooney, S. (2007). *Program fidelity and adaptation: Meeting local needs without compromising program effectiveness. Practice* (pp. 1–6). WISCONSIN. Retrieved from http://whatworks.uwex.edu/attachment/whatworks_04.pdf

Parlett, M., & Hamilton, D. (1976). Evaluation as Illumination: A New Approach to the Study of Innovatory Programs. In G. V. Glass (Ed.), *Evaluation Review Studies Annual* (Vol 1., pp. 140–157). Beverley Hills, CA: Sage.

Patton, M. Q. (2002). *Qualitative Research and Evaluation Methods* (3rd edition). London: Sage.

Pawson, R., & Tilley, N. (1994). What works in evaluation research. *British Journal of Criminology*, *34*(3), 291–306.

Pence, E., & Paymar, M. (1993). *Education Groups for Men Who Batter: The Duluth Model.* New York: Springer Publishing Company.

Pence, E., & Shepard, M. (1999). Developing a coordinated community response. In M. Shepard & E. Pence (Eds.), *Coordinating Community Responses to Domestic Violence: Lessons from Duluth and Beyond*. London: Sage.

Pentz, M., Trebow, E., Hansen, W., MacKinnon, D., Dwyer, J., Johnson, C. A., … Cormack, C. (1990). Effects of program implementation on adolescent drug use behavior: The Midwestern Prevention Project (MPP). *Evaluation Review*, *14*(3), 264–289.

Peters, T. (2011). A Brief History of the 7-S ("McKinsey 7-S") Model. *Tom Peters Weblog*. Retrieved April 09, 2014, from http://tompeters.com/2011/03/a-brief-history-of-the-7-s-mckinsey-7-s-model/

Phillips, R. (2013). *DVIP's Co-Location in Hackney Children's Services : A Process Evaluation*. London: DVIP. Retrieved from http://www.dvip.org/assets/files/downloads/DVIP Co-Location In Hackney Children Services - A Process Evaluation.pdf

Phillips, R., Kelly, L., & Westmarland, N. (2013). *Domestic Violence Perpetrator Programmes: An Historical Overview*. London and Durham. Retrieved from www.dur.ac.uk/resources/criva/anhistoricaloverviewbriefingnote.pdf

Pollitt, C., Thiel, S. Van, & Homburg, V. (2007). New Public Management in Europe. *Management Online Review*, (October), 1–7. Retrieved from http://www.morexpertise.com/view.php?id=78

Potts, D. (1996). *Why Do Men Commit Most Crime? Focussing on Masculinity in a Prison Group*. Wakefield: West Yorkshire Probation Service.

Power, T. J., Blom-Hoffman, J., Clarke, A. T., Riley-Tillman, T. C., Kelleher, C., & Manz, P. H. (2005). Reconceptualizing intervention integrity: A partnership-based framework for linking research with practice. *Psychology in the Schools*, *42*(5), 495–507.

Ptacek, J. (1988). Why do men batter their wives? In K. Yllö & M. Bograd (Eds.), *Feminist Perspectives on Wife Abuse* (pp. 133–157). Newbury Park, CA: Sage.

Quay, H. (1977). Three faces of evaluation: What can be expected to work. *Criminal Justice & Behavior*, *4*(4), 341–354.

Rake, K., & Lewis, R. (2009). *Just Below the Surface: Gender Stereotyping, the Silent Barrier to Equality in the Modern Workplace?* London.

Respect. (2008). Respect Accreditation Standard. Retrieved from http://www.respect.uk.net/data/files/old_site/Standard 030608A4 FINAL WITH GUIDANCE.pdf

Respect. (2012). Respect Accreditation Standard, 2nd Edition. London: Respect: Respect. Retrieved from http://www.respect.uk.net/data/files/Accreditation/respect__full_standard_july_12_v2_web.pdf

Robson, C. (2002). *Real World Research* (2nd edition). Oxford: Blackwell.

Rohrbach, L., Dent, C., Skara, S., Sun, P., & Sussman, S. (2007). Fidelity of implementation in Project Towards No Drug Abuse (TND): A comparison of classroom teachers and program specialists. *Prevention Science*, *8*(2), 125–32.

Rossi, P., Lipsey, M., & Freeman, H. (2004). *Evaluation: A Systematic Approach* (7th edition). Thousand Oaks, CA: Sage.

Sackett, D., Rosenberg, W., Gray, J. A. M., Haynes, R. B., & Richardson, W. S. (1996). Editorial: Evidence based medicine: What it is and what it isn't. *British Medical Journal*, *312*(January), 71–72.

SafeLives. (2015). SafeLives Dash risk checklist: Quick start guidance. London: SafeLives.

Saul, J. (2010). Feminist philosophy of language. *Stanford Encyclopedia of Philosophy*. Retrieved February 24, 2015, from http://plato.stanford.edu/archives/win2012/entries/feminism-language/

Saunders, D. (2008). Group interventions for men who batter: A summary of programme descriptions and research. *Violence and Victims*, *23*(2), 156–172.

Schorr, L. B. (2003). *Determining What Works in Social Programs and Social Policies: Toward a More Inclusive Knowledge Base*. Washington DC: Brookings Institution. Retrieved from http://www.eric.ed.gov/PDFS/ED476307.pdf

Schorr, L. B. (2009). To judge what will best help society's neediest, let's use a broad array of evaluation techniques. *The Chronicle of Philanthropy*, *21*(20), 33.

Schorr, L. B., & Auspos, P. (2003). Usable information about what works: Building a broader and deeper knowledge base. *Journal of Policy Analysis and Management*, *22*(4), 669–676.

Schrock, D. P., & Padavic, I. (2007). Negotiating Hegemonic Masculinity in a Batterer Intervention Program. *Gender & Society*, *21*(5), 625–649.

Scottish Government. (2011). The Caledonian System: An integrated approach to address men's domestic abuse and to improve the lives of women, children and men. Retrieved January 16, 2015, from http://www.gov.scot/Topics/People/Equality/violence-women/CaledonianSystem

Scourfield, J. (1994). *Changing Men: UK Agencies Working With Men Who Are Violent to Their Women Partners*. University of Wales, Cardiff.

Scourfield, J. (2014). Improving work with fathers to prevent child maltreatment: fathers should be engaged as allies in child abuse and neglect prevention. *Child abuse & neglect*, *38*(6), 974–81.

Scourfield, J., & Dobash, R. P. (1999). Programmes for violent men: Recent developments in the UK. *The Howard Journal of Criminal Justice*, *38*(2), 128–143.

Shaffer, D. K., & Pratt, T. (2009). Meta-analysis, moderators, and treatment effectiveness: The importance of digging deeper for evidence of program integrity. *Journal of Offender Rehabilitation*, *48*(2), 101–119.

Silvergleid, C. S., & Mankowski, E. S. (2006). How batterer intervention programs work: Participant and facilitator accounts of processes of change. *Journal of Interpersonal Violence*, *21*(1), 139–159.

Smyth, K. F., & Schorr, L. B. (2009). A lot to lose: A call to rethink what constitutes "evidence" in finding social interventions that work. Cambridge, MA: Malcolm Wiener Center for Social Policy. Retrieved from www.hks.harvard.edu/socpol/publications_main.html

Sobol, D., Dent, C., Gleason, L., Brannon, B., Johnson, C., & Flay, B. (1989). The integrity of smoking prevention curriculum delivery. *Health Education Research*, *4*(1), 59–67.

Staller, K. M. (2006). Railroads, runaways, & researchers: Returning evidence rhetoric to its practice base. *Qualitative Inquiry*, *12*(3), 503–522.

Stanley, N., Miller, P., Richardson-Foster, H., & Thomson, G. (2011). A Stop-Start Response: Social Services' Interventions with Children and Families Notified following Domestic Violence Incidents. *British Journal of Social Work*, *41*(2), 296–313.

