HOUSE OF COMMONS

Women and Equalities Committee

Oral evidence: The escalation of violence against women and girls, HC 131

Wednesday 17 January 2024

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Watch the meeting

Members present: Caroline Nokes (Chair); Dr Lisa Cameron; Carolyn Harris; Kim Johnson; Kirsten Oswald; Bell Ribeiro-Addy.

Questions 51 - 114

Witnesses

I: Jo Todd CBE, Chief Executive at Respect; Suzanne Jacob OBE, Chief Executive at SafeLives, and Nicky Park, Director of Criminal Justice and Women's Services at St Giles Trust.

II: Kim Thornden-Edwards, Chief Probation Officer for England and Wales at HM Prison and Probation Service, and Alice Adamson, Deputy Director Rehabilitation Strategy and interventions at HM Prison and Probation Service.

Examination of witnesses

Witnesses: Jo Todd, Suzanne Jacob and Nicky Park.

Chair: Good morning. Welcome to the Women and Equalities Select Committee and our ongoing inquiry into the escalation of violence against women and girls, with a particular emphasis this morning on perpetrator intervention.

I thank Jo Todd, chief executive of Respect, Suzanne Jacob, chief executive of SafeLives, and Nicky Park, director of criminal justice and women's services at St Giles Trust for joining us to give evidence this morning. As usual, Committee members will ask you questions in turn. They will usually indicate which witness they wish to respond, but if at any time any of you would like to come in, please indicate. That will be harder for you, Suzanne, as you are online, but we will try to make this work. We are starting with questions from Kirsten Oswald, please.

Q51 **Kirsten Oswald:** Thank you very much, Chair. Jo, from your work with perpetrators, what evidence do you think there is that men who commit certain crimes, such as non-contact sexual offences, then go on to commit serious violent offences against women and girls?

Jo Todd: I would say to start with that my area of work is specifically domestic abuse, to give some framing for some of my answers. It is very difficult to answer these questions because one of the big problems we have is that there is a huge lack of evidence and data being kept on men who cause harm to women and children. That is a huge problem. We have the ONS data, which gives us loads of evidence around victims, and we can extrapolate from that and make guesses about what it means and about how many perpetrators there are, but those are guesses, not hard evidence. I would like to be able to answer your question definitely and to be able to say, "We think there are this many perpetrators in England and Wales, or in the UK, and we think this is their pattern of behaviour," but we actually do not have that much data.

Anecdotally, yes, we do know that domestic abuse and other forms of violence against women and girls can escalate over time, or become more complex, and can include new and different forms. The men who are committing harm will become more sophisticated and choose different ways of offending when they think they can get away with it. But escalation in a linear way is not always the pattern that we have seen.

What we really need is a much more comprehensive view of perpetrators of violence against women and girls, and a focus on that within Government policy and thinking. It is a huge, volume issue. We sometimes get distracted by really high-profile cases and forget the actual numbers—1.7 million women in England and Wales every year. If we think about how many perpetrators that is, even if we are being really conservative about that estimate, it must be 1 million or more, and that is a huge percentage of our male population causing harm to women. It

is really important that we have that backdrop and think about what we want to do about that problem.

Some of those men will commit murder. The stats for last year were 134 femicides. That is a really shocking number, but it is also a tiny percentage of the men who are causing harm. What we do not know is why those 134 murder and others do not. There is a lot we do not know, so we have to kind of guess. We have been working for 24 years at Respect, so we have got quite good at guessing, but it is not good enough. It is not good enough that there is no data and that we are not interested or curious, as a state and as a Government, to understand this huge social justice issue.

It is great to see this Committee asking these questions, and there are some within Parliament who are really interested in this, but not enough.

Q52 **Kirsten Oswald:** In the context of the very fair points you have made about data, this is going to be a difficult follow-on for you to answer, but it would be interesting to hear your views none the less. As we are all aware, there have been multiple reports of serious incidents perpetrated by men who work in the emergency services—police, rescue, fire, ambulance service, NHS and so on. Do you see a particular problem of that nature in your own work?

Jo Todd: It is so important that anyone who is in a position to have power over others through their work, and sometimes care of others—intimate care of others, or care of others at times of crisis—upholds the values of doing their job in the right way. When they do not, it is incredibly shocking to us all, and some of the cases—I will not name the high-profile perpetrators—are incredibly shocking. But underneath those really high-profile cases, there is a culture that allows this to happen.

Some of the professions you have mentioned are male-dominated and some are not. When you look at the NHS report that came out recently about surgeons, it is really interesting that this is a male-dominated profession. Many areas of the NHS are female-dominated, and we do not see the same patterns. We do see it in areas that are male-dominated, such as policing and the fire service. When I say male-dominated, they are dominated by numbers on the one hand, but also by culture on the other.

A lot has been done to change the numbers and get more women into these traditionally male-dominated areas, but I am not sure we have seen the culture change that we would want to see alongside it. That does not mean there are not brilliant people trying—there are—but it is not enough. The failures are too big, and their impact is too big, not just on those who directly experience the harm, but on those who are put off from using those services. People may be put off ringing the police, because they are not confident, and that is exacerbated if you are from minoritized communities, where there are other intersecting issues of discrimination. If you are put off from using a service that should be

there to protect you and be the place you go to when you have been harmed, that is a real problem.

Q53 **Kirsten Oswald:** Thank you very much. Let me pose the same questions to Suzanne. First, is there evidence that men who commit non-contact crimes, for instance, go on to commit serious violence offences against women and girls? Secondly, do you see any issues in terms of serious incidents perpetrated by men in the professions that we have just discussed?

Suzanne Jacob: In terms of escalation, it is exactly as Jo says: there is a real paucity of data. At SafeLives, we have a real pedigree in the domestic abuse sector around collecting and analysing data, and believe me, if it was out there, we would be gathering it in if we could. But there is no investment in that.

There is an appetite for this data. We put to the Home Office a couple of years ago that, with a bit of support, we would be able to do some work on what is out there and what is available. Unfortunately, the Home Office did not feel able to support that at the time, but as an organisation that has a depth of expertise in the sector, we would really love to do more on that work.

One thing we have done over the last few years is a piece of work around the voices of men and boys. This is something that we wanted to add to what we do as an organisation, because those voices are very much missing from the picture around domestic abuse and indeed all VAWG offending. Around 1,200 people responded, which is pretty high considering that we are not an organisation that has tried that type of outreach with boys and men before, and about 30% said they had used harmful behaviour before that they now regret.

We do not have time to go into all that, but one of the things that is interesting is that only a tiny per cent—like 5%—said they had encountered any challenge around the behaviour that they perpetrated. Indeed, quite a few talked about how their behaviour had been validated by friends or family members. When they checked in with those people to say, "This is what I've done. Does it feel okay?" only about 5% encountered any resistance, intervention or anything.

What we can see from that picture is that, when people are starting to question their own behaviour, they are not encountering a system around them, whether friends, family or colleagues, depending on the age group, that then says, "That is not okay. There is something that can be done about it. This does not have to be what you do in the future."

When somebody recognises they might have done something that is not right, but we do not have these methods for intervening, then we have to assume that, in quite a high number of cases, there is going to be continued perpetuation or escalation. In particular, obviously, people feel

validated when they reach out and somebody, either intentionally or otherwise, colludes with what they have done.

In terms of your second question, around the emergency services, again, I would agree with Jo. I do not think there is necessarily any evidence that this is a specific issue in the emergency services, but I would echo what Jo said: where someone has power, influence and access to vulnerable people, and is working in a system where they do not have a great deal of accountability and those behaviours go unchecked, then you are going to see those forms of exploitation and abuses of power.

Q54 **Kirsten Oswald:** Thank you very much, Suzanne. Finally, to you, Nicky.

Nicky Park: One thing I want to add around the evidence base is that, in our experience at St Giles, one of the things we have recognised is that you can only count something that is categorised as a domestic abuse offence. What we have identified, both within the community but also in the work that we do within prisons, is that a number of men come in through assault of a PC, or through public disorder offences within community sentences, where it is a breach of the peace. If your index offence is not categorised as a domestic abuse offence, then the interventions that you receive or have access to will not be the right type of interventions. You might have access instead to anger management or enhanced thinking skills programmes, but those programmes are not targeted and focused on domestic abuse. You can actually increase the risk, because you are teaching and providing tools for men that might actually enhance their ability to manipulate or control their anger in certain situations and not in others, so you then exacerbate the situation.

Sometimes what you require is professional curiosity, but often the time and resources for that are not available within communities or in custody. If you are not cataloguing people in the correct way, then you will end up with a hidden number and a hidden problem. The 1 million that Jo talked about is probably more than that, but we do not know, because we are not able to catalogue it in the same way, so I would like to add that.

When it comes to the emergency services, I do not think I need to add anything to what Jo and Suzanne have said, because it is absolutely spot-on.

Q55 **Chair:** Jo, can I take you back to two things? First, I think Kirsten described it as the emergency services, but you specifically brought up Surviving in Scrubs and the NHS, and the challenges that there are in professions which have been historically very male-dominated. Do you think that reporting mechanisms within the NHS are as yet adequate for frontline workers to be able to report incidents of sexual harassment and abuse against them?

Jo Todd: They are obviously not when we have reports like the one I mentioned and they uncover what they uncovered. I do not work in the

NHS, so I do not know it from the inside, but from the outside, they do not look sufficient.

