



Domestic abuse:

the work undertaken by Community Rehabilitation Companies (CRCs)

A thematic inspection by HM Inspectorate of Probation
September 2018

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Foreword

An estimated two million people experienced domestic abuse last year. A good proportion of people in receipt of probation services are domestic abusers, and domestic abuse constitutes a sizeable proportion of the work of Community Rehabilitation Companies (CRCs). In this inspection we set out to assess how well CRCs are working to reduce domestic abuse and protect victims. Overall, we found CRCs nowhere near effective enough in this critical area of work, and yet good work here could make so much difference to the families and individuals concerned, and to society as a whole.

Yes, we found pockets of good practice, as we have come to expect, and we saw examples of good public protection partnership work as well. But overall the work was characterised by a lack of awareness and applied expertise. It is not an exaggeration to say that many individuals were drifting through their supervision period without being challenged or supported to change their predilection for domestic violence, and that simply won't do.

Those left unchallenged and unassisted pose a particular threat to others, most especially those close to them. Too often we were left wondering how safe victims and children were, especially when practitioners failed to act on new information indicating that they could be in danger. Practitioners often underestimated the level of harm victims and children were exposed to. Some practice was of grave concern to us.

In the cases we looked at, we found that very little meaningful work had been completed in custody. In the community, domestic abusers were not making enough progress, and many had completed little work to help them improve their relationships and behaviour. While a range of domestic abuse interventions were being offered, I am not assured that these were all evidence-based, evaluated or delivered

effectively. Too few individuals were either starting or completing Building Better Relationships, the only accredited domestic abuse programme that the court can impose as part of a community sentence.

Many practitioners had unmanageable workloads. Inexperienced staff were managing complex issues with little training or management oversight. Some were too busy to do a thorough job, while others simply didn't have the knowledge needed to do a good job. Some CRCs had introduced new structures, policies and case management tools but, generally, CRCs should be taking a more strategic and determined approach. In my view, they should be making sure that practitioners know the current evidence base and that they are equipped to supervise domestic abusers well in all respects. That is not happening: there is insufficient focus on domestic abuse.

There is a lack of clear and specific contractual obligations and incentives for CRCs to actively manage domestic abuse. The Ministry of Justice has the opportunity to consider this, as and when it recasts contracts.

Our recommendations are focused on what we see to be the big priorities. There is enough in this report to help CRCs identify what needs to be done and where things are working well. I encourage them to build on the pockets of good practice identified here and to give domestic abuse the priority and attention it deserves.



Dame Glenys Stacey
HM Chief Inspector of Probation

Key facts

264,649

Number of offenders subject to probation supervision across England and Wales¹

1.1 million

Number of incidents and crimes related to domestic abuse recorded by the police across England and Wales in the year ending March 2017

1.9 million

Estimated number of 16 to 59-year-olds across England and Wales who experienced domestic abuse in the year ending March 2017. 1.2 million were women²

599,775

Offences related to domestic abuse recorded by the police in the year to March 2018, a 23% increase from the previous year³

4,452

Number of Building Better Relationships programme starts in 2016/2017⁴

2,041

Number of Building Better Relationships programme completions in 2016/2017⁴

7%

Reduction in community domestic violence accredited programme starts from 2015/2016 to 2016/2017⁴

12%

Reduction in community domestic violence accredited programme completions from 2015/2016 to 2016/2017⁴

¹ Ministry of Justice, Offender Management Caseload Statistics as at 31 December 2017, www.gov.uk/government/statistics/offender-management-statistics-quarterly-october-to-december-2017

² Office for National Statistics, Domestic abuse in England and Wales: year ending March 2017, www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2017

³ Office for National Statistics, Crime in England and Wales: year ending March 2018, www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingmarch2018
www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/june2017/pdf

⁴ Ministry of Justice, Annual National Offender Management Service digest: 2016 to 2017, www.gov.uk/government/statistics/annual-national-offender-management-service-digest-2016-to-2017

The context of domestic abuse probation work

What is domestic abuse?

Domestic abuse⁵ is any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members, regardless of gender or sexuality. The abuse can encompass psychological, physical, sexual, financial and/or emotional harm.

Domestic abuse is the context within which an offence takes place rather than an offence. There is no single offence of domestic abuse. Rather, a range of offences feature the behaviours exhibited as part of the pattern of domestic abuse. These include:

- physical violence
- psychological or emotional harm
- sexual violence
- 'honour-based' violence (for example forced marriage)⁶
- harassment⁷
- stalking⁸
- gang violence
- sharing or distributing intimate private videos or photographs of another person without their permission (so-called 'revenge porn')⁹
- coercive and controlling behaviour¹⁰.

The role of probation services

The government's *Transforming Rehabilitation* programme changed the delivery of probation services in England and Wales. Since June 2014, they have been delivered by two distinct sectors: a public National Probation Service (NPS) and Community Rehabilitation Companies (CRCs), which are independent organisations, owned by private companies, on contract and held accountable by the Ministry of Justice (MoJ).

⁵ Home Office (2013) Domestic violence and abuse: new definition: www.gov.uk/guidance/domestic-violence-and-abuse#domestic-violence-and-abuse-new-definition.

⁶ Included under the *Anti-social Behaviour, Crime and Policing Act 2014*: <http://www.legislation.gov.uk/ukpga/2014/12/contents/enacted>.

⁷ Protection provided under the *Protection from Harassment Act 1997*; victims can be protected through non-harassment and restraining orders.

⁸ The *Protection from Harassment Act 1997* was amended by the Protection of Freedoms Act 2012 to include stalking.

⁹ Included under section 33 of the *Criminal Justice and Courts Act 2015*. In the year ending March 2017, there were 465 convictions for this offence, 84% of which related to domestic abuse.

¹⁰ Included as an offence in the *Serious Crime Act 2015* (section 76).

The NPS advises courts on sentencing all offenders, and manages those who present a high or very high risk of serious harm or who are managed through Multi-Agency Public Protection Arrangements (MAPPA). The NPS is responsible for allocating appropriate cases to CRCs after sentencing. CRCs have the right to challenge allocation and should also escalate cases to the NPS during the sentence if they have concerns about the risk of serious harm increasing in a case they are supervising.

CRCs manage cases assessed (at sentence) as posing a low or medium risk of harm to others, irrespective of the complexity of these. Most of the perpetrators of domestic abuse who have been convicted of offences such as public order or criminal damage, and many who are serving sentences for assault, will have been assessed as posing a low or medium risk of harm. As such, they will be managed by CRCs and constitute a substantial part of their business. Public order and criminal damage offences within the home, for instance, can mask the wider context of domestic abuse.

The CRCs' remit includes providing interventions and services (except for sexual offender programmes) for all NPS and CRC service users to reduce reoffending. These include services to help with accommodation, substance misuse and education, training and employment. CRCs also deliver programmes that the courts impose as sentence requirements. One of these is Building Better Relationships (BBR), the only nationally accredited domestic abuse programme for use in the community. CRCs should also put in place a range of Rehabilitation Activity Requirements (RAR) that the court may impose for a minimum number of days. The exact nature of the work to be delivered is determined by the CRC. A number have developed short RAR interventions to address domestic abuse.

Probation services can and should play an important role in reducing domestic abuse and protecting victims¹¹ and children. Effective probation work is dependent on the quality of the relationship between the individual and the probation worker. The working relationships between the NPS and CRC and between each probation service and other agencies are also important. Those working with domestic abuse cases should not be expected to work in isolation. Contact with agencies such as the police and children's social care will often be needed to work effectively to protect victims.

As a national body, the NPS is provided with central guidance on managing domestic abuse. While CRCs are expected to comply with instructions from Her Majesty's Prison and Probation Service (HMPPS) and take note of national guidance, each should also develop its own policies and guidance tailored to local operating structures, models and needs.

¹¹ We recognise that people who have been victims of crime, including domestic abuse, may identify either as a 'victim' or as a 'survivor'. Often criminal justice agencies use 'victim' as it is the legal term. We have adopted this convention in our report to encompass the actual victims of domestic abuse and potential future victims. We respect that individuals who have experienced domestic abuse can fall into either or both of these categories and may consider that the term 'survivor' better reflects their circumstances.

Executive summary

Policy, strategy and leadership

There is no overall strategy from the MoJ or HMPPS to drive the quality of CRCs' domestic abuse practice. Contractual targets have led to CRCs prioritising process deadlines above good quality and safe practice. HMPPS has worked hard to provide interventions for use with domestic abuse perpetrators, and to support CRCs in their delivery of these, but needs to take a more strategic and coordinated approach to this work. HMPPS guidance needs updating.

CRCs had developed new structures, operating models and case management tools that appropriately prioritised domestic abuse cases. However, these tools were not fully embedded or used effectively to improve practice or to help identify local need. Some CRCs supported their aspirations with helpful policies and guidance. However, the policies and guidance were not translating into effective practice and there were no systems in place to test that they did.

We found a lack of strategic approach nationally and at CRC level to make sure that CRCs provided the right range, volume and quality of domestic abuse interventions to meet identified need and that RAR interventions were evidence-based and delivered effectively.