Stark, E. (2007). *Coercive Control: The Entrapment of Women in Personal Life*. Oxford: Oxford University Press.

Sullivan, C. (2011). Evaluating domestic violence support service programs: Waste of time, necessary evil, or opportunity for growth? *Aggression and Violent Behavior*, *16*(4), 354–360.

United Nations. (2002). *United Nations Office for Drug Control & Crime Prevention: Lessons Learned in Drug Abuse Prevention: A Global Review*. New York: United Nations.

Vanstone, M. (2003). A history of the use of groups in probation work: Part one - from "clubbing the unclubbables" to therapeutic intervention. *The Howard Journal*, *42*(1), 69–86.

Vanstone, M. (2004). A History of the Use of Groups in Probation Work: Part Two - From Negotiated Treatment to Evidence-Based Practice in an Accountable Service. *The Howard Journal of Criminal Justice*, *43*(2), 180–202.

Vanstone, M. (2010). Maintaining programme integrity. *International Journal of Offender Therapy and Comparative Criminology*, *54*(1), 131–140.

Waterman, R., Peters, T., & Phillips, J. (1980). Structure is not organization. *Business Horizons*, *23*(3), 14–26.

Westmarland, N., & Kelly, L. (2012). Why extending measurements of "success" in domestic violence perpetrator programmes matters for social work. *British Journal of Social Work*, *43*(6), 1092-1110.

Westmarland, N., Kelly, L., & Chalder-Mills, J. (2010). *What Counts as Success?* London: Respect.

Wholey, J., Hatry, H., & Newcomer, K. (2010). *Handbook of Practical Program Evaluation* (3rd edition). San Francisco: Jossey-Bass.

Wickstrom, K., Jones, K., LaFleur, L., & Witt, J. (1998). An analysis of treatment integrity in school-based behavioral consultation. *School Psychology Quarterly*, *13*(2), 141–154.

Wilcox, A., Hoyle, C., & Young, R. (2005). Are randomised controlled trials really the "gold standard" in restorative justice research? *British Journal of Community Justice*, *3*(2), 39–49.

APPENDICES

Ruth Phillips
Child & Woman Abuse Studies Unit
London Metropolitan University
Rm 411, Ladbroke House
Highbury Grove
London N5 2AD

T: 020 7133 5002
E: ruth.phillips@londonmet.ac.uk

9th December 2011

Name
Address

Invitation to Participate

The Development and Delivery of Group-Work Programmes: Pilot Study

Dear name,

I am contacting you with regards to your role as a group-work programme facilitator, to invite your participation in the pilot stage of a research project which examines the development and delivery of group-work programmes. The final research project aims to draw out some of the guiding principles underpinning and driving practice in domestic violence perpetrator programmes.

Participation in the pilot stage will involve an interview (approx 30-45 mins) which can be conducted at a time and place convenient to you including, if preferred, by telephone. I will be seeking your views, knowledge and experience about the development and delivery of group-work programmes, as well as your feedback on the interview process and questions.

More information is provided in the attached information sheet but please feel free to contact me on the above email address or telephone number if you have any further questions, or if you would like to participate.

Yours faithfully

Ruth Phillips

PILOT Interview Schedule

The Development and Delivery of Group-Work Programmes

Participant: Date of Interview:

Gender: Location:

Job Role: START TIME _____

Introduction

The purpose of this interview is to gain an understanding of your experiences, views and ideas about group-work programmes and how they are developed and delivered. The interview will last for around 30-45 mins and, if you have agreed, it will be audio-recorded. I may also take brief notes but these will just be key words or reminders of things I would like to ask more about later.

I have a few questions and prompts but there are no right or wrong answers – I am interested in hearing about the things which *you* feel are important in relation to the work you do. At the end, I will also ask for any feedback on the interview process.

Questions & Prompts

Tell me a bit about your role, and how you came into this work
- Job role and responsibilities
- Previous experience
- How long involved with group-work programmes?

Is there a particular model or approach that you work with (eg: Psycho-dynamic; CBT; Feminist)?
- What is your understanding of this model/approach?
- Has this been developed by your organisation or is it an 'off the peg' programme?
- Is there a manual or workbook for this programme?
- How does it work? Are there any gaps/ any things you would like to change?

What changes have you seen within group-work programmes in the time you have been involved?
- In relation to policy/structural changes
- Organisational shifts
- Cultural/social shifts
- Changes in how the programme is delivered

What, if anything, do you understand by the term 'programme integrity'?
- How are you able to apply this in your programme delivery work?
- How does this relate to personal integrity?

What do you think about the following definition of PI?

A programme should be delivered exactly as laid out in the manual

- Is this realistic/desirable?
- What are the implications of this?
- How is this useful to ensuring the programme is delivered effectively?

What do you think about the next definition of PI?

The manual offers guidelines but practitioners are free to adapt and vary the programme as necessary

- Is this realistic/desirable?
- What are the implications of this?
- How is this useful to ensuring the programme is delivered effectively?

Is 'programme integrity' a useful term, or is there a better one?

Is there a need to monitor and/or assess how a programme is being delivered and, if so, what would be the most constructive way of doing this?

To what extent do you/your organisation use the following processes and how useful do you think they are?

- Clinical supervision using video-recorded programme sessions
- Personal supervision with programme manager
- Client session feedback
- Facilitator session feedback
- Facilitator involvement in programme development
- Ongoing training

Is there anything else which you would like to talk about which we haven't covered?

Finally, I would just like to ask you some questions now about the process of the interview – any feedback you have will be much appreciated.

- Was the information about the pilot study useful/comprehensive?
- How did you feel about the interview itself?
- Did any of the questions not make sense to you?
- Are there any other questions I should have asked?
- Any other changes to the interview process (including pre-interview, info etc)?

I would like to thank you again for taking the time to participate in this interview. The information you have supplied is really important and will help me to develop my interviews.

PARTICIPANT INFORMATION SHEET

The Concept of Programme Integrity for Community-Based Domestic Violence Perpetrator Programmes (DVPPs) in the UK

Part One: The socio-historical context and development of UK DVPPs

This research study sets out to address a gap in the literature pertaining to the concept of programme integrity (PI) in group-work programmes in general[1] and DVPPs in particular[2]. My research thus far has led me to explore the socio-historical context of UK DVPPs in order to understand how programmes originated and developed, and how programme integrity has been understood and maintained throughout a process of growth and development.

I wish to explore what programme integrity means, and how it is used in practice, for those who are 'on the ground' and at the forefront in the field of domestic violence perpetrator programmes. I will draw on these interviews, alongside interviews with programme facilitators and the analysis of video-recorded group-work sessions, with the aim of drawing up a conceptual framework for programme integrity which relates directly to the work of DVPPs.

The research is being undertaken as a PhD Thesis within the Child and Woman Abuse Studies Unit (CWASU) at London Metropolitan University, funded by the Economic and Social Research Council (ESRC). Whilst it is a distinct project in its own right, it is linked to a wider ESRC-funded study to examine the contribution of DVPPs to co-ordinated community responses to domestic violence (the Mirabel Project), led by CWASU in conjunction with Durham University and the London School of Health and Tropical Medicine.

Interviews

Participation will involve a half to one hour, semi-structured interview to talk about your experience of the emergence and early development of domestic violence perpetrator programmes. We will focus on five general areas: your initial involvement in DVPPs; programme model; co-ordinated community response; development; and programme integrity.