Q56 **Chair:** Does Respect have any view around anonymous reporting, and whether that can be a more effective tool than whistleblowing hotlines or other mechanisms that require individuals to put their name to allegations?

Jo Todd: Anonymous reporting means you can build up a picture, but the risk of that approach is whether you then have enough evidence to get you over a line. You really want to create a culture and an environment where people are not scared to give their name, and to have a whistleblowing policy that actually works, rather than create an anonymous system that will probably trip itself up further down the track.

Q57 **Chair:** You mentioned intersectionality. I wondered what, if any, work you are aware of that encompasses domestic abuse of the over-74s? It is only very recently that we have collected statistics on that. Do you think that there is a hidden challenge with domestic abuse within—my mother would not be impressed with this—the very elderly?

Jo Todd: My mother would not be impressed with that either.

Yes, domestic abuse is in every demographic you can name, so it is obviously in that demographic. There are probably differences within that demographic, as someone who may not have been a perpetrator in their younger life may experience dementia or brain injuries or things like that which might then lead to abuse. I am thinking about people I know, actually. One partner has dementia, and their behaviour has changed to a point where it is risky. That is very different and needs a different response.

We do not know enough, but we do not know enough about all perpetrators, and one of the points I would like to make is that, although we have been doing this now for nearly a quarter of a century, there is still so much that is not known. We have a duty, I think, to identify where those gaps are, to learn more and to do better.

Q58 **Chair:** Who should that duty sit with? That is not me being provocative. Should the Government be commissioning academic research? Should they be collecting more data to help them build up a picture?

Jo Todd: Yes and yes, but this is actually often driven by the voluntary sector and women's rights activists, rather than by the state. We sometimes have to strong-arm the state to take its responsibilities seriously, but every statutory agency should have a really clear policy on domestic abuse—not just how they respond to victims, but how they identify and respond to perpetrators. We are not anywhere close to that, even with the agencies that are facing perpetrators directly such as probation, prisons and policing—

Chair: We will be hearing from them later.

Jo Todd: —let alone health, education and those that are not so perpetrator facing.

Suzanne Jacob: I would really underline what Jo says: we could do with the Government setting standards, frameworks and principles for data collection around these issues, and then insisting that those are built into what goes on within the agencies over which it has a remit. As Jo says, it has to be that blended picture that is brought together between state agencies and the voluntary sector.

As we heard from Nicky, from St Giles, obviously it is obviously going to be flawed data because people are not always identified in the way that we would like, but there has to be a starting point somewhere. From the work that Jo and I do on the Drive Partnership, which has now been running for over seven years, the data that you can capture when those different agencies—both state and voluntary sector—work together is incredibly rich and is really meaningful in terms of how you understand an individual who is causing harm, who they are causing harm to, and how that can be stopped. That rich picture we have through the Drive Partnership is, I think, a pretty decent benchmark for how this can be done without putting great big burdens on agencies that they cannot manage, but also creating that blended picture which recognises the different expertise and insight that different bits of the system have.

Q59 **Carolyn Harris:** Can I just come back to what the Chair asked you, Jo, about older people? In another inquiry, we are looking at what more we need to be doing as a society for older people, whether through a commissioner, a Minister or whatever.

I am from a generation where domestic violence was not classed as domestic violence—it was "a domestic." I have a vivid memory of my first marriage. I was a barmaid, and my first husband turned up at the pub where I was working and beat me up. I went home to my parents' house, and he kicked the front door in. I can see my father now, standing there, in his underpants when the police came and said, "We can't do nothing about this. This is a domestic." That is something that has stuck with me forever. Now, I have moved on, and I recognise that that was not exceptional, but I know so many women who think, "This is how it's always been, so I am not going to do anything about it." What do we need to do to convince the older generation that they do not have to put up with this and that they are victims?

Jo Todd: The perpetrators have those views too, so what do we do about that? It is a really good point. You have to start where people are. By the time you get to 74-plus, your belief systems are pretty ingrained, so undoing those is not going to be an easy job. I am not talking now about the dementia-type of domestic abuse, but domestic abuse as we normally understand it. The likelihood of change at that age for a perpetrator is, inevitably, lower.

Suzanne Jacob: I really recognise what you are saying, Carolyn, and perhaps I could just give one quick example—I promise I will be as quick as I can. There is a housing association in the north-east, in Durham, called Gentoo. They have embedded specialist domestic abuse workers, as well as training up their maintenance people and their housing officers. They have 22,000 properties across the north-east, and they get to know their tenants very, very well. There is kind of a family vibe to being a tenant at Gentoo.

They had somebody go into one of the properties, and that person just had a sensation that something was wrong. The tenants were quite an elderly couple, and the house was as clean as a pin, and yet the housing officer, having had that training around domestic abuse, just felt something was not quite right. So they rang up the domestic abuse worker and said, "I can't put my finger on it. Something is not quite right." They went round together and spoke to the woman when she was on her own—her husband was out having medical treatment. She disclosed to them that she had been living with very controlling behaviour from her partner for years and years and years and years. She did not know that life could potentially be different, but because she was working in a very trusting way with that housing association, and that housing officer, they were able to say to her, "This isn't okay. Things can be different."

She did not want any criminal action taken against the perpetrator, but she did want her life to be different. They were able to move that individual out of the home, and move him somewhere else, still on the Gentoo estate. So she knew he was all right, but she was able to live her senior years in peace and the way she wanted to, because that housing officer had the ability to spot what was going on and say to her, "Your life can be different from this."

Q60 **Kim Johnson:** I have a couple of questions on intervention programmes. My first question is to Suzanne: how do perpetrators get referred to your intervention programme, and would you say that frontline services are aware of these programmes?

Suzanne Jacob: At SafeLives we do not deliver any frontline intervention ourselves. We are a tier 2 organisation but, as I mentioned, we are in partnership with Respect and Social Finance around the Drive Partnership, which has been running now for about seven years. That is a high-risk, high-harm perpetrator programme, doing one-to-one intensive case working with multi-agency wraparound to intervene with an individual. The success rates on Drive have been extremely strong. The evidence is really positive. That information is on the Drive website if people would like to look at it.

Referral pathways are open to a whole number of different agencies in a local area—so police, probation, voluntary sector agencies, drug and alcohol services, children's social care, health services—working on the same model that SafeLives created many years ago around MARAC,

making sure that there are lots of routes into that referral process. That does not mean everybody will get accepted as being suitable for a Drive intervention, but the open pathway is very, very wide.

The number of people taking up that open referral pathway is mixed across the different agencies. I would say that the police and probation are brought relatively quickly into this process and understand what it can do for them as agencies, because it gives them a new tool that they feel they did not have before, but we would really love to see an increase in referral rates from the health service, in particular. We know that most people will never come into contact with the criminal justice system when they are experiencing domestic abuse, but all of us use the health service. There are small pockets of work going on within different parts of the health system to try to upskill and increase the motivation of health workers to identify that, when somebody comes forward talking about their mental health, but in a euphemistic way, such as, "My relationship is not going well, and this happens," that may be something that needs specialist domestic abuse triage, and to have a conversation about that and know what the referral route is. At the moment that referral route is very, very poorly used, whether it is the perpetrator route around something like Drive and other programmes, or whether it is around the victim-survivor route for adults and children. We know that referral rates across the piece are much higher from the police service than they are from other agencies, but a lot of the insight and the contact is in those other agencies, so we need to keep that system moving and try to upskill people to understand the role that they can play in getting people into a suitable intervention.

Q61 **Kim Johnson:** You mentioned the referral process, and I wondered if you could say a little more about how you think that can be improved? It sounds like these interventions are very sought after. How do people get allocated, and what is the process in terms of waiting lists?

Suzanne Jacob: A risk assessment process needs to take place to understand the exact risk posed by the individual, because not every intervention is suitable for every individual and vice versa. You need to understand the exact situation with that individual, what intervention might be successful with them, and if it is available in the area.

We know, for example, that a number of years ago NICE put into their standards that people should be making a referral to a perpetrator programme through the health system. We kept lobbying NICE and saying, "You can't mandate that when those programmes don't exist in every area, and where they do exist, we have to be careful of the quality." Not all frontline perpetrator programmes are accredited through Respect, which is the standard that most of us in the sector would champion. Referral to any old perpetrator intervention could do more harm than good if the quality and the rigour is not as it should be.

So there are a number of processes along the way that need to be done well. But even in probation, where you would think the expertise around

something like risk assessment and these referral programmes and processes should be the best, HMI Probation reports are flagging a lot of problems around the assessment and referral process. So we have a really long way to go to increase the level of skill and understanding that people have to make the identification in the first place, understand where suitable programmes are and then make that referral successfully.

In terms of waiting lists, Jo might know a bit more about that than I do, because, as I say, we do not run frontline programmes ourselves.

Q62 **Kim Johnson:** Going over to Jo then, what lessons can be learned from the success of your domestic abuse intervention programmes and to inform intervention programmes for perpetrators of other violence against women and girl offences? Could you also say a bit more about waiting lists and prioritisation?