CRCs were providing BBR and working to improve access to this. However, there were too few referrals to this programme. Many individuals experienced extensive delays before joining a course, and too many did not complete one.

Individuals had access to domestic abuse RARs and a range of other locally devised interventions. These were mainly created by enthusiastic practitioners, without a recognised evidence base. They were being delivered by a mix of experienced facilitators but also by new staff who lacked the confidence and knowledge to deliver the course material well.

Overall, practitioners were not empowered to deliver a good-quality domestic abuse service. They had unmanageable workloads and many needed more training and oversight. Inexperienced probation workers had full and complex caseloads and, because of the emphasis on remote working in some CRCs, they were unable to obtain support from their colleagues. The lack of knowledge, skill and time dedicated to managing domestic abuse led to considerable shortfalls in the quality of case management.

Reducing reoffending

Many assessments were superficial. The tools that staff were using to complete assessments did not always help them to analyse and assess their cases thoroughly. This left them without the necessary understanding of the context of the domestic abuse and the factors linked to the behaviours in the case. Some plans were helpful and included appropriately sequenced, individualised objectives, but this was not common practice.

Reviews were not seen as important and were not carried out routinely after individuals completed an intervention or following a change in circumstances in a case.

Individuals had access to a range of services and interventions. However, they were completing too little evidence-based work to reduce domestic abuse behaviours and improve relationships. Some staff lacked the skills to undertake the work they were delivering. In some cases, probation workers gave appropriate priority to completing one intervention before the next was implemented. However, there were also indefensible delays in starting BBR and RARs.

CRCs had too little contact with many of the individuals under their supervision, and did not take enough action to improve engagement and compliance. Professional staff were generally responsive to individuals' needs, and worked around their child care and employment obligations. However, they did not always make sure they had evidence to support these requests and, as a result, some domestic abusers were excused from BBR inappropriately.

Protecting victims and children

Some of the CRCs' work to protect victims (and especially children) was of grave concern. There was little correlation between the vision CRCs had for victims and the quality of practice.

Many probation workers did not fully understand the effect of domestic abuse on families or the relevance of an integrated approach to managing risk of harm. As such, they focused their work solely on the individual. Assessments and plans lacked depth: the voice and needs of victims, and information from partner agencies, were not analysed sufficiently and used to inform work to reduce risk of harm. Probation workers relied too much on the decisions of other agencies, such as children's social care and the NPS, about levels of risk of harm and safeguarding, without checking their validity. As such, they were not always able to make effective decisions about how to protect victims and children. They often failed to see the monitoring of external controls, such as restraining orders, or undertaking home visits, as an integral part of their work.

The mandatory Partner Link Worker (PLW) role for BBR is valuable. PLWs played a major role in supporting victims and children, often going above and beyond to put measures in place to protect them. However, they had high workloads that affected their ability to fulfil their remit effectively. Referrals to the PLW were often made late or not at all, and they often worked in isolation without systems to support and quality-assure their work.

Working in partnership

CRCs were working well with partners at a strategic level. They played an integral role in Community Safety Partnerships, and were valued members of Multi-Agency Risk Assessment Conferences (MARAC) and Integrated Offender Management (IOM) arrangements. This had enhanced the provision of interventions and in some cases the flow of information between CRCs and other agencies.

While there were examples of active partnership working at a practice level, too often there was poor communication between CRCs and their partners and too little joint assessment and planning. This impacted on work to safeguard victims and children, including joint work to monitor protective measures such as restraining orders. Some agencies were integral to the progress to be made by individuals, but a lack of communication between the CRC and these agencies meant that they did not always know whether individuals were attending services such as women's centres and substance misuse services.

Probation workers were not always returning or escalating cases, when necessary, to the NPS.

Recommendations

The Ministry of Justice should:

1. as part of the probation systems review, consider how to compel CRCs to focus on the quality of work with perpetrators and victims of domestic abuse.

Her Majesty's Prison and Probation Service should:

2. identify and disseminate an effective, integrated pathway for working with domestic abuse that takes account of the full range of domestic abuse contexts and the need to protect victims and children
3. introduce and promote a system across England and Wales to evaluate and legitimise domestic abuse interventions and provide assurance that HMPPS and CRC interventions are evidence-based.

Community Rehabilitation Companies should make sure that:

4. responsible officers have the right training and support to identify and manage the risk of harm posed by perpetrators of domestic abuse
5. domestic abuse cases are flagged appropriately on their information management systems to provide an accurate national picture of domestic abuse cases managed by CRCs
6. service users complete appropriate, evidence-based interventions in a timely way, and these interventions are delivered effectively and safely
7. victims, including children, are protected and supported sufficiently for the duration of a case, and there is an appropriate response to all new information about risk of harm
8. Partner Link Workers have the time and support to fulfil their duties effectively.

1. Introduction

1.1. Why this thematic?

Domestic abuse is now recognised as a major issue in the UK. Victims and their children can be harmed both physically and psychologically, and too many lose their lives. The impetus to address domestic abuse has increased considerably over recent years and this has had an impact on the work of probation services.

CRCs manage a sizeable proportion of domestic abuse cases and are key to ensuring that those they supervise and those managed by the NPS can access appropriate interventions within the period of their sentence, licence or post-sentence supervision. Domestic abuse featured in nearly 50 per cent of cases assessed during our recent Quality & Impact Adult Offending Inspection programme.¹² This highlighted that CRCs had considerable work to do to improve the management of domestic abuse cases.

There have been few inspections that specifically focus on the quality of probation services' work with domestic abuse. Our last inspection of this topic (HMI Probation, 2004) highlighted the need to strengthen strategy and practice at a national and local level, and recommended that probation services take urgent action to improve their risk of harm management planning. Joint Targeted Area Inspections of the multi-agency response to safeguard children living with domestic abuse indicated that probation services did not always contribute effectively to child safeguarding processes; there were delays, some considerable, in BBR start dates; staff were not being empowered to manage domestic abuse cases; and not enough was being done by CRCs to protect victims (Ofsted et al, 2017). The National Audit Office's report on *Transforming Rehabilitation* highlighted gaps in CRC contracts in relation to domestic abuse and the reduction in starts in accredited programmes (National Audit Office, 2016).

We decided on a thematic inspection to look in depth at how well CRCs are working with domestic abuse.

1.2. Background

Domestic abuse – prevalence

The prevalence of domestic abuse is hard to quantify. Domestic abuse is a hidden crime that often goes unreported (Office for National Statistics, 2017). This is compounded by the lack of a single domestic abuse offence and deficits in recording practice by agencies, including probation services. In 2017 the Office for National Statistics published data highlighting the extent of domestic abuse in England and Wales.¹³ The analysis covered the Crime Survey for England and Wales, police

¹² We conducted 16 inspections during our Quality & Impact Adult Offending Inspection programme, which ran from 2016 to 2018.

¹³ Office for National Statistics (2017) 'Domestic abuse in England and Wales: year ending March 2017', <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2017>.

recorded crime figures and data from the Crown Prosecution Service. This provides a thorough and detailed analysis of the extent of domestic abuse. The measurements and different time periods used in the publication mean it is not possible to make direct comparisons across the data.

It is estimated that 1.2 million (7.5 per cent) women and 713,000 (4.3 per cent) men were the victims of domestic abuse during the 12-month period to March 2017 as shown by the Crime Survey for England and Wales. The police have collected data on incidents and offences related to domestic abuse since April 2015. These include, but are not limited to, violent offending, criminal damage, public order offences and sexual offending. There were 599,775 domestic abuse related offences recorded in the year to March 2018. This is an increase of 23 per cent on the 488,049 recorded the year before. The increase is thought to be driven by improvements in crime recording by the police. There may also have been improvements in the way domestic abuse is identified, with the possibility that more victims have come forward. Furthermore, as this data now takes account of coercive and controlling behaviour due to a new criminal offence within the *Serious Crime Act 2015*, it is thought that these increases are related to police forces increasing the use of the new law.¹⁴

The Home Office Homicide Index provides the following information on domestic homicides:

- There were 454 domestic homicide victims between April 2013 and November 2016; 70 per cent of these were female.
- Of the 316 female victims: 243 were killed by their partner or ex-partner, 34 were killed by their fathers, eight by their mothers and seven by a son.
- Of the 135 male victims of domestic homicide, about half were murdered by a partner or ex-partner (32 male suspects and 40 female).¹⁵

There are also plans to improve protections and services relating to domestic abuse. The *Domestic Violence and Abuse Bill* (under consultation at the time of writing this report) proposes the introduction of a Domestic Violence and Abuse Commissioner in England, who will monitor the response of statutory agencies and hold the justice system to account for how well it addresses domestic abuse. The Commissioner will provide a legal definition of domestic abuse and ensure that the impact on children of domestic abuse is reflected in the court sentencing.

Wales introduced the *Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act* in 2015. This puts in place a national adviser to advise Welsh Government ministers and improve joint working among public bodies, arrangements to prevent domestic abuse and protect and support victims, a 24-hour helpline for victims, and the role of domestic abuse coordinators.

¹⁴ Office for National Statistics (2017) 'Domestic abuse in England and Wales: year ending March 2017', <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2017>.