Interviews will be arranged at a time and place that is convenient to you, including by telephone if preferred. With your permission, I would like to audio-record the interview so that it can be transcribed by myself and analysed to draw out recurrent themes and experiences. The transcriptions will also be made available to the Mirabel Project researchers in order to fulfil a research objective to document the

---

[1] Eg: Gendreau, Goggin & Smith, P. (1999) 'The forgotten issue in effective correctional treatment: Program implementation' *International Journal of Offender Therapy and Comparative Criminology* 43(2) 180-187
[2] Eg: Bowen & Gilchrist (2004) 'Comprehensive evaluation: A holistic approach to evaluating domestic violence offender programmes' *International Journal of Offender Therapy and Comparative Criminology* 48(2) 215-234

development of UK programmes.

Confidentiality & Anonymity

Names will be anonymised at the point of transcription. However, as pioneers in a small field I'm sure you will be aware that it will not be too difficult to identify individuals based on the work that you have done. I therefore urge you to be mindful that confidentiality will be limited in this respect.

All information, including audio recordings and written documents, will be kept on a secure, password-protected computer and in locked filing cabinets in my office at London Metropolitan University, in line with the Data Protection Act 1998. All audio-recordings will be destroyed at the end of the research project, and anonymised transcripts will be archived at London Metropolitan University.

Right to Withdraw

If you agree to participate in the research, you retain the right to withdraw at any time and to request that any information you have already given is not used in the research.

Concerns or Complaints

If you should have any cause for concern or complaint you can raise these directly with myself or with my PhD supervisor, Professor Liz Kelly (contact details below). You can expect these to be dealt with sensitively and appropriately according to London Metropolitan University's complaints procedures.

Supervisor
Professor Liz Kelly
Child & Woman Abuse Studies Unit
London Metropolitan University
TM1-82 Tower Building
166-220 Holloway Road   T: 020 7133 5014
London   E: l.kelly@londonmet.ac.uk
N7 8DB

Dissemination of Research Findings

A full copy or summary of the final research, as requested, will be made available to all participants as well as DVPP organisations. The anonymised information will also be used for publications and educational purposes by the researcher, Ruth Phillips, and the Mirabel Project.

Contact Details
If you have any further questions, please do not hesitate to contact me on the email address or telephone number below.

Ruth Phillips
Child & Woman Abuse Studies Unit
London Metropolitan University
TM1-77 Tower Building
166-220 Holloway Road   T: 020 7133 2192
London   M: 07400 727788
N7 8DB   E: ruth.phillips@londonmet.ac.uk

CONSENT FORM

The Concept of Programme Integrity for Community-Based Domestic Violence Perpetrator Programmes (DVPPs) in the UK

Part One: The socio-historical context and development of UK DVPPs

This research project requires that all persons who participate in interviews give their informed consent. Freely-given informed consent requires that I make checks to ensure that you fully understand what participating in this project will involve for you, what you can expect from me, and how your information will be used. Please ensure that you read the participant information sheet and ask any questions you may have about the research.

	Yes	No
I have read and understood the participant information sheet.		
I have freely agreed to take part in an in-depth interview.		
I understand that I may stop an interview and/or withdraw from the research at any time, and that I can request that any information that I have given up to this point be destroyed.		
I have been informed that I can contact the researcher, Ruth Phillips, or the research supervisor, Liz Kelly, if I have any questions or concerns about the research. (Contact details below)		
I understand that all interview data is confidential and will be stored on a password-protected computer and/or locked filing cabinet.		
I give my permission for the interview to be audio-recorded and understand that what I have said will be typed up into an anonymised transcript.		
I understand that the audio-recording will be destroyed at the end of the research project and the transcript will be archived.		
I understand that I will not be named in any report or publication produced by the PhD researcher or researchers from the Mirabel Project, but I am also aware that I may be indentifiable through connection with my work.		
I understand that I may keep a copy of the informed consent sheet for my records.		

Participant Signature:_____   Date_____

Contact Details
Researcher: Ruth Phillips   **Supervisor:** Professor Liz Kelly
Child & Woman Abuse Studies Unit   Child & Woman Abuse Studies Unit
London Metropolitan University   London Metropolitan University
TM1-77 Tower Building   TM1-82 Tower Building
London N7 8DB   London N7 8DB
T: 020 7133 2192   T: 020 7133 5014
E: ruth.phillips@londonmet.ac.uk   E: l.kelly@londonmet.ac.uk

History Interviews
Questions and Prompts

Date: **Start:**   **Finish:**

1: Context
What was happening socially/culturally/politically (either locally or more widely) to lead to the emergence of Programme X?
- Involvement with Programme X?
- Where did the idea/need come from?
- Where did referrals/funding come from?

2: Model
What model was used initially for the programme?
- Influenced by programmes in the US (or elsewhere)?
- What was replicated/changed - why?/how were these decisions made?/what were decisions based on?
- Specific local contexts leading to particular adaptations or new models?
- Women's Support Service fit/work with the men's programme?
- How central was feminism to your work, then and now?

3: CCR
How was Programme X embedded within other local service structures/responses?
- Hopes/visions of inter-agency working - and in practice?
- What were the challenges?
- Is it different now and if so how?

4: Development
What have you seen in your own ideas and practice/the field more generally in terms of development/change/direction?
- Biggest negative change in the field, and when?
- Biggest positive change, and when?
- What have been the main driver(s) of change?
- What would you/do you do differently now?

5: Programme Integrity
What do you think of when you hear the term programme integrity? What does it mean to you/in your programme?
- PI concept in the early days?
- Has this changed and if so, how and why?
- How does programme integrity relate to practice? To personal integrity? To the organisation? To the local CCR?
- How is PI assessed? (especially in relation to programme adaptation/development)

History Interviews - Stakeholders
Questions and Prompts

Date: **Start:**   **Finish:**

1: Context
What was happening socially/culturally/politically (either locally or more widely) to lead to the emergence of Programme X?
- Involvement with Programme X?
- What was going on within your organisation/department to lead to the emergence of programme X?
- Where did the idea/need come from?

2: Model
What model was used initially for the programme?
- What did you know at the time about DV programmes and the Duluth or other models?
- Specific local contexts and needs which influenced your support/funding/programme-related policy for this model?
- What was your understanding of the structure, ie: how Women's Support Service fitted (or not) with the men's programme?
- How central was feminism to your work, then and now?

3: CCR
How was Programme X embedded within other local service structures/responses?
- What was your experience of inter-agency working?
- What were the challenges?
- Is it different now and if so how?

4: Development
What have you seen in your own ideas and practice/the field more generally in terms of development/change/direction?
- Biggest negative change in the field, and when?
- Biggest positive change, and when?
- What have been the main driver(s) of change?
- What would you/do you do differently now?

5: Programme Integrity
What do you think of when you hear the term programme integrity?
- What would you be looking for in a DV service, to show that it had integrity?
- How does programme integrity relate to practice? To personal integrity? To the organisation? To the local CCR? How important are these aspects?
- How is PI assessed? (especially in relation to programme adaptation/development)

Ruth Phillips
Child & Woman Abuse Studies Unit
London Metropolitan University
TM1-77 Tower Building
166-220 Holloway Road
London N7 8DB

T: 020 7133 2192
E: ruth.phillips@londonmet.ac.uk

[Date]

[Recipient's Address]

Invitation to Participate

The Development and Delivery of Domestic Violence Prevention Programme Services (DVPPS) in the UK

Dear [Name]

I am contacting you with regards to your role as a DVPP Services practitioner, to invite your participation in a research project which examines the development and delivery of DVPP Services and aims to draw out some of the guiding principles underpinning and driving practice in this particular context. The project seeks to work collaboratively with practitioners to develop a framework of 'best practice' which will be meaningful for the day-to-day work of DVPP Services.

The research will involve an interview (approx 30-45 mins) which can be conducted at a time and place convenient to you including, if preferred, by telephone. I will be seeking your views, knowledge and experience about the development and delivery of DVPP Services, in general and/or within your specific role, in order to ground my work within this practice-based experience. In line with this approach, there will be further opportunities to contribute to the research as it develops, but this will be entirely optional.