Jo Todd: There are a range of things you want to do with perpetrators, and there is a diverse range of perpetrators, as Suzanne has said. A good response would hold them to account, and a lot of survivors tell us it is really important that there is accountability for the things that have been done. We need to disrupt and interrupt perpetrators, stopping them from causing any further harm. Changing their behaviour would be great, so that they do not pose a risk in the future. Although that sounds like it might be the same as stopping them, it is not necessarily identical. You can stop someone from causing harm without actually changing their beliefs and attitudes and behaviours. You can put things around them that at least make it harder for them to abuse with impunity. You need to monitor the risk they pose and then address that risk, and that has to be done in a multi-agency way, because different organisations have different parts of the story and different parts of the jigsaw. You need a comprehensive set of interventions. There is not just one; it is not just, "Send them all on a behaviour change programme." That is not going to work for every perpetrator by a long shot. We are nowhere near the provision of any of this at the moment.

Suzanne was mentioning Drive. We are in partnership with SafeLives and Social Finance for Drive, but it is only available in, I think, 10 areas, or something like that, at the moment. It is always going up and down with different funding streams, but it is about that number, and that is not enough, is it? Behaviour change programmes are not available everywhere, so how on earth can we address domestic abuse? If, say, a frontline worker—a GP or someone like that—has identified someone as a perpetrator of domestic abuse, what the hell do they do next if they do not have a specialist service to send them to in their local area? That is why many GPs do not ask the question: because they do not have anything to do next apart from anger management, maybe a drug or alcohol programme if that is a problem, maybe a counselling service or something like that, but not a specialist perpetrator intervention. We need that approach.

I keep banging on about this, but the problem is big. The Government's own figures are that the economic and social costs of domestic abuse are £78 billion per year. A lot of that is borne by the state, some is borne by employers, and a lot is borne by the individual victims themselves, but it is a huge number and we are not spending anything like that in trying to solve the problem.

The whole issue of violence against women and girls needs to go up the political agenda, and spending needs to match the size of the problem. I cannot emphasise enough how important that is, because on the ground it means that we do not have enough service provisions for victims, we do not have anything like enough for children, and we do not have enough for perpetrators doing all those things that I have said. These are not "nice to haves"; if we want a society that is well-functioning and safe for everyone to live in, these are essentials. We are not anywhere near close.

The voluntary sector is on its knees at the moment; it is a really hard place to be. The commissioning of our services is so piecemeal, haphazard and poor at times. There is some good commissioning, but a lot of it is not. A lot of it puts restrictions on service providers to do things the way the commissioners want them done, and yet the commissioners often do not have the specialist expertise to know what needs to be done, and they are not listening to the specialist voluntary sector. We have been doing this a long time, and we think we have expertise to offer, so I wonder why we are not sitting on commissioning panels. I wonder why the expertise is not being brought in for decision making. We are receiving the decisions, we are not part of the decisions. So I would like to see changes to commissioning, which will then improve the offer.

Commissioners need to begin to understand that this is a severity issue and a volume issue. There is quite a lot that is either/or but not much that is both. Terrorism, for example, is a severity issue, but the numbers of people radicalised are small. The numbers of perpetrators causing harm for domestic abuse is huge—I think have made that point twice now.

Kim Johnson: Thanks for answering that question and highlighting some major challenges ahead in dealing with these issues.

Q63 **Chair:** Thank you. Jo, sorry, I am going to stick with you. Can I just ask a little about accreditation, and what difference Respect accreditation makes to the effectiveness of programmes?

Jo Todd: You can probably understand that doing any work with a perpetrator has the potential to make things safer, but it also has the potential to make things worse. Where you have that potential to make things worse, you have to be pretty damn sure you are not making things worse; otherwise, what is the point? You need to understand what the evidence is and what good practice looks like, and to build on what has

gone before. That is what we have done with our standards. They are now in their fourth edition; we renew them regularly. They began in 2008, and every four or five years we take a deep dive into them and look at what has changed, what we now know, the different interventions that have emerged that are doing things differently and how they work, and we adjust the standards to fit that.

The Home Office created their own standards last year, which are overarching standards that sit above ours. We would have liked them to adopt ours, but as they made the choice to create their own, we have worked with them, and we have aligned ours with theirs. What they have is pretty all right as a set of overarching standards. What they do not have is any assessment or accountability process. They have standards that say, "Here are the principles and here's guidance on how you should do things," but no way of enforcing that or measuring whether that is happening or not.

What our standards do is really drill down into what service providers do. We assess them, we visit them, we look at all their policies, we look at how they work and we dip-sample. If they are running perpetrator groups, we look at their videos, we check the quality of what they are doing, we talk to people that are receiving the service and people who are running the service. They do not get accredited without jumping through a hell of a lot of hoops. That hopefully gives commissioners some satisfaction or security that what they are commissioning is good quality if it is Respect accredited. Hopefully, it also gives survivors that sense, and if you are a perpetrator going on a programme, surely you want to go on one that you know works. So there are many benefits to having that system.

It is not funded—I should say that. There is no Government funding for that. We charge a small fee, and we take a bit of a loss every year on that. I think every voluntary sector organisation that has standards is in pretty much the same boat. Suzanne is in the same boat with the Leading Lights standards. That is a problem as well—that Government does not seem to value the infrastructure support that voluntary sector organisations bring to the table. I would like to have that conversation with them about why that is. It would be great to have proper funding so that we could improve things even more.

There are other standards out there as well. The Welsh Government have some overarching standards, but without the accreditation mechanism. Probation, who I know you are speaking to later, have their frameworks. They have the Correctional Services Advice and Accreditation Panel, but that accredits programmes: it will accredit a programme and then everyone can go off and run it. There is no assessment of delivery of the programme, apart from when the HM inspectorates come in and look and do a thematic review.

In case you wanted my view on the recent thematic review, which I am sure you have read, we pretty much agreed with the findings. They were shocking actually: the response to domestic abuse within probation falls far below what we would expect. They are trying to improve that, so I am not going to throw them completely under the bus, and we would really like to work with them.

One of the problems is that their domestic abuse perpetrator programme, BBR—Building Better Relationships—which I think was brought in in 2013, has not been evaluated, so we do not know if it works. It is a bit of a closed shop. It is very difficult to get information on where they are running it. Is it running in every probation area? How many men have gone through it? We are back to the data question of, do we know how many went through it, how many completed it or what any of the outcomes were? There is nothing on that. It is very difficult to know whether that specialist programme within probation is working or not. But, then, probation is also about a lot more than specialist programmes; it is about offender management and how they do that, and about how they identify people whose index offence might not be domestic abuse, but who are identified as a perpetrator through the course of being on probation. What happens with them? They have a huge opportunity to do something positive there.

Q64 **Chair:** Sticking with data, of the perpetrators who complete a Respect-accredited programme, do you have data on how many go on to reoffend? Do they commit the same sort of offences? Is there a change in the kind of offence? I am not going to ask you to recite statistics, but it would be helpful if you could provide us with that data if it is available. You have just told us that Building Better Relationships does not have that data available, but I am assuming that you do with your programme?

Jo Todd: Not as much as I would like, but I would also say that that is the wrong question to ask about reoffending rates. We have already discussed that most domestic abuse does not get to the criminal justice system. If you are thinking about reoffending rates, someone may not have been convicted of anything in the first place. Even if they have, whether or not they reoffend does not mean that they are not a perpetrator. If they do not come to the attention of the criminal justice system again, they could still be a perpetrator.

Q65 **Chair:** I get that point. What sort of data are you collecting, not necessarily on reoffending but recommitting?

Jo Todd: What we would want to know is what the survivor thinks and what her experience is of him being on a programme. Is he safer? Does she feel safer? Have things changed? If she is still in the relationship, is she able to argue with him without feeling scared and that there will be repercussions? We are not just thinking about whether he is still hitting her, in a crude way. We are thinking about her experience of being

controlled, being abused and being emotionally abused. That is a big part of what we look at.

Q66 **Chair:** Let us suggest that the relationship has not continued. Do you have any mechanism to follow up with new partners?

Jo Todd: If someone is on a perpetrator programme, and they are accredited by us, they should be. They have to follow up with new partners; that is part of the rules. I will be honest with you that our data collection is not as good as I would like it to be, but my excuse for that is that there is no funding for it. Nobody is that interested in the voluntary sector outside of direct service provision: "Here's a contract. Deliver this for me"—that's it. I can see Nicky nodding from her more frontline experience.

Q67 **Chair:** Okay, thank you for that. Can I bring in Suzanne, who has got her hand up? Then I will come to you on all this, Nicky.

Suzanne Jacob: On the Drive Partnership, the data we ask for around what difference a programme or intervention has made comes from at least four different sources. As Jo pointed out, reoffending rates are very flaky in terms of whether that is the true picture. For Drive, we take police data and MARAC data: has somebody reappeared in that multi-agency system as posing a high risk of murder or serious harm to their partner? We take information from the Drive caseworker, who often has a good understanding of whether this person is just disguising their compliance and is actually still at it, or whether they are genuinely trying to change. As Jo said, we take information from the IDVA—the independent domestic violence adviser—who will be working with the adult victim in that instance.

All four of those data points are important to build a picture of whether this person has actually changed, and whether that change is going to be sustainable. But as Jo said, there is a concerted effort by a lot of different organisations to bring that picture together. It needs to be well understood by the local commissioners of those services, the funders of those services, that that must be a part of the whole intervention to understand the impact. If you want to understand the impact, you must put some resource into it. It must be that holistic picture, because police data is not a reliable single source for that.

Q68 **Chair:** Nicky, specifically, you do not work with Respect's accreditation programme. From the outside, what are your perspectives on it?

