PRACTICE GUIDANCE

Deciding programme suitability criteria when demand outstrips resources

Domestic violence perpetrator programmes are increasingly being overwhelmed by demand for programme places. This is the case for programmes both within the criminal justice and voluntary sectors. As a result many of our services are now operating in environments where programme places are rationed. This is particularly acute in the criminal justice system where it can lead to regional variations in sentencing options available to the courts. In the voluntary and community sector funding often becomes the deciding factor in who gets seen. Until we find a way to balance demand with resources more services will soon be faced with the problem of deciding how to allocate places.

Where capacity is outstripped by number of referrals there seems to be two ethically acceptable options. Firstly, to close access to the service until there are places available and then to allocate on a first come first served basis. Secondly, to make allocation decisions based on our best knowledge of what works in terms of reducing risk and bringing about a cessation of abusive behaviour.

First come first served
This option has many things going for it; if operated well it should mean that programmes are not running with a waiting list. Waiting for a significant period before being able to join a programme can reduce the effectiveness of the intervention. The waiting time between assessment and programme start is crucial. If this period is more than a few weeks it seems to lead to a significant increase in the number of men who fail to start the programme.

Having perpetrators wait for long periods before joining a programme or getting seen for assessment is a situation to be avoided, especially since this can expose partners and children to *additional* risk. The Respect service standards address this issue requiring services to refer on other Respect organisations rather than running long waiting lists. Waiting times also place a burden on the women's support services because the partners/ex-partners of the men on the waiting list cannot be ignored.

Allocation on the grounds of suitability and safety
Offering a programme place on a first come first served basis means that some men unsuitable for the intervention will no doubt take up spaces that could have gone to those more motivated and therefore better able to benefit.
However, choosing to offer a place purely on the grounds of suitability ignores the issue of risk. If we are to use the precious resource of a programme place well, then we need to target those who present as the most dangerous.

Risk of course is not static, and situational variables can change quickly. Risk alone is an inadequate indicator on which to base decisions on the best use of valuable programme places. Putting only the most dangerous men on programmes will not ensure women's and children's safety if they are not able or motivated to benefit from the programme.

Balancing risk with programme suitability seems a sensible approach where programme places get taken by men who are dangerous but who also demonstrate amenability to the

intervention. External factors and life circumstances also impinge on whether someone completes a programme; thus these also need to be considered.

The following section sets out criteria for making such decisions in relation to the client's suitability for the intervention. The following table is adapted from the work of Calvin Bell of (Ahimsa) Safer Families and Respect is grateful for his permission to use this. The original material was designed for use in a child protection context and Respect has adapted this slightly to be more broadly applicable.

In an ideal world there would be sufficient resources to offer all perpetrators places on intervention programmes; until we achieve this there needs to be a process for making these difficult decisions. This is of course not a science in which scores can be calculated and not all the criteria will deserve equal weighting. However, our aim is to provide an analytical, considered and straightforward framework to aid practitioners in making these judgements.

Ideally all the high-risk and most suitable referrals would get offered programme places. After this it is a balancing act, which in my view favours programme suitability as a stronger indicator over risk of whether to offer a programme place. If programmes are used to manage the risk of men who show little motivation to change we are wasting a place, making the group process less effective, denying the intervention to some who could use it better and raising false hope in their partners and others.

In these cases there are other, probably more effective, ways of managing risk than through programme attendance.

Respect is proposing that organisations that are now rationing access to their service start to consider the most useful ways to do this. We hope this tool will support practitioners and practice managers in making difficult decisions about access to help.

