

EVALUATION OF THE YOUR CHOICE DOMESTIC VIOLENCE PERPETRATOR PROGRAMME

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Your Choice Programme
Evaluation Report

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Executive Summary

- This report is an evaluation of the Your Choice Domestic Violence Perpetrator Programme (DVPP) in Nottinghamshire. Findings should be considered alongside the evaluation of the Domestic Abuse and Violence Integrated Offender (DVA IOM) (Annex 1), and the summary note - wider comprehensive lens of DVPPs (Annex 2).
- The Your Choice Programme (YCP) was established to address a perceived gap for adult 'non-statutory' Domestic Violence (DV) offenders. Providers were required to be Respect accredited, and delivery was set up as a partnership between: The Jenkins Centre (FreeVa); Equation; Juno Women's Aid; and Notts Women's Aid. A timeline is provided in Appendix 2.
- The evaluation was carried out by Nottingham Trent University (NTU) for the period April 2021 to October 2022, commissioned by the Nottinghamshire Police and Crime Commissioner (PCC).

Key Findings and Recommendations

Appropriateness

- Despite a limited lead in time due to external funding restrictions, the 'stop-start' nature of funding which led to challenges in staff recruitment and retention, and difficulties with the initial mechanism agreed for referral, the YCP has identified a clear mechanism for supporting offenders through a non-mandated DVPP in Nottinghamshire.
- This programme has received positive feedback from perpetrators, survivors, and service providers. Appropriate referrals are essential. This has been refined and improved over the course of delivery.
- The 24-week programme is delivered via group sessions or 1:1s dependent upon eligibility/suitability assessments. Offenders have individual support need plans and work with case workers to achieve this.
- The YCP was adopted from existing similar external provision outside of the county and tailored to fit current commissioned services in Nottinghamshire (e.g., for survivor support). Therefore, it has required a multi-partnership approach across four service providers which may have reduced some efficiencies. However, using existing survivor support has enabled legitimacy of the service within Nottinghamshire.

Effectiveness

- During the evaluation period the service provider did not record any repeat offending (incidents reported to the police). Perpetrators who completed the programme found it highly effective. Survivors highlighted the 'rollercoaster of emotion' they experienced - demonstrating some of the challenges faced, and nonlinear nature of progression. A number of perpetrators who completed have been referred to, and started, additional support programmes.
- It is not clear the extent to which individual needs of offenders are met via group sessions, although follow up 1:1 sessions enhance the bespoke support available. For example, one survivor suggested a partner's (perpetrator's) mental health needs have not been addressed.

Sustainability

- The YCP has enabled additional capacity to be built into DVPP provision in Nottinghamshire with a potential for a 60% increase in the number of offenders supported. It has laid the foundations for non-mandated DVPP support as part of a wider coordinated and preventive community approach to perpetrators of domestic violence.
- It offers capacity for additional cross referral of medium to high-risk perpetrators referred but not accepted on the programme. However, there are questions over where locally these perpetrators are then supported.
- There is potential for a cost saving of £300,000 to £500,000 per year should there be 100% effectiveness (no re-offending) on non-mandated 25 person DVPPs. Figures are indicative only due to impact evaluation limitations.

Future Delivery

- Any future commissioning of DV programmes needs to offer longer term funding (minimum 18 months). The short-term start-stop nature of funding has caused severe challenges, in particular impacting on the recruitment and retention of trained staff to deliver the required services.
- Any organisations commissioned will require sufficient lead in time to mobilise appropriate resources (data sharing, information systems, referral process, recruitment of staff, training across partners, and governance arrangements).
- A clear theory of change, and programme inputs, outputs and outcomes should be explicitly defined at the outset.
- More explicit consideration should be given to supporting children in any future service.
- Efforts should be afforded to ensure referral processes are robust and appropriate before beginning the programme.
- It is evident that police referrals may not be the best route for non-mandated programmes, and utilising social services, the NHS and other professional support services. Self-referrals were also introduced through targeted marketing, and this has proved successful and should be strongly considered for any future provision.
- It is recommended training/support is offered with partner organisations to maximise appropriate referrals.

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1. Introduction

The Your Choice Programme (YCP), and the Integrated Offender Management intervention for perpetrators of Domestic Abuse and Violence (DVA IOM) are the two current Nottingham and Nottinghamshire adult perpetrator programmes aimed at developing a coordinated preventative approach to reducing domestic violence and abuse.

Nationally, the IOM programme, aligned with the criminal justice system, offers as an overarching framework that allows local partner agencies to come together to ensure that the offenders whose crimes cause most damage and harm locally are managed in a co-ordinated way. In Nottinghamshire the DVA IOM is more established than the YCP, having been initially piloted in 2016 and then continued from 2017 onwards. This supports a cohort of 40 high risk DVA offenders, predominantly on a statutory/mandated basis. An analysis of the DVA IOM is provided in Annex 1.

This report presents an evaluation of the YCP Nottinghamshire Domestic Violence Perpetrator Programme, which is a more recent programme piloted in Nottingham and Nottinghamshire to support non-statutory Domestic Violence Perpetrators. This was supported initially by funding awarded by the Home Office to the Nottinghamshire Police and Crime Commissioner (PCC) and supplemented by the PCC's core funding. A requirement of this programme was for it the provision to be Respect accredited and it was set up to be delivered as a partnership between: The Jenkins Centre (FreeVa); Equation; Juno Women's Aid; and Notts Women's Aid. A timeline for the introduction of this programme is provided in Appendix 2.

This evaluation was conducted for the period April 2021 to October 2022, commissioned by the PCC and the Nottingham and Nottinghamshire Violence Reduction Unit (NNVRU). This evaluation was carried out by Nottingham Trent University, led by Principal Investigator Dr Andy Newton.

2. Programme Aims and Objectives

The YCP, working within the context of domestic abuse and violence, aims to tackle the root causes of domestic violence and allow for accountability to be handed to those that perpetrate such offences. Research shows that repeat victimisation rates are very high for domestic abuse (Dodd et al 2004), and that the social/financial costs to victims/families and society are likely high. The aim of the YCP is to reduce the negative impact of domestic abuse on victims and wider society by supporting change and promoting healthy and respectful relationships.

The ambitions of the YCP are:

1. To reduce the risk of ongoing/re-offending domestic violence perpetration
2. To increase feelings of safety/well-being and reduce levels of risk for domestic violence survivors.
3. To increase the local system's capacity in Nottinghamshire to deliver effective domestic violence perpetrator programmes

These aims are recognised as longer term outcomes of the programme and unlikely to be realised within the context and timing of this evaluation.

Your Choice project is a domestic abuse perpetrator intervention project primarily focused on behaviour change for those people that are causing harm or using abusive behaviours. Whether that be towards their partners, their ex-partners or family members. We're looking at reducing the harm that is being caused but also reducing the number of incidents and ultimately we would want to see a complete

reduction in abusive behaviours by the individuals that are coming on the programme [Service provider]

The purpose of the project is to work in partnership with other agencies. As I said, we do work closely with the police and probation. It's to offer, I suppose, more of a specific support around women that are attached to these prolific offenders in trying to signpost, ensuring that they're safe [Service provider]

The short to medium term outcomes of the project are:

- (i) a sustained reduced risk of offending
- (ii) a sustained increased feelings of safety and well being

There are two key features of the YCP that support these short-medium and longer-term outcomes.

2.1. Managing behaviours to reduce offender risk

One of the key mechanisms to manage behaviour identified in the evaluation of the YCP is the importance of managing behaviours. By overseeing the behaviours of perpetrators, the programme supports perpetrators in identifying ways in which they can adapt their behaviour, and subsequently reduce the harm it causes.

'It's about them going on the programme, having a look at their behaviours, taking responsibility. Wanting to change because it's not mandated, they've got to want to change and as an organisation we support the partner or the ex-partner around what level of intervention they want' [Service Provider]

'So, it's about having an integrated approach to managing risk. So, it's about having partnership working to manage risk and safeguard victims and having that delivered by a team of people rather than just one person. So, you've got substance misuse practitioners and you've got police and probation and all those statutory agencies, and voluntary agencies coming together to manage perpetrators' [Service Provider]

2.2. Supporting partners and survivors

The YCP identifies harmful behaviours and encourages perpetrators to think about their behaviour so they can change the way they think and act towards their partner/ex-partner. In addition, the YCP provides support for the partners/ex-partners and the YCP gives the survivors a voice. The intervention workers discussed the YCP works because it provides help and support for all those impacted by domestic abuse.

'So, there's been a lot of call for setting something up so that perpetrators can receive the support they need to change their beliefs, attitudes and behaviourswhat's really important for me is that the survivors are supported by Women's Aid and uhm are given the opportunities to explore how they feel because there is nothing saying that a perpetrator attending a perpetrator programme is going to stop perpetrating....if you think about, you know, perpetrator's attitudes and behaviours and how they perpetrate abuse and how sometimes they inform survivors, survivors think that professionals are coercing with the perpetrators because that's what happens. It's really important then that that survivor has got a voice to be able to say that to an organisation that is safe and trusted to her.' [Service Provider]

3. Evaluation Design and Methodological Overview

The evaluation of the YCP should be considered against the broader evaluation of the two Nottinghamshire Domestic Violence Programmes commissioned for this study. A more detailed rationale for the wider methodological approach used is provided in Annex 2.

The evaluation approach originally intended to combined Realist Evaluation/5Is model (Newton, 2021) to capture data on inputs, outputs, and outcomes and, where feasible, identify mechanisms of change for the DVA IOM and DVPP. The 5Is approach was adopted to offer the following five strands (i) intelligence – to understand the local context; (ii) intervention - what was the theory of change and what interventions were designed; (iii) implementation - what tasks were delivered; (iv) involvement – who was mobilised to carry out these tasks; and (v) impact – the extent to which the intervention achieved its aims and objectives.

As will become evident in the findings section of this evaluation, there were two key challenges in using this approach. Firstly, the small numbers of perpetrators who completed the YCP during the evaluation period restricted the impact evaluation that could be conducted. Secondly, the YCP did not establish a theory of change at the outset. Thus, while outputs and outcomes were identified with the programme advisory board, it was challenging to fully map out the intervention as intended. Thirdly there were a number of external challenges and obstacles to delivery identified during the interviews which hindered the implementation of the programme.

3.1. Process Evaluation

This was conducted to establish whether the programme was implemented as intended; if the design was appropriate, what went well and not so well, who was involved in delivery, and what tasks they carried out, the following data were captured:

- (i) key policy documents (tender submission, commissioning of service provider, and operational guidance, and local context via local policy documents (Notts VAWG strategy).
- (ii) semi-structured interviews with service providers (13) and service users (3 perpetrators and 2 partners/survivors).
- (iii) analysis of case studies (4) captured by the service provider.

1.1.1. Coding and Analysis of Interviews

Data was coded and analysed thematically to identify emergent topics within the qualitative data captured (Braun & Clarke, 2006). Themes emerged from the rich data and captured important points of agreement among participants. The researchers reviewed and agreed upon the final themes.

3.2. Impact and Monitoring Evaluation

We analysed a range of programme level data to determine the extent to which the programme achieved its intended outcomes. The low number of perpetrators who have completed the YCP has and lack of initial theory of change has restricted the impact analysis we were able to conduct.