Nicky Park: Our intervention does refer into a Respect-accredited programme. Our intervention is about engaging people who immediately come into police custody. We have a team that is based in police custody suites to be able to provide that reachable, teachable moment as soon as they come in. We are also in partnership with the Black Country Women's Aid consortium, to work with the victim-survivors. It is a two-pronged approach, trying to ensure that victim-survivors are also supported, which is a gap that has always been identified. When victim-survivors

have been interacted with through the police, and when they have sought support and help from the police, there was always that gap. We have tried to create an intervention that does both of those supports.

One of the things we have identified, when it comes to any accredited intervention, is that if you have the rubber stamp of Respect, you know what you are getting. You know you are getting quality, and you know there is consistency with what that looks like. One of the challenges with any accredited programme, especially if it is within the criminal justice system, is that you need to have been convicted, you need to have been found guilty and you need to have admitted guilt to be able to access those interventions. For those who are, as we know, often not convicted, there is no intervention where they receive support.

One thing we have been able to identify is that because we are in contact with them from the minute they come into police custody, even if they are not convicted, they have received an element of support and intervention. We have been trained by our partner organisations to ensure that we provide consistency with language, that there is no victim-blaming, and that everything we are learning and getting through the engagement with the perpetrator, we are feeding back into Women's Aid, so that they know what is happening and are able to support the victim. Even if an accredited intervention is not utilised, at least something is challenging those behaviours and trying to support people through that behaviour change to recognise the impact of their behaviour. Even if they are not at that point of accessing services, sometimes it is about planting a seed. Sometimes that is all we can do. We are not always able to provide ongoing support if they do not receive those convictions and they do not move on to accredited support.

Accredited programmes are key. From our support and our experience of working with probation and their accredited programmes, as the HMIP report has mentioned, around 18% are waiting over 52 weeks to access a programme. If I think of those I engaged with when I did frontline work in prisons, the BBR is a nine-month programme. If you only have 13 months to serve and you are not serving in a prison where that programme is being delivered, you do not access that service—you do not access that programme. All the worlds have to collide, because you have to be in the right prison, the programme has to be starting at the right time for you to are able to attend and you have to have long enough to complete that programme to then benefit. Sometimes I question, if it is being delivered in custody, and you are not able to then put what you are learning into practice, how does that work?

If someone is not able to access that service and they are released into the community, you have had potentially 12 or 13 months when there has been no support, no programme or anything around behaviour change with them, and no conversations through probation potentially. Then they are coming out not fully recognising the need for those programmes. Then they might have to wait another 52 weeks to access a

programme in the community. That is where there is this real struggle, especially within the criminal justice system, especially if you are expecting and needing that person to admit guilt, and they need to and want to engage in that programme.

As Jo has mentioned, sometimes it is not just about the programmes; it is also about the conversations. Suzanne mentioned it as well, and I really loved the example from the north-west about being trained, because anyone and everyone has an opportunity to have an interaction and an intervention. It is important that, whatever that conversation is, there is that consistency, which again comes back to why we have ensured that all our staff are trained in the same way. Whether you are supporting a victim-survivor or a perpetrator, the language you use is the same, because you need to ensure that what you are saying to the perpetrator is not going to make any situation worse. If you are maintenance, if you are a probation worker, if you are someone who does the interventions, in every interaction you need to ensure that you are reinforcing that.

In prisons, you have psychologists who are delivering the intervention, but the most contact is with the prison officers. I guarantee those prison officers are not receiving that training, so they are not reinforcing the correct language to be used. If they are spending most of that time on the landing, anything that goes in potentially just goes straight back out and does not support these things. We need to have that consistency; it is a whole-system approach. It is about recognising that, no matter where you are interacting, everyone needs to understand that they have a role to play in supporting victim-survivors, but also in supporting the perpetrators to reduce that severity, that frequency and, potentially, that escalation risk.

Q69 **Dr Cameron:** Before I move on to my main question, I just wanted to pick up on something that Jo said, if that is okay? It was about being able to identify the issues in healthcare settings, and that we can do much more to promote and support that work. With some of the changes to access to primary care, like having video or telephone appointments with your GP rather than having that one-to-one safe space, are there concerns that that might cause further barriers to people coming forward to speak about these issues, which might be sensitive and which they might want to raise in the surgery, rather than in a home place?

Jo Todd: One of the risks of that system is you do not know who is in the background. When you are in your doctor's surgery, whichever type of practitioner you are seeing, the door is closed and you can have a private conversation. You are not necessarily able to do that with any of the online, remote things. I think there is a risk there.

Dr Cameron: Nicky, you wanted to say something?

Nicky Park: Just on that point around the NHS. We have been commissioned by the NHS domestic abuse and sexual violence

programme to deliver an intervention. We engage with people who are experts by experience—both victim-survivors and perpetrators of harmful behaviour—to support domestic abuse and sexual violence programmes within the NHS and to understand their impact, both positive and negative. We look at the tools that they use and at the training that is already delivered, so that we can say how someone who came into that space as a victim-survivor or a perpetrator would feel, and how different tools can be amended, co-designed and co-produced.

I have spoken to a number of our experts by experience who are victim-survivors of domestic abuse, and when it came to going to the GP and their partner went with them, at no point did the GP say, "Could you please step out and let us have a one-to-one?" At no point was that even considered. Sometimes, if you do not know that there are interventions that exist, you are afraid to ask the question, because of opening a can of worms, and you do not know how to deal with it.

At the same time, for me, that is sometimes an excuse. Sometimes, it is important to ask the question, so that the person knows there is someone who is asking and who is there to listen. Even if you are not able to necessarily complete an intervention, they know there is support out there. It might not be an accredited programme, but there is support from organisations such as Respect, SafeLives, Women's Aid and other women's organisations, where there are routes and somewhere to go. The NHS absolutely has a long way to go, but I do see progress in the right direction, where it is recognising that it is important to ask people who have been there, who would be accessing those services, "What made you want to access the service?" Or more importantly, "What made you not want to access that service, and what can we do to make that service more"—this is not a word—"engageable?"

Dr Cameron: Suzanne has her hand up, and then I think Jo wanted to add something.

Suzanne Jacob: That opportunity in the health spaces also extends into mental health spaces that are run by the voluntary sector. We had a few conversations a few years ago with the Campaign Against Living Miserably, which is a very specific men's suicide charity. It runs a helpline. It said about a third of its callers will talk about relationship problems, but its workers on that helpline do not have the skills and information to understand, is there anything more going on than the regular issues everybody has in their relationship or is there something more worrying going on? They do not have the confidence to say, "Are you doing something that you're worried about? Are you doing something that you don't think is right?" Again, that is partly because they do not know how to have that conversation, and, as Nicky and Jo have said, it is partly about, "What would I do with that information if somebody gave it to me?"

Particularly within the mental health sector, there is also a bit of resistance about, "We are here to deal with the individual in front of us

and their mental health. We do not want that contaminated, almost, by a conversation about what they might be doing to other people, because this is our primary presenting person. It is their care that we are here to think about, rather than what is going on in the rest of their life and behind the scenes." I think that that curiosity that Nicky has just talked about is really important, but we have to give people the confidence, the skill and the motivation to have that curiosity and to put it to work, to then help people get into a system. Perhaps that is just a cross-referral to the Respect helpline, where somebody can talk about their own behaviour and have an understanding conversation. It is not about immediately trying to fling them at a criminal justice intervention, but it might put them on a pathway where they are recognising something about themselves. It keeps that door open to having a conversation that leads them into something that can help and change things.

Dr Cameron: Yes, but it is an important question, and it is one question that could perhaps be added in terms of training more comprehensively in the health service. You wanted to add something, Jo?

Jo Todd: There was some interesting research in 2006, so nearly 20 years ago, by Professor Marianne Hester looking into the help-seeking behaviours of convicted offenders of domestic abuse crimes. These men had got to the point of being in prison or on probation for domestic abuse, and they were asked, "Did you try and get help? Did you try and do something at a sooner point that would've stopped you from getting to here?" And the place that they went to the most was their GP. Friends and family were next, but the GP was first. What Marianne Hester found was that the GPs did not know what to do and that the men were speaking in code. They were not going to their GP and saying, "I am a perpetrator of domestic abuse, I need to go on a programme." They were saying, "Things aren't great at home. We're having arguments, I lose my temper sometimes." It was coded language that does not take a genius to work out, but the GPs either did not pick up on that language or did not know what to do when they did pick up on it. That was nearly 20 years ago, and I do not think much has changed. It might have changed in pockets, and there are pockets of good practice, but we need systemic change, and we need it throughout and across the health service and elsewhere.

Q70 **Dr Cameron:** People seeking help for their behaviour are still falling through the net. We also need to look at some changes we are making in the delivery of services, to make sure that challenges are not increasing rather than decreasing in that regard.

I also wanted to ask you briefly about the increases to the cost of living and how that had impacted upon service delivery and attendance. I am not sure who might be the keenest to answer that to start with—perhaps Nicky.

Nicky Park: Yes, I will go first. Our particular intervention is around supporting people with almost all the other issues that are a contributing

factor to the domestic abuse. Our project has only been going since October 2023, so it is new, but already we are seeing huge numbers of men who are homeless, who do not have their own accommodation, who do not have ID or bank accounts, who have not set up their own universal credit, and who are staying with their partner, with the pressure that that is putting on them. That is never an excuse, but it shows all the contributing factors.