¹⁵ The data analysed included homicide of those aged 16 years and over in England and Wales. It is based on the date the offence was recorded by the police rather than the date of the offence, from April 2013 to November 2016.

Protection and support for victims

There are several nationally recognised organisations that support victims of domestic abuse. Among these are the Women's Aid Federation of England, Welsh Women's Aid, Refuge, Rights of Women and SafeLives. The Men's Advice Line and ManKind Initiative provide specific support to men. Victims have access to free legal advice from the National Centre for Domestic Violence. Victims also have access to Routes of Support, a UK-wide online database that provides information on therapeutic interventions, advocacy and accommodation. Respect offers support to professionals, perpetrators and victims, has issued a set of standards by which to measure the effectiveness of interventions and offers an accreditation service for interventions.

Many women who offend are or have been in an abusive relationship. Fifty-seven per cent of women in prison report that they have experienced domestic abuse.¹⁶ There is an ad hoc approach to providing centres and courses to help them understand domestic abuse and improve their independence, confidence and self-esteem. Some services are dedicated to women, while others, such as the Freedom Programme, also welcome men.

Independent domestic violence advisers (IDVA) work with victims who are at the highest risk of murder or serious harm. Referral to an IDVA can be made by an organisation or individual. Most referrals are recorded as having been made by the police or by victims themselves. Two-thirds of those accessing IDVA services had children living with them (SafeLives, 2017).¹⁷

Multi-Agency Risk Assessment Conferences (MARAC) are convened to discuss the highest-risk domestic abuse cases (some police services, for example Stoke-on-Trent, also refer medium risk of harm cases). Data collected by SafeLives indicates that the average rate of referrals to MARAC is increasing (SafeLives MARAC dataset¹⁸). In the year ending March 2017, 83,136 cases were discussed – 36 per 10,000 adult female victims. This falls only slightly short of the national expectation of 40 cases per 10,000 adult female victims. However, this overall rate masks the extent of variance across the UK. In Dyfed Powys, 65 cases per 10,000 were discussed, while in Gloucestershire there were 5 per 10,000. About 2 per cent of MARAC referrals were made by probation services.

In 2010 a review of the work of MARACs was undertaken as part of the government's Call to End Violence Against Women and Girls (HM Government, 2012). Interviews conducted with the National MARAC Steering Group highlighted that key components of MARACs effectiveness included enhanced information sharing, agency representation, and the IDVA role to represent the victim. Other areas of effective practice included strong partnership links (as well as partnership commitment), strong leadership, good coordination and training and induction. The review concluded that, while evidence on the effectiveness of MARACs looked promising, a more robust evaluation was required to look at outcomes, and specifically the

¹⁶ Prison Reform Trust (2017) 'Majority of women in prison have been victims of domestic abuse': <http://www.prisonreformtrust.org.uk/PressPolicy/News/vw/1/ItemID/494>.

¹⁷ SafeLives collects data on IDVA referrals. Where a referral to MARAC has been made, a referral to an IDVA should also be made.

¹⁸ SafeLives MARAC data is presented in the Office for National Statistics publication on domestic abuse (Office for National Statistics, 2017).

MARAC's role in improving victim safety and reducing victimisation (Steel, Blakeborough and Nicholas, 2010).

Domestic abuse, stalking and harassment and honour-based violence (DASH) risk assessments can be completed by any professional involved in a domestic abuse case. These form an important part of the process for making referral decisions, for instance to MARAC. There is little evidence that they are completed by probation services.

The Domestic Violence Disclosure Scheme (known as Clare's Law), introduced in 2014, gives the police a set of procedures (using their existing powers) for providing one partner with information about previous violent offending by the other.

A number of court-imposed measures help to protect victims from further abuse. These include Domestic Violence Protection Orders, which can be imposed immediately after a domestic abuse incident in cases where there is insufficient evidence to charge the perpetrator. They prohibit the perpetrator from having contact with a victim or returning to the family home for 28 days. This gives the victim time to reflect on how they wish to proceed. Additionally, the courts can impose non-molestation and restraining orders to protect victims and their children from threats of violence, harassment or intimidation, or an occupation order that controls who can live in a property with the victim.

1.3. Aims and objectives

This inspection was undertaken to assess, in depth, the quality of work that CRCs undertake in the community to reduce the incidence of domestic abuse and protect victims. Specifically, we wanted to know the following:

1. How does the leadership of CRCs support and promote the delivery of a high-quality, personalised and responsive service for all perpetrators and victims of domestic abuse?
2. Are staff within the organisation empowered to deliver a high-quality service for all perpetrators and victims of domestic abuse?
3. Is a comprehensive range of services and interventions in place to undertake work with domestic abuse cases?
4. How well do practitioners support desistance from domestic abuse?
5. How are victims and their children supported and protected?
6. Are arrangements with statutory partners, providers and other agencies established, maintained and used effectively to deliver high-quality services?

This inspection focused on the work of CRCs. The proportion of domestic abuse cases in our Quality & Impact Adult Offending Inspection programme was similar in both the NPS and CRC. The decision to inspect CRCs' work was made on the basis that the prevailing issues in the CRCs meant that these organisations demanded more immediate inspection than the NPS. Also, CRCs have the remit to provide specialist interventions for both probation services. We have included reference to the NPS where its work has the potential to impact on CRCs' performance.

This report also refers to the role of the MoJ and HMPPS in supporting effective practice by the CRCs.

1.4. Report outline

Chapter	Content
1. Policy, strategy and leadership	Supporting effective practice through strategic decision-making, IT systems, structures and operating models Empowering practitioners to deliver a good-quality service to perpetrators of domestic abuse and victims Provision of timely, appropriate interventions
2. Work to reduce reoffending	The quality of practice to reduce reoffending
3. Protecting victims and children	Taking account of victims and children at a strategic and practice level
4. Working in partnership	Work undertaken with other agencies to address domestic abuse

2. Policy, strategy and leadership

In this chapter, we report on the MoJ and CRC approach to ensuring that the right range, quality and volume of domestic abuse interventions are available. We outline our findings on CRC operating models, how empowered CRC staff were to fulfil their roles effectively, and how domestic abuse policies and IT systems supported their work.

2.1. National leadership

At a national level, there is no senior overarching role for domestic abuse policy and practice. There are domestic abuse leads for the various strands of work, such as interventions, the courts, and new legislation. Leadership is focused on the NPS, and there is no needs-based strategy to coordinate the many strands of domestic abuse work in CRCs and to make sure that resources are allocated in a way that makes the most positive difference.

CRCs lack sufficient incentive to actively manage risk of harm to others and consider the best way to protect victims and children. Their immediate contractual obligations place too little emphasis on the need to provide high-quality domestic abuse services. They drive CRCs to focus on functional tasks, such as the completion of a plan, rather than on the needs of individual cases and on reducing reoffending relating to domestic abuse.

Accredited programmes

HMPPS provides, monitors and undertakes quality assurance of the delivery of criminal justice accredited programmes.

BBR was introduced to probation services in 2012.¹⁹ The aim of this programme is to 'reduce re-offending and promote the safety of current and future partners and children' and 'work collaboratively with other agencies to manage risk' (NOMS, 2015). BBR is the only HMPPS domestic abuse accredited programme for service users in the community. It was accredited by the Correctional Services Advice and Accreditation Panel (CSAAP) in July 2013 as an effective programme for male perpetrators of domestic abuse within heterosexual intimate relationships.

BBR can be used in custody and in the community. It aims to increase a perpetrator's understanding of why he abuses his partner, improve his pro-social relationship skills and reduce his risk factors. It is made up of a series of modules and can be run on a rolling basis. Eligibility takes account of the SARA²⁰ assessment score and whether or not the perpetrator was in an intimate relationship with the victim at the time of the abusive behaviour.

¹⁹ Under Probation Instruction (PI) 01/2012.

²⁰ Spousal Assault Risk Assessment (SARA) is a tool used to help predict the likelihood of domestic abuse. NPS court teams should complete it in cases where domestic abuse is a feature to inform their sentence proposals, but it can also be used by CRCs as part of their assessment process.

BBR replaced the Integrated Domestic Abuse Programme, which focused on the perpetrator's need to exert power and control over their intimate partner. BBR retains elements of the power and control model and recognises the influence of a patriarchal culture. However, with its theoretical base drawn from the Nested Ecological Model and the General Aggression Model, it takes a more holistic approach, setting the aggression in the context of environmental, social, and stress factors/reactions in a person's lifetime. Accredited programmes must be reviewed by CSAAP every five years. BBR will have its first formal review and reaccreditation by the end of March 2019.