3.3. Cost Effectiveness/Benefit Analysis

We captured detailed data on project spend against the range of interventions delivered within the programme. The low number of perpetrators who have completed the YCP has restricted the analysis we were able to conduct.

4. Process Evaluation – Findings

We identified six key themes across the process evaluation. These are summarised in Table 4.1 below.

Table 4.1: Key Themes Identified from the Process Evaluation	
Key Theme	Sub Theme
1) The appropriateness of service users	The referral process The assessment process – eligibility and suitability Internal motivation
2) Supporting behavioural change	Programme typology Mechanisms for behavioural change
3) Managing risk	Partnership approach Case management Central monitoring system Safeguarding children Safeguarding beyond YCP
4) Integrating partner/survivor perspectives, support, and safety	Communication and Safe Spaces Rollercoaster of Emotion Spaces to Rant and Listen Helping with confidence
5) Key elements needed for a successful programme	Effective referrals and assessment The professional support offered The structure and flexibility of the programme Partner/survivor support Effective multi-agency working across local systems
6) Key challenges and context of delivery	Insufficient lead in time Resourcing and staffing (duration funding) Building new partnerships Transferring existing model into a new context Inappropriate/insufficient referrals Retention and engagement Online delivery

Each of these six themes are discussed in more detail in the next section of the report.

4.1. The appropriateness of service users

Theme One was about the appropriateness of perpetrators to take part in the YCP. There were two key elements to this, firstly the appropriateness of those identified through the referral process, and secondly the YCP eligibility and assessment procedure. Both are identified in the evaluation as critical elements for successful programme delivery.

Key Points – Theme 1: Appropriateness

- Originally the programme envisaged referrals from Nottinghamshire Police, but it became evident that this was not effective for a voluntary programme and alternative mechanisms were needed
- This was one contributory factor to the low number of participants on the programme than originally planned.
- The assessment process is an essential and necessary operational phase of the YCP. It assesses both the eligibility of perpetrators and their suitability.
- It is divided up into two parts due to the intense nature and to build in space for reflection. It was recognised by both staff and perpetrators as highly challenging but ultimately very rewarding and necessary.
- Whilst a range of factors are considered, the key issue is a perpetrators internal motivation to take part in the programme.

4.1.1. The referral process

There were multiple issues with the initial referral process- and whilst some issues are also pertinent within Theme 6, they have been included within Theme 1 as a specific topic in their own right – given referrals are essential to (i) get suitable persons onto the programme, and (ii) to ensure there are sufficient numbers of people for group delivery (minimum viability).

The initial programme design (intervention) envisaged that perpetrators would be referred primarily via Nottinghamshire Police, but it was evident at the start of delivery that referrals received were (i) not appropriate and (ii) insufficient numbers were being referred for assessment. Initially Nottinghamshire Police allocated force time and resources by contacting perpetrators about the DVPP programme, and as evident in the quote below over 500 perpetrators were called. However, this approach did not result in any referrals. This was a steep learning curve at the start and provided a challenge to implementation. It also raised questions about whether those called were not suitable for the programme, whether Nottinghamshire Police were best placed to recruit and refer perpetrators or this was better delivered by other partners (for example social care), and or whether additional training was required to help reduce this mismatch.

Therefore, it was evident that due to insufficient/inappropriate referrals using this method, alternative methods were needed. There was a broadening out of the referral process to other professionals, including Social Services and the NHS. This was expanded further and a subsequent step for the programme was to accept self-referrals – primarily with the need to boost numbers given the limited time available to resource the programme. This also required additional marketing campaigns supported by the four partners.

Indeed, there was a need to increase referrals in both Nottingham City and Nottinghamshire County. From Section 5 of the evaluation report, it can be identified that referrals have stabilised at about twenty per quarter. More importantly, the conversion rate between referrals and those admitted to the programme has grown to about 40% suggesting over that over time referrals are more appropriate

for the programme than when first launched. This suggests that it has taken time for the YCP to become known to services who may interact with DV perpetrators, and that referrals have both increased in number, but also the appropriateness of referrals has also become more appropriate and more refined. It also suggests that perhaps the initial mismatch identified previously was more likely due to the non-suitability of those contacted than a need to additional training or support of officers contacting perpetrators.

It was originally set up that we would get our referrals from the police. The police had a very long list I think, and I'm saying this off memory, I think it was 500 - 600 possible perpetrators to begin with. However not one of those perpetrators were actually suitable to go onto the programme. So that all had to kind of change. I'm just trying to think, so... Yeah, and originally the purpose was in a year to complete 24 perpetrators on the pilot programme which was not a realistic target at all to begin with. [Service Provider]

I think the other challenge was that the referrals were never, yeah they were never going to be helpful. Because of course most of those people on that list were not interested in changing or felt that they were being told to change by the police. [Service Provider]

This raises several important points. Firstly, which are the most appropriate professional support services for referrals to the YCP? Secondly, what information do other professional support services require to identify appropriate candidates for referral, and thirdly how appropriate are self-referrals and what information should be provided when recruiting via this method?

...the referrals ...that was a little bit of a problem because there wasn't as many referrals coming in so that means you haven't got as many people in the group. I think that's something that's gone on throughout. And again, because the project is so new and we don't have that many referrals coming in all at once. So we've had a little bit of a problem with group that if we've got a few people on group, then obviously if some people leave or then some people aren't suitable or disengage or whatever, we've been left with one person so we've had to go and talk to them one-to-one. [Service Provider]

And starting off with I think referrals from anywhere, I think that would be a really good one. So I know obviously it really helped us having referrals from Children's Social Care but actually things like getting referrals from schools, getting referrals from even community centres, so any professional person and self-referrals would really help because it's surprising actually who people open up to or what people notice that perhaps others don't in certain situations. So I think that would be really beneficial as well. [Service Provider]

This also demonstrates that the partnership approach needs to develop beyond the four partners, and the YCP takes time to become established and recognised with other professional support providers.

And the other really important thing I think that we do and it will be important for the project, moving forward, is that multi-agency work that we do. So that again has been a bit of a problem in terms of sometimes really establishing with the people that are referred in to us and that we work with, 'Okay, what are we actually here to do?' And kind of pushing that, especially the voluntary aspect of things. Sometimes it's hard to go with [Service Provider]

4.1.2. Eligibility assessment

It was evident from the interviews with both service providers and users (perpetrators) that the assessment was extensive, rigorous, and necessarily challenging.

Initially perpetrators are assessed against two initial eligibility criteria checks before further assessment. The first is that they are not currently under any court proceedings as this might bias their motivation for participation, which would likely negatively impact on participation (both themselves and other group users) given the design of the programme. This is also a requirement of the Respect Accreditation. The second is that they have not attended any similar courses in the past six months.

4.1.3. Suitability assessment

If these criteria are met, then the candidate moves to a suitability assessment – and the overarching factor here for participation is internal motivation - a readiness to accept responsibility for previous actions and a desire and willingness to change. In addition, partners of those accepted onto the programme are also offered support.

The suitability assessment what we're looking for is internal motivation above everything. External motivation is okay but it has to sit alongside that internal motivation. And then we're looking at levels of minimisation, denial and blame. So if those levels are high they would be deemed unsuitable. So if there is no accountability we're not going to put them on the programme. And then in terms of partners and ex-partners, their suitability is based on that perpetrator's suitability. So if the perpetrator is suitable we would offer the partner or ex-partner that year's support with partner support service [Service Provider].

And I think that's another reason, is the assessment process is actually really a big success in this programme, I would say, is that it means that the perpetrators we work with, the survivors we work with are appropriate for this kind of support. And it's entirely up to them [Service Provider].

The actual assessment process is divided into two parts. Both are lengthy processes and demanding, but also, they are deemed necessary by the service provider and beneficial by the perpetrator. This process is further supported by a risk assessment of perpetrators including the use of the Domestic Abuse, Stalking and Honour Based Violence (DASH) Risk Identification, Assessment and Management Model.

Suitability Assessment Part 1:

The first assessment determines the suitability of the perpetrator for the programme. Factors that influence this include

So the assessment process is usually about two to three sessions long. The way we split it up is we have an initial assessment where we talk to whoever wants to come onto the programme about loads of different areas. So we talk about the current relationship, past relationships, childhood experiences, a bit about their motivation, any additional needs. So it's a really nice way for us to get to know them, obviously then for us to build rapport and relationship with them but to establish where they are and what exactly they need to put up with.....So, sometimes you get people who realise that actually they are quite abusive once they're in assessment. So we do that and obviously we do our standardised risk assessments as well, like our dash

risk, things like that to establish risk. But the risk that we use on the programme, we predominantly use risk assessed by partners of four services because obviously we're coming from the side of the partner or protecting them. And then once we've done that, had a conversation and looked at that motivation and established any additional needs as well – because a lot of people we work with have additional mental health needs and additional substance, misuse support needs, things like that. Once we've done that, we can then look at, 'Okay, what's the best road of intervention for them?' So is it that group is appropriate? Is it that one-to-one is appropriate? [Service Provider].

Both service providers and perpetrators recognised that this element of assessment can be particularly challenging and whilst in the long term is beneficial it can be really difficult for perpetrators to engage in this element of the programme.

I had two assessment phone calls that went on for quite a long time but they were really helpful. Because obviously it gave them a chance to know my circumstances, you know, whether I'd be suited for the programme and everything. ... I got my first one of those and he did say straightaway, "It's going to be an emotional roller coaster for you because all these questions are really tough and not very nice but necessary." And he did say that, "It's a long process the assessment process so we will break it down into two phone calls on separate days." Which, you know, instantly made me feel a lot better because it's not everything at once sort of thing. I had the first assessment which like he explained it was really tough to, you know... ... At the same time it needed to be done and that opened my eyes before I'd even got on the programme to be honest [Perpetrator]

It was hard to talk about stuff that had happened in the past, but I felt like I had a bit of weight off my shoulders. It's helped me out..... It weren't like hard as in hard, it were hard as in to talk about stuff, do you know what I mean [Perpetrator]

the past few weeks when I first started there it was so tense, you know. I didn't want...I was just concentrating whether to leave it because it was just getting too much for me when I first started... since the first few weeks of going it got better, it got easier. Sometimes it was hard. Some weeks were hard, some other weeks it's okay [Perpetrator]

Suitability Assessment Part 2

The second stage is a pre-intervention assessment to identify appropriate programmes.

And then, once we've done that, they go into what we call the 'pre-interventions' part of the assessment, which is where we again outline our expectations of service as well because it's likely that this person's probably going to go onto intervention if they're at this stage and we create support need plans, so we do that through 'goal' plans. So we get them to really decide what it is they want to change, think about how they might start doing that. And those additional needs as well, so things like housing, physical needs, mental health needs, financial needs, education, employment – those kinds of things... So we get them to really decide what it is they want to change, think about how they might start doing that. And those additional needs as well, so things like housing, physical needs, mental health needs, financial needs, education, employment – those kinds of things. [Service Provider]

4.2. Supporting Behavioural Change

An examination of programme documentation and interviews with key personnel revealed that one of the primary objectives of the programme was to support behavioural change of perpetrators who engaged in the programme.

Key Points – Theme 3: Supporting Behavioural Change

The YCP has its origins in the Duluth model, but also recognises the need to be holistic and include partner support in its delivery. The group work is a fixed programme that supports a one size fits most approach and is firmly founded in the Duluth model. There are some bespoke elements to the programme including the 1:1 sessions and the development of individual case plans.