When we are within a society where funders and commissioners are wanting far more for far less, you see the stretch on services, let alone on the people we are supporting. You see that these are not just stereotypical cases where the man goes out to work and comes back, and the kind of pressures that come from that. You find that there is huge deprivation in accessing statutory services that they should access and have a right to access.

Our intervention is supporting them to do that. In one case, one of our clients was living with his partner and did not have his own accommodation. He has now moved out of that situation. He has moved back to living with his mum until he can source his own accommodation. There are opportunities where we have been able to see that, again, it is not necessarily that the behaviour has stopped, but that they have been able to identify that they need to take themselves out of that situation. That provides an opportunity for our staff to have those conversations around the consequences and the impact of their behaviour—"What does that mean for you? What does that mean for the woman you are residing with?" They are then able to go, "I need to take myself away from that situation," which is progress. Hopefully, that might allow them enough time to also access an accredited programme or other things they need to. They have then also gone to the bank and sorted out the other issues, so you take away that contributing factor.

Chair: Can I just ask witnesses to make your responses brief, please? We have a second panel shortly.

Suzanne Jacob: Two things feel like they are true at once. One is that poverty definitely exaggerates the severity of people's situations in all kinds of directions. At the same time, if you are the surgeon that Jo was talking about earlier, you are very, very unlikely to be visible in the system. We have to be careful not to correlate poverty and domestic abuse, or poverty and offending, and not to say that the one goes with the other, to the exclusion of the fact that this is at all levels of society and behind every kind of front door, even the very smartest front door. It is just that if you live behind that smart front door and do a smart professional job, you are not as likely to show up in the system as being somebody who is harmful to other people. I just wanted to add that.

Jo Todd: I will not answer anything on that. Can I just be cheeky and clarify something that I said earlier, because I think my members might kill me if I do not? On the data point, our services do all have their own data and their own evaluations. What we do not have is a national

picture, and that is problematic. We have quite a bit of data within each one, but there is no national database that can pull that data into one place so that I can then answer your question properly.

Q71 **Chair:** Coming back to that, can I just ask each of you in turn what success looks like for your organisations? I will start with you, Jo.

Jo Todd: Yes. It looks like a lot fewer perpetrators.

Q72 **Chair:** What metrics are you using?

Jo Todd: Really specific metrics? We do not run frontline services, so for us it is one step back and looking more strategically. But if you are thinking about frontline service provision, you would want to see survivors saying that their perpetrator has changed, that their life has improved, that they are not living in fear. Suzanne has laid out the Drive metrics, which are pretty sound, looking into MARACs and police data and also at what caseworkers are saying, whether it is workers with the woman or with the man. I do not think I am answering you properly. What are you asking me specifically?

Q73 **Chair:** The lack of an overarching, national set of data makes it borderline impossible to track what is happening and whether perpetrator intervention programmes are working effectively across the country.

Jo Todd: There are pockets of practice which are interesting. The Met police are looking at their top 100 perpetrators. You are raising your eyebrows because you are thinking some of them are in their ranks, I should think.

Chair: No, I was raising my eyebrows because you described them as their top 100, and I would like to regard them as their worst 100.

Jo Todd: Yes, okay—wrong use of language. But I think that that is really important. Some of those might have interactions with some specialist service provision, but not all. We would have a piece of data—a piece of the picture probably—to include there. It is really important that we are looking at who is likely to cause the highest levels of harm and how we are stopping them, but not to forget the volume and the absolute misery that the drip, drip, drip over years and years and years can cause.

Suzanne Jacob: On the metrics, we can easily send you a list of the data that Drive collects, if that is useful to the Committee.

Chair: Yes, that would be very helpful. Thank you.

Suzanne Jacob: Obviously, you are looking at cessation of abuse and whether you can achieve that. Where you cannot achieve cessation, you are looking at the reduction in severity across multiple different types of offending, whether that is stalking, harassment, physical violence, sexual violence and so on. The programme also collects a lot of demographic data, which is important because, as Jo has clearly set out, we do not

know enough about who these people are, where they are, how they live and so on. We can send you all those data points.

Q74 **Chair:** Thank you, that would be very helpful. Nicky, did you have anything?

Nicky Park: The one thing we have started collecting when they are coming into the police custody suites is whether this is the first contact with the police and criminal justice system, or whether it is multiple and then being able to see the number that potentially come back. If we have been working with them, we will be able to track and monitor the severity, but also what caused it, and we will be able to continue those conversations. We are starting to collect that.

Chair: Thank you very much. Can I thank all three witnesses for their evidence this morning? We are going to move on to our second panel, but in the interests of time I am not going to suspend the meeting. If there is anything any of you would wish to add in writing, please feel free to do so.

Examination of witnesses

Witnesses: Kim Thornden-Edwards and Alice Adamson.

Q75 **Chair:** Good morning. Our second panel of witnesses this morning is Kim Thornden-Edwards, the chief probation officer for England and Wales, and Alice Adamson, deputy director of rehabilitation strategy interventions in His Majesty's Prison and Probation Service. Good morning and thank you for your evidence today. Can I just check, as I did with the previous panel, that you are content that we should use your first names?

Kim Thornden-Edwards: Yes.

Alice Adamson: Yes.

Chair: Thank you. It is exactly the same format: members of the Committee will ask you questions in turn, starting with Carolyn Harris.

Q76 **Carolyn Harris:** Thank you, Chair. Good morning. In September last year, the then chief inspector of probation described the probation service as "struggling," and the Ministry of Justice is reported as describing your staffing levels as "dangerously low." Is the probation service able to effectively prevent perpetrators of VAWG from escalating their behaviour?

Kim Thornden-Edwards: Thank you for that question. We recognise the comments made by the chief inspector, and I think it is useful for me to briefly provide some context in terms of the probation service. People may be aware that in 2014-15 there was a programme that, effectively, divided the probation service into a national public service managing high-risk offenders and other services, and the rest of the services, with low and medium-risk offenders. Many group work interventions were put

to the market which resulted in 21 community rehabilitation companies coming into being. That was a big upheaval for the probation service, with some long-term impact.

In 2021, because of problems with the contracts and the quality of services delivered, the service was reunified. This is a major organisational change for probation. We had a proliferation of different operating models in terms of service delivery, and we inherited significant staffing shortfalls from the community rehabilitation companies.

At that point in time, we were facing a major change programme, but we were also in the middle of a pandemic, so the challenge was exacerbated by those circumstances. The pandemic resulted in some significant backlog in terms of our services, particularly those services that had to be delivered face to face, like community payback and accredited programmes.

In terms of how we have responded to that situation, we have recognised the need to address those staffing challenges very quickly, and with a robust focus. We have had a growth programme since 2020, and we have recruited record levels of trainee probation officers into the system—4,000 over the last three years. To put that into some context, our best estimates of the usual trajectory of trainee probation officer recruitment pre that time was about 600 a year. We did 1,000 trainee probation officers in the first year, 1,500 in the second, and 1,500 in the third, so it has been an exponential growth. Due to our focus, we have also seen growth across all our practitioner grades. Probation service officers, who deliver frontline services, and senior probation officers, have all grown.

We are not yet where we want to be in terms of staffing, but we have made significant differences, and at a very difficult time for recruitment as well. Currently, we still have staffing gaps in our probation officer grade. On average, we have a 30% gap, but our numbers of trainees in the system—trainee probation officers take between 15 and 20 months to train—are just falling short of the gaps we have, and we are continuing the recruitment trajectory.

So, in answer to the staffing question, we are now benefiting from the growth we set in train three years ago because they those staff are now coming into the system and landing. This means people's workloads are reducing as we get new members of staff into the system.

Q77 **Chair:** Can I just interject at that point? What is the attrition rate?

Kim Thornden-Edwards: The attrition rate varies by grade, but it is below 9% across our probation officer grade, and around 4% for our senior probation officer grade, so we have low attrition. What I can say is that our retention rates are also on an upward trajectory. There was a period of time when, as much as we were recruiting, people were leaving the organisation. That then stabilised, and now it is on an uptick. We have growth both through recruitment and through stabilising retention.

So, we are not at the end-point, but we are in a significantly different position.

Q78 **Carolyn Harris:** When do you envisage you will be at the point where you are confident you are able to deliver an effective service?

Kim Thornden-Edwards: It is iterative and incremental, and it is very difficult to put an end-point on it. As I say, we have almost enough already in the training system who will qualify over the next 15 to 21 months to address all the capacity shortfalls. What I will say is that what happens when you recruit lots of new staff and you have a growth trajectory like we have is that, inevitably, you end up with a differential in maturity and experience within the workforce.

Q79 **Carolyn Harris:** On that point, anyone who knows anything about violence against women, or domestic violence in general, will know just how cunning and conniving some of the perpetrators can be. You talk about trainees, which is brilliant, but how many real, established, experienced staff do you have who will see through some of the BS you are going to hear from perpetrators?

Kim Thornden-Edwards: We are alive to those issues, absolutely. In the organisation, the majority of staff have between five and nine years' experience. We have more newer staff than we have ever had historically, but we still have the majority of our staff in that five to nine years. We are trying to use them very much in the way you have suggested. We can put people on training programmes, we can develop a range of learning products and so on, but they do need to have mentoring from people who have been there and done it. We have mentoring programmes, we have buddy programmes and we are trying to use our staff in the best way possible so we can spread that experience through a new and inexperienced workforce.