More information is provided in the attached information sheet but please feel free to contact me on the above email address or telephone number if you have any further questions, or if you would like to participate.

Yours faithfully

Ruth Phillips

PARTICIPANT INFORMATION SHEET

The Development and Delivery of Domestic Violence Prevention Programme Services (DVPPS) in the UK

This research study is concerned with the development and delivery of DVPP Services and seeks to explore this from the basis of practitioner and stakeholder experience of programme services in the UK. Drawing on these views and experiences, the aim is to develop a framework to understand and enhance programme process and delivery in a way which incorporates theory but is also inherently practical, so that it may be useful and relevant to all who work in this field.

The research is being undertaken as a PhD Thesis within the Child and Woman Abuse Studies Unit (CWASU) at London Metropolitan University, funded by the Economic and Social Research Council (ESRC). Whilst it is a distinct project in its own right, it is linked to a wider ESRC-funded study to examine the contribution of DVPP Services to co-ordinated community responses to domestic violence, led by CWASU in conjunction with Durham University and the London School of Health and Tropical Medicine.

Interviews

Participation will involve an informal interview (approx 30-45 mins) to talk about your views and experiences of DVPP services. We will focus, in particular, on your views of how services are developed and delivered, and on how this can continue as effectively as possible.

Interviews can be conducted face to face or by telephone, and at a time that is convenient to you. With your permission, I would like to audio-record the interview in order that it can be transcribed by myself and analysed to draw out recurrent themes and experiences.

Confidentiality & Anonymity

All interview data will be entirely confidential and all names and other identifying details will be removed when the interviews are transcribed. All information, including audio recordings and written documents, will be kept on a secure, password-protected computer and in locked filing cabinets in my office at London Metropolitan University, in line with the Data Protection Act 1998. All audio-recordings will be destroyed at the end of the research project, and anonymised transcripts will be archived at London Metropolitan University.

Right to Withdraw

If you agree to participate in the research, you retain the right to withdraw at any time and to request that any information you have already given is not used in the research.

Participation Risks

In recognition of the constraints and difficulties of working within the third sector, particularly in times of economic instability, it is important to be aware that feelings of frustration or distress could arise when reflecting in depth on your work situation. If any issues arise, you can expect to be treated with respect and sensitivity and will be encouraged to make use of the internal and external supervision that is available to you.

Benefits of Participation

It is hoped that, risks notwithstanding, the research experience will be a positive one which allows you to reflect on your experiences in a constructive way. The information you supply will feed into the development of a framework for understanding the efficacy of service development and delivery which is grounded in the knowledge and experience of DVPP and allied professionals. The aim is to produce a tool to understand and enhance programme development and delivery for all DVPP Services.

Concerns or Complaints

If, throughout the research, you should have any cause for concern or complaint you can raise these directly with myself or with my PhD supervisor, Professor Liz Kelly (contact details below). You can expect these to be dealt with sensitively and appropriately according to London Metropolitan University's complaints procedures.

Supervisor: Professor Liz Kelly
Child & Woman Abuse Studies Unit
London Metropolitan University
TM1-82 Tower Building
166-220 Holloway Road   T: 020 7133 5014
London N7 8DB   E: l.kelly@londonmet.ac.uk

Dissemination of Research Findings

A fully anonymised final summary of the research will be made available to all participants as well as DVPPS organisations. The anonymised information will also be used for publications and educational purposes.

Contact details

If you have any further questions, please do not hesitate to contact me on the email address or telephone number below.

Researcher: Ruth Phillips
Child & Woman Abuse Studies Unit
London Metropolitan University
TM1-77 Tower Building
166-220 Holloway Road   T: 020 7133 2192
London N7 8DB   E: ruth.phillips@londonmet.ac.uk

CONSENT FORM

The Development and Delivery of Domestic Violence Prevention Programme Services (DVPPS) in the UK

This research project requires that all persons who participate in interviews give their informed consent. Freely-given informed consent requires that I make checks to ensure that you fully understand what participating in this project will involve for you, what you can expect from me, and how your information will be used. Please ensure that you read the participant information sheet and ask any questions you may have about the research. This consent form is designed to help me check that you fully understand what you are agreeing to.

	Yes	No
I have read and understood the participant information sheet. I have had time to think about the information, ask questions and have had answers that I am happy with.		
I have freely agreed to take part in an in-depth interview.		
I understand that I may stop an interview and/or withdraw from the research at any time, and that I can request that any information that I have given up to this point be destroyed.		
I have been informed that I can contact the researcher, Ruth Phillips, or the research supervisor, Liz Kelly, if I have any questions or concerns about the research. (Contact details below)		
I understand that all interview data is confidential and will be stored on a password-protected computer and/or locked filing cabinet.		
I give my permission for the interview to be audio-recorded and understand that what I have said will be written up into an anonymised transcript.		
I understand that the audio-recording will be destroyed at the end of the research project and the transcript will be archived.		
I understand that I will not be identified or made identifiable in any report or publication produced by the researcher.		
I understand that I may keep a copy of the informed consent sheet for my records.		

Participant Signature:_____   Date_____

Researcher Signature: _____
                                                                                                    Date_____

Contact Details
Researcher: Ruth Phillips   **Supervisor:** Professor Liz Kelly
Child & Woman Abuse Studies Unit   Child & Woman Abuse Studies Unit
London Metropolitan University   London Metropolitan University
TM1-77 Tower Building   TM1-82 Tower Building
London N7 8DB   London N7 8DB
T: 020 7133 2192   T: 020 7133 5014
E: ruth.phillips@londonmet.ac.uk   E: l.kelly@londonmet.ac.uk

Interview Schedule

The Development and Delivery of Domestic Violence Prevention Programme Services

Participant: Date of Interview:

Gender: Location:

Job Role: START TIME _____

Introduction

The purpose of this interview is to gain an understanding of your experiences, views and ideas about DVPP services and how they are developed and delivered. The interview will last for around 30-45 mins and, if you have agreed, it will be audio-recorded. I may also take brief notes but these will just be key words or reminders of things I would like to ask more about later.

I have a few questions and prompts but there are no right or wrong answers – I am interested in hearing about the things which *you* feel are important in relation to the work you do.

1: Tell me a bit about your role, and how you came into this work

- Job role and responsibilities

- Previous experience

- How long involved with group-work programmes?

2: Is there a particular model or approach that you work with?

- What is your understanding of this model/approach?

- Is there a manual or workbook for the men's programme?

- Has this been developed/adapted by your organisation or is it an 'off the peg' programme?

- Are there any gaps or anything you would like to change in the programme and/or service?

- If you have an idea, want to try something new, or feel that a change could be beneficial (to the programme or the service), is there a clear process for input/feedback/change?

In my research I am particularly interested in the concept of programme integrity, what this may mean, and how this may (or may not) be useful.

3: What, if anything, do you understand by the term 'programme integrity'?

- How are you able to apply this in your programme delivery work?

- How does this relate to personal integrity? System/organisation integrity?

In the literature, I have found a whole spectrum of approaches to the idea of programme integrity. I'd like to give you two different paraphrased definitions, from each end of the spectrum, in order to open up the discussion about how PI could be approached, what is useful and not useful etc.

4a: What do you think about the first definition of PI?

A programme should be delivered exactly as laid out in the manual

- Is this realistic/desirable?

- What are the implications of this?

- How is this useful to ensuring the programme is delivered effectively?

4b: What do you think about the next definition of PI?

The manual offers guidelines but practitioners are free to adapt and vary the programme as necessary

- Is this realistic/desirable?

- What are the implications of this?

- How is this useful to ensuring the programme is delivered effectively?