The key mechanisms/interventions for behaviour change are:

- Cognitive Behavioural Therapy (CBT)
- Pro-Feminist/Patriarchal processes to hold offenders to account for their actions
- Parallel Journeys
- Psychoeducation
- Narrative therapy

Perpetrators receive a range of coping strategies and tools to support them in managing and changing their behaviour during the programme.

The first 12 weeks of the programme is the Safer Relationships Programme (understanding what is DV, what is its impact, what is the men's role for example).

The second 12 weeks is Respectful Relationships Programme (explores attachment and further re-enforces the work on impact).

Given the programme is prescribed it is unclear the extent to which this is tailored to the individual criminogenic needs/risk factors of each perpetrator (e.g., mental health, substance abuse). It is recognised that there are 1:1 follow ups on a 'needs' basis which may address some of this need for tailored or bespoke support.

4.2.1. Typology of the Programme

A previous rapid evidence assessment (Newton et al, 2020) identified three elements of behavioural change programmes in the existing literature. These are summarised below in Table 3.2. It was evident from the evaluation of the YCP that elements of all three programme types can be identified in the YCP delivery modes.

The evaluation categorises YCP as a hybrid model between typologies 2 and 3 – suggesting that the group interventions are more akin to the one solution fits most approach, whereas the 1:1 session are more bespoke to the needs of the individual.

The theoretical underpinnings for the work come from The Jenkins Centre DVPP Provider. The work is based on models of gender inequality and power and control within intimate relationships. Individuals perpetrating intimate partner violence are not a homogenous group, however, and their treatment needs will vary. The programme is primarily informed by Duluth models and the associated literature. In

addition, the contribution of the work of Alan Jenkins (Becoming Ethical, 2009) brings the concept of values and the centrality of addressing perpetrators' values into the work. This is on the basis that exploring and understanding values can assist in the process of change. An additional and significant layer in the use of values is the importance, stressed by Jenkins, that the DVPP workers value the clients and their participation on the programme, whether that is on a one-to-one basis or in a group. This process of being valued allows those classified as perpetrators to experience this as a modelling process and to understand how they can value others. The delivery of the programme is done so therapeutically with intervention and victim focused approach underpinning all the material. [Your Choice performance report 2022]

...a lot of people that come, they're the self-referrals ...We don't normally find them suitable unless there is some level of accountability for their actions ...if they don't already see that what they're doing is wrong and have some kind of hope that they want to change and get better they won't get admitted to the programme anyway. And the hope is that we kind of build on that little bit of accountability and that want to change so that by the end of the programme their behaviours, they have changed and they're not committing the same behaviours to the same degree. They can't always promise that they're not doing anything at all, but we really hope that they're doing it, you know, to a smaller degree [Service Provider]

The evaluation team acknowledge that the pre-implementation assessment does contain some elements of a bespoke programme – given all perpetrators have a support needs plan and are managed on a case work model. However, the group sessions are pre-designed as a 'fit-most' approach with the first twelve weeks designed around the 'safer relationships programme (SRP)' and the second twelve weeks focus on the 'respectful relationships programme (RRP)'. The design of the programme to include partner support clearly aligns with second and third generation programmes but is strongly founded in the Duluth model of holding actions to accountability.

Table 4.2: Typology of Domestic Violence Perpetrator Programmes

Typology	Description
1) First generation behavioural change interventions	Based on pro-feminist theory influenced by the Duluth model. They advocate an approach that holds offenders to account and offers them opportunity to change.
2) Second generation behavioural change interventions	More holistic and recognise the need to examine relationships and consider intimate partners, and local and societal influences. They are still focussed on offenders but aim to prioritise the needs of victims whilst simultaneously addressing the behaviour of perpetrators. The techniques tend to use pre-packaged interventions based on a ' <i>one solution fits most</i> ' approach
3) Third generation or new psychological approaches	These combine holistic approaches recognising the relationship between perpetrators, victims and close ties; with, bespoke tailored individual needs-based interventions for each offender. They recognise the range of risk factors for domestic abuse that may include but are not exclusive to gender. These can be described as ' <i>one solution does not fit all</i> ' approaches

I think we have to accept that some decisions down to people taking responsibility in themselves and if a perpetrator wants to take responsibility for their actions and wants to genuinely change their attitudes and beliefs then there's a programme there for them to do it but that's got to be for the right reasons, and I'm hoping that the assessment does pick that up [Service Provider]

So the 24 week programme... the first kind of module I call it which is the first 12 weeks, the SRP [Safer Relationships Programme] section is all about kind of building safety techniques. Getting the guys to understand actually what domestic violence is and to start thinking about what that impact is and what their role is in that. Helping, you know, pulling that accountability a little bit. And also for that relationship of the group, so, you know, that therapeutic stance allows for later on in the programme, more in depth work to start to happen. And then the latter 12 weeks, the RRP [Respectful Relationships Programme] are where we would hope to see much more depth work start to come out. So we do live maps for example, we look at attachment. We think about parenting and being parented and how that impacts their relationships. We do a lot of stuff around the impact of their abuse on partners, or ex-partners and children as well as the wider community. So one of the big things that the Jenkins Centre ethos runs through is actually about becoming a more ethical human being. Actually not only does that help you and your partner and your children, but that has a knock-on effect to the community... Because, you know, we want it to be well established and internalise an individual rather than just a cognitive thing [Service Provider]

And as part of that, having partner support specifically. So you're always able to keep each other in the loop around any risk or even if it's just so much as, okay, this might not be something that if you were working with a totally different organisation, you wouldn't necessarily flag and have to make a big meeting about it, you can just talk about it and say, 'Okay, so you're aware, this is what's happening at the moment. It's not necessarily an increasing risk, but it's something to be aware of that might change the dynamic.' I think a lot of people we have, have a lot of services involved and it can become very, 'I've got to go to this official meeting and this official meeting.' But we're actually doing a lot of work behind the scenes that means they're being protected and we're managing that risk ...[Service Provider]

4.2.2. Mechanisms of Behavioural Change

It was evident from the process evaluation that a range of approaches were adopted to support and promote behavioural change across the perpetrator group. This evaluation considers 'mechanisms' here to align with both the College of Police EMMIE framework ([Johnson et al, 2015](#)) and realist evaluation ([Pawson and Tilley, 1997](#)). The following techniques and interventions are identified in the programme as potential mechanisms for behavioural change: Cognitive behavioural therapy (CBT); Pro-feminist/patriarchal processes to hold offenders to account for their actions; parallel journeys; psychoeducation; and narrative therapy.

Then we'll go into a lot like CBT techniques as well and we'll use those more in depth tasks. So we might have videos, we might look at specific CBT tools like iceberg. We might have the chair exercise, so that will be more like our exercise looking more

into the specifics of the topic as well. And then we'll have that time for reflection
[Service Provider]

Because for us, it's really important that it's not like a teacher/pupil environment either, you know, it's not like, 'I'm giving you some knowledge.' It's that we are there as part of the group but we're just there to guide conversation and get people to think about things in perhaps a different way. And it's more that we're all kind of doing it together, which is a big part of obviously the way the manual is written based on Alan Jenkins, it's supposed to be that parallel journey, so we're all doing it together [Service Provider]

It's about holding perpetrators to account for their choices in their behaviour but it's also about building self-esteem, building confidence, self-reflection. It uses a number of tools within it to do that so there's some CBT elements to the work that is being done [Service Provider]

So, it's a bit of a mix of therapeutic intervention and there's lots of different things involved. ...We have to engage in role plays with them. So, there's a lot of therapy-based methods that we use [Service Provider]

Whilst the perpetrators did not necessarily identify with the type of intervention they received it was evident that they found these interventions highly beneficial, in particular those that involved role play or scenarios. Multiple perpetrators discussed the range of techniques that they have been able to engage with and practice as part of their participation on this session.

I don't know. I'd say probably just like time out and stuff that they tell you to do. Like I say arguments and stuff and think about it. Instead of just losing my temper straightaway I'll have five minutes with them and then I'll think about what I say instead of having arguments and that like, whatever....then obviously well not teaching you but showing you different ways of thinking about things. Different scenarios [Perpetrator].

It's just teaching people ways of like dealing with things differently and stuff like that. ...if I get stressed, do you know what I mean? It teaches you about different techniques to calm down and stuff. Just take a breath and just think about things [Perpetrator]

4.3. Managing Risk

The YCP incorporate partnerships from different organisations to work together to provide help and support to all who are involved. The intervention workers discussed how this works well because it offers help and support to both the perpetrator and survivor at the same time. The partnerships work together to provide a holistic approach to reducing the harm of domestic abuse.

Key Points – Theme 3: Managing Risk

- The YCP takes a case management approach to managing risk with weekly meetings.
- The risk management approach relies on collaborating with partners, including the four directly engaged with YCP staff and other relevant local professional support services.
- A central monitoring system (OASIS) is used across all four organisations to monitor progress and enable data sharing. This has been used in Nottinghamshire to support Domestic Violence Survivors, and this required a degree of learning to use this to support Domestic Violence Perpetrators.
- A critical element for YCP is to include safeguarding of children – at present this is referred to appropriate services outside of the YCP. There was a recognition that any future provision explicitly considers the process by which children are safeguarded.

One of the key areas identified through the process evaluation was the need for this programme to manage risk through a partnership approach. There are challenges in doing this – discussed in more detail in Theme 6 but all participants this recognised that this element of the programme was an absolute necessity.

‘it’s about making people safe; it’s about trying to move on and create respectful relationships that have been abusive in the past. But primarily to protect children and to protect the partners or ex partners’ [Service Provider]

‘obviously, the main thing is about delivering interventions, but our main goal is to monitor and reduce risk...sometimes it’s about just monitoring that risk and holding that risk and making sure obviously that that risk doesn’t increase’ [Service Provider]

Perpetrator risk is managed through a case management process and there is a weekly meeting to support this.

I take part in case and risk management, which we do every week, obviously that’s our key work sessions... I think having that weekly case risk management and going through cases really means that things aren’t missed, you’d hope that things aren’t missed. We talk about that and everybody’s aware of the situation [Service Provider]

There is also a recognition that the case management needs to engage with partner support.

To work always from the side of the survivors and the children I think is something that’s really important and again, through things like case management meetings with partner support, that kind of thing. That helps us continue that and really keep sight of actually about where are we coming from? [Service Provider]

Case notes also need to be accessible to all service providers to manage risk, and this is realised through the OASIS system. Some challenges of using this are discussed under Theme 6.

Obviously case notes, we keep OASIS, we keep everything on there. So we do all of our session notes on there, all of our notes from meetings, all contact we have, all contact with the rest of the team. All our risk management notes, all the case management notes – so everything's on so it's easily accessible. [Service Provider]

We capture risk. We capture all the monitoring around diversity, ethnicity, disabilities, race. We capture all of those but we're capturing risk. We're wanting to keep that risk so that it's current, it's ongoing. We're capturing what support needs are needed. We're capturing improvement [Service Provider]

Safeguarding of children was also recognised as a key element of the programme – although it was noted that the YCP could do more to support children in the future. A key element of safeguarding is to ensure communication channels with Children's Social Care are maintained, especially if a safeguarding issue is identified.