Table 1. Treatment viability indicators for domestic violence perpetrator services				
variables	**unsuitable** ←		→ **suitable**	
1 Understanding of the concerns about his DV behaviour	no understanding of the concerns	little understanding of the concerns	some understanding of the concerns	understands the concerns and the purpose of treatment	fully understands the concerns and the purpose of treatment
2 Attitude to the concerns about his DV behaviour	totally rebuts all concerns	largely rebuts the concerns	partially accepts the concerns	accepts the concerns	fully accepts the concerns
3 Motivation to pursue change through treatment	no motivation	minimal motivation	ambivalent	motivated	highly motivated
4 Attitude to specific programme goals	refusal to address programme goals	refusal to address some of the programme goals	ambivalent but willing to address programme goals	motivated to address all programme goals	strong desire to address all programme goals
5 Willingness to work collaboratively	confrontational stance	will not collaborate (or is overly compliant)	some collaboration with the programme worker	collaborates	collaborates fully
6 Authenticity of presentation	previous deceit; evidence of current deceit	previous deceit; inauthentic presentation	previous deceit; at times evasive	previous deceit; authentic presentation	no history of deceit; authentic presentation
7 Insight	No capacity or desire to self-reflect	little capacity or desire to self-reflect	some capacity and desire to self-reflect	capacity and desire to self-reflect	high capacity and desire to self-reflect
8 Cognitive distortion	frequent and significant cognitive impairment	distortions of perceptions, attribution, interpretations etc	occasional distortions	some minor distortions	no obvious distortions
9 Emotional regulation	highly reactive to aversive feelings	reactive to aversive feelings	some capacity to contain aversive feelings	capacity to contain aversive feelings	high capacity to contain aversive feelings
10 Attendance	less than 50% attendance	irregular attendance	unacceptable absence	no unacceptable absences	full attendance and regular punctuality
11 Substance use	frequently arrives for sessions under the influence	has arrived for session under the influence	not under the influence but adverse effects from recent use	no adverse effects on treatment from recent substance use	no known substance misuse
12 Assignments	unwilling or unable to complete homework	no homework completed	some homework completed	homework completed	all homework completed well
CONTEXT				
13 Life circumstances	life circumstances are likely to make treatment unworkable	life circumstances are likely to compromise treatment	life circumstances are unlikely to impact on treatment	life circumstances are likely to support treatment	life circumstances are likely to enhance treatment
14 Access	transport/childcare problems are likely to make treatment unworkable	transport/childcare problems are likely to compromise attendance	transport/childcare issues are unlikely to impact on attendance	transport/childcare arrangements are likely to facilitate attendance	transport/childcare arrangements are likely to ensure full attendance
15 The referring agency's position	Agency position and resourcing are likely to make treatment unworkable	Agency position and resourcing might compromise treatment	Agency position and resourcing are unlikely to impact on treatment	Agency position and resourcing are likely to support treatment	Agency position and resourcing are likely to enhance treatment
16 Inter-agency functioning	effect of multi-agency functioning is likely to make treatment unviable	multi-agency functioning might compromise treatment	multi-agency functioning is unlikely to impact on treatment	multi-agency functioning is likely to support treatment	multi-agency functioning is likely to enhance treatment

Rationale for table items 1-16

1) Perpetrators who do not understand how their behaviour is of concern are more likely to be dangerous and less able to engage in the change process (a lack of understanding may point to learning difficulties that may also be an issue).

2) As well as understanding how their behaviour raises concern, the degree to which the man shares this concern is an indicator of his motivation to change.

3) This involves assessing the degree to which the man is able to understand the benefits for himself of changing his behaviour and if he is committed to the programme as a way to achieve this. Also, it is important to note how realistic he is about the personal investment this will require. (High motivation is not a *prerequisite* of 'treatability' but with well-motivated men change is generally more likely to occur, more likely to occur quickly, and more likely to be sustained.)

4) To what extent is the man committed to all the goals and requirements of the programme (such as providing details of his partners including cessation of non-physical abusive behaviours.

5) Does he have enough goodwill towards the service and its staff to benefit from the programme?

6) Is he being fairly honest about what he tells the assessment team/programme staff? (Is he walking the walk as well as talking the talk?) The intensity of internal conflict between his abusive behaviour and ideal self are indicators of this. Also it is useful to note how congruent his statements are; if they feel over rehearsed, they probably are.

7) Does he exhibit insight or does he have the capacity/willingness to develop it?

8) Does he present his victim's behaviour in an unrealistic way (does he see others as manipulating him and involved in conspiracies against him)? Men with high levels of cognitive distortion are likely to do less well in programmes.

9) This area concerns the man's ability to tolerate the strong feelings that may be elicited by being challenged or by having to confront vulnerable parts of himself that he would rather ignore without reacting aggressively to staff or other service users.

10) Is the man likely to be able to keep appointments?

11) Does the level of his substance use mean that his ability to derive benefit from the programme is likely to be impaired? (One thing to note here is that where the man is attending a drug/alcohol service is he sustaining this commitment or does this need time settle into this before programme commencement. Also, where a man is in recent 'recovery', the chance of relapse may be increased with the emotional challenges he may have to face on the programme.)

12) This concerns the man's willingness/capacity to undertake home assignments to support the work her does on the programme (e.g. control logs, feedback forms).

13) Life circumstances cover a whole range of factors such as work patterns, health, homelessness etc. For example, if someone is working shifts and is unable to change this. they will repeatedly be unavailable for programme sessions.

14) This covers the ability for the man to physically get to and from the service (e.g. special needs that cannot be catered for, transport, and childcare responsibilities).

15) Completion rates for domestic violence programmes are affected by the role of the referring agencies. For example, if the referral is by a social worker, will she/he remain involved and help to motivate the man to attend (or apply pressure in the short-term)? Will he/she support his attendance on the programme, or will they collude (albeit inadvertently)?

16) The role of multi-agency working in supporting the man through the programme and in identifying and managing risk can enhance client motivation and can be crucial to the outcome, whereas poor communication and lack of support among agencies can undermine the process for both the man, his partner and their children.

While this framework can provide a template for making allocation decisions, input from those working with the women and her children will increase the soundness of these decisions, and this should be sought wherever it is available.