It is difficult to assess the effectiveness of interventions to reduce domestic abuse. There have been a range of evaluations of domestic abuse interventions and programmes, each measuring different outcomes. For example, some have measured changes in the level of reoffending by those who have completed the programmes (Bloomfield and Dixon, 2015), changes in levels of self-reported offending or whether there have been changes in understanding of violence and abuse by perpetrators on programmes (Kelly and Westmarland, 2015). Other evaluations have examined the attrition from programmes (Jewell and Wormith, 2010), how victims and children have been supported (Skyner and Walters, 1999; Bullock et al, 2010) and the different types of partnership work which take place across the programmes (Steel, Blakeborough and Nicholas, 2010). With the different approaches taken within domestic abuse programmes and the different evaluations and measurements which take place, it is not possible to make clear comparisons across programmes. Furthermore, as Bates et al (2017) discuss, the evaluations often have small sample sizes, no long-term follow-up and often a lack of a control group to enable a robust evaluation of impact to be made.

Schucan-Bird et al (2016) discuss the use of multiple data sources to measure repeat violence; these include reconviction, reoffending and recidivism. They discuss the difficulties with using these measurements; for example, domestic abuse is under-reported and police call-out data may only reflect a proportion of the reoffending. To measure recidivism, victim self-reports are typically used, but concerns about self-selection bias, recall and social desirability have all been raised. Finally, the time to measure impact is also debated. For example, some studies suggest there is a 'honeymoon period' that needs to be carefully considered, i.e. short-term positive outcomes may be seen but these may not continue.

A review of reviews by Vigurs et al (2016) highlighted that they were unable to find a clear impact of domestic abuse perpetrator programmes on criminal justice or victim-related outcomes. There were differences in effect depending on the measure used, with variances in outcomes when measured through either official or victim reports of recidivism. It was felt that victim-reported measures may be more reliable due to the known under-reported nature of domestic abuse. However, it was also noted that dropout rates from programmes were high and there may have been group differences in outcomes for those victims who continued with the programme versus those who dropped out.

The rates of starts and completions of accredited domestic abuse programmes have varied considerably over recent years. However, in line with other accredited programmes, their use has declined overall. Between 2015/2016 and 2016/2017 there was a seven per cent decrease in starts. There was a larger reduction in

completions: 12 per cent over the same period. While it is not possible to measure absolute attrition as there is no correlation between start and completion data,²¹ there are clear indications that too few perpetrators are meeting the requirements of their sentence or completing the work necessary to reduce reoffending.

CRCs receive payment for providing BBR, the sum of which is determined by the number of men who attend a pre-programme induction session.²² Completions are defined by HMPPS in three ways. Put simply, these are:

- Positive completions – the individual has completed the entire programme and the period of the community order, licence or post-sentence supervision has ended with no negative or neutral completion incurred.
- Neutral completions – the order has been revoked, the custodial period has been activated, the licence condition has been removed, or the individual has transferred from the management of the CRC or died.
- Negative completions – the period of the order, licence or post-sentence supervision has ended without a positive or neutral completion being logged.

If there are too many negative completions, the CRC will attract a financial penalty.

The falling number of completions, and consequent drop in payments to CRCs, has led to fewer courses being available and the provision being less flexible. It has also caused longer delays in start dates and a further fall in the rates of completion.

Although the national guidance advises that it is appropriate to complete general offending behaviour work with women who commit domestic abuse offences against their intimate partners, HMPPS had responded positively to CRCs' feedback and was developing and introducing a range of interventions for use in more diverse settings. These included interventions suitable for those with learning disabilities and for LGBT relationships. One such intervention could be delivered remotely in part, using digital technology, and we welcome this development. However, there was no strategic pathway for HMPPS's work to provide interventions. While national guidance is available for working with domestic abuse and facilitating BBR, it would benefit from updating to reflect current evidence and terminology.

Overall, CRCs valued the help and support provided by HMPPS. They appreciated HMPPS's quick and helpful response to their enquiries about the delivery of BBR and the briefing sessions it delivered, such as the one facilitated recently on stalking and harassment.

²¹ The Annual National Offender Management Service digest: 2016–2017: a 'programme start is counted as attendance at the first session of the programme and a programme completion is counted on attendance at the last session of the programme'. 'Starts from one year may complete in a subsequent year, and completions in one year may have started in a previous year.'

²² The definition of 'services performed' was amended by MoJ in 2017, leading to a change to payment calculations from contract year 3.

Good practice example: supporting effective intervention in Wales

HMPPS Wales has introduced an Effective Interventions Panel, membership of which includes prison and probation managers, forensic psychologists and academics. The panel assesses for each intervention: the identified need, criminogenic target, mode of delivery, evidence base, and intended outcomes and how they will be measured. Wales CRC can submit its interventions for consideration and endorsement, helping to enhance the confidence of the CRC and its stakeholders in the validity and effectiveness of its interventions.

2.2. CRC leadership

Strategic decision-making, IT systems, structures and operating models

CRC operating models have had an impact on the quality of domestic abuse work. Some had centralised systems through their administrative hubs for assigning cases or deciding levels of contact with service users. Others had introduced new assessment and planning tools. These tools had the potential to improve the way the CRC managed offenders in domestic abuse cases, for example by actively encouraging service users to engage with probation work and helping to identify appropriate interventions. However, some of the new structures and tools were not fully implemented, and there was a need to review how well those in place were supporting work to protect victims and children.

Good practice example: encouraging effective practice in South East Lancashire

In South East Lancashire, senior managers understood the importance of identifying the type and context of domestic abuse in individual cases to help decide the best way to reduce reoffending. They were supporting a colleague's research into this 'typology' approach and, in their domestic abuse practice guidance, they had included advice about the factors to consider as part of an assessment of the relevant domestic abuse behaviours. This helped probation staff to strengthen their understanding of the diverse circumstances and relationships involved in domestic abuse and increased their ability to deliver the best interventions in each case.

There was a range of internal strategic groups that looked at, for example, interventions, risk of harm and the interface with the NPS. Senior managers told us that these, and the work they were doing at a strategic level, provided enough impetus to support effective domestic abuse practice. However, they could not confirm that strategy and policy were translated effectively into practice. They did not have systems to provide assurance that they were, and we found a disconnect between the aspirations set out by senior management and the work of practitioners.

Decisions on the CRCs' estates did not always support effective domestic abuse work. In one CRC, meetings with individuals took place in open booths, with limited opportunity to use a private space for sensitive work. Remote working can encourage those under supervision to engage with probation work and has advantages where CRCs cover large geographical or rural areas. However, it also presents business risks that need to be recognised, assessed and countered. Probation staff were meeting individuals in public spaces such as cafes, which limited the scope to explore and address sensitive and personal issues. Practitioners were also using home visits

to complete intensive domestic abuse work, potentially placing themselves at risk of harm.

CRCs took different approaches to documenting their domestic abuse strategies and policies. The most helpful were easy to follow, identified the range of domestic abuse behaviours and contexts, captured the case management process and recognised the importance of victims. Some provided useful guidance for practitioners on recognising and addressing their own response to individuals who had been perpetrators of domestic abuse. Home visits are an important component of the safeguarding process, enabling practitioners to note physical and social indicators of risk of harm to adults and children. Not all CRCs recognised the value of home visits or made these mandatory in domestic abuse and safeguarding cases.

In most instances, induction of individuals took place on a one-to-one basis. However, in one CRC, induction comprised mixed-sex group sessions, potentially mixing vulnerable victims with perpetrators. We advise against this practice.

The case recording system for probation services, nDelius, has a flagging system that enables CRCs to identify easily: safeguarding issues, the level of risk of harm to others, whether or not a case has been discussed at MARAC, domestic abuse status, and the involvement in a case of a PLW. It is important to keep these up to date, as they can inform, for instance, strategic needs assessments, audits and management oversight, and can allow the specialists involved in the case to take a more coordinated approach. There were inconsistencies in the use of nDelius flags; some failed to highlight domestic abuse in the case, and the WSW flag²³ was rarely used.

CRCs lacked a strategic approach to identifying and prioritising the need for domestic abuse interventions. It was difficult for CRCs to assess local need accurately, because there is no single offence of domestic abuse, and because assessment tools and nDelius flags were used inconsistently. As such, it was impossible for CRCs to know that they were offering the volume, range and quality of services to meet the identified need.

Empowering practitioners

We met practitioners, and their managers, who had unbridled enthusiasm for doing a good job. Some accomplished this, but many were not empowered to do so.

We were pleased to see that most trainee probation officers had protected caseloads, and many felt they received good-quality support for their role. It was not uncommon for a responsible officer, however, to have 50 to 60 complex cases, and those with part-time case management roles carried unfairly disproportionate workloads. Some had smaller but unmanageable caseloads, as they had been assigned cases beyond their competence.

In the CRCs where cases were assigned by administrative hubs, cases were less likely to be assigned based on the skill and experience of the practitioner. Some managers said that they could use professional judgement to re-assign cases, but this was not standard practice. Responsible officers at probation services officer grade were managing complex cases with little relevant training; some had not

²³ PLW replaced the term women's safety worker (WSW) as HMPPS acknowledged that the role could extend to male victims in the future.

attended the basic domestic abuse awareness course. In one CRC, new probation services officers inherited complete probation officer caseloads.