...building relationships is the key really. I think the staff work really hard at being as supportive as possible - including with perpetrators. And I think the survivor workers are really dedicated and they just work really hard to, you know, yeah to build those positive relationships and I think that's the key really... [Service Provider]

I'd like to see more stuff picked up around children's safety as well. We touch on it absolutely but, you know, I do often think it would be nice for us to gather more of that data. Especially for a project like this ...the more, you know, you can have a service where you start offering something for children one day as well as survivors. So I think that's something that needs to be looked at. [Service Provider]

There's been a couple of issues that I've spoken about where they've identified a safeguard issue, I've got a child and then my wife. And they have seen the safeguard issues which then obviously it's their duty of care to report, isn't it? But any time they've reported anything, they've contacted me before they've reported it just to give me the heads up so that I'm prepared for it then. I feel like their communication with us and the way they interact with us is absolutely fantastic. I feel really comfortable, you know, and I've actually got trust in both of them, I think they're both brilliant [Perpetrator].

There is also a recognition that safeguarding and risk management goes beyond the programme with local professional support systems, given the nature of the programme and in particular the information identified during the assessment process.

So very often perpetrators that we're working with aren't the sort of perpetrators that would be known to the police perhaps. ...so everyone that goes for our assessment, we send a list of them to the police so they're already known. So that's one protective factor. But also if you aren't suitable for our programme then that means you are more risky than if you were suitable because you're not taking that accountability. And actually I think that's something often that gets missed in perpetrator strand programmes that that is a really, really important part...., I think all of those things are the things that make a programme like this really successful. Especially when it's something new that isn't there [Service Provider].

4.4. Integrating partner/survivor perspectives, support, and safety

Key Points – Integrating partner/survivor perspectives, support, and safety

- Partner support is a critical element of YCP and is also essential to monitoring and identifying risk
- A key feature of this is to create safe spaces and develop appropriate communication channels – to empowers survivors in giving them a voice and expressing what they need in a safe environment.
- These safe spaces are designed as a place to rant and to listen
- The experiences of partners/survivors are described as a rollercoaster of emotion linked to the erratic actions of the perpetrator, and the YCP offers support to navigate and manage this
- A key feature of this part of the programme is to build up the confidence of the partners/survivors

4.4.1. Communication and Safe Spaces

The partner support aspect of the YCP highlighted how they provide support to partners and ex-partners. The intervention workers explained how it was their job to communicate with their clients and ensure that had a safe space to talk. It is important to note that delivery is provided by YCP dedicated survivor organisations (Notts Womens Aid and Juno), the programme delivered is bespoke to the YCP model.

‘With the partner service there isn’t an assessment process. So, it’s my job to talk to them about what the Your Choice programme is for their partner and what the partner service can be for them....to communicate as I said before about the Your Choice programme to the women, so they don't feel that it is a secret club that they don't know anything about.’ [Service Provider]

The intervention workers identify any risk involved as soon as they start working any clients, this is to ensure the safety of all involved. It is important to provide support and ensure safeguarding for all the family.

‘I engage with the partners straight away, so as soon as there’s a referral I manage, monitor and identify risk...I identify safeguarding of both adults and children, all known persons in the family. I also give and provide emotional support and that can be around about lots of different things, including children, emotional trauma support, coping strategies’ [Service Provider]

‘We’re involved from the beginning to the end, which is really, really good and helpful because we can make sure that the survivor’s safety is paramount, and it’s always being advocated.’ [Service Provider]

It was important to be honest when supporting the survivors of domestic abuse to ensure full disclosure and that they are aware of what is happening. This is part of safeguarding - to give the survivor a voice and let them be heard, ensuring trust and honesty.

‘if you think about, you know, perpetrator’s attitudes and behaviours and how they perpetrate abuse and how sometimes they inform survivors, survivors think that professionals are coercing with the perpetrators because that’s what happens. It’s

really important then that that survivor has got a voice to be able to say that to an organisation that is safe and trusted to her...about a life or a better outcome for those survivors.’ [Service Provider]

‘I feel the most successful part I would say from an intervention side, well I would definitely say monitor and risk and actually being able to pick up on what high risk is and making sure that people get the support that they need’ [Service Provider]

Communication and support empower the survivors in giving them a voice and expressing what they need in a safe environment. The participants explain the support they were given when they first contacted the YCP intervention workers. The intervention workers supported the survivors in allowing them to talk and offering them a safe space to do so.

‘It’s just me and her talking. It’s specifically about his situation, it relates to every week of the course as much as I would like it to. If I don’t want it to she doesn’t force it, if I do then we talk about that. So, it’s much, much more helpful.’ [Partner/Survivor]

‘She was like kind of ringing me up every couple of weeks just to see how things are and gave me support with what my options could be’ [Partner/Survivor]

‘So the support I’ve had before has always been obviously singular to me if that makes sense and his support has always been for him... to have the support which is completely separate but also completely connected’ [Partner/Survivor]

‘I can’t talk for anyone else but it reinforced my feeling that I’m not doing the wrong thing. I’m doing the right thing and I’m doing what’s right for me’ [Partner/Survivor]

4.4.2. Rollercoaster of Emotion

The survivors discussed how their partner/ex-partners emotions would go up and down. One survivor highlighted how the YCP sessions had an impact on the behaviour of their partner/ex-partner. Their moods changed when they had taken part in a session with the intervention worker. In addition, the participants explained how their partner/ex-partner went back to their old habits after taking part in the YCP.

‘He would seem like he was making progress and he would come back and talk to me positively about everything that he’d learnt. We had very, very positive communication about it. And then as the weeks went on, it would go downhill again. I think that anxiety, pressure around about the actual meeting.’ [Partner/Survivor]

‘Him not getting support or getting help with his mental health is a big, massive, massive barrier for sorting out the problems... But then I guess, you know, if you really wanted to change you would access that support or you’d try and get it I guess. But you’ve got to really, really want it I guess. But I think there’s a bit of a barrier for, you know, it’s not the manly thing to do and he’s a bit like that.’ [Partner/Survivor]

‘So, in the early days it was very much a rollercoaster of how he was going to respond to it and then in the weeks after I started to see just gradual improvement..... Then over the last handful like the last couple of weeks I would say that a lot of has gone out the window. He’s starting drinking again and he’s started sending me abuse and things again as well’ [Partner/Survivor]

'I'd say it's yes and no in some ways...like he can have a good day and a bad day, so it depends. He might be nice with me one day because I might be doing something that he's okay...but then the moment I say something, if he asks me can he do something and I say no, then I'm all the things under the sun' [Partner/Survivor]

I'd say it sometimes triggers behaviours in him that aren't particularly good. [Partner/Survivor]

4.4.3. Spaces to Rant and Listen

The participants highlighted the positive aspect of the YCP was that it gave them a chance to talk and rant to someone who would listen. The participants found the intervention works support invaluable because they did not feel judged.

'But having these phone calls every week has taken that away completely. It's given me that support that I felt I didn't have there before, you know. I can rant as much as I like and someone will listen, you know. She will offer support in any way she can and also guide me back to, you know, things that are relevant' [Partner/Survivor]

'We talk about my perspective on things and the support that I would like around it. I talk about how my week has been, what progress has been made between me and my partner, well my ex-partner' [Partner/Survivor]

'I guess just being able to have a chat with somebody I guess. It's not about being nosy, they are just trying to support you. So I guess having that, for me just having that chat with' [Partner/Survivor]

'I mean it helps you to feel like you're not on your own and you've got somebody to talk to and have a chat with about it. And kind of try and help reinforce you that you're on the right track' [Partner/Survivor]

The intervention workers provided the participants with someone who would listen to them, it was reassuring that they speak freely and have someone listen without prejudice.

'It makes me feel like I'm listened to. It makes me feel like I've got an outlet where my ex-partner, you know, has what feels like a never-ending stream of support.' [Partner/Survivor]

'But I think she sounded like she had some kind of experience herself. That almost makes you feel like your barriers sort of come down straightaway if you feel the person is not telling you what to do and actually supporting you. Like listening to you, like actually listening. So no, so yeah I find them both really nice like that.' [Partner/Survivor]

4.4.4. Helping with confidence

The YCP had provided support for the participants, the support gave them confidence in themselves. They expressed how talking with the intervention workers made them feel important and that they needed support too. Having someone to listen to them without judgement and by allowing the participants to speak freely empowered the participants to feel supported. The support they received was just as important as the support their partners/ex-partners received. An important component of

the YCP is the parallel journey, between intervention worker and the support both the perpetrators and survivors receive.

'Yeah, I think confidence to a certain extent and empowered to an extent. As I say I still feel like it's more down to me and the way I feel about certain things. You feel wrong for some of the decisions because naturally you're not like that but again, it's just remembered that that person is doing that because they're trying to control you. So yeah, I do feel like it's given be a bit more confidence.' [Partner/Survivor]

I just know that so far for the 20 odd weeks or whatever it's been, it's been really, really helpful. I don't want it at the end of that 24 weeks....I think it's a very good system the way I know that I can talk about I need to and it's to somebody who is aware of the other person [Partner/Survivor]

'I think in terms of what the Your Choice programme is doing it's having that...I think in some ways the partner doesn't need that support from them. Because it's, you know, in some ways it's not about them but it just makes you feel they're makes you feel like you're...it makes you just feel you are important in some ways I guess. I don't think they could do anything differently.' [Partner/Survivor]

'Have always thought the previous support that I've had that I felt overwhelmed with support like here they throw all the support at you and then suddenly it disappears completely. You're left feeling like you never had support in the first place. You feel like you're in the same place you were when you started. I'd say it's been very different with this. The level of support has been very good and I also know that I have the option of phoning if I need to. That option is very helpful mentally.' [Partner/Survivor]

4.5. Key elements needed for a successful programme

This section/theme focuses on the components of the program identified by participants as particularly successful, and or a key ingredient in the successful delivery of the intervention.

Key Points – Theme 5: Key elements needed for a successful programme

These key features are not an exhaustive list but intended to demonstrate the key ingredients needed for a successful domestic violence perpetrator programme, and or success stories from the YCP. These include:

- Effective referral and assessment processes.
- Professional staff who can build appropriate relationships with perpetrators and offenders, ensure perpetrator risk is appropriately managed, promote honest and open sessions, gauge when perpetrators might need additional 1:1 support beyond group sessions, and provide a safe space for participants to 'open up'. They should deliver sessions that offer perpetrators coping mechanisms and strategies to support their behavioural change.
- A well designed and structured programme built upon appropriate theoretical underpinnings, delivered to meet the needs of those who attend. Key principles of YCP include internal motivation to change, respect, parallel learning, and accountability.
- The fixed nature of the groups sessions is supported by bespoke 1:1 sessions to allow individual case plans to be followed.
- Effective multi-working partnerships across both survivor and perpetrator sessions and joined up risk management.
- An understanding of how the YCP operates within the local context and appropriate positioning within this.

4.5.1. Effective referrals and assessment

In addition to receiving appropriate and sufficient referrals as previously discussed, the assessment process is a critical component of the YCP. This is needed to assess suitability of perpetrators and identify the most appropriate interventions to be delivered. This process was identified by both service providers and perpetrators as very challenging and demanding, but necessary and ultimately often rewarding.

