



## **Lessons from Respect Accreditation Assessments**

We are half way through the third year of Respect Accreditation and it's time to take stock of what we have done so far, draw out the lessons and begin the process of renewing the Respect Service Standard and accreditation process, so that it can continue to meet the needs of the sector from April 2011 onwards.

Respect has now completed 24 assessments of organisations providing a Domestic Violence Prevention Programme (DVPP) and an Integrated Support Service (ISS) for the partners and ex-partners of those attending the DVPP. In doing this we have learnt a lot about how to do accreditation assessments and this must now be translated into improvements in the process so that it uncovers the strengths and frailties of organisations as quickly, supportively and unfailingly as possible.

There are some standards that tell us little about effective service provision and it is proposed that these are dropped. There are new variations of service delivery that we could consider bringing into the Respect standard framework, the obvious one being the development of individual work programmes. What is crucial is that we learn the lessons that these 24 assessments can provide about what is critical to a safe and effective service and the areas we need to concentrate on to strengthen the sector.

The 24 assessments are made up of:

- 4 assessments as part of the Accreditation pilot.
- 13 Risk Management and Safeguarding assessments
- 7 Accreditation assessments

The organisations assessed range from charities with a turnover of more than a million pounds to small organisations operating on less than £100,000 per year. They include multi-agency partnerships, stand alone charities, statutory agencies and large national charities where the Domestic Violence Prevention Service (DVPS) makes up only one element of their overall service provision. The background of the organisations and the staff they employ varies, including criminal justice, child protection, family counselling, psychotherapy, psychology and specialist domestic violence professionals.

### **Types of assessment**

The Accreditation assessment requires that the organisation meets all the requirements of the standard<sup>1</sup>, while the risk management and safeguarding assessment (RM&S) was developed to assess ability of services to provide a safe service for the family courts and covers around half the number of service standards. Both the assessments look at practice and require assessors to visit the service, review case files, view group recordings, interview staff and review policies and

---

<sup>1</sup> <http://www.respect.uk.net/pages/accreditation-project.html>

procedures. While the RM&S assessment is less rigorous than the full Accreditation assessment both provide an accurate picture of how the organisation is functioning.

Accreditation assessments go to an external panel for scrutiny and the panel's function is to determine if the assessment has been undertaken fairly and accurately. If this is the case then the panel can:

- award the organisation accreditation  
Or
- ask the organisation to address specific areas so that the assessment can be revisited within six months and returned to the panel to be reconsidered  
Or
- decide that the organisation needs to step out of the accreditation process and address significant problems.

In undertaking this review I have only considered the initial assessments as these provide the most significant indicators of our practice across the sector.

### **Does Size Matter?**

The size of the organisation has little influence over the quality of the service. Any size service can be a superb service, regardless of whether your budget is £1 million plus or £100,000. Very different services, at either end of the resource spectrum, achieved full accreditation on their first visit to the panel. Very similar organisations (in terms of budget and structure) also produced some very different assessment outcomes.

This tells us that the accreditation system does not discriminate against different types or sizes of organisation.

Size/type of organisation	Passed Accreditation 1 <sup>st</sup> time	Failed Accreditation 1 <sup>st</sup> time	Passed RM&S First time	Failed RM&S First time
Org <100K	3	2	5	2
Org >100K	1	1	4	2

Pilot assessments not included<sup>1</sup>

### **Does the structure of the organisation matter?**

The data on this is not conclusive; all types of organisations seem to be able to meet the standard. However, I am noticing that there is a tendency for organisations whose primary focus is domestic violence or violence against women in its broader sense are slightly more likely to get through at the first attempt. As we do more assessments we will have a clearer sense of this. I have some ideas as to why this is the case which I will explore further when we look at what areas of the Respect standard organisations fail, and why. However, there is no sense that organisational type is a barrier to accreditation.

Organisation structure	Passed Accreditation 1 <sup>st</sup> time	Failed Accreditation 1 <sup>st</sup> time	Passed RM&S First time	Failed RM&S First time
Stand alone dv charity	3	1	4	
Stand alone charity				1
Multi-agency partnership		1		
Part of large National Charity	1	1	6	2

Pilot assessments not included

### **Does the organisation's underpinning understanding of domestic violence affect accreditation?**

All of the organisations applying for accreditation delivered services that were informed by a range of perspectives on what influences men's violence towards women. This in itself did not make any difference to the accreditation outcome. Assessors have the privileged position of seeing the practice of lots of different organisations. It's an opportunity most practitioners sadly do not get. The assessors observed the practice of organisations who see themselves as providing a "more therapeutic" intervention and those who see themselves as more psycho-educational. What transpired is that when the practice is good, what services are doing, in the room, with their clients is more similar than different.