During interviews, responsible officers voiced concerns that their caseloads and lack of training were having a negative effect on their ability to work with domestic abuse cases. Some summarised their views on practice as follows:

“It’s a fingers-crossed approach”

“I was having to cut corners to survive”

Responsible officers said that managers were responsive and helpful but oversight was reactive, in the main, and relied on responsible officers knowing when to seek assistance. This was confirmed by our inspection finding that effective management oversight had been provided in only 27 per cent of the cases we assessed. Some line managers were carrying caseloads themselves and were unable to support their staff effectively. In some CRCs, managers took for granted the knowledge and skill of their long-serving probation officers, whereas we would caution against the assumption that experience equates to effective practice. Most responsible officers recognised that their CRC provided guidance on how to manage domestic abuse but said that they had no time to access and use this.

Staff appreciated the benefits of working with laptops, especially having quick access to current information during meetings. However, IT systems in some CRCs were unreliable, and staff found it hard to access web-based information while working remotely. The remote working model also left staff potentially isolated, with limited opportunities to share their working experiences with colleagues to support their own well-being.

2.3. Conclusions and implications

The absence of an overarching lead at national level for domestic abuse has led to a lack of a coordinated approach to driving and supporting CRCs to work effectively with domestic abuse cases. HMPPS and CRCs worked hard to provide interventions for domestic abuse perpetrators but need a more formalised approach to this to make sure interventions reflect local need, are evidence-based, are delivered effectively and – as a minimum – do no harm.

CRCs had positive ambitions for domestic abuse work. Some supported these through sound strategic decision-making, policies and guidance. However, these were not translating into effective practice and there were no systems to make sure that they did.

Practitioners were not empowered to deliver a good-quality domestic abuse service. Most had unmanageable workloads. Many had a lack of time, knowledge, training and support to manage their domestic abuse cases. This led to considerable shortfalls in the quality of case management.

3. Work to reduce reoffending

In this chapter we report on the ability of CRCs to identify domestic abuse in individual cases, the quality of assessment, planning and interventions to reduce reoffending, and how well practitioners engage individuals in each stage of their order, licence or post-sentence supervision period.

3.1. What we found

Assessment and planning to reduce domestic abuse

Seventy-five per cent of responsible officers we interviewed could define the characteristics of domestic abuse and, in 96 per cent of cases, domestic abuse had been identified at the earliest possible occasion.

The quality of assessment was good enough to support the identification of appropriate interventions in less than half of the cases we assessed. Responsible officers were not good at analysing and understanding the complex factors linked to the domestic abuse behaviours, which would have enabled them to use their assessments to identify relevant interventions. The quality of assessment was in part determined by the tools being used to support this work. In some CRCs only the most basic assessment was expected.

There was little assessment and planning to understand and mitigate the effects of previous traumatic events for the service user, such as their own experiences as a victim of domestic abuse or bereavement. Where there was no requirement to attend a domestic abuse RAR or BBR, the need to explore and improve relationships, especially interfamilial relationships, was often overlooked.

A number of responsible officers had embraced their CRC's new assessment and planning tools and were using them ably to draw together their own analysis of needs in a case with the views of service users.

There were good-quality plans, containing enough information about work to be completed to reduce domestic abuse, in about half the cases we looked at. Planning reflected the quality of assessment, so in cases where there was too little assessment the plans were more likely to be limited. We saw examples of plans with excellent sequencing of interventions. This allowed service users to complete work to address, for example, their mental health or substance misuse needs, before completing domestic abuse RARs or BBR.

Interventions

Every CRC was meeting its obligation to provide BBR. However, rates of referrals from the courts had declined, dramatically in some sites, and attrition rates were high. CRCs advised us that the NPS was not always able to provide courts with the right information to help sentencers make informed decisions about whether or not to impose BBR requirements. As such, some individuals were sentenced to complete BBR when they were not eligible to do so.

We saw other cases where those who would have benefited from participating in this programme had not been required by the courts to do so. One hundred and seven cases we looked at during this inspection involved male service users; only 29 of

these had a requirement to complete BBR. At the time of our inspection 13 men had started the course. However, in seven cases the course had been cancelled.

BBR can be added to a sentence plan without the direction of the court. However, this rarely happens. Reasons for this may include: the length of sentence that must be imposed to provide for the programme to be completed; the need for the responsible officer to be able to identify this as an appropriate intervention; and difficulties in ensuring that individuals complete the course. However, this was not tested during the inspection.

The rate of positive completions of BBR was far too low, especially considering that research indicates that risk of future harm is increased in individuals who fail to complete a programme once started (Home Office Research, Development and Statistics Directorate, 2002).

Some programmes teams were moving individuals and groups around to address this. The team in South East Lancashire was using an IT scheduling program to help manage the complexities of keeping individuals on programmes. It had also increased throughput by providing BBR to agencies other than probation services. However, across CRCs, there was too little focus on increasing the level of positive completions. Instead, CRCs focused on strategies to shift the balance of completions from negative to neutral in order to avoid financial penalties from HMPPS, for instance by asking the courts to remove the requirement to complete BBR.

Service users gave us their views about their experience of BBR. Most of these were positive. The men appreciated the chance to explore and get to know their own behaviours and appreciated the engaging approaches used by facilitators. Some were concerned that they had been given confusing information about when they would start the course.

Examples of their views include:

“Told I was going on a course to stop violence against women but this is focused on me and learning about myself”

“I’ve learned a lot about understanding my behaviour”

“Some of us don’t understand the words used as we’re working class lads”

“BBR days are changed and you have to take time out of work”

“BBR wakes your mind up a bit and it makes me feel better”

Practitioners across CRCs provided positive feedback about the content of BBR. They suggested that once individuals had attended the first few sessions they became engaged and likely to stay for the whole programme. However, some said that BBR was grounded in old research that focused on power and control. Others felt it was limited by its focus on men and intimate partner violence and that it was inappropriate for many younger perpetrators.

In most CRCs, the programmes teams were experienced and well trained. All were interested in their work, and we observed examples of competent and engaging practice. However, despite their obligation to monitor the delivery of BBR, not all

were video/audio recording these sessions. This limited opportunities for facilitators to develop their skills.

Programmes teams worked hard to provide group interventions that took account of the geography of their local delivery units and participants' employment commitments. Despite this, there were delays in starting courses, some of which led to individuals being unable to complete the programme before the end of sentence, licence or post-sentence supervision. Some courses and programmes were cancelled. Some of this could be attributed to difficulties in finding enough individuals to maintain an effective group. CRCs were also struggling to fill vacancies in their programmes teams, which limited their capacity to facilitate groups.

Each CRC was offering a domestic abuse RAR course, and these attracted better completion rates than BBR. Some were legacy interventions, developed before *Transforming Rehabilitation*. Most had been created internally by enthusiasts on an ad hoc basis as they identified gaps in service. In Surrey, for example, they had addressed a gap in substance misuse services by developing a short alcohol intervention for those who had been perpetrators of domestic abuse, which they completed before participating in BBR. RAR groups were delivered by facilitators trained to deliver BBR, but this did not guarantee that they were delivered as intended. Some less experienced facilitators said that they felt unprepared or unsupported in doing this work.

Domestic abuse RARs could be adapted for use on a one-to-one basis for those service users for whom group work was not appropriate. Some were delivered by programme facilitators. We saw cases where this approach was taken for women who had committed domestic abuse against their partners and for same-sex partnerships.

CRCs provided responsible officers with interventions using a range of approaches. Some were trying to coordinate the interventions on offer through their IT systems. Some responsible officers were delivering the domestic abuse RAR on a one-to-one basis, borrowing resources from colleagues, browsing the internet for resources or devising their own one-to-one interventions. There was no system in place to make sure that interventions were evidence-based and delivered safely and effectively.

We found perpetrators were not completing enough work to reduce reoffending. They had made enough progress in fulfilling the accredited programme and RAR requirements imposed by the court in 45 per cent of the cases we looked at. Too many had not participated in any interventions and there was minimal evidence that meaningful domestic abuse work had been completed in custody.

Reviews

Progress was not being reviewed when it should have been and there was a written review on file in only 32 per cent of cases. Many reviews were superficial and did not involve service users. Recording was poor and, where there was no record of the review, it was hard to gauge the course the individual had taken and identify what needed to be done during the remainder of the sentence.

Service user engagement

Work to motivate and engage individuals was not good enough. Too often, they were not meaningfully involved in their assessment, planning or review of their work. Overall, contact was good enough to encourage a reduction in domestic abuse in 59 per cent of cases.

The level of contact between the responsible officer and the individual was often dictated by the CRC's operating model, and depended on the quality of initial assessment. We saw cases where the index offence was unrelated to domestic abuse and where, after a basic assessment, the individual was allocated for monthly contact. We also saw cases where responsible officers were seeing individuals as frequently as was necessary to ensure they could address domestic abuse issues. In some cases, especially where the service user was engaged with other agencies or completing BBR, responsible officers had far too little contact with them. This limited opportunities to build on work being undertaken elsewhere or to provide ongoing encouragement to engage with these interventions.

There were several examples of staff accepting what an individual said about their employment obligations without making sure they had evidence to verify this. Consequently, there was potential for individuals to avoid seeing their responsible officer or participating in constructive interventions without proper reason. This was of particular concern in relation to BBR, where applications could be made to court unnecessarily to remove this requirement.