5: Is 'programme integrity' a useful term, or is there a better one?

6: Is there a need to monitor and/or assess how a programme is being delivered and, if so, what would be the most constructive way of doing this?

7: To what extent do you/your organisation use the following processes and how useful do you think they are?

- Supervision using video-recorded programme sessions

- Other supervision/line management

- Reflection and discussion with co-facilitator

- Client session feedback

- Facilitator session feedback

- Facilitator involvement in programme development

- Ongoing training

Is there anything else which you would like to talk about which we haven't covered?

I would like to thank you again for taking the time to participate in this interview.

Would you be willing to participate in further interviews / focus groups for this research?   YES / NO

APPENDIX 3.E: 'ORGANISATIONAL STRUCTURE' QUESTIONNAIRE, CURRENT DVPPS	
Name of Service:	
Service funded by:	
(Main) Location:	**Date:**
Respondent:	**Position:**

Men's Programme	
How many 1-1 assessment before group work?	
How many weeks is the group work?	
Do you have a male & female facilitator?	
Is the group work programme modular?	
What is the basic theoretical model(s)?	
Is it a rolling or fixed intake?	
Do you have mentors/input from programme completers?	
Do you run a follow up/ maintenance group for men?	
If so, how long?	
If so, is it structured?	
How many different groups do you run?	
Details? Where/when?	
How many men's workers are there?	

Women's Support Service	
Do you provide WSS in-house?	
What kind of support is offered?	
Do you run/have links to Women's group work prog?	
How often / long?	
Do you provide/have links to counselling service?	
How many WSS workers are there?	

Supervision / Training	
What types of formal supervision are used? (who with/how often?)	
One to one for facilitators?	
One to one for WSS workers?	
Using videos (men)?	
Other?	
Other?	
How do you (formally) share info between men's/women's workers?	
What training is provided to new facilitators to deliver your programme?	
Delivered by?	
What ongoing/refresher training is available to facilitators?	
Delivered by?	
What training is provided for new WSS workers?	
Delivered by?	
What ongoing/refresher training is available to WSS workers?	
Delivered by?	

PARTICIPANT INFORMATION SHEET

The Development and Delivery of Domestic Violence Prevention Programme Services

Case Study of DVPP's Co-Location Project at Children's Services

The current case study of DVPP's co-location project at Children's Services forms part of my PhD research into the development and delivery of DVPP Services. The case study draws on observation of DVPP staff, training events and meetings, evaluation of consultations and training, and a small number of in-depth interviews.

The research is being undertaken as a PhD Thesis within the Child and Woman Abuse Studies Unit (CWASU) at London Metropolitan University, funded by the Economic and Social Research Council (ESRC). Whilst it is a distinct project in its own right, it is linked to a wider ESRC-funded study to examine the contribution of DVPP Services to co-ordinated community responses to domestic violence, led by CWASU in conjunction with Durham University and the London School of Health and Tropical Medicine.

Interviews

Interviews will last for approximately 30 minutes and will focus on your experiences and views of the DVPP/CS co-location work. Interviews can be conducted at a time that is convenient to you. With your permission, I would like to audio-record the interview in order that it can be transcribed by myself and analysed to draw out recurrent themes and experiences.

Confidentiality & Anonymity

All interview data will be confidential and you will only be identified as a DVPP worker or CS worker, as applicable. All names and other identifying details will be removed when the interviews are transcribed. All information, including audio recordings and written documents, will be kept on a secure, password-protected computer and in locked filing cabinets in my office at London Metropolitan University, in line with the Data Protection Act 1998. All audio-recordings will be destroyed at the end of the research project, and anonymised transcripts will be archived at London Metropolitan University.

Right to Withdraw

If you agree to participate in an interview, you retain the right to withdraw at any time and to request that any information you have already given is not used in the research.

Dissemination of Research Findings

A final summary of the case study, and of the overall research project, will be made available to all participants as well as other DVPP organisations. The anonymised information may also be used for publications and educational purposes.

CONSENT FORM

The Development and Delivery of Domestic Violence Prevention Programme Services in the UK: Case study of DVPP's Co-Location Project at Children's Services

This research project requires that all persons who participate in interviews give their informed consent. Freely-given informed consent requires that I make checks to ensure that you fully understand what participating in this project will involve for you, what you can expect from me, and how your information will be used. Please ensure that you read the participant information sheet and ask any questions you may have about the research. This consent form is designed to help me check that you fully understand what you are agreeing to.

	Yes	No
I have read and understood the participant information sheet. I have had time to think about the information, ask questions and have had answers that I am happy with.		
I have freely agreed to take part in an in-depth interview.		
I understand that I may stop an interview and/or withdraw from the research at any time, and that I can request that any information that I have given up to this point be destroyed.		
I have been informed that I can contact the researcher, Ruth Phillips, or the research supervisor, Liz Kelly, if I have any questions or concerns about the research. (Contact details below)		
I understand that all interview data is confidential and will be stored on a password-protected computer and/or locked filing cabinet.		
I give my permission for the interview to be audio-recorded and understand that what I have said will be written up into an anonymised transcript.		
I understand that the audio-recording will be destroyed at the end of the research project and the transcript will be archived.		
I understand that I will not be identified or made identifiable in any report or publication produced by the researcher.		
I understand that I may keep a copy of the informed consent sheet for my records.		

Participant Signature:_____   Date_____

Researcher Signature: _____

Date_____

Contact Details
Researcher: Ruth Phillips
Child & Woman Abuse Studies Unit
London Metropolitan University
TM1-77 Tower Building
London N7 8DB
T: 020 7133 2192
E: ruth.phillips@londonmet.ac.uk

Supervisor: Professor Liz Kelly
Child & Woman Abuse Studies Unit
London Metropolitan University
TM1-82 Tower Building
London N7 8DB
T: 020 7133 5014
E: l.kelly@londonmet.ac.uk

DVPP/Children's Services Co-Location Project

Interview Schedule for DVPP Workers

1. What is your role at DVPP?
   How does your role relate to DVPPs co-location project?

2. How well do you think DVPP have integrated their services and/or maintained their independence within the priorities and challenges of Social Work?

3. What has DVPP learnt from its co-location in CS?

4. Have there been challenges in maintaining DVPP's 'integrity' – eg: sticking to aims/principles/boundaries - whilst co-located at CS?

5. What has worked well?

6. What could be done differently within this model?

7. Any other comments?

DVPP/ Children's Services Co-Location Project

Interview Schedule for CS Workers

8. What is your role at CS?
   How does your role relate to DVPPs co-location project?

9. How well do you think DVPP have integrated their services and/or maintained their independence within the priorities and challenges of Social Work?

10. What does DVPP's co-location add to Social Work responses?

11. Has anything changed (in your own practice and in the teams you work with) in terms of understanding/defining DV, working with perpetrators, or other practice?

12. What has worked well?

13. What could be done differently within this model?

14. Any other comments?

Children's Services & DVPP Consultation Feedback Form

To be completed up to 3 months following the date of consultation

Today's date	
Name of your Department and Unit Number	
Date of consultation with DVPP	
Name of DVPP worker	
Name of relevant Service User / Family	

1. **Purpose of you consulting with DVPP (please tick any that apply):**

- To discuss a perpetrator referral for assessment

- To discuss a woman's referral for a Needs Assessment

- To obtain general information regarding DV and this family's dynamics

- Other purpose – please specify

2. **To what extent was your purpose achieved to your satisfaction?** *Add explanation if possible*

Fully achieved   Partially achieved   Not achieved

3. **Please describe what actions, if any, you took as a result of the consultation**

4. **What was most useful about the consultation?**

5. What could have been better?

6. Have you had other DV cases since this consultation? YES / NO 7. If YES, have you been able to apply any learning from the consultation case onto the new case?