So that period of assessment is to be able to check out some of the inclusion criteria so, you know, there can't be particular ongoing proceedings, criminal proceedings or child proceedings before they come into the programme. And they have to be ready via the assessments. Once they're accepted onto the programme it would be looked at as to whether they go onto group or onto one to one. And that depends on their suitability. So if there's any risks to group work or if, I think group work currently with this programme is targeted at men. So if there were risks as a self-identifying man or a trans man wanted to take part in group then that would just have to be looked at for the dynamics for the group. Or if people were in same sex relationships or if it's familial abuse, or a women that is a perpetrator it might be better for them to go onto a one to one programme instead. [Service User].

I'm honest with people that are assessed and hopefully they're honest with me. And as you're going through those assessments you try and find out about what the

abuse has been, how the relationship started, how the abuse started to develop.... we also try and look at the actual, the history of the person.... based on the assessments I've done, quite a lot of the people I assess have been abused in their own past, either sexually or they've been exposed to domestic violence. They've actually been hit themselves, they've been emotionally abused'. [Service User]

It was hard to talk about stuff that had happened in the past, but I felt like I had a bit of weight off my shoulders [Perpetrator]

4.5.2. The professional support offered

Perpetrators discussed the professional approach taken by the staff, their knowledge and expertise, and their treatment of perpetrators as people. This speaks to the ethos of the YCP, about becoming a more ethical human being. And the use of parallel approaches discussed in the previous section.

I think it was how they made you feel at ease, do you know what I mean? I had (staff member) and she were brilliant. Just really friendly and understanding, do you know what I mean? They don't make me feel like I were a bad person or anything like that [Perpetrator]

No, if I'm honest. Well, during the assessments (a staff member) said to me, "Look, you know, it doesn't matter how bad you've been, no matter what you've done, just be honest. If you put the honesty in you'll get more out," which, you know, I did. [Perpetrator]

They are both really good at what they do, they both really seem to know, you know. We've both got very, very good people still and they literally just make you feel comfortable. They've also got all the information...But at the same time they seem enthusiastic about everything they speak about and they actually seem interested, you know [Perpetrator]

They're really good at gauging as well how much each session is affecting each individual. Because they suggested this second one to one to me because of how upset I was getting and things....So, yeah the one to one's are good but, you know, they're literally for you to reach out for as and when you need them which is very helpful [Perpetrator]

4.5.3. The structure and flexibility of the programme

There is a noticeably clear design to the programme over 24 weeks, delivered in two parts. Part one is the Safer Relationships programme (SRP), discussing what is meant by safer relationships, building foundational knowledge, understanding and trust, to lay the foundations for the second part. Part two is the Respectful Relationships Programme (RRP) which explores topics and relationships in more detail. There are designed elements of similarity and consistency within sessions for example at the start and end of sessions a similar format is followed to support participants engagement and readiness levels to participate, and content is developed around prescribed topics for each session.

In terms of a typical session, the one-to-one and groups are actually – the manuals are slightly different – it's the same content but slightly different....we'll start with a check... so we go over things like how they're feeling about the session, how they've been in the day, if there's been an incidents of abuse or violence in the last

week. It gives people, especially now it's online, that chance to get into group, a chance to bring up something that might have happened, might have come up and just to get a feel of how everybody's feeling in group and for that safety aspect as well, to make sure that everyone's okay and in the correct mindset for the group. [Service Provider]

So it's very focused on a fixed format, a fixed delivery. So we stick within what we're supposed to deliver. We'll use role plays, we'll use conversations, we'll use mind maps. All sorts of stuff that, you know. There'll work together in pairs, they'll work together in groups. We are the role play as facilitators, the group members will do role players so, you know, it's quite open on what we do. But it is very structured as well because we've got to deliver a programme... [Service Provider]

During this, perpetrators are offered a wide range of supportive techniques tailored to their individual needs and case plans.

Well, the coping strategies really. They'll give you the topic and everyone will be sat around and then they'll ask you what your take on that topic was or what relates to that topic. Or ask you a certain question about it....put everything down that everybody has got their ideas on.... Then they not only give you that information but they'll also give me ways to, whether you're going into a workshop scenario. Where you're, you know, sitting in pairs or brainstorming or acting something out [Perpetrator].

Yeah it has for me personally because it's made me not as, what's the word? I don't know, I have to think before I react instead of lashing out and stuff. I'd walk off for five minutes and have a think about what I'm going to say instead of saying stuff that I shouldn't be saying..., it's helped me massively. [Perpetrator]

I think for me it's having a place to sit down with people. Open up about literally anything and everything no matter how horrible, or anything that you've done.... We support each other. We're all there for a reason and we're all trying to better ourselves and we all appreciate each other and everybody's input. I feel like, you know, hearing other people's input as well as having a place to open up also, you know, really helps. [Perpetrator]

But it has taught me a lot of things about my past and that and what I can see, what I've done... Now I understand why women are frightened sort of thing because of what I do. But beforehand I don't see it, you know, I don't see the aggression. I don't see the controlling part, you know. My girlfriend said to me that I take control of everything and I don't see that. But since joining this project thing I can see it and I can understand it now....[Perpetrator]

The programme is helping me see things differently, do things differently. I act in different ways at times. I do still act the way, not in a violent sort of way but in terms of my words and things like that I do get angry, you know, a bit nasty with my words at times. Sometimes a lot nasty with my words. I still struggle with that a lot. I still have anger issues I think. But in terms of the programme the things that it teaches me or the things that it opens my eyes to are really helpful. [Perpetrator]

Additional 1:1 support is offered to run alongside the group work although this relies on both the staff gauging a need for this post session, and the perpetrator also accepting this.

And that we can also offer one-to-ones and be a lot more flexible so we can adapt the work to same sex relationships or a female perpetrator, you know, we can really adapt and look at those additional barriers that person might have or adapt to support someone that has additional needs that wouldn't be able sit in group – things like that....Each client has a key workerAnd to have that run alongside, I think is really important because you can really obviously give people what they need but it builds that rapport and I think it allows people to come to the key work sessions and bring something that they wouldn't necessarily want to talk about during intervention. [Service Provider]

4.5.4. Partner/survivor support

The YCP programme consists of both perpetrator support and partner/survivor support. An example of its essential role can be considered in relation to risk management.

Risk management and treatment management is incredibly important to this programme so it is really important that the partner support and the intervention workers and the managers get together to do case and risk management where there is in depth information sharing across the board to be able to assess whether or not the perpetrator is engaging well. If there are particular risk factors that need to be managed, how to support the survivor more appropriately? [Service Provider]

4.5.5. Effective multi-agency working across local systems

A key element is to try and cross refer alternative support when appropriate for those who are not eligible or suitable for the programme. Additionally, one of the challenges for the programme is becoming embedded locally within Nottinghamshire and working with other relevant professional support services beyond those directly involved with YCP. A further issue raised by the evaluation is the role of this programme alongside other perpetrator programmes, and in particular the Domestic Violence Integrated Offender Management Domestic Violence (DV IOM) programme.

I also think the fact that we are getting referrals and we're able to assess those referrals and deem whether they're suitable or not, is a huge help in understanding risk. So very often perpetrators that we're working with aren't the sort of perpetrators that would be known to the police perhaps. ...so everyone that goes for our assessment, we send a list of them to the police so they're already known. So that's one protective factor...I think all of those things are the things that make a programme like this really successful. Especially when it's something new that isn't there. [Service Provider]

Where the perpetrator is not successful for the programme then I would signpost my survivor and let them know that they've not been suitable, so they wouldn't get that support from me but there is support available and signpost them to the helpline [Service Provider]

I also think it's successful from my point of view with survivors that they are starting to actively seek support. They're not just sitting in silence and they're not just, you know, working through things on their own, they're actually seeking professional

support and then this could be the beginning of a very long journey of healing [Service Provider]

And like I say the fact that we're managing a different type of risk that probably isn't managed, I think is one of the biggest kind of successes of a programme like this really. [Service Provider].

But what has been achieved is that we've got more and more established within Nottinghamshire and we have managed to get people through the programme and get that rolling programme going as well as set up as a one to one...So I think maybe some of the goals that were originally set haven't been achieved but other stuff has been achieved in my eyes. [Service Provider].

We've been talking about the need to work with perpetrators for a long period of time. It's not there isn't anything across Nottinghamshire, it's just there was a very narrow selection of things that is available. People could only access behaviour change type programmes through court processes or through visibility to probation so that I believe it was felt that it was needed to deter and to reduce the risk of abuse on survivors, and also to see what would happen because there hasn't been anything like this before within the geographical space, to see if the community felt there was a need for it. [Service Provider].

...we have the IOM locally with the top 40 perpetrators. But that's not a behaviour change model, that's ...more disruption, multi-agency approach and criminal justice...You have to have a big range of interventions in an area because you need to be able to provide the right things for the right people (Service Provider)

4.6. Key challenges and context of delivery

Key Points – Theme 6: Key challenges and context of delivery

- Due to the short-term nature of the funding, there was insufficient lead in time to create data sharing agreements, set up appropriate policies and data protection, and systems including roles and responsibilities.
- The short-term nature of funding made it difficult to recruit and retain appropriate staff to the programme.
- initially agreed referral routes did not result in appropriate participants for the programme and this significantly impacted on the number of perpetrators recruited to the project.
- There are challenges in transferring an existing programme into a new context and the short lead in time did not enable these to be resolved before the programme started.
- The lead in time did not fully enable new partnerships to form and to work together to deliver a coherent programme. All four organisations involved needed to amend their usual ways of working to collaborate, and more time was required to achieve this.
- The Covid-19 pandemic added an additional layer of complexity to delivery as sessions designed to be run face-to-face were initially delivered online and activities had to be adapted quickly.

One of the key challenges identified was an insufficient lead in time. As a result, a service provider offering similar services in another location was contracted to deliver the YCP, and there were clear challenges in setting this their model within the context of Nottinghamshire.

Challenges include setting up policies and systems including roles and responsibilities for partnership working, ensuring data protection and centralised systems available, and in recruiting and training staff – especially when initially only short term 6-month contracts were available.

4.6.1. Lead in time

Originally the purpose was in a year to complete 24 perpetrators on the pilot programme which was not a realistic target.. And I think that's why so much has been changed [Service Provider]

you were expected to sort of hit the ground running but within that there was a lot of things that probably should have been very clear right at the beginning like the information sharing agreements, like where things were being recorded, the expectations etc., etc. and they did run on for several months. They are all resolved now ... [Service Provider]

...right from the very, very beginning there are so many agreements that would need to be made in terms of finances, staffing, management, GDPR, the whole OASIS from pre-contract, applying for the contract... Setting up OASIS because we've all got our own individual organisational OASIS and I know the project wanted to pull one OASIS together so all reports were off one OASIS [Service Provider].

I think reflecting back there was not enough planning and preparation leading up to the start of the programme but I think this would be led to the fact that the Home Office money was for six months [Service Provider].

4.6.2. Staff Recruitment and Retention

A highly tangible challenge from the short-term nature of the funding was staff retention given there is a shortage of skilled staff in the sector, which is not unique to Nottinghamshire and mirrors a wider national challenge. This issue, magnified by the uncertainty in contract length due to the stop-start nature of funding, made it very difficult to recruit and retain staff.

I think it's been very, very difficult to get the balance of who to put on to the programme. It's been difficult recruiting. It's been difficult where to recruit from. That has been really, really hard in terms of partner support [Service Provider].