Staff responded in different ways when individuals went missing. In one case where a warrant without bail had been issued, there were concerns about the risk of harm to children with whom the individual wished to have contact. There was no liaison with children's social care about the individual's absence. In another, the responsible officer had made no effort to find the individual despite there being well-being issues for that person. However, there were cases where responsible officers had made considerable effort, including liaising with family members, to locate individuals.

Good practice example: inclusive practice in West Yorkshire

Phil is alcohol dependent. He was given a 12-month community order with a requirement to attend alcohol treatment services and a RAR for offences against hospital staff when he had been drinking. He had previous domestic abuse offences against his partner and female members of his family. The responsible officer considered the breadth of Phil's behaviour in her case management. She established and maintained effective relationships with Phil's family and alcohol agencies with whom he was working. This meant she could reinforce their work and cross-reference their information with that provided by Phil to monitor and manage risk of harm effectively. She proactively kept appointments under review, balancing the need for Phil to comply with the order with his commitments to other agencies. Phil was actively involved in his sentence planning, which reflected word for word what he aspired to achieve and how. Seven months into the order, Phil was alcohol free, continuing to engage with agencies, complying with his order and had not reoffended. He had expressed an interest in becoming a volunteer with the CRC, and the responsible officer was helping him to pursue this ambition.

We looked at five cases involving women who had perpetrated domestic abuse, all against male partners and ex-partners. Although the numbers were too low to draw firm conclusions, we found an inclusive approach in these cases: staff were more likely to engage women offenders in assessment, planning and reviewing progress, and the level and nature of contact planned was more appropriate.

Women were often referred to local women's centres, where the focus was on their own well-being. There was too little focus on their own domestic abuse behaviours and, in one, there was no recognition that domestic abuse was a feature of the case.

Pre-release resettlement assessments helped to identify men in custody who had been the victims of domestic abuse. However, CRCs had no systems in place to provide male victims of domestic abuse with support and no men were receiving support through the IDVA service.

The following case studies are illustrative:

Edwina was given a 24-month sentence with a RAR and Thinking Skills Programme (TSP) requirement for racially harassing her neighbours. She also had a history of domestic abuse against her ex-partner, and her children were subject to child protection arrangements. Her responsible officer took a multi-agency approach to addressing Edwina's alcohol misuse and enhancing her parenting skills at the local family centre. She also made a timely referral to the TSP. The responsible officer attended the child protection meetings but ongoing liaison with children's social care was difficult and, despite her persistence, she had yet to receive information to help her review the case. There was too little ongoing liaison with the police to check for domestic abuse call-outs or to gauge progress with addressing Edwina's alcohol use.

Mary was sentenced to a nine-month community order for assaulting her partner. She was in her 50s and had no previous convictions. The responsible officer advised that there were no interventions available for women who had committed domestic abuse offences. However, Mary was referred to the local women's centre, where she was given help to find accommodation. She also had to attend a healthy relationships course. The lack of communication between the responsible officer and women's centre, which did not have access to nDelius, led to a delay in starting this intervention. There was too little communication with the police to protect Mary's victim, for instance to check for domestic abuse call-outs and monitor the restraining order.

3.2. Conclusions and implications

Assessment and planning throughout the lifetime of the case were not good enough. Responsible officers did not do enough to understand the full circumstances of the domestic abuse. This left them unable to undertake and adapt their work to meet the specific needs of the case.

Responsible officers took account of individuals' personal circumstances when planning their work and had made some effective use of interventions and services. However, some individuals did not have enough contact with the CRC and there was too little work to motivate them to comply with their sentence.

CRCs were providing BBR and domestic abuse RARs, and working to improve access to these. However, there were too few referrals to BBR. Many individuals experienced extensive delays before they could start the programme and too few completed it.

Some individuals were finishing their sentences without having undertaken the necessary work to address their behaviour, leaving victims more vulnerable than necessary.

4. Protecting victims and children

In this chapter we report on our findings relating to the priority given to victims and children at a strategic and practice level. We consider how well practitioners took account of the need to protect victims and children in their work with perpetrators of domestic abuse and the systems in place to provide information and support to them.

4.1. What we found

Work to protect victims and children was good enough in only 29 per cent of cases. Despite a high strategic profile in some CRCs, there was a clear divide between the CRCs' vision and the reality at a practice level. In some cases, probation workers had insufficient knowledge and support to understand the impact of domestic abuse (particularly on children) or the dynamic nature of domestic abuse and the importance of reviewing and responding to new information.

The PLW role is an integral and mandatory aspect of BBR (when delivered in the community). To participate in BBR, individuals must consent to a PLW contacting their victim. The PLW should contact the victim within one week of the individual's referral to the BBR programme (theoretically this should be within one week of sentencing). The PLW will work in partnership with appropriate agencies to offer information and support to victims and to help protect them and safeguard their children. One of their key roles is to stay alert to a potential increase in harm and make sure this information is shared with relevant professionals.

PLWs were knowledgeable, and most were appropriately trained and experienced. They were evidently committed to their role, and some were going above and beyond this to support victims and their children. However, they had high workloads.

It was not unusual for one part-time PLW to have responsibility for delivering services to a whole Local Delivery Unit. In the CRCs that had committed to providing a PLW service for domestic abuse RARs and other interventions, the PLWs had too little time to fulfil this role. Most were not receiving referrals to their service in a timely way and sometimes they did not receive referrals at all. Some had administrative assistance to help chase referrals and contact victims, but others had no support and had to limit initial contact with victims to a single letter. Probation Trust legacy arrangements that had provided access to external psychological support had ended and PLWs no longer had this essential service. Hence, they often worked in a vacuum without effective systems to support their well-being or to monitor and quality assure their work.

Good practice example: effective response to raised risk of harm in Leicestershire

Steve was given an 18-month suspended sentence order with a requirement to complete BBR for assaulting his partner. During one of his BBR sessions, he disclosed concerning attitudes towards women and his intention to take his children. The programmes team worked quickly and effectively with the responsible officer and PLW to put together a package of protection for the victim and her children. They made a rapid referral to children's social care and the PLW worked with the victim to ensure she was supported well.

Poor practice example:

Sean was a very young man who had received his first sentence: an 18-month community order with requirements to complete UPW hours, BBR and RAR days for assaulting his partner. There was a seven-month wait before Sean could begin BBR. In the meantime, he assaulted his partner again. The PLW reported this to the police and the responsible officer. The responsible officer took no action in response to this, and did not review the plan for managing risk of harm to the victim, liaise with the police or seek any domestic abuse call-out information.

In South East Lancashire, the interventions team addressed their concerns about the late and missing referrals to their PLWs by creating a victims database. Reflecting the nDelius contacts system, the database helps to track PLW workloads and flag work that needs completing. The number of victims being offered support by a PLW has tripled since its introduction.

Assessment and planning to keep victims and children safe

We saw examples of thorough investigative work to understand the nature of the domestic abuse and probe the experience of victims and relevant children. However, overall, the quality of assessment of the risk of harm that individuals posed to their victims was unsatisfactory. In relation to children, it was poor. Assessments focused sufficiently on keeping victims safe in 58 per cent of cases and children safe in 43 per cent. Responsible officers had a tendency not to question risk of harm assessments completed at court, which in some cases had been hurried and were inaccurate. Others believed the assurances provided by service users rather than taking an investigative or challenging approach. As a result, the level of risk of harm was underestimated, especially in relation to children.

Risk of harm classifications

	Medium risk of serious harm classification		High risk of serious harm classification	
	Victims	Children	Victims	Children
CRC judgement	100 (89%)	51 (46%)	0	0
HMIP judgement	105 (94%)	74 (66%)	2 (2%)	3 (3%)

Poor practice example:

David was a mature man who had not offended until, with no warning, he seriously assaulted his wife and injured a son who tried to intervene. He was given a 24-month suspended sentence order and required to complete UPW hours and a RAR.

The case should have been sent back to the NPS immediately after allocation, as there were indicators that David posed a high risk of harm to his victim and children. David completed his domestic abuse RAR and UPW hours rapidly. During this time, he had little contact with his responsible officer. No work had been completed with him since completing his RAR, and his responsible officer had little control of the case. There was limited focus on David's victims.

Work centred on the intimate partner violence, and the CRC relied on the police to monitor the restraining order. Without a referral to BBR, the CRC provided no support to the victims. The responsible officer was unaware of any IDVA involvement or how MARAC had contributed to managing the case. She took David's word at face value and believed there would be no repetition of the offending behaviour, but there was no evidence to support this and David was eager to have his family return to him.

The lack of analysis and insight into the risk of harm in this case left David's wife and other victims vulnerable to further harm.

Responsible officers used their ability to meet the 15-day sentence plan target as their measure of success. Many were unaware of the implications of this and that in some cases there was a need to take immediate action to protect victims and children. This was particularly relevant immediately after an individual was released from custody, or when protective bail conditions were lifted after sentencing. In both these circumstances, it is important to establish immediately where the individual is living, and act to safeguard victims and children.