Q80 **Carolyn Harris:** What is the current reoffending rate of perpetrators of VAWG in probation?

Alice Adamson: I do not know that we have that data.

Kim Thornden-Edwards: No, I do not think we have that data to hand. We know the general reoffending rates, but we can certainly go away and provide that information if we have that very specifically.

Q81 **Chair:** Do you think it will provide any value?

Kim Thornden-Edwards: Jo certainly referenced the difficulties earlier, particularly in this space, where a lot of the offending is very hidden and, for that reason, convictions are much more difficult to get through the system. I think it provides something, but I do not think it gives us a total picture. It will tell us how many are actually getting across the line into arrest and conviction, but it will not tell us about all the other behaviours that are very hidden in this space.

There is an importance about triangulating lots of different data sources and lots of different quantitative and qualitative evidence to give us a better picture. Police call-outs will tell us information that may not have made it to a conviction, and it will give an indication that there are still problems within a household. We have those exchanges of information with our police colleagues, so we do look to try to get the best information we can—the most live information in terms of the management of individual cases—but correlating all that up into something that gives us a real picture about what is actually going on in this sphere is challenging.

Q82 **Chair:** I will bring you in as well, Alice, but can I just ask where, if triangulation of data is important, responsibility should sit for the triangulation of that data?

Kim Thornden-Edwards: I think it is across Government.

Alice Adamson: I just thought I might come in on that point. You obviously asked our previous colleagues to talk about escalation data and what evidence we have. I think the Committee are probably aware that, in April last year, the MoJ published a study looking at what we would call precursor offences, to try to see if we had that information about violence against women and girls. One of the things it brought to light—which is something we intrinsically felt from what we know in the organisation—is that there is lots of layering of different offence types that does not necessarily point to violence against women and girls. One of the things we have seen when we work with sexual offenders in accredited programmes is that around 40% of them will have a domestic abuse offending history as well, and around 25% will have other violent offences. We are looking at a really complex picture, so your question, Chair, is the right one. Is the reoffending data, particularly on VAWG, the only answer, or do we need to look at offence data across the piece?

Q83 **Chair:** I am not sure if this is a question or a comment, but the probation service—and you just said it—contains a lot of information within itself; it has a massive wealth of experience. What we are not seeing is those datasets being matched up with the datasets of the voluntary sector and the specialist sector, the police and so on. We are not getting the picture that tells us that perpetrator A has been on a journey that has taken him from, I do not know, pilfering the pick and mix at Woolworths—I say that to be facetious—right up to a very serious violent offence. How and to whom can we frame a recommendation that would enable that data to start being collected into a picture that gave us something meaningful?

Alice Adamson: I do not know if the Committee is aware of the BOLD—Better Outcomes through Linked Data—programme across Government. One of the problems we have is we all work on totally different systems, and there are very complex data-sharing agreements required to share data across those systems, which is absolutely right, because it is very important that we are protecting people's personal data. But it is well known that the way we track people through the system is counted in

different ways, whether you are in policing, whether you are in the courts, and then whether you come through to HMPPS at the end of that, even putting aside what the voluntary sector might have in terms of that information.

At the moment, the BOLD project is looking at different ways of linking datasets in pilots across different bits of the system. For example, an area I have been involved in—which is not VAWG-specific—in Essex, is looking at data linking from Essex police to the probation service, making sure we have that data available to probation officers and seeing what that data-linking gives us and how it helps us. We were at the end of the funding process, but the funding for the BOLD project has been extended. We are hoping there will be a lot more to say across Government about how we can link that data, but that is critical in the criminal justice system.

Q84 **Chair:** If we all accept that the bulk of these offenders never make it as far as the criminal justice system, and that victims are reporting to the specialist sector—to charities, to voluntary organisations—how can their data be brought into that?

Alice Adamson: Without passing the buck too much, that is a question for the Home Office, who work with the front end of the system. We are a little at the back end, so we try to get what information we can in HMPPS. The Home Office do bring together the sector, including us, on a regular basis. That is not necessarily a data-sharing forum, but about understanding best practice. So we have the opportunity to share what we know works, but not necessarily that data at the moment.

Q85 **Carolyn Harris:** We heard the thoughts of our previous witnesses about what you are missing, where probation could be doing more and what happens when people go into prison and they do not have the appropriate courses in prison for them. Do you believe that offenders are more likely to reoffend when they are coming out of prison, and is that putting additional pressure on the service?

Alice Adamson: Do I believe that generally? No, I do not. A lot of work goes on in prisons, and I really echo some of the things colleagues from the sector have been saying about whether accredited programmes—offender behaviour programmes—are the panacea. They are not. They are right for a certain group of people—the most high-risk, high-harm offenders—but there is a whole range of things we need to do to support people while they are under our care in HMPPS.

We have a rehabilitation strategy in HMPPS, and one of the critical drivers that we recognise impacts on rehabilitation is relationships, so the point about the relationships of officers on the landing in custody is absolutely critical.

As to whether somebody gets an accredited programme at the right time, we have prioritisation frameworks in place both in custody and in

community, and we look at the amount of time left in someone's sentence. Obviously, we prioritise people who are going before the Parole Board. If it is a requirement that they will need to show the Parole Board they have had the opportunity to go through an offender behaviour programme, we will absolutely prioritise that.

The question about where we deliver is relevant, and I will hopefully come on to talk a bit about what we are doing in the future on accredited programmes. We are going through a change process at the moment in HMPPS, and we recognise that one of challenges is that we offer certain things in certain prisons. It is slightly different in community: we have a consistent offer across the country in community. However, we would transfer people to where a programme is available if we think that programme is essential for them, and we would be looking to do that in the right timeframe to take account of the fact that accredited programmes are a long delivery process.

The post-programme work that has been talked about is really important too—that development of how you put into practice the things you have learned in a programme, some of which will come as an understanding as soon as you finish, but sometimes might not come up until you have come out of prison, you are in the community and you are faced with more real-life challenges, I suppose.

Q86 **Carolyn Harris:** How realistic is it, though, to be moving prisoners to a prison which has the appropriate training courses? My experience of prisons is that they are not the most conducive environment to not having violent thoughts. If you do not have that consistency of environment around you trying to calm you down and teach you how to deal with situations, it is not that easy to move people around. There are going to be a lot of people in prison for this offence. Do you have the right number of courses in the right number of prisons to deal with the problem?

Alice Adamson: We deliver offender behaviour programmes in 72 of our prisons, which is a reasonable number, and that includes the women's estate as well. Every year, we look at what is being delivered in which prisons and whether we have the right balance. The population changes. We might assign a prison and say, actually, this prison previously did not have a large sex offender population, but it does now, so we need to change. We also have a process where, every quarter, we look in-year at what has been delivered and whether it is the right thing. Prisons can ask for different programme availability.

I will take this as an opportunity to talk about where we are in our change process, because I hope we will be able to fix some of those challenges. It is a fair challenge; we do not want to move people unless we have to. As you know, our prisons are very full at the moment, so it is important we ensure that those moves are only happening when necessary.

We are developing something which we are calling the next generation of accredited programmes. We always work on an evolutionary basis on what we do now and what we know works, based on the best international evidence. We are looking to bring in a more personalised programme that can meet more of the criminogenic needs, partly to deal with some the challenges I have talked about—index offences and more hidden offence types—and how we meet those.

At the moment, we are design-testing; if it goes through the evaluations and so on at the design test and is a workable programme that then makes it through our accreditation process, it would be the same programme delivered in different personalised ways across every prison, across community. It allows less movement for people, but it also allows that transition from custody into community in a slightly different way. If someone were to finish a programme and then immediately be released, that post-programme work could continue in community because you have that consistency of the understanding of how the programme works.

Q87 **Carolyn Harris:** The inspectorate's 2022-23 annual report to the probation service concluded—this touches on what we talked about previously, Kim—that staff are "not properly equipped" to work with domestic abuse perpetrators. When will you be publishing the domestic abuse strategy recommended by the inspectorate, and how will you review your progress against the recommendations?

Kim Thornden-Edwards: If I take the last point first, we have a process internally of review of the HMIP recommendations. As chief probation officer, I own the HMIP action plan, as I own all the HMIP thematic action plans. There is a formal review process at the 12-month point, where we go through all the actions. We share our progress with HMIP, and our action plan reports are published. So we have a regimented and routine process of review on that. I also review at the six-month point, and we are looking to build in a proper panel review at the six-month point across all thematic action plans. You will appreciate that we have quite a lot of external scrutiny and quite a lot of action plans, so there is somewhat of an industry that sits around it, but it is important that we keep focused on meeting the recommendations.

In terms of the training programme and how we look to equip our staff to be best placed to deliver services, a really good point was made earlier about making sure you do not limit your therapeutic intervention to a structured piece of accredited work. It is about being alert, in every engagement that that person will have with a professional within the system, to domestic abuse issues. We look to train all our staff. We have standardised domestic abuse training, which we have improved since the HMIP report. We have a whole new, refreshed suite of learning products that have sat alongside the new framework and the new guidance.