Any other comments you wish to make regarding this consultation with DVPP that will help us evaluate and develop our service?

WORKING WITH MALE PERPETRATORS OF
DOMESTIC VIOLENCE
PRE-WORKSHOP QUESTIONNAIRE

This questionnaire is designed to identify delegates' learning needs prior to the delivery of DVPP's workshop. You will be asked to complete a similar questionnaire at the end of the workshop, which will help DVPP evaluate the effectiveness of its training delivery and further develop future workshops to meet Children's Services needs.

You do not need to give your name here, but we would ask that you state your team / unit name and number so we can identify learning needs across the service.

Team/Unit:	Today's date:
Length of time you have worked in Children's Services:	

For questions 1 and 2, please think about work you have done with perpetrators of domestic abuse
Q1: On a scale of 0-5, how confident are you about identifying the methods men use in order to avoid taking responsibility for their abusive behaviours?   (Please circle)

0	1	2	3	4	5
Not at all confident					Fully confident in all cases

Q2: On a scale of 0-5, how confident do you feel about addressing or challenging the methods men use in order to avoid taking responsibility for their abusive behaviours?   (Please circle)

0	1	2	3	4	5
Not at all confident					Fully confident in all cases

Q3: Can you think of any reasons why men might want to avoid taking responsibility for their abusive behaviours?
Thank You

WORKING WITH MALE PERPETRATORS OF
DOMESTIC VIOLENCE
POST-WORKSHOP QUESTIONNAIRE

Please complete this questionnaire at the end of the workshop

Q1: After attending the workshop, how confident do you now feel about identifying the methods men use in order to avoid taking responsibility for their abusive behaviours? (Please circle)

0	1	2	3	4	5
Not at all confident					Fully confident in all cases

Q2: After attending the workshop, how confident do you now feel about addressing or challenging the methods men use in order to avoid taking responsibility for their abusive behaviours? (Please circle)

0	1	2	3	4	5
Not at all confident					Fully confident in all cases

Q3: What is the most useful thing you have learnt today? How do you think you will be able to use this in your practice?

Q4: What has surprised you the most in today's workshop?

Q4: What could we have done differently?

Q5: What would you like to see covered in future DVPP workshops?

We would like to follow this up with another short questionnaire in 6-8 weeks in order to evaluate the effectiveness and usefulness of DVPP's training in your day to day work. If you are willing to participate, please provide an email address and/or extension number so that we may contact you.

Team/Unit:	Ext. number:
Email address:	

Thank You

WORKING WITH MALE PERPETRATORS OF
DOMESTIC VIOLENCE
FOLLOW UP QUESTIONNAIRE

Following your attendance at the workshop on 19th July 2012, please complete this follow-up questionnaire.

Q1: After attending the workshop, how confident do you now feel about identifying the methods men use in order to avoid taking responsibility for their abusive behaviours? (Please circle)

0	**1**	**2**	**3**	**4**	**5**

Not at all confident

Fully confident in all cases

Q2: After attending the workshop, how confident do you now feel about addressing or challenging the methods men use in order to avoid taking responsibility for their abusive behaviours? (Please circle)

0	**1**	**2**	**3**	**4**	**5**

Not at all confident

Fully confident in all cases

Q3: Is there anything in particular which has stuck in your mind from the workshop?

Q4: Since the workshop (6 weeks ago), have you worked on any cases in which domestic violence has been an issue?

YES	**NO**
(please continue over the page)	**(thank you for completing the questionnaire)**

Q4: Is there anything which you were able to do differently as a result of attending the workshop? (Please describe)

Thank You

SAFETY PLANNING WITH MALE PERPETRATORS OF
# DOMESTIC VIOLENCE:
PRE-WORKSHOP QUESTIONNAIRE

This questionnaire is designed to identify delegates' learning needs prior to the delivery of DVPP's workshop. You will be asked to complete a similar questionnaire at the end of the workshop, which will help DVPP evaluate the effectiveness of its training delivery and further develop future workshops to meet Children's Services needs.

You do not need to give your name here, but we would ask that you state your team / unit name and number so we can identify learning needs across the service.

Team/Unit:	Today's date:
Your Position:	
Length of time you have worked in Children's Services:	

For questions 1 and 2, please think about work you have done with perpetrators of domestic abuse
Q1: On a scale of 0-5, how confident do you feel about your understanding of men's internal processes which may lead to violence/abuse in specific situations?   (Please circle)

0	1	2	3	4	5
Not at all confident					Fully confident in all cases

Q2: On a scale of 0-5, how confident do you feel about safety planning with men to help them reduce levels of risk?   (Please circle)

0	1	2	3	4	5
Not at all confident					Fully confident in all cases

Q3: Can you think of any ways in which men might build themselves up into violent/abusive states?

Thank You

SAFETY PLANNING WITH MALE PERPETRATORS OF DOMESTIC VIOLENCE:
POST-WORKSHOP QUESTIONNAIRE

Please complete this questionnaire at the end of the workshop

---

Q1: After attending the workshop, how confident do you now feel about your understanding of men's internal processes which may lead to violence/abuse in specific situations?   (Please circle)

0	1	2	3	4	5
Not at all confident					Fully confident in all cases

Q2: After attending the workshop, how confident do you now feel about safety planning with men to help them reduce levels of risk? (Please circle)

0	1	2	3	4	5
Not at all confident					Fully confident in all cases

Q3: What is the most useful thing you have learnt today? How do you think you will be able to use this in your practice?

Q4: What has surprised you the most in today's workshop?

Q4: What could we have done differently?

Q5: What would you like to see covered in future DVPP workshops?

We would like to follow this up with another short questionnaire in 6-8 weeks in order to evaluate the effectiveness and usefulness of DVPP's training in your day to day work. If you are willing to participate, please provide an email address and/or extension number so that we may contact you.

Team/Unit:	Ext. number:
Email address:	

Thank You

WORKING WITH WOMEN IN ABUSIVE
RELATIONSHIPS:
PRE-WORKSHOP QUESTIONNAIRE

This questionnaire is designed to identify delegates' learning needs prior to the delivery of DVPP's workshop. You will be asked to complete a similar questionnaire at the end of the workshop, which will help DVPP evaluate the effectiveness of its training delivery and further develop future workshops to meet Children's Services needs.

You do not need to give your name here, but we would ask that you state your team / unit name and number so we can identify learning needs across the service.

Team/Unit:	Today's date:
Your Position:	
Length of time you have worked in Children's Services:	

For questions 1 and 2, please think about work you have done with women who have experienced domestic violence

Q1: On a scale of 0-5, how confident do you feel about your understanding of why some women remain in domestically abusive relationships?   (Please circle)

0	1	2	3	4	5

Not at all confident

Fully confident in all cases

Q2: On a scale of 0-5, how confident do you feel about working effectively with women who remain in domestically abusive relationships, in particular to help them reduce levels of risk? (Please circle)

0	1	2	3	4	5

Not at all confident

Fully confident in all cases

Q3: What reasons can you think of that may lead some women to stay in domestically abusive relationships?

Thank You

WORKING WITH WOMEN IN ABUSIVE RELATIONSHIPS:
POST-WORKSHOP QUESTIONNAIRE

Please complete this questionnaire at the end of the workshop

Q1: After attending the workshop, how confident do you now feel about your understanding of why some women remain in domestically abusive relationships? (Please circle)

0	1	2	3	4	5
Not at all confident					Fully confident in all cases

Q2: After attending the workshop, how confident do you now feel about working effectively with women who remain in domestically abusive relationships, in particular to help them reduce levels of risk? (Please circle)

0	1	2	3	4	5
Not at all confident					Fully confident in all cases

Q3: What is the most useful thing you have learnt today? How do you think you will be able to use this in your practice?