There have been quite a lot of staff turnover and I think as it stands now, if we can get consistent staff because we've struggled with staff and Juno have struggled to cover so they've covered us, we've covered them. If we could get some consistency, I think it would be really, really good [Service Provider].

I think it's better now that we are more established, definitely. For me personally some of the challenges have been about the funding. It's short-term funding. The end dates to the funding are extended so as a service manager being able to give the consistency of one member of staff working to a contract that we've not got a set end date. We work towards an end date and then it gets extended. ...[Service Provider].

I think initially because it's been so uhm intermittent, you know, funding was in place for six months, then funding was in place for six months, and then funding was in place for six months and now we've got a year [Service Provider].

4.6.3. Building new partnerships

A further major obstacle was integrating four organisations under the YCP programme to deliver different components of the programme. Many elements of the YCP were adapted or transferred in from existing provision out of county, and then this was combined with local victim support services. Therefore, whilst all provision was provided under the YCP umbrella, the offer required collaboration and new ways of working by all.

One is probably the partner support side of things because it's a four- way partnership. I made suggestionsand said I think it would perhaps work better with partner support that are just partner support rather than having partner support that is seconded over type-thing, because you've got to go through everybody's processes and procedures and I think that can length some things out a little bit. [Service Provider].

But the way in which it was set up there were four partner organisations all doing different bits of it but there was no clear lead in terms of that mobilisation [Service Provider].

I think from my own experience as being a service manager for the project the problem you have with the partnership is when you have lots of different people line managing the staff with all the best intentions, with all the best kind of managers in the world, it's a challenge and it's a difficulty. You know, if I'm telling a staff member to do something in risk management and then their line manager tells them something different,[Service Provider].

The way the project is meant to work which is an integrated service, so it's not meant to be separate it's meant to be together and all under one happy, little thing. You know, one big, happy family [Service Provider].

4.6.4. Transferring existing model into a new context

A further challenge was originally it was envisaged the Jenkins Centre would support the initial delivery of the programme, and this would be then handed over to Equation to provide YCP within Nottinghamshire. Unfortunately, this was not possible and therefore the Jenkins Centre continued to provide perpetrator support.

If I remember rightly the contract was to male perpetrators and female perpetrators. And I think there was something around...I don't know if there was actually something in there about LGBTQ+ but that would have kind of fallen in there anyway within our one to one remit for individual intervention. And then of course to offer survivors the support alongside and the model was the Jenkins Centre model which is why we were brought in to do that. And work towards Respect accreditation and then for Equation to hand over, to be...well yeah, to take over it basically and the Jenkins Centre to take a step back [Service Provider].

One of the changes is that actually from the beginning it was meant to be sort of split between Equation and the Jenkins Centre and it's ended up fully with the Jenkins Centre but not through choice, it's just been circumstance [Service Provider].

The partner support which is what Nottingham Aid for the North provides, and Juno for the South will support the survivors of those perpetrators should they wish to, you know, receive that support. And that it's usually over a period of months. And it's a voluntary [Service Provider].

4.6.5. Inappropriate/insufficient referrals

This was discussed in detail previously in the report and is flagged here as a reminder that this was a major challenge for delivery of the programme.

4.6.6. Online delivery

Due to the Covid-19 pandemic much of the initial work was delivered online, which was challenging given that the model was based on the one developed by the Jenkins centre for face-to-face delivery and subsequently this needed to be adapted. It should be noted that not all viewed online delivery as problematic due to circumstances and some benefits were identified. However, the preference is for face-to-face sessions.

In the manual it's slightly different obviously because we're not face to face we can't really do as many things like creating posters or creating role plays in groups, that kind of thing. But we've tried to adapt that online, so we'll still do role plays as best we can, we still have those things together [Service Provider].

I think it's been really good the way we've actually done it online, I was surprised. When I initially found that we were just going to do online, I was a bit, 'I'm not sure if that will be so great', but I think it's really worked. [Service Provider].

Yeah I suppose it's a bit different, well I suppose it's a bit less different because you don't have to travel when it's online then isn't it? Yeah [Perpetrator]

5. Impact and Monitoring Evaluation

This section of the report examines the data on YCP outcomes. It was not possible to examine impact as originally conceived for this evaluation for a number of reasons including: the low number of perpetrators who completed the programme; a theory of change was not developed at the start of the programme; outcomes were not consistently recorded, and there was a limited timeframe available post completion to identify if outcomes were sustained. Therefore, this section of the report offers descriptive analysis of the programme monitoring data.

Outcome data was provided by the Jenkins centre.

5.1. Evaluation Timeline

The evaluation covers the period April 2021 to October 2022. The table below is a summary of the time periods reflected in the quarterly monitoring reports.

Quarter	Date
Q1	April to June 2021
Q2	July-September 2021
Q3	October to December 2021
Q4	January to March 2022
Q5	April to June 2022
Q6	July-September 2022
Q7*	October 2022

Q7 refers to one month only.

The group sessions were delivered on regular 12-week blocks across the evaluation period (the programme consisted of 2*12-week blocks). These commenced on the following dates:

Q1	24/05/2021	
Q2	06/07/2021	16/08/2021
Q3	27/09/2021	08/11/2021
Q4	01/02/2022	15/03/2022
Q5	26/04/2022	07/06/2022
Q6	19/07/2022	30/08/2022
Q7*	22/11/2022	

5.2. Perpetrator Referrals and Retention

There were 105 referrals during the evaluation period, and an average of twenty referrals (male and female) per quarter (7 per month) over the full evaluation period. It should be highlighted here that Q1 was the start of programme when insufficient referrals were obtained using the initially agreed referrals route. When excluding Q1 from this analysis it is evident that there were an average of eighteen referrals per quarter (6.5 per month). An average of five male perpetrators per quarter (1.8 per month) were admitted to the programme, although this varied from 1 to 10 per quarter. The percentage of referrals admitted to the programme was on average 27% per quarter, although again this varied considerably (from 6% to 67%). Noticeably the quarter with the highest percentage of referrals admitted was Q2, with ten out of fifteen referred perpetrators admitted. Note this quarter had the lowest number of referrals – which suggests having a higher number of appropriate referrals may be more beneficial than a large volume of inappropriate referrals. Towards the second year of

the programme, there is an increase in 'conversion' from referrals to those admitted overall. This figure was 45% (Q5) and 38% (Q6). Quarterly monitoring data is provided in Figure 5.1. There were a limited number of female perpetrators admitted to the programme, and for completeness this data is included in Figure 5.2.

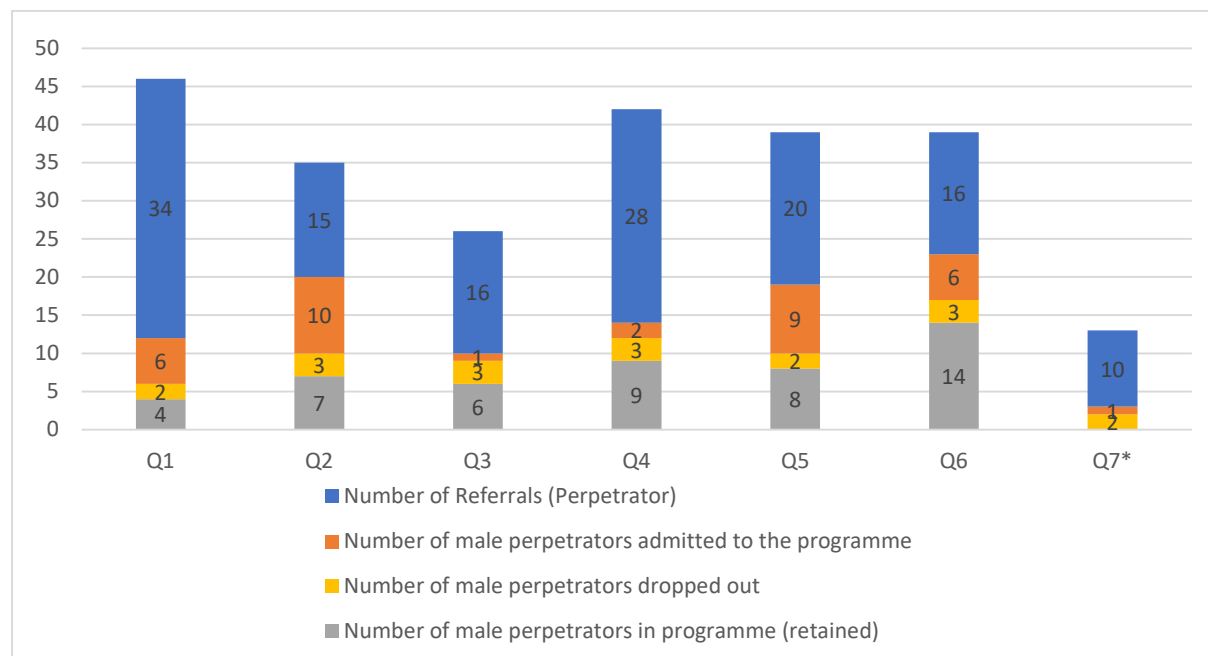


Figure 5.1 – Number of referrals and male perpetrators (admitted, dropped out and retained) per quarter *Q7 is for 1 month October 2022 only

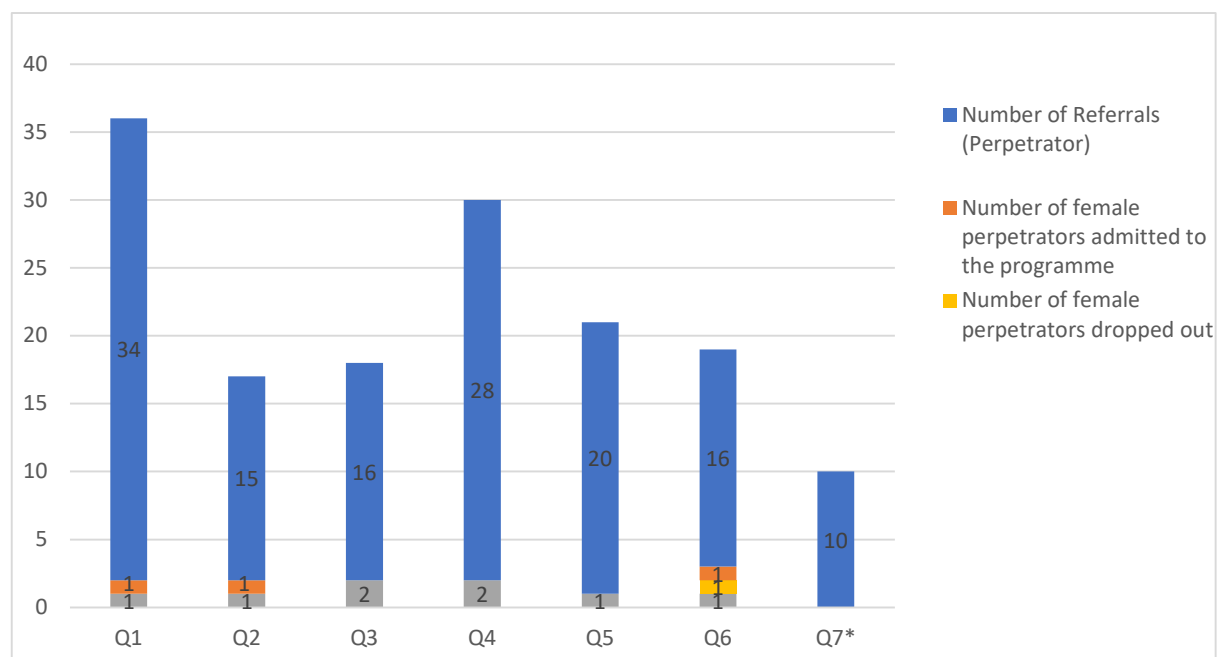
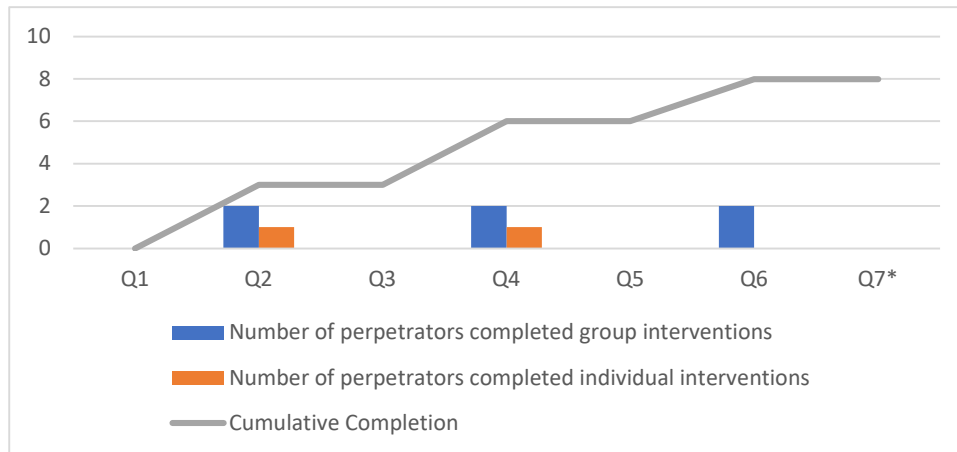