We have also introduced something called protected learning days, which is very local within teams, where people will bring their cases. To your point earlier, it is about how you get the most benefit out of the

experience that people have, particularly in terms of not being gamed by manipulative people on our caseloads. We will look to have in-depth case discussions, and we have ensured that all those protected learning days have a focus on domestic abuse and how we increase the learning on that.

In terms of the publication of the strategy, we made it clear to HMIP at that time that we were not looking to have a range of strategies as such across lots of different thematics, but we do have the framework, which probably does the same thing but is called something different. So it is about our policy and our practice directions, how we look to equip and train our staff, and then how we monitor how that is being done and the impact of it. We put that in place, I think, just under 12 months ago.

Q88 **Carolyn Harris:** Looking at this framework, we are all very aware that what would be classed as a low-level offence can escalate very quickly. How much attention are you paying and giving in your framework to monitoring cases where that escalation could become potentially fatal?

Kim Thornden-Edwards: Within the framework, the guidance and the training, we specifically address issues around escalation—how to spot signs of escalating risk, and the things you would put in place to respond to that, whether that is about increasing the protection measures and restrictive measures we might have, particularly for licensed cases, or about diverting into a different intervention. We would also be looking to have a multi-agency focus. Escalation always triggers multi-agency alarm bells for us. Certainly, in terms of VAWG and MAPPA, since the HMIP report—it may have happened just before—we have looked to strengthen MAPPA arrangements. We have included domestic abuse and stalking within the statutory guidance, and we have created more guidance on thresholding, including guiding people on referrals. A lot of referrals to MAPPA are discretionary, so it is important that our staff are aware there is a referral mechanism for them to draw down multi-agency responses. While we know referrals have increased, we cannot extrapolate whether that is increased in terms of domestic abuse-type referrals, but we have anecdotal evidence suggesting that that is the impact that has had. Alice, do you have anything to add?

Alice Adamson: I am much more focused on interventions, but it is worth just mentioning again our rehabilitation strategy and the framework that that provides. In HMPPS, we follow a "resource follows risk" approach, and the strategy points to the right approach for the right person at the right time. That means we would look at somebody's offending and we would look at the changes—we have quite advanced tools and we are continuing to develop new ones to build on what we have. We would look at the assessment of risk to see whether the risk factor is changing and, therefore, for example, whether somebody would become eligible for a programme who was not previously, because their needs have changed or, indeed, whether their risk level has dropped. That would then change how we work with them as well.

Q89 **Carolyn Harris:** This morning, we have heard examples of good practice in certain geographical areas. My last question is, what kind of framework do you have for sharing good practice with organisations across the country, with devolved nations and with the voluntary sector? Are you having communications, meeting regularly to share good and bad practice and building up a portfolio, if you like, of what the model should look like going forward?

Alice Adamson: Yes, we are, and it is a constant learning process for us. One of the critical things for us, particularly on programmes, is how we work with independent experts. Colleagues from the sector mentioned CSAAP, our Correctional Services Advice and Accreditation Panel, which is an expert group made up of criminologists, psychologists, sociologists and probably another "ologist"—essentially, leading experts in the field. We take not just the accreditation of our programmes to them, but things like how we evaluate what we are learning. We will take a synthesis of the international evidence—that would include, in this case, Scotland for the purposes of devolved Administrations, because, of course, they are a different jurisdiction—together with what we know and how that helps us take the best approach.

The way CSAAP works is that we will have expertise based on what we are doing. For example, if you were taking a counter-terrorism programme, you would have CT experts on the panel. So you can change the expertise you need, in terms of what you are developing.

We also work internationally with counterparts. I was at the Council of Europe at the end of last year, when we were talking about rehabilitation and what we can learn from each other. As I mentioned before, through the Home Office there are lots of forums for information sharing with the sector as well. So, yes, we try to learn from each other.

Q90 **Carolyn Harris:** Are you satisfied that that communication is effective?

Alice Adamson: Yes, although we could probably always do more.

Q91 **Carolyn Harris:** Yes. Would the third sector agree it is effective?

Alice Adamson: Maybe. They would probably say we could do more. I will speak for Jo—I know she is sitting behind me. One of the things I spoke to Jo about a few months ago is the opportunities to learn, through our evaluation evidence, about what works for who at what point. We know that for people when they are within the responsibility of HMPPS, but I do not think we have ever looked across the system at DA perpetrators to see who you should really be reaching out for at the front end, who needs that intervention then and who it is going to work for, and recognising that it is not necessarily going to work for everyone. There will be times when you want to reach someone in custody or, actually, when you are better off to reach them in the community when they come out the other side, in probation. Actually, looking across the piece. I think we could do more of that.

Carolyn Harris: Here is your opportunity.

Q92 **Chair:** Can I just go back to workforce? Kim, this is probably one for you: 75.7% of your probation staff are women, and the vast majority of domestic abuse perpetrators are men. Does that pose you any challenges?

Kim Thornden-Edwards: We would certainly like our organisation to be more reflective of our general population. It has been a long-standing issue for probation. Probation has been pretty much ever thus: a female-dominated workforce. We have always sat around the 80:20 benchmark, and for as long as I have been in the service, which is quite a long time, we have always been trying to strategise around bringing more men in to the service, with fairly limited success.

Very much in this work, it is good to have challenge from both genders around this behaviour. Certainly in terms of group work programmes, the ideal is having a male and a female delivering on offending behaviour programmes, particularly ones that will touch on domestic abuse issues, just because you can model the appropriate behaviours and you can challenge from both gender perspectives.

We continue to work to bring more men into the service, but it always seems to be very difficult for us to do that. There are lots of studies as to why and what we need to do: pay more, do this differently and so on. We address what we can, but it is an ongoing challenge for us.

Alice Adamson: If I may, I might also just talk about how we fill those gaps in terms of hearing the right voices. One of the things we have focused on a lot recently—and are continuing to focus on—in HMPPS is the voice of lived experience of people who have been through the system and the impact that that can have on the people we are working with. That is something that is done broadly in the third sector as well—bringing in the voice of people who have either been in prison or are on probation, or potentially both.

We have people with lived experience in our workforce because we can help bring that sort of challenge to the processes and policies we have in place that way. We also have people with lived experience, for example, delivering in our group rooms, and it is not necessarily about the experience of being a domestic abuse perpetrator. Actually, the experience of having been through a programme and how that helped you turn your life around is something that can be quite powerful for people on our programmes.

Q93 **Bell Ribeiro-Addy:** Kim, if the Sentencing Bill was enacted tomorrow, would the probation service be equipped to deal with the increased demand on its services and, if not, what would be needed?

Kim Thornden-Edwards: As you will imagine, we have been looking at the implications of the Sentencing Bill, particularly for the probation service and for probation service resourcing. Most of the aspects in the

Bill that will affect probation are likely to be more incremental than overnight. Things like judicial behaviours and so on often take some time to work their way through the system. We would be anticipating that there would be some gradual ramp-up of services that would be required within probation. We are actively trying to quantify the impact, and we are working with Ministers around how we seek to mitigate the impact and what we would need in order to be able to meet the spirit and the detail of the Bill.

Q94 **Bell Ribeiro-Addy:** Alice, do you think there is anything in the Sentencing Bill that needs to change to make sure the probation service is ready for it, or would you want to see it amended in any other way?

Alice Adamson: There are some things we could do in probation that may be helped by legislation. The legislative framework we are operating within allows us to be quite flexible in our approach in terms of prioritisation and how the organisation works, without necessarily having to make legislative changes. I would say that, in terms of the presumption against short sentences, the evidence points to that working from a rehabilitative perspective, so there is a lot we can do to support people if that is the approach Parliament feels we should be taking overall.

Kim Thornden-Edwards: We have been consistently clear that the probation service is not currently in a position to absorb lots of additional demand without us taking a serious look at what we deliver, the way we deliver it and what kinds of resources would be needed, and that is the piece of work that is under way.

Q95 **Bell Ribeiro-Addy:** That brings me nicely to my next question. Kim, in October, the Secretary of State for Justice said there will be, "A presumption that custodial sentences of less than 12 months in prison will be suspended and offenders will be punished in the community instead." What does that mean in practice for the probation service?

Kim Thornden-Edwards: We are working that out. If I am being completely honest, we are working out what that would look like. As I say, judicial behaviour will be a part of that. It will depend on how sentencers decide to enact the presumption. There will be some element of needing to understand what that will look like as and when it happens. It goes back to my earlier answer, which is that we would assume that more community provision will be required, and we are actively trying to quantify that to look at what we will need and how we would seek to provide that. We are very committed to ensuring that we will step up and that we will be able to meet the demand, but we have to do the leg work now to understand what that will look like.

Q96 **Bell Ribeiro-Addy:** As it stands, if it was enacted tomorrow, the probation service would not be able to cope?

Kim Thornden-Edwards: It would be very difficult. We would have to look at what we do, and we would have to decide what to prioritise,

because what we could not do is just everything, and more of it. That is just the reality. As I said before, we are on a growth trajectory. Workloads are coming down, but we are not where we need to be yet, and we still have a shortfall in terms of probation officer posts. So we would have to do some prioritisation to meet a different level of demand and look very seriously at how we distribute our resources to best effect.

Q97 **Bell Ribeiro-Addy:** Alice, in the last panel we heard about programmes like the Building Better Relationships programme being affected by the probation service's level of provision. What does what the Secretary of State said about there being a presumption that these custodial sentences will be punished in the community mean for provision and programmes like the Building Better Relationships programme?