Q4: What has surprised you the most in today's workshop?

PLEASE TURN OVER

206

Q4: What could we have done differently?

Q5: What would you like to see covered in future DVPP workshops?

Follow Up

We would like to follow this up with another short questionnaire in 6-8 weeks in order to evaluate the effectiveness and usefulness of DVPP's training in your day to day work. If you are willing to participate, please provide an email address and/or extension number so that we may contact you.

Team/Unit:	Ext. number:
Email address:	

Thank You

Ruth Phillips
C/o CWASU
London Metropolitan University
Ladbroke House
London N5 2AD   October 28th 2011

Dear Ruth

Research ethics application:
The definition and assessment of 'programme integrity' for domestic violence perpetrator programmes (DVPPs) in the UK.

Thank you very much for your application, with related documents for research ethics review and I am now able to give full approval for this very interesting project. The reviewers thought it addressed relevant ethical issues very well indeed, with considerable and careful attention to some sensitive issues. Your reflection on the possible risks to yourself as the researcher was particularly well executed here.

The participant information sheet and consent form need to include your DoS/main supervisor as a contact should participants want to talk about the research with someone other than you.

Please let me know should you make any changes to the research which may affect the research ethics approval you have received.

We wish you every success with the research and look forward to hearing how it has gone.

Yours sincerely

Georgie Parry-Crooke
Chair Social Sciences Research Ethics Review Panel,
Tel. 020 7133 5092
Email. g.parry-crooke@londonmet.ac.uk

DVIP (1992) Document: Materials for the Physical Abuse Stage of the Violence Prevention Programme

Andrew, M. (1999) Fax & Attachments: Programme Evaluation Sheets

Andrew, M. & Macrae, R. (no date) Training/Conference Booklet: No Hiding Place: Making Men Visible in a Multi-Agency Approach. LDVPP:Edinburgh

CHANGE & Women's Aid (no date) Policy Statement

Colchester DVP / Penny Rickman (no date) Document: Assessment for Domestic Violence Project: Checklist for Interview

CWASU (no date) Presentations Documents: Evaluation of Intervention Programmes with Perpetrators of Domestic Violence

Daphne Project (2000) Training timetable: Domestic Violence Intervention Training

Daphne Project (2000) Document: First Draft of Titles for Manual: Intervention Work

Daphne Project / Kate Iwi (2000)   Circular: Notes from the Daphne Training Project Seminar on 27th & 28th January 2000

Daphne Project / Kate Iwi (2000)   Meeting notes: Write-Up of Meeting Between Cork DVP and London DVIP, Daphne Training Project, 11 & 12 April 2000

DVIP (1993) Document: The Project and Service Development of DVIP 1990-1993

DVIP (1998/9) Document: Review of the 6 Month Pilot between ILPS and DVIP

DVIP (no date) Document: Working With men Who Have Children on The At-Risk Register

DVIP (no date) VPP Resources: Contract of Participation; Contract of Participation for Probation Referrals; Control Log; Inventory of Controlling Behaviours; Assessment Process; First, Second and Third Stage Group

DVIP (no date) WSS Info Pack: Background Info; Safety Plan template; What can you do when he uses abusive and violent tactics to get what he wants?' template; Group Session Curriculum; 'Relationship of Sexism to Other Forms of Oppression' handout; Power & Control Wheel; Risk Assessment for First session; Domestic Violence Questionnaire; Post Session Assessment

DVIP / Daphne Project (2000) Document: Overall Principles & Objectives Informing the Work of DVIP and the Work Outlined in the Manual

Iwi, K. & Newman, C. (with Coy, M.) (2010/2011) Jacana evaluation interview transcript

Kelly, L. (1997) Paper: Domestic Violence in the UK 1973-1997: A Brief Overview

Kelly, L. (2000) Conference paper: 'The Challenge to Change men: Lessons from Perpetrator Programmes' Comparative Legal Approaches Towards Sexual Violence Against Women, March 11th & 12th, 2000

Metro Men Against Violence (no date) Leaflet

Mullender, A. & Burton, S. (no date) Draft Chapter) 'Dealing With Perpetrators'

NCAVCU / Commonwealth Government Initiative (Australia) (1998) Summary Volume: Ending Domestic Violence: Programmes for Perpetrators

NCAVCU / Commonwealth Government Initiative (Australia) (1998) Report Findings: Ending Domestic Violence: Programmes for Perpetrators

NPN (1997 and updated versions: 1998; 1999; 2000) Statement of Principles and Guidelines for Good Practice for Intervention Programmes Working with men Towards Ending Their Violence and Abuse to Woman Partners,

NPN (compiled by Change) (1999)   Network Directory: A Directory of Organisations and Agencies Working With Men Who Are Violent to Women

NPN / Jo Todd to CWASU (1999) Letter (Jo Todd, on behalf of NPN, to CWASU)

NPN to Pathfinder Lead (1999) Letter, written by senior probation officer/member of NPN on behalf of NP

O'Connor, Colm / Cork DVP (1998) Vol 1 of 5: The Effectiveness of Intervention Projects with Violent Men and their Partners: A Follow-Up Research Study

Regan, L., Burton, S. & Kelly, L. (1998) Document: Evaluation Review of MOVEMENT, May 1995 - Oct 1997

Respect (2000) Document: Statement of Principles and Minimum Standards of Practice

Respect (2006-2008) Advisory Group Minutes 30/06/06; 30/08/06; 16/11/06; 15/03/07; 28/02/08

Respect (2006) Accreditation Standard

Scottish Women's Aid (1992) Document: SWA Discussion Day – 'Work with Violent Men'

Scourfield, J. (1994) Unpublished Masters Dissertation: Changing Men: UK Agencies Working With Men Who Are Violent Towards Their Women Partners

The Coalition of Domestic Violence Action Groups, Australia (no date) A Self-Help Booklet for Men: Domestic Violence: Your Anger Hurts Kids Too

Welsh Women's Aid (1992) Document: 'Work with Violent Men' Mailing

Worms, J. (1999) Document: Thames Valley Partnership: Domestic Violence Intervention Project Proposal

APPENDIX 7: CHANGE ARCHIVE MATERIALS

Annual Report 1990-1991

Annual Report 1991-1992

Annual Report 1992-1993

List of books and publications (1994-2005)

CHANGE Conference presentation 'CHANGE: Men learning to end their violence against women' January 1990, University of Stirling

CHANGE Conference presentation 'The Men's Programme' September 1990, University of Stirling

CHANGE Conference report, 1992

List of conferences CHANGE has hosted and presented at

Essay on 'Origins of the National Practitioners' Network'

List of National Practitioners' Networks to date (May 1992 – May 2006)

The Power and Control Wheel diagram showing "POWER AND CONTROL" at the center, surrounded by eight segments. The outer ring reads "PHYSICAL VIOLENCE SEXUAL" at top and bottom.

USING COERCION AND THREATS
Making and/or threats to do something to hurt her · threating to leave her, to commit suicide, to report her to welfare · making her drop charges · making her do illegal things.

USING INTIMIDATION
Making her afraid by using looks, actions, gestures · smashing things · destroying her property · abusing pets · displaying weapons.

USING ECONOMY ABUSE
Preventing her from getting or keeping a job · making her ask for money · giving her an allowance · taking her money · not letting her know about or have access to family income.

USING EMOTIONAL ABUSE
Putting her down · making her feel bad about herself · calling her names · making her think she's crazy · play mind games · humiliating her · making her feel guilty.

USING MALE PREVILEGE
Treating her like a servant · making all the big decisions – acting like the "master of the castle" · being the one to define men's and women's roles

USING ISOLATION
Controlling what she does, who she sees and talks to, what she reads, where she goes · limiting her outside involvement · using jealousy to justify actions.