Figure 5.2 – Number of referrals and female perpetrators (admitted, dropped out and retained) per quarter *Q7 is for 1 month October 2022 only

35 males were admitted to the programme during the evaluation period, an average of 6 per quarter (excluding Q7 which is not a full month). Of those, 18 (51%) have withdrawn or suspended (which may be for a host of reasons including lack of engagement) and 8 (22%) have completed the programme. 5 of the 8 (60%) who completed have subsequently started or completed other programmes (for example the 'DADS' programme).



Data on levels of perpetrator risk were only available/collected for two of the quarters. Eight of the 50 referred offenders (15%) for Q1 and Q3 were identified as high risk and 15 (30%) as medium risk. It was identified from interviews that there was a misconception from some partners (outside of the Jenkins Centre) in that only low-risk perpetrators participated in the programme - although this is not the case. Note: data is not available on the risk levels of those admitted across the programme. Given the need to increase referrals resulted in increasing number of self-referrals and other referrals it is more challenging to assess offender risk from traditional methods (existing offenders known to the police). However, whilst risk assessment was conducted for all perpetrators admitted, this was not consistently captured in the available data.

The age of perpetrators on a quarterly basis has previously been provided by the Jenkins Centre in their Equalities report. Over the evaluation period, 27% of offenders were aged 26-30 (the highest age category), and 23% (31-35). Therefore, over half of offenders were 26-35. 13% were 21-25, and a further 13% 36-40. In total over 85% were aged 21-40. Most offenders referred were White (80%), with 10% Asian or British Asian, and 8% Black or Black British. Data on relationship status was available for ninety-seven referred perpetrators, and 31% of these were co-habiting with their corresponding survivor, 22% were single and 21% separated, 13% were married, and 10% non-co-habiting. Note there is missing data here, and the percentages presented relate to those referred and not those admitted to the programme. There is a range of additional data not consistently collected. It is recommended that this monitoring is continued. This data includes a quantitative breakdown of equalities data; disability and sexual orientation, religion, pregnancy, and maternity, parenting responsibilities. Given low numbers on programme we have not examined this data in more detail.

5.3. Programme Delivery

A total of 130 group sessions were delivered across the evaluation period. This was an average of 18.5 per quarter (7 per month). In addition, a total of 160 individual sessions were delivered (average of twenty-three per quarter or 9 per month). Delivery was consistent over the evaluation period, although group interventions ranged from ten per month to 39 per month, and individual sessions from 12 per month to 50). For 1:1 this will reflect the variation in the number of persons in the programme, and the challenges in delivering group sessions online.

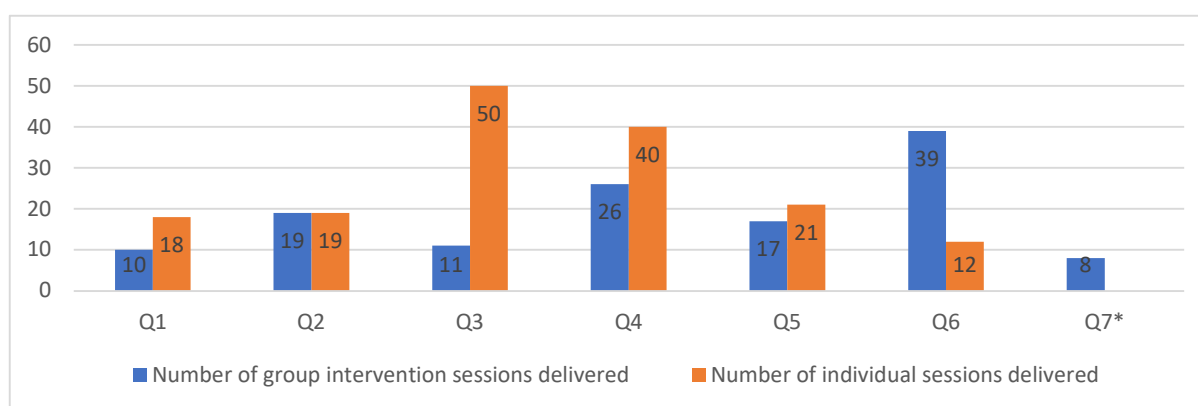


Figure 5.3 – Number of Group and Individual Sessions per Quarter

5.3.1. Survivor Referrals and Support

There were a total of 133 survivor referrals over the evaluation period (an average of 19 per quarter and 7 per month). 129 (97%) were offered the partner assessment service. Forty-four of those were received into the partner support service, and this was an average of 6 received into partner support per quarter, or just over 2 per month although this ranged from 1 to 11 per quarter. Over the evaluation period just over one third of those offered partner/survivor support were received into the service. This was consistent quarter on quarter, although did range from 7% (Q3) to 47% (Q6) but there were no consistent patterns in proportions of those who were received into partner support.

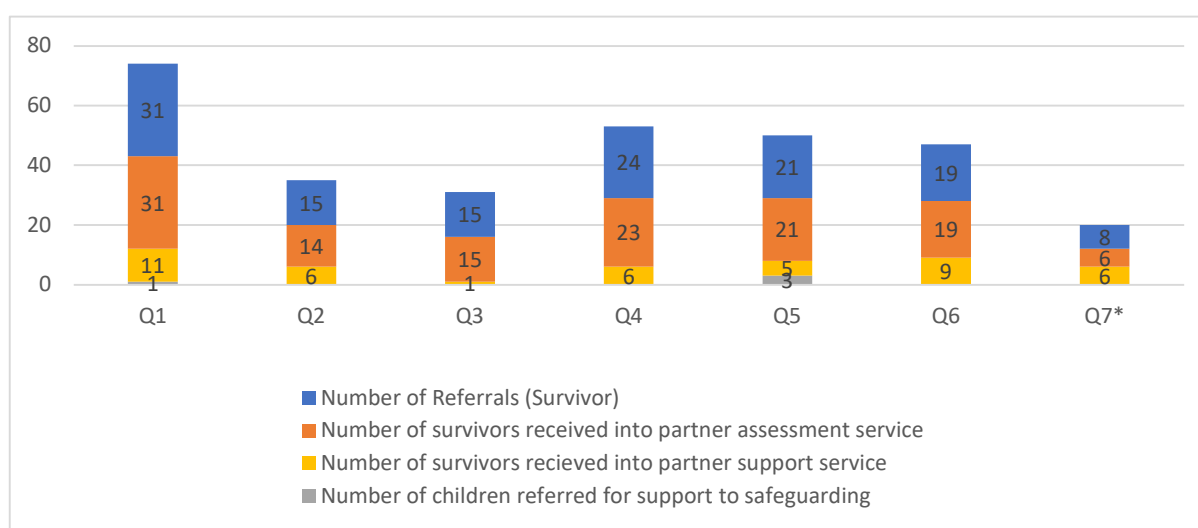


Figure 5.4 – Number of Survivor/Partner referrals, received into assessment, and received into partner support.

5.3.2. The Nature of Domestic Violence

Data on the types of abuse were not available/collated for all quarters. This was captured by both the assessment and from partner support. As a reminder only 1/3 of survivors referred for support accepted this offer. It was evident from the quarters where data was reported that: the highest levels of abuse were emotional (approximately 60-80%); and jealous/controlling behaviour (approximately 50-70%). Physical abuse ranged from 40-60%, and sexual abuse, and surveillance/harassment and stalking (10-25%). The least usual form identified was financial/economic abuse, which was generally 10% of cases or less. These figures provided are approximate given they were not collected for all quarters, and we used data from partner support where available.

5.4. Measuring Outcomes

Given the low numbers completing the programme, and without a specified theory of change/logic model it is problematic to conduct impact evaluation using the available data. These challenges relate to evaluation both short/medium term outcomes, and longer-term outcomes.

5.4.1. *Short to medium term outcomes:*

In the most recent two quarters (Q5 and Q6) relevant short-term outputs/outcomes data has been collected including: housing; physical health; work, education, and training; substance misuse; finance and debts; and mental health and physical well-being. Given the low numbers of persons completing the programme this data has not been captured retrospectively for Q1 to Q4 but is important to understand the potential impact of the programme going forwards. This limits the extent to which short/medium term outcomes of the project can be examined using impact evaluation methods. As a minimum we would require baseline and post intervention data. It is also problematic to account for the counterfactual (what would have happened without the intervention) in the absence of control group data and recommendations for future evaluation activity would be to consider capturing this from the outset. These should also be built into a theory of change model if considered mechanisms/indicators of potential change.

5.4.2. *Criminal Justice Outcomes:*

An issue identified in the evaluation and in discussion with the organisations involved with the delivery are inconsistencies about what might represent a domestic abuse incident, and a domestic abuse offence, and how this might be consistently measured. One of the main drivers of this programme is to reduce levels of repeat offending of domestic abuse.

- The Jenkins Centre recorded no repeat offences that were reported to the police during the programme.

However, there are some key challenges here. Discussion of the nature of domestic abuse identified previously demonstrated how this included a range of abuse types including: emotional; jealous/controlling behaviour; physical abuse; sexual abuse; surveillance/harassment and stalking; and financial/economic abuse. This may be recorded/flagged by the partner, identified by staff, or self-reported by the perpetrator. Weekly meetings are used to manage potential risk, but for an impact evaluation there is a need to identify changes over time which requires consistency in recording and definitions. Given low numbers of completions it was not possible to analyse this statistically, but potential metrics could include.