Alice Adamson: We are still looking at the data for a detailed picture, but we do not expect a massive impact, because, if you look at the average sentence length of somebody who gets BBR in custody, the 12 months will not necessarily impact. If you are looking at delivery of BBR in custody, it is often with people with sentences up to about four years, who would remain in custody on the basis of that. So we would not expect a huge increase in the number of programmes that would need to be delivered in community but, obviously, that is something we want to be more certain of as analysts work through the data that will sit behind the legislation.

Q98 **Bell Ribeiro-Addy:** Do you think fewer people who might benefit from the programmes are going to be able to access them?

Alice Adamson: No, I do not think that will be the case. As we deliver the programme both in custody and community, it means there is the opportunity to do it in the right place. If a person's position does change and someone who would have gone to custody and be eligible for BBR is now going to be in the community, there is the opportunity to get that. Obviously, we will need to work with sentencers to make sure they understand who is eligible. If the framework is changing in terms of the presumption of short sentences, that will be really important. We continue to work on our assessment tools and making sure that the right advice goes to sentencers through the pre-sentence reports, so I hope there will not be a negative impact on that basis.

Q99 **Dr Cameron:** We noticed that there are significant waiting times for the Building Better Relationships programme. As of November 2022, 18% of those on the waiting list for the programme had been waiting more than a year. Can you update us as to what the current waiting list is for the programme and what you are doing to address that and reduce it?

Alice Adamson: I think that data came from the HMIP report. One of the things they—I think totally fairly—challenged us on was the data we hold on programmes and what is available. At the moment, it is about a one to five month wait for access to programmes, but we are back to capturing the data. We have that internally. Inevitably, there will always

be a bit of a lag in the system, partly because we are recovering from covid, partly because some people are not ready to do a programme immediately at the start of their sentence. It is not just about our availability. For example, somebody might have a substance addiction and need to have some treatment for that first, or they might need some preliminary work with their probation officer.

Q100 **Dr Cameron:** If they were doing another programme, would that be logged as still waiting, or would it be logged differently?

Alice Adamson: Yes, it would still be captured as "waiting for", and one of the things we are trying to do with our data is to get that understanding of not just whether someone is waiting, but why they are waiting. Similarly, if someone has not accessed a programme, is that because they are waiting for us to offer it to them or because they have not engaged with the programme, where we would then need to take that back to the court and talk about whether they are actually complying with the court order.

Q101 **Dr Cameron:** What are the risks in terms of delays in access to the programme? Are you concerned about the risk to access?

Alice Adamson: Yes and no. Rehabilitation is not just the programme. If somebody works directly with their probation officer one on one, that is impactful. They might be referred through the RAR, the rehabilitation activity requirement, to community rehabilitative services provision. They might be getting help with their accommodation, substance misuse and other criminogenic needs, or homelessness—whatever it is that would help them on their journey. It does not necessarily mean they are getting nothing because they are waiting for a programme. On the point I raised earlier about relational practice, if they are getting the right relationship with their probation officer and the right engagement with their probation officer, that can be absolutely critical and, in many cases, more critical than the programme. The programme is just one element of the rehabilitation available to them.

Q102 **Dr Cameron:** What evidence do you have of the effectiveness of the programme? How imperative is it?

Alice Adamson: We evaluate across our programme suite, and we also look at the international evidence. We have not evaluated BBR itself; I think one of our third sector colleagues mentioned that. We did a feasibility study, and it looked at the quality of delivery, among other things, in the CRCs. Unfortunately, it showed that only one of the CRCs was delivering to the quality required for the programme. We have been doing lots of work since everything in the CRCs came back in-house, but it is hard to see the impact of a programme if it has not been delivered to the standard we would want it to be. The international evidence tells us a lot about the quality of delivery and how critical that is for the impact on the individual.

I talked about our approach to programmes being evolutionary. We know that the precursor programmes to BBR have very substantial reducing reoffending impact. One of them was 11% impact; I think the other is 9%, off the top of my head. It is built on the best evidence, so we can be confident in terms of how it is working, and we continue to—

Q103 **Chair:** Can I ask a question on that? The precursor programmes to BBR are from when? When did BBR start?

Alice Adamson: I am going to have to look at my data now.

Chair: I think we heard in the earlier evidence it was 2013. So, 10 years.

Alice Adamson: Yes.

Chair: You have just told us that it is difficult to evaluate a programme where you are not happy with the standard at which it is being delivered over 10 years?

Alice Adamson: Yes, that is right. We would be in a very different position if we had not also had the pandemic, because delivery, as we have said, did fall in that time period. Are we comfortable with—

Q104 **Chair:** That is seven years between the introduction of BBR and the start of the pandemic to get the delivery of the service to a standard that you were content with. Can you understand why we are concerned about that?

Alice Adamson: Yes, of course I can. We work on quality of delivery all the time. We have been to CSAAP about BBR and the fact that the quality of delivery has not been good enough. We do not think that that is okay, and we have quality improvement plans in place for that.

Q105 **Chair:** What is the date for the quality improvement plan?

Alice Adamson: I think we are due back to CSAAP in June this year to test how that is working.

Q106 **Chair:** What is the target date for you to be satisfied with the delivery of BBR? Have you set yourself a target?

Alice Adamson: We would hope the quality of delivery is better by the time we go back to CSAAP.

Q107 **Chair:** You probably hoped the quality of delivery would be okay in 2013. There is a target plan to have the standard of delivery at the level that you wish it to be at, and that is going to be evaluated in June. Okay. What measures will you put in place if it is not good enough?

Alice Adamson: One of the things we are hoping is that the new programme we are developing will mean we can stand down BBR. We would not have taken this approach to evaluation if we thought this programme would be running ad infinitum, because we do not think that is right. We evaluate regularly; we have done eight evaluations across our programmes and published those in the last year.

There are a lot of ifs. If the new programme that would be a replacement for BBR was not accredited, we would have to look very carefully at whether we should be continuing to deliver in the way we are now and at whether it is the right programme for people. Lots of people who are eligible for BBR would be eligible for some of our other programmes but, at this point in time, we are hoping to have accreditation of this new programme in the summer and then for the roll-out to start from October. We would be able to wind down delivery of BBR as we wind up delivery of the next generation programme.

Q108 **Chair:** What is the timescale for roll-out of the new programme?

Alice Adamson: By the end of 2026, but it will be on a regional basis.

Q109 **Dr Cameron:** When the next generation of personalised programmes is written down, will they be more one-to-one than group-based approaches and, if so, will they require more manpower? I know that that is an issue you have raised.

Alice Adamson: They will still be group based. One of the things we are testing in the design test is having smaller groups, partly because we find that people, particularly in the community, drop out, and we want to see whether having a smaller group helps people remain focused. The one-on-one element will be pre-programme and in the post-programme work—the consolidation element we have been talking about—with even smaller groups for people with learning disabilities and challenges. Not all our programmes consistently meet the needs of that group at the moment, which is really important.

Q110 **Dr Cameron:** That would be helpful, but how is that going to impact on the workforce? You have already described that as an issue.

Alice Adamson: One of the challenges we have at the moment is around—I think one of our third sector colleagues spoke about this—the eligibility of people for programmes and whether they are assigned to the right thing. It is fair to say it will mean more ruthless prioritisation if we end up with a smaller group size, but the length of all our programmes is also different, so you can—

Q111 **Dr Cameron:** Would more ruthless prioritisation mean less people going through?

Alice Adamson: Yes, and I think we would admit that, at the moment, there are some people who go through programmes who are not necessarily eligible. Obviously, that would mean that somebody who is eligible might wait a bit longer, and that is something we are trying to tackle. Like I said, the length of the programme is also important. We hope that the amount of sessions that are required will balance out. At the moment, some of our programmes are very long; some of them are shorter than what we are looking at. So, we are looking at whether you can allow the same amount of delivery, essentially, while maintaining the integrity of the programme, which is critical.

Q112 **Dr Cameron:** Just a final question: much of the focus so far has been on domestic violence interventions, but what other interventions are being offered for other perpetrators—perhaps stalking and those types of offences, which are slightly different to the generalised programmes you are running?

Alice Adamson: We have a huge range of programmes. We have a number of programmes aimed at people convicted of sexual offences: Horizon, Internet Horizon, and the healthy sex programme, which is only delivered in custody and which deals with paraphilia. We also have more general offending programmes. I talked about the thinking skills programme, which is a general offending programme. Somebody's eligibility for a programme is not simply about their offence type. We work on the risk, need and the responsivity process, and we would look at their needs through that assessment, rather than saying, "You would not be eligible because we do not have a stalking-specific programme."

Q113 **Dr Cameron:** Do you feel that the needs of someone who has stalking behaviours would be addressed in the variety of programmes you already have?

Alice Adamson: Yes, if they are eligible for an accredited programme. If not, we have other ways of working with them. We deliver a number of structured interventions and toolkits, and we obviously work with them in different ways one-to-one as well.

Q114 **Dr Cameron:** I think you have answered the final part of the question, about the differences offered during probation as opposed to custodial. You say you are coming to a new generation of programmes where there is an interface between the two, if I am getting that right in my mind.

Alice Adamson: Yes.

Chair: Thank you. As ever, if there is anything you wish to add in writing after this, please do so. It would be very helpful if there could be some follow-up about those waiting lists, in particular. I thank all our witnesses today for their evidence.