### **When organisations fail to meet the standard, where do they fail?**

This section undoubtedly provides the most significant lessons for providers of DVPSs, as it gives clear evidence about where the strengths and weaknesses broadly lie, across the sector.

**Pilot Assessments** In the pilot assessments 40% of the services standards were passed by all four pilots. Section F, on multi agency working was passed consistently across all organisations, both during the pilots, and subsequently in accreditation and RM&S assessments. At the other end 31 standards were passed by just under half of the services and these consistently included the following areas:

- Diversity – strategy and budget
- Dv and employees policy or procedure
- Collecting outcome data
- Risk assessment and management
- Children's safety and joint working with Children's Services

### **Risk Management and Safeguarding and Accreditation Assessments**

Given that most services were using the pilot assessments as a service development tool rather than quality assurance, it was not unexpected that overall compliance levels were significantly lower than Accreditation. When the assessment really mattered we saw much stronger results. The number of standards passed by almost every organisation at accreditation is 78 of the 105 or 75%, a huge increase. In the RM&S assessments, where the total number of standards is 62, 42 of these were

passed by every organisation, which is 70%, similar to the accreditation assessments. Of course some organisations met all of the standards first time.

So if organisations are on average passing around 75% of the service standard, was there a pattern as to the areas that some organisations failed to meet?

The two tables below show the service standards most consistently failed in both RM&S and Accreditation assessments. These provide some very clear indications of what areas need more attention across the sector.

<b>Risk Management and Safeguarding assessments</b>	
<b>Standard</b>	<b>Ave Percentage Pass</b>
B7.6 – If a case is in legal proceedings in relation to the safety of a child there is a need for an expert DV assessment before accepting the referral	53
B8.1 - No service when the client is pursuing a contact dispute without an expert domestic violence assessment	53
A5.3 - Case records contain adequate information	53
A1.1 - Policy and Procedure ( weak on DV and employees and risk management)	69
B9.2 - No service client is live in the criminal justice system (CJS)	69
D1.5 - Clients given outcome of their risk assessment	76
B3.5 - Partner details and risk info to ISS in 24hrs of first assessment	77
B4.3 - Suitability reviewed and deselection if necessary	77
B9.3 - If arrested the service to the perpetrator is placed on hold until the to CJS process is complete	77
D1.1 - Procedure for assessing risk	77
D1.2 – Risk is communicated routinely	77
D1.4 - Case management considers and records changes in risk	77

<b>Accreditation assessment</b>	
<b>Standard</b>	<b>Ave Percentage Pass</b>
A5.3 Case management records changes in risk and risk management actions	42
D1.1 Procedure for assessment, is consistent and uses an evidence based risk assessment tool	42
B2.1 Model and practice based on principles as set out in the standard – (Inconsistent risk assessment)	57
B7.5 Intervention work with parents of children subject section 47 assessment starts with a thorough assessment of risk	57
C1.3 The organisation has a strategy to improve access to its service by all sections of the community	57
D1.3 Limits of risk assessments communicated to outside agencies when reporting on risk	57
D1.4 - Case management considers and records changes in risk	57

## **Use of Expert Assessments**

In the RM&S assessments a consistent difficulty is the lack of understanding about the use of expert reports<sup>2</sup> and access to suitable experts in some areas of the country. Respect, Cafcass and the Association of Directors of Children's Services came to the view that when a complicated child protection or child contact case is referred to a DVPS then there should be an expert assessment of the risk to the child if contact were to take place. This is necessary for the service to fulfil its safeguarding role adequately. The majority of services do not have this expertise within their organisation's staff team. Therefore, the assessment needs to be undertaken by a suitably qualified expert. There is significant regional variation in the use of expert reports and this is evident in the RM&S assessments. There was some evidence of organisations taking referrals directly from solicitors when an expert report on the domestic violence risk should have been required first. Both Cafcass and Respect are working to improve organisations' understanding in this area and the availability of such reports.

Although, by the time organisations got to the Accreditation assessment this area has been addressed.

## **Criminal Justice Involvement**

The RM&S assessments show that a number of organisations were not compliant with the standard concerning perpetrators involved in an ongoing criminal process. The standard is clear that if a client is involved in a criminal process then this must be concluded before work can start or continue with this client. There are many reasons for this; the client, or their solicitor, will use the client's attendance on the programme as mitigation in court; the client may use their attendance as a lever to get their partner to withdraw her statement. Following this the client frequently fails to continue to attend the programme. To prevent DVPP's being used by perpetrators of domestic violence to escape the consequences of their actions, the standard B9 should be adhered to. Organisations often cited that they thought it was safer to continue to work with the client than to put this on hold during the criminal process. This view over estimates the impact of the DVPP on safety and underestimates the effect of being held accountable through the criminal justice system, and there is no evidence to support this view. Also, if the client was keen to get on with their work on the DVPP, then pleading guilty would speed up the process dramatically and this is something DVPP staff could suggest.