SARAs,²⁰ when completed well, can play an important role in identifying eligibility for BBR and bringing together a complete picture of risk of harm from domestic abuse. As such, they can assist with identifying and planning for the work to be completed during a case. Few SARAs were being passed to CRCs from court and too few were being completed post-allocation. The majority of SARAs on file had been completed accurately but with little attention to detail. As such, they added little value to assessment and planning.

It was hard to see the victim's voice in plans to manage risk of harm. In the majority of cases, it was important to make plans to keep victims safe; planning took enough account of victims in just over half of these. There was a need to protect children in three-quarters of the cases we looked at; this had been given enough consideration in 37 per cent of these. There was little information on case records about external control measures, such as restraining orders. Too often, responsible officers were unaware if such measures were in place. They considered them as part of their strategy to protect victims or monitor compliance in about half of the applicable cases. PLWs had a breadth of knowledge about protective measures and, where they had the capacity to do so, supported victims to apply for these. CRCs were not always contributing to licence conditions, but in the 17 cases in which they did, they proposed appropriate measures to protect victims in 13.

Poor practice example:

Charlie was sentenced to a community order for assaulting his partner. There were no details about his children on record or any explanation as to why contact with one of his sons had been restricted. No safeguarding checks had been undertaken with children's social care.

Charlie was excluded from the family home for a period of months, yet he disclosed an ongoing relationship with the victim. The responsible officer had not explored where contact was occurring to ensure that the exclusion zone was not being breached or whether this contact brought Charlie into contact with the children. There was evidence that Charlie returned to the family home. When he later explained that he had childcare responsibilities that prevented him from attending his BBR, the CRC allowed him to leave the course.

His responsible officer took no action to inform children's social care about the changing circumstances in the case or to liaise with the police to flag the property for police call-outs. There were no home visits to assess Charlie's home circumstances or check the safety of his partner or children. Charlie was at risk of failing to complete work to reduce his risk of harm and the CRC had left his victim and her children unprotected.

Work to protect victims

Some responsible officers were enthusiastic about the Domestic Violence Disclosure Scheme (known as Clare's Law)²⁴ and referred cases to their local Clare's Law panel. However, generally they did not understand the obligations and opportunities this legislation brings to help provide immediate protection to victims.

Offender management and victim work were seen as discrete work streams. Responsible officers did not consistently and actively respond to information provided by programme facilitators or PLWs relating to risk of harm to victims. In some CRCs, especially in offices where responsible officers and PLWs were based together, the relationship between the two and coordination of work were more effective.

The level and nature of contact with individuals were sufficient to help protect victims and children in 55 per cent of cases. While most CRCs considered home visits an essential aspect of working with domestic abuse perpetrators at a strategic level, they were too often considered a luxury at practice level. Some responsible officers did not understand the value home visits added to protecting victims and children, but others were clearly distressed that they had not had time to visit and assess home circumstances. In the cases where there should have been a home visit, these had been undertaken in only 19 per cent.

Responsible officers had reflected on and updated their decisions about risk of harm and how to address this in only 34 per cent of cases. They were not pooling the information available to them to assess indicators that risk of harm was ongoing or

²⁴ Introduced in 2014, this gives the police a set of procedures (using their existing powers) to provide individuals, where appropriate, with information about previous violent offending by their partner.

escalating, and managers were failing to identify or rectify this. In some cases, this led to a failure to take essential action to protect victims, and especially children. Some of these lapses in judgement and action led us to be seriously concerned and we asked for immediate remedial action to be taken in seven cases.

4.2. Conclusions and implications

Overall, work to protect victims and children was poor. The high priority given to victims and children at a strategic level in some CRCs was not translating into practice. Responsible officers were not doing enough to understand the danger to victims and children, some because of their lack of knowledge and management oversight. As a result, they were not making effective decisions about how to protect them. Some of their work to safeguard victims, and especially children, was of grave concern.

PLWs worked hard to fulfil the objectives of their role and were proactively taking action to address risk of harm. However, under-resourcing and a lack of effective links with responsible officers reduced their ability to support and help protect victims and children.

5. Working in partnership

In this chapter we report on the quality of CRC engagement with strategic partnership initiatives, and multi-agency arrangements such as MARAC. We also outline how well CRC practitioners worked with other agencies to reduce domestic abuse and protect victims and children.

5.1. What we found

CRCs were working well with their partners at a strategic level, playing active roles in Police and Crime Commissioner (PCC) and local authority led groups.

Good practice example: working with partners to reduce domestic abuse in Surrey

In Surrey, the CRC had worked with its local PCC partnership group to consider the best way to tackle domestic abuse behaviours before they escalate to offence level. As part of this, they are facilitating a programme, Stepping Up, to which a range of agencies can refer, and gathering victim feedback as part of an evaluation process being completed with specialist academics.

CRCs were routine and active participants in MARACs; they chaired some and, where their cases were discussed, they contributed effectively. Some CRCs had effective systems to make sure that responsible officers received relevant case information from MARAC.

However, many responsible officers neither knew nor had been provided with the guidance and support to understand the full benefits of MARAC arrangements. Only a small proportion of relevant cases had been identified and referred by the CRC to MARAC or the local IDVA. Responsible officers did not know whether a case had been discussed at MARAC, and did not know if notes of MARAC meetings were recorded in their office or where these would be. They did not understand that MARAC would consider further referrals should the CRC or other agencies identify new or escalating concerns.

Good practice example: enhancing safeguarding practice in Leeds

In Leeds, the Community Safety Partnership leads the multi-agency response to domestic abuse. As part of this partnership approach, the MARAC had been amalgamated with the safeguarding hub. Daily multi-agency meetings were convened to review every police domestic abuse call-out and referral from agencies during the past 24 hours. This provided for immediate joint agency assessment, planning and action to be taken to protect victims and for agencies to understand each other's roles. The CRC had committed substantial resources to this and supported the flow of internal communication and action through dedicated case coordinators.

We found issues in CRC practice that related to decision-making by the NPS. Two of these have been outlined above: the lack of BBR referrals and quality of risk assessment by some courts teams. We also found some cases that should have been

returned to the NPS immediately after allocation to the CRC or escalated to the NPS after indicators of increased risk of harm were identified. Of the seven cases for which we judged it appropriate, only one had been escalated to the NPS. It was clear that CRCs lacked confidence that the NPS would accept relevant cases, and this prevented them from trying.

Poor practice example:

Graham was released from custody with a licence condition not to contact his victim or another female. He had a long history of domestic abuse, had previously been managed by the NPS, and was currently on bail for robbery and violence and neglect of his ex-partner's son. He was in contact with his own son. The responsible officer sought advice from her manager about the potential for returning the case to the NPS but was advised that the NPS would not accept a case where there was yet to be a conviction for injury to children. The CRC continued to manage the case but failed to address the range of complex issues it presented, some of which needed determined communication with reluctant partners.

Responsible officers tended to work in isolation when assessing and planning how to work with the individuals they were supervising. They enhanced their assessments with information from other agencies in 49 per cent of cases and incorporated the work of partners into CRC plans in 36 per cent.

Some of the more complex cases deserved a multi-agency approach, but even when cases were being managed through IOM, CRC records provided little evidence of joint decision-making in individual cases. Responsible officers had monitored individuals' compliance with control measures such as exclusion zones and restraining orders, and shared relevant information with partner agencies about this, in 41 per cent of cases. They often deferred all responsibility for monitoring and enforcing these measures to the police without reflecting on the benefits that a coordinated approach could bring.

We expect the NPS to initiate domestic abuse checks with the police in all cases at the point a pre-sentence report is ordered by the court. Those checks, and responses from the police, should be clearly recorded on nDelius. If the checks have not been made, or a reply has not been received by the time the case is allocated, we expect the responsible officer (CRC or NPS) to follow this up. In the main, responsible officers made appropriate checks with the police and children's social care at the start of an order or licence. However, they often failed to chase for information they had requested, ask for updates or act on information about new relationships.

Child safeguarding checks had been made as necessary throughout the sentence in 47 per cent of cases, and requests for police call-out information in only 31 per cent. These left deficits in the CRCs' ability to make effective decisions throughout the case. In some PCC areas, the police had found it hard to resource the continuous requests for information from the NPS and CRC. We were pleased to see local action to address this and develop protocols, some jointly resourced, to increase the flow of information between the CRC and police.

Poor practice example:

Jacob was sentenced to a community order with a requirement to complete BBR. Initial safeguarding checks were completed which indicated that his child was being assessed by children's social care. The responsible officer did not make a referral to BBR or to the PLW, and there were no external measures, such as a restraining order, in place to add protection.

Following sentencing, Jacob moved back to live with his partner, the victim of domestic abuse, and their child. The CRC had not made any further contact with children's social care, either to share this information or to discover the outcome of the assessment of the child's safeguarding needs.

Alcohol had been identified as linked to Jacob's domestic abuse behaviour, and his compliance with his sentence was erratic. However, since the initial checks, the responsible officer had not completed any police domestic abuse call-out checks. The responsible officer's own assessment, that the child in this case was at low risk of harm by the father, was not supported by evidence. The responsible officer had left both the victim and her child potentially unprotected.