- A reduction in all incidents of domestic abuse (flagged during the 24 weeks by partner/self-declared/identified by case workers). A key question is how to develop a baseline for this (pre intervention).
- A reduction in repeat offences reported/recorded by police
- A reduction in repeat offences where the perpetrator is involved in court proceedings
- A reduced offender risk (as measured by DASH score)

One of the challenges is that decisions to report 'incidents' may be subjective, and therefore we are not evaluating like for like measures. When assessing incidents within the criminal justice system, metrics two to four above, which are less subjective due to legal definitions, it is less likely that this will be accurately captured during the evaluation window. Indeed, this data may need to be captured several months (at least 12) post intervention.

5.5. Cost-Effectiveness Analysis

The original evaluation methodology identified a process for developing a cost benefit or cost effectiveness analysis. Unfortunately, again given low numbers of those completing the programme there are challenges in applying this methodology. Below we demonstrate a methodology that could be used to cost the effectiveness of the YCP intervention and propose some low and high estimates against this. Note due to limitations of the data this should be considered as **indicative only**.

The Home Office in 2019 identified the average cost of a domestic abuse offence to be £34,015 per offence. This consists of a set of calculations that includes: costs in anticipation; costs as a consequence (including physical and emotional harm, lost outputs, health service costs, and victim services); and costs in response (including police costs, criminal legal and civil legal, and other costs). More detail is available in the Home Office report¹. A high-level analysis of programme costs is provided below. Against this we provide estimates of cost per perpetrator and cost savings – based on assumptions of savings against number of repeated offences prevented. Given the limitations of the impact evaluation these costs are indicative only. Programme costs over the evaluation period (19 months) have been estimated below.

Programme Spend	Juno	NWA	Jenkins Centre/Equation	Total
2021/2022	£26,375	£13,625	£138,509	£178,509
2022/2023	£16,998	£6,813	£69,255	£93,065
Total	£33,996	£20,438	£207,764	£262,197

Indicative figure of cost savings (based on Home Office 2019 cost of domestic abuse at £34,015 per offence). These are based on 2019 estimates and therefore do not account for inflationary adjustments. The below assumptions are for same number of staff and resources deployed over an 18-month period (Q1-6).

Indicative Cost Saving (Q1-Q6)	Programme Savings	Saving Per Perpetrator
If 5 repeat domestic abuse offences prevented	-£37,689	-£7,537.70
If 8 repeat domestic abuse offences prevented	£64,357	£8,044.56
If 15 repeat domestic abuse offences prevented	£302,462	£20,164.10

There are several limitations to this and further refinements to this analysis is proposed below, although given low numbers of completions this has not been carried out.

- Updated costs of domestic abuse (adjusted for inflation from 2019)
- Breakdown of programme costs (set up costs, direct staff costs (intervention workers), administrative support costs, subsistence, travel, room hire and other costs (e.g., translation services).
- Cost-analysis of policy dosage (e.g., number of sessions delivered over timeframe, number of direct contact hours, against number of perpetrators who have completed programme)

The indicative cost savings model assumes that the current programme has capacity to support 15 perpetrators within the available budget. Given the number of persons who can attend group sessions we suggest this is possible – however an important question here is whether there is an optimum group size for perpetrators to successfully complete programme. However, given paramount need of this programme to support survivors and for robust risk management processes, it is also acknowledged that the quality of delivery will be more important than the number of sessions delivered etc.

¹ <https://www.gov.uk/government/publications/the-economic-and-social-costs-of-domestic-abuse>

6. Key Findings and Recommendations

This section summarises the key findings of the evaluation and identifies key recommendations.

6.1. Key Findings

Key findings from the evaluation are highlighted below:

6.1.1. *The value of the YCP:*

Referrals: A total of 105 referrals were received. When individuals were not suitable for the programme, they have been referred across to additional services which supports wider awareness of domestic abuse and substance misuse across Nottinghamshire.

Participation: 35 males were admitted to the programme, and 8 completed the YCP during the evaluation timeframe. 5 of the 8 have gone on to participate in further recommended programmes (for example the DADS programme). 11 perpetrators are still participating in programme.

Participant Feedback: Perpetrators, survivors, and service providers recognised the value of the YCP, and it was positively received by all. Key principles of YCP include internal motivation to change, respect, parallel learning, and accountability.

Service Need: It was highlighted that this met a current gap within Nottinghamshire as there is no alternative provision for managing domestic abuse perpetrators who fall outside of mandated procedures.

Repeat Offences: There were no identified instances of domestic abuse reported to the police captured during the evaluation period. It is important to consider the low number of persons who completed the YCP, and the short timeframe within the evaluation timeframe that considers perpetrator behaviour after completing the programme. Therefore, we were unable to capture whether re-offending happened beyond the first few months of programme completion. Outcomes data also needs to be clearly defined and captured over at least two intervals.

Survivors: 44 survivors were received into partner support services and four children were referred for support to safeguarding. Support for survivors was offered to coincide with the length of time the perpetrator (linked to that survivors) remained on the programme – referrals to other support services were made when this was no longer the case. Key elements of support highlighted by survivors were the development of appropriate communication channels, listening, safe-spaces, and support with confidence. The erratic behaviour of perpetrators was identified as a key issue where support strategies were highly valued. It was acknowledged that after some sessions perpetrators behaviour may deteriorate although generally over a short time period and that progress was nonlinear.

Indicative cost-savings: As an estimation, if participation in the programme prevented eight future offences this represents an indicative cost saving of £65,000 (£8,000 per perpetrator). If this prevented 15 future offences this may result in a saving of £300,000 or £20,000 per perpetrator. However, due to the limitations of the impact evaluation these figures are indicative only.

6.1.2. The key elements of a successful programme:

A successful non-mandated perpetrator programme requires the following:

- Effective referral and assessment processes.
- Professional staff who can build appropriate relationships with perpetrators and offenders, ensure perpetrator risk is appropriately managed, promote honest and open sessions, gauge when perpetrators might need additional 1:1 support beyond group sessions, and provide a safe space for participants to 'open up'.
- To deliver sessions that offer perpetrators coping mechanisms and strategies to support their behavioural change.
- To contain a well-designed and structured programme built upon appropriate theoretical underpinnings, delivered to meet the needs of those who attend.
- Key principles include internal motivation to change, respect, parallel learning, and accountability.
- The fixed nature of the group sessions should be supported by bespoke 1:1 sessions, to allow individual case plans to be followed.
- Effective multi-working partnerships across both survivor and perpetrator sessions and joined up risk management.
- An understanding of how the non-mandated DVPP operate within the local context and appropriate positioning within this.
- A risk management approach with successful collaborating with partners, and other relevant local professional support services.
- A central monitoring system across all organisations to monitor progress and enable data sharing.
- To include safeguarding of children
- Partner support is a critical element and is also essential to monitoring and identifying risk
- A key feature of this is to create safe spaces and develop appropriate communication channels – to empower survivors in giving them a voice and expressing what they need in a safe environment
- A key feature of this part of the programme is to build up the confidence of the partners/survivors

6.1.3. Key challenges experienced during this programme:

- There was insufficient lead in time to create data sharing agreements, set up appropriate policies and data protection, and systems including roles and responsibilities.
- The short-term nature of funding made it difficult to recruit appropriate staff to the programme.
- Initial referral processes were not appropriate, and this significantly impacted on the number of perpetrators recruited to the project.
- There are challenges in transferring an existing programme into a new context and the short lead in time did not enable these to be resolved before the programme started.
- The lead in time did not fully enable new partnerships to form and to work together to deliver a coherent programme. All four organisations involved needed to amend their usual ways of working to collaborate, and more time was required to achieve this.
- The Covid-19 pandemic added an additional layer of complexity to delivery as sessions designed to be run face-to-face were initially delivered online and activities had to be adapted quickly.

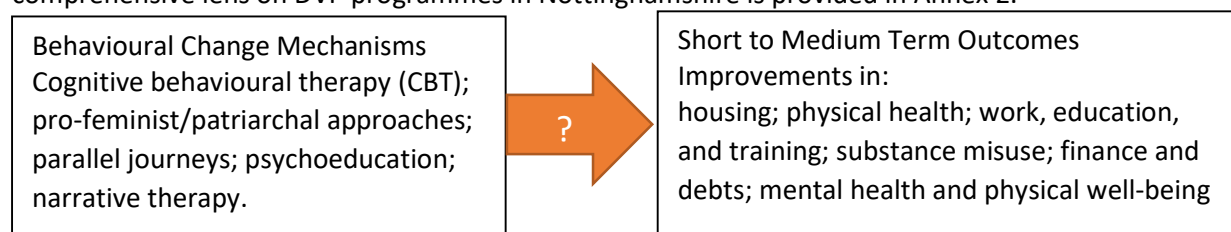
6.2. Key Recommendations:

6.2.1. Future Delivery

- The evaluation has demonstrated that the programme was well received by users and providers and offers potential for sustained reductions in domestic violence. Any future funding needs to be contextualised within the wider service provision in Nottinghamshire.
- We recommend that future support be afforded to non-mandated cases through a perpetrator programme to complement Nottingham and Nottinghamshire's domestic abuse system.
- Given the lead in time, the challenges in transferring and establishing an existing programme, and the time to establish the recognition and acceptability of a new programme within a new context or location, we urge caution against introducing a completely new programme.
- Sufficiently long-term funding (18 months plus) is required to recruit and retain qualified staff to deliver the above, without prohibitive short-term stop start funding periods.
- Further ongoing monitoring should support an examination of the potential sustainability impact of the programme. This includes further consideration about monitoring risk beyond the 24-week programme and supporting survivors were necessary. One mechanism for this is for perpetrators to participate in follow on programmes.
- Risk management processes should be re-considered within the wider system of domestic violence prevention – to ensure risks are managed across Nottinghamshire. How is case-by case management within non-mandated provision integrated with case-by-case basis of mandated provision to ensure all appropriate and necessary partners are engaged in risk management.
- At present the approach is semi-integrated – as four partners provide support via adaption of their existing processes. A key consideration for future is whether a truly integrated approach can be adopted developed supporting both perpetrators, partners, and children within the same organisational structure or processes.

6.2.2. Programme and System Wide Theory of Change:

A programme level theory of change/logic model should be developed that maps out mechanisms of change and short/medium term outcomes, alongside longer-term outcomes (reduction in domestic abuse). For example, what are the steps between the mechanisms used to influence behavioural change, and a realisation of intended short-medium term outcomes. Alongside this a system wide consideration is needed for how domestic abuse perpetrators and survivors are supported within the context of Nottingham (across the range of programmes that exist). A summary note of the wider comprehensive lens on DVP programmes in Nottinghamshire is provided in Annex 2.



It is recommended that a programme level theory of change:

- (i) should be mapped against the revised Nottinghamshire VAWG strategy currently being developed.
- (ii) each individual programme should develop a process model/logic model/theory of change – and that each of these are mapped within a wider systems model for reducing domestic abuse within Nottinghamshire across all service providers – including statutory and non-statutory services. An example framework for this is provided in Appendix 1.
- (iii) programmes adhere to the recent Home Office (Jan 2023) guidance on the seven [standards for domestic abuse perpetrator interventions](#).

Appendix 1: Proposed Retrospective Theory of Change/Logic Model for YCP