Also DVPS should remain involved with supporting the women during the criminal process, ensuring that they have access to appropriate services to keep her safe.

---

<sup>2</sup> For further information on expert domestic violence assessments see the report by Chris Newman (Respect, May 2010) <http://www.respect.uk.net/pages/risk-assessment.html>

## **Diversity**

Organisations have improved their performance in responding to the diverse needs of the communities in which they work and the improvements since the pilot assessments is excellent. The one area where there is room to cement this progress is in the use of organisational targets and a diversity strategy to continue to improve responses across all diversity strands. Even where these are resource light, they maintain the momentum of the organisation towards first class service provision.

## **Risk Management and Case Management**

Problems with this area of work occurred both in RM&S and Accreditation assessments. There are a number of reasons for this:

- Sometimes we found that staff did not have a sufficient understanding of risk assessment. They may know that certain behaviours are indicators of increased risk but are less clear as to risk of what, to whom, with what imminence or seriousness, and unsure about how risk markers are clustered together to provide assessment of risk.
- The widespread use of the DASH or CAADA RIC is resulting in services seeing the risk as “belonging” to the victim rather than the perpetrator. So there was some inertia in translating the fact that when the man’s partner comes out as high risk on the DASH, this means that the man is a high risk to his partner.
- Some services had not adopted a risk assessment tool across both elements of the service. E.g. they might be using the DASH in the ISS but were using a behaviour inventory or similar (not a risk assessment tool) in the DVPP.
- In some services they were not bringing together risk information from the ISS and DVPP into a coherent organisational view on risk.
- Risk to children was not recorded in some organisations case files
- There was a lack of clarity about the functions of Case Management, Treatment/Practice Management and Clinical Supervision. This was significant where case management was focused on client engagement (a practice management or Clinical Supervision issue) not on risk and implementation of risk management actions.

While risk/case management is a concern in some organisations many have excelled in this area and have much to share with others. From an analysis of the assessments done so far there is no clear pattern as to why risk and case management are stronger in some organisations than others. However, where the organisation is not a domestic violence specialist, then seeking external support around case and risk management should be seriously considered. Also, case management is the organisation’s responsibility not that of the frontline staff. If an organisation is not adequately managing the risk its clients pose then in our view it’s the senior manager or CEO who is responsible for addressing this.

## **What can Respect do?**

Respect can do a lot to address all of the above concerns. Below is list of what we are currently doing:

- Risk assessment training is available and addresses everything raised above

- We have developed a CAADA RIC for use in services that enables both the assessment of risk posed by the perpetrator and the risk to the victim to be brought together in case management. This is available on the risk assessment section of the Respect website.
- Respect have undertaken a review of expert risk assessment in the family court<sup>3</sup>
- Respect will soon launch a list of recommended domestic violence experts so that organisations can refer solicitors and family court staff when they are seeking an expert report.
- Respect is providing a lot of support to members who are engaged in accreditation including hands on help in establishing good risk assessment, case and risk management processes.
- REDAMOS has the CAADA DASH built into the system and helps organisations record effectively changes in risk.

There is more that we would want to do, so if you have any suggestions I would be happy to hear these, please email me [neil.blacklock@respect.uk.net](mailto:neil.blacklock@respect.uk.net)

The services that met the standard did so by strengthening the structures of the organisation, this ensured that there was organisational oversight on the safety and wellbeing of its clients and this responsibility was not left on the shoulders of individual members of staff.

I will be circulating three more papers as part of this review and the next paper will focus on the standard itself. I would like to make it sharper. I think we could move towards a tighter standard that focuses on the key areas. Also, I would like us to consider individual work and suggest some standards around this. This forms part of wider consultation on what the second edition of the Respect service standard should look like. I really want to hear from members and others with their suggestions.

The second paper will be on the assessment system, what have we learned, what improvements can be made and how can we make the assessment process support service development. Finally, we will consider what reaccreditation should look like.

The Respect Accreditation system works because it is a collaborative effort between the assessors, the organisations that give us the privilege of studying how they work and the accreditation panel members who scrutinise the fairness and rigor of the accreditation assessments. Thank you for your intelligence and good humour over the past three years.

---

<sup>i</sup> The pilot assessments are not included in the table as they are something of an anomaly. At the time of the pilot, the service standard was not understood in the way it is today. Organisations putting themselves forward as pilot sites were using the process to get an insight into how their organisations were functioning rather than seeking to pass a standard. So the pilots provide us with insight into the strengths and weakness of those services at that time. I have included the pilot data when considering the broader issues in relation to performance of the sector but they do not change our understanding of which organisations reach the Respect standard and why.

---

<sup>3</sup> <http://www.respect.uk.net/pages/risk-assessment.html>