Many responsible officers were poor at challenging children's social care decisions to close cases, trusting that social workers knew best. Conversely, there were examples where responsible officers were working confidently with children's social care in proactive, effective partnerships.

Some organisations, such as Shelter, were providing a helpful service that met the specific needs of individuals on release from custody. However, there was often a lack of joined-up approach between the CRC and providers/partner agencies so that responsible officers were not always aware of whether or not individuals were participating in the interventions planned for them. This was most notable with substance misuse agencies and women's centres, which did not have access to CRC case management systems.

CRCs worked well with the police in areas where IOM included domestic abuse cases. We saw examples where this helped the flow of communication about ongoing risk of harm to victims, including domestic abuse call-out information; joint home visits; and a coordinated approach to monitoring protective measures such as restraining orders.

5.2. Conclusions and implications

CRCs were working well with strategic partnerships to widen the range of interventions and services available. They were active members of local MARACs and IOM arrangements, which helped CRCs to understand and participate in partnership plans for reducing reoffending and protecting victims and children.

The quality of partnership working at a practice level was variable. CRCs were capable of effective joint work with partner agencies. However, often there was too little communication between responsible officers and practitioners in other agencies to safeguard victims and children, or to make sure that individuals were engaged in appropriate interventions.

Responsible officers relied too much on decisions made by their partners about risk of harm and the need to protect children. This reduced the likelihood that they would make the right decisions about how to manage their cases. In some cases, this led to cases remaining with the CRC when they should have been returned or escalated to the NPS.

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Annex 1: Glossary

Accredited programme	A programme of work delivered to offenders in groups or individually through a requirement in a community order or a suspended sentence order, or part of a custodial sentence or a condition in a prison licence. Accredited programmes are accredited by the Correctional Services Accredited Panel as being effective in reducing the likelihood of reoffending
Allocation	The process by which a decision is made about whether an offender will be supervised by the NPS or a CRC
Building Better Relationships (BBR)	BBR is a nationally accredited groupwork programme designed to reduce reoffending by adult male perpetrators of intimate partner violence
Child Protection	Work to make sure that all reasonable action has been taken to keep to a minimum the risk of a child coming to harm
CRC	Community Rehabilitation Company
HMPPS	Her Majesty's Prison and Probation Service (HMPPS): the single agency responsible for both prisons and probation services. See note below on NOMS
IDVA	Independent domestic violence advisers: provide support to victims of domestic abuse living in the community and assessed as being at high risk of further domestic abuse
Integrated Offender Management (IOM)	Integrated Offender Management brings a cross-agency response to the crime and reoffending threats faced by local communities. The most persistent and problematic offenders are identified and managed jointly by partner agencies working together
MASH	Multi-Agency Safeguarding Hubs act as the first point of contact for new safeguarding concerns or enquiries. They usually include representatives from the local authority (children and adult social care services), the police, health bodies, probation and other agencies
MoJ	Ministry of Justice
nDelius	National Delius: the approved case management system used by the NPS and CRCs in England and Wales
NOMS	National Offender Management Service: until April 2017, the single agency responsible for both prisons and probation services, now known as Her Majesty's Prison and Probation Service (HMPPS).
NPS	National Probation Service: a single national service which came into being in June 2014. Its role is to deliver services to courts and to manage specific groups of offenders,

	including those presenting a high or very high risk of serious harm and those subject to MAPPA
OASys	Offender assessment system currently used in England and Wales by the NPS and CRCs to measure the risks and needs of offenders under supervision
Partners	Partners include statutory and non-statutory organisations, working with the participant/offender through a partnership agreement with the NPS or CRC
PLW	Partner Link Worker (previously called the Women's Safety Worker). The PLW plays an integral role in BBR, providing a service to help protect and support victims and their children
Providers	Providers deliver a service or input commissioned by and provided under contract to the NPS or CRC. This includes the staff and services provided under the contract, even when they are integrated or located within the NPS or CRC
PO	Probation officer: this is the term for a 'qualified' responsible officer who has undertaken a higher-education-based course for two years. The name of the qualification and content of the training varies depending on when it was undertaken. They manage more complex cases. In CRCs they may have different titles, such as senior case manager, but are working at this grade
PSO	Probation services officer: this is the term for a responsible officer who was originally recruited with no qualification. They may access locally determined training to 'qualify' as a probation services officer or to build on this to qualify as a probation officer. They may manage all but the most complex cases depending on their level of training and experience. Some PSOs work within the court setting, where their duties include writing pre-sentence reports. In CRCs they may have different titles, such as case manager, but are working at this grade
Rehabilitation Activity Requirement (RAR)	From February 2015, when the Offender Rehabilitation Act was implemented, courts can specify a number of RAR days within an order; it is for probation services to decide on the precise work to be done during the specified RAR days
Responsible officer	The PO or PSO responsible for managing the case
SARA	Spousal Assault Risk Assessment: helps criminal justice professionals to predict the likelihood of domestic violence by screening risk factors in individuals suspected of or being treated for spousal abuse
Thinking Skills Programme (TSP)	An accredited group programme designed to develop an offender's thinking skills to help them stay out of trouble

Annex 2: Methodology

Part one: Pre-fieldwork

1. A review of national and international research into 'what works' for domestic abuse
2. Collation of national and HMPPS domestic abuse and interventions data
3. Identification and analysis of MoJ and HMPPS CRC contracts and schedules, policies and guidance
4. Context discussions with MoJ and HMPPS managers
5. A trawl of previous inspections and audits relating to domestic abuse
6. A survey conducted to help gain an initial overview of the types of interventions CRCs were providing for domestic abuse perpetrators, how perpetrators were being identified, work taking place with victims of domestic abuse, partnership working and any strengths or areas for improvement in relation to domestic abuse. A total of 10 CRCs responded from a possible 21, giving a response rate of just under 50 per cent.
7. A pilot inspection hosted in Norwich by Norfolk and Suffolk CRC (owned by Sodexo) to test our domestic abuse thematic inspection methodology and tools. This took place in March 2018.

Part two: Inspection fieldwork

The inspection fieldwork included visits to five areas in April and May 2018, covering a mix of metropolitan, urban and rural areas. Five of the eight CRC-owning companies were represented, as shown below:

Focus for case assessments	Local Delivery Unit	CRC	CRC owner
Leicestershire	Leicestershire	Derbyshire, Leicestershire, Nottinghamshire and Rutland	Reducing Reoffending Partnership (comprises Ingeus UK, Change Grow Live and St Giles Trust)
Leeds	Leeds	West Yorkshire	Purple Futures (an Interserve-led partnership)
Surrey	Surrey and Sussex	Kent, Surrey and Sussex	Seetec
S E Lancashire	S E Lancashire	Cumbria & Lancashire	Sodexo Justice Services, in partnership with Nacro
Wrexham and Flint	North Wales	Wales	Working Links (with a probation staff mutual)

The fieldwork comprised:

1. Assessment of 112 cases; in 100 of these we interviewed the responsible officer and in eight we interviewed a manager. We interviewed 62 different people during our case assessments. Four of our interviews were conducted in Welsh.
2. We conducted the following interviews:
 - 24 with CRC senior and middle managers, focusing on areas such as domestic abuse strategy, interventions and programmes, quality of practice and performance, commissioning and safeguarding and partnerships
 - 17 with members of programmes delivery teams
 - eight with Partner Link Workers and their managers
 - four CRC and HMPPS senior contract managers
 - four representatives from the police to discuss IOM, MASH, MARAC, domestic abuse and public protection
 - ad hoc interviews with partners, providers and administrators
3. We facilitated focus groups with:
 - 14 middle managers
 - 23 responsible officers
 - 30 service users
4. We undertook observations of practice in relation to:
 - domestic abuse RARs
 - the Leeds MARAC/MASH morning meeting
 - ADAPT – the partnership domestic abuse meeting in Leicestershire
 - BBR (live monitoring/DVD observation)

We spoke with the MoJ domestic abuse policy team and conducted interviews with HMPPS contract management, and rehabilitation and assurance teams, HMPPS Wales and the Welsh Government domestic abuse perpetrator policy lead.

Part three: Inspection case profile

We examined 112 cases of offenders who had been sentenced to a community order or suspended sentence order or who were on licence from a custodial sentence and where it was known that they were perpetrators of domestic abuse. Of the cases we assessed:

- the index offence was related to domestic abuse in 93 (83%)
- BBR was a requirement of the sentence in 29 (26%)
- the CRC had classified the risk of harm to known adults as medium in 100 (89%)
- the CRC had classified the risk of harm to children as medium in 51 (46%).

The demographics of the service users in the 112 cases assessed were as follows:

- 18 (16%) were aged 18–25 years, 47 (42%) were 26–35 years, 44 (39%) were 36–55 years and 3 (3%) were 55+ years
- 107 (96%) were male; 5 were female
- 90 (81%) were white
- 58 (52%) were serving a community order, 26 (23%) a suspended sentence order and 28 (25%) were subject to a period on licence
- Most commonly the offenders had committed assault (66), stalking and harassment (14), a public order offence (12) or criminal damage (11).

NB: Throughout this report all names referred to in practice examples have been amended to protect the individual's identity.



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