USING CHILDREN
Making her feel guilty about the children · using the children to relay messages

MINIMIZING, DENYING AND BLAMING
Making light of the abuse and not taking her concerns about it seriously · saying the abuse didn't happen – shifting responsibility for abusive behavior · saying she caused it.

(Pence & Paymar, 1993)

212

Area of organisation	Explanation in literature (drawing on Waterman et al, 1980; Morning Lane Website, 2014; Munro, 2011), and how this applies to DVPPs.	Respect Accreditation Standard	'Reflective analysis' questions for service integrity
STRATEGY	The 7S model describes strategy as 'actions a company plans in response to or anticipation of changes in its external environment' (Waterman et al, p.23). In terms of business organisations this means customer base, competitors, etc. In the RSW model, the concept is not explained but the actual strategy is outlined, which is to work proactively with families and privilege direct work. For DVPPs, the 7S model's explanation of the concept points to what the Mirabal findings (2015) terms as 'shapeshifting'. That is 'respond to changing and challenging funding regimes' (p.42). This study has also highlighted the 'shapeshifting' of DVPPs to adapt to changing funding and policy imperatives (see Chapters 4 &7). 'Strategy' for DVPPs refers to these ongoing shifts and changes in macro and micro environments, but also to the original strategy of DVPPs – the 'unique selling point' of work with men, the overarching aim/strategy of increasing women's and children's safety, and proactive support for women.	A F	• To what extent is the organisation focussed on 'increasing safety'? • Is 'success' recognised in terms of outcomes for women and not just on men's behaviour change? • Is the USP of working with men being retained? • How is the organisation anticipating/responding to policy and funding climates or other external circumstances? • Is the organisation promoting a 'whole service' approach? • Is the *service* being promoted as a 'programme' (or 'DVPP') thus rendering the other work of the service invisible?

| STRUCTURE | The 7S discussion of structure explains that the old business model was to create specialised tasks and then co-ordinate interactions between these tasks. However, as companies got bigger this became outmoded since the number of interactions between specialist units became unmanageable. This is the basis for RSW's creation of 'social work units'. Old social work teams, with managers overseeing a number of social workers each with their own caseload, were replaced with semi-autonomous units where each worker had knowledge of all cases held by that unit and had a monthly meeting providing 'intensive, reflective time to discuss and decide what needs to happen next' (Morning Lane, 2014).

DVPPs which are larger and operate two or more groups, may need to be re-organise structure to make collaborative work more effective. However, it is relevant to all DVPPs in terms of encouraging collaborative working and full integration, particularly in terms of case management. Attention should be paid to the women's service, and whether the structure is facilitating full integration. | A

B | • Is the structure facilitating collaborative and integrated work?

• Does the structure need to adapt to work more effectively with external agencies?

• Does the structure allow for both men's and women's workers participation in case management? |
| STAFF | In RSW, this has been interpreted with an emphasis on recruitment assessments in order to select high calibre staff. However, the original conception in the 7S model is interesting in that it emphasises 'how to get the best out of people' (1980: 23). In this sense, it *is* about recruiting the right people but it is also about nurturing and developing those people and making the best use of their skills. | A

B | • Is the expertise of staff in both men's and women's services valued equally? Do job titles reflect this?

• Are individual worker's skills recognised and put to the best use?

• Are processes such as case management, supervision |

	For DVPPs this aspect focuses on both recruitment and nurturing of staff. This is about all staff having access to good quality supervision and practice management. It is also about the ways in which staff feel valued and supported.		and practice management available to *all* staff? • Are these processes recognised as opportunities for support and cohesion, and valued as such by staff. If not, what needs to change?
SKILL (Specialisms)	For the 7S model, 'skill' was about examining 'what does the company do best?' Recognising and articulating 'these dominating attributes or capabilities' (Waterman et al, p.24) is important, as too is identifying new skills which could be developed. In the RSW model 'skills' are translated very differently and focus on the skills that staff have, the tools required for those skills, and the provision or supervision to support and develop these. For DVPPs, a return to the original conception of the 7S model is more appropriate – with staff skills coming under the 'staff' 'area. This aspect then focuses on thinking about what do DVPPs (or this DVPP) do best? It may be better labelled as 'specialisms'.	D B	• What does this DVPP do really well / what could be done better? • Is there a tendency to place men's work at the centre? How can it be de-centred without losing the USP? • Is there recognition that women's and children's safety can be achieved regardless of men's outcomes and that better reporting on men's lack of engagement can contribute to increased safety? • If men are assessed as unsuitable or do not engage, how effectively is this being fed back to external agencies to facilitate current and/or future risk management? • How well is the 'model of work', and aims and objectives of discrete interventions, developed and articulated in the women's service? • Are models of work/manuals regularly reviewed and developed?

			• Is 'success' being measured in terms of a range of outcomes?
			• Is the service being promoted with a 'whole service' approach or is it promoted as a 'programme' or 'DVPP'?
SYSTEMS	The 7S and RSW models concur that this relates to procedures, processes and systems. RSW stipulates that these should be 'relevant, intelligent, flexible, and useful' and also suggests that 'procedures should […] encourage practitioners to think through what they want to do and why, then do it, rather than do it because they are told to' (Morning Lane, 2014). Munro (2011) states that 'systems enhance professional practice'. DVPPs also need systems which are 'relevant, intelligent, flexible, and useful'. External funding contracts may dictate criteria for monitoring and reporting, but efforts should be made to streamline these as far as possible. This aspect should also consider how processes facilitate multi-agency working with external agencies.	A B D	• Are client systems (assessment, review, recording, reporting) efficient? Is there any unnecessary duplication? • Are client systems fit for purpose – are they working to facilitate direct work, case management, and integrated work? • Are staff systems (practice management, supervision) efficient and fit for purpose? • Is the approach and framework of direct work with clients coherent for both men's and women's services? Is it reviewed regularly?
STYLE	This is about ethos/culture, and for the 7S model this operates from the top down in a practical sense: it is about managers getting out in the field and talking about the nuts and bolts of the work. 'Talking' is emphasised in the sense that what is talked about gets focussed on and can thus create or change culture. In RSW it is the actual culture which is discussed rather than the concept, but this gives some interesting	A B	• Is there an ethos (culture) which doesn't just recognise but embraces the 'whole service' approach? • Is the women's support service viewed as equal in expertise and status to the men's service?

	pointers. The Morning Lane website highlights 'organisational warmth towards its staff through the encouragement of open and supportive dialogue', whilst Munro (2011) emphasises collaborative work. For DVPPs this is directly related to the 'whole service' ethos which has been discussed. The notion of 'talking' is relevant here, especially in relation to 'gender agendas' (Burton *et al*, 1998). There is not always a quick fix available, but if the conversations are ongoing there is greater likelihood of shifts in culture.		• Does attention need to be paid to the language used to describe the service as a whole and the women's service? • Is there an ethos which encourages and supports honest, open dialogue and recognises/treats tensions as productive? • Is 'reflective practice' extended to interactions between staff and teams, and the collaborative context? • How can the reflective and collaborative style of DVPPs be extended to work with external agencies?
SHARED VALUES	For the 7S model these are 'guiding concepts – a set of values and aspirations, often unwritten, that go beyond the conventional formal statement of corporate objectives' (Waterman et al, p.25). For RSW the actual shared values are outlined. Munro (2011) puts in very simply in terms of 'staff have a similar outlook and approach' For DVPPs this aspect directs attention to the values and aspirations of the organisation. It is concerned with how these are articulated and the extent to which the service has a shared approach.	B C E	• Are the organisation and its workers clear about their values? • Is there an understanding of a shared model of work and approach to change? • Do men's and women's services have a working knowledge and understanding of each other's model of work and approach? • Is integration and collaboration valued?