

Respect practitioners' seminar on research about programmes

Tuesday 9th December 2008

Minutes and summary of seminar

On the panel: Guest speaker Ed Gondolf, Director of the Mid-Atlantic Addiction Research and Training Institute; chair Jo Todd, Director of Respect; Thangam Debbonaire/Chris Newman, Respect Research Managers (job share); Susan Ash, LankellyChase Foundation

NOTE: please note that this document is not an exact transcript of the discussion. It is taken from detailed notes taken by staff at the event and checked with the panel members. Questions, suggestions and points from the floor are included, names are not included but each specific person is indicated by a number, so where one number is repeated it is because it was the same person. Where Respect staff or others on the panel spoke they are indicated by name.

Part one of this document forms **minutes** of the seminar (pages 1 – 7).

Part two of this document is a **summary** of the lessons learnt, the questions raised and the actions agreed or noted during the seminar (pages 8 – 10).

1. MINUTES: introductory presentations

Jo Todd: welcomed everyone, introduced the morning and described the programme as open and intended to be an opportunity for practitioners to discuss ideas and concerns about the Respect outcomes research and to ask questions of Ed or any of the other panel members. She welcomed Ed as a key resource with experience of the research we are setting up and thanked him for his support and time. She also thanked Susan Ash and the LankellyChase Foundation for their constant and much needed support both financially and in other ways. LankellyChase Foundation has been a key funder of Respect work, the accreditation project and of the research planned. Susan's support has been crucial.

Susan Ash: said that the LCF has a tradition of supporting unpopular causes and has been pleased to support the development of interventions with people who use domestic violence. She said it was important to be clear that this money for the research project had not come out of money which would otherwise be available to fund services. She said the programmes need evidence for funders, particularly for mainstream funders such as health and social services, which is why LCF is funding this research, alongside Northern Rock Foundation.

Thangam Debbonaire: said it has been a process of dialogue between practitioners, researchers, funders and policy makers so far and is pleased that we can start the more formal processes now with this seminar, the first in a series of seminars for and with practitioners and researchers which will run throughout this 3 year process. We are very grateful to the funders for supporting the process so far and for their commitment to the future of this research.

Chris Newman: stated that the advisory group will include representatives of practitioners and researchers. He will be part of the recruitment panel which will interview applicant research teams tomorrow (9th December).

2. MINUTES: Ed Gondolf presentation

It has been exciting to watch the process develop. So often research particularly in the US, is initiated by researchers, who knock on doors with research proposals – the agenda is therefore driven by researchers. This assumes a level of ‘detached’, ‘objective’ knowledge of the researchers and an assumptive divide between practitioners and researchers.

Perceived divisions between researchers and practitioners:

- Researchers come up with various techniques to measure things ‘scientifically’
- Practitioners meanwhile are wrestling with much more complex issues in the work.
- This makes the work more global and difficult as researchers appear to be narrowing it down and trying to simplify it.

This project is exciting, to attempt to bridge the two worlds

Another challenge: Evidence Based Practice

There are hundreds of articles if you go to Google Scholar, describing what it means. There are high stakes, as funding will go to the programmes whose success is supported or demonstrated by ‘evidence’. Some questions emerge:

- Who’s setting the rules for EBP?
- What does it mean
- What kind of research is acceptable in EBP?
- Whose evidence do we pick and who decides this?
- Whose interpretation do we take? Lots of panels of researchers look at the same data set and come up with very different interpretations.

Some reviews dismiss anything other than experimental design, the so-called ‘gold standard’ of research. However, with domestic violence research in particular there are often significant problems implementing a truly experimental design, with random allocation to ‘treatment’. This means that research conclusions end up being weaker than some of the quasi experimental research which takes these implementation pitfalls into account.

Some of the EBP reviews dismiss programme based quasi experimental research and then extrapolate from general population surveys.

Research only delivers certain information and facts. Researchers can try to make these as objective as possible but interpretation is a value judgement, it's NOT objective. That's where practitioners are so crucial; they help to give context from the messy world.

EBP emerged in medical field about 10 – 15 years ago out of concern for medical practitioners to use current research in their practice. It was supposed to be a DIALOGUE. It's come to mean an edict, with knowledge passed down from on high.

EBP TRULY is a PROCESS, a dialogue between practitioners and researchers and not come up with a bottom line but being an ongoing feedback loop with recognition that the practice world is a messy one.

This project is a programme and practice initiated one rather than researchers parachuting in.

3. MINUTES: Questions/points from floor and answers from panel/staff

Q 1. I'm very interested in the contradictions which enrich the whole process/es, such as the researchers as objective and the work as subjective, which contradicts the researchers working locally and the workers globally. Commissioners come into this. I've just finished writing something on parenting programmes and the presentation of EBP is as clinical fact. This is a discourse we need to participate in.

Ed: yes, it's a deal with the devil! Once we enter the game, we are competing to show our bottom line is more legitimate and substantiated than yours. To get into these discourses we do need to bring evidence. It's healthy to recognise the tensions and work with them; I get concerned when there are these extreme bottom lines. For example, in the US, battered women's advocates feel so burnt by researchers, they have distanced themselves, feeling that we're male dominated, misogynistic etc. Yet it's helpful to have evidence, For example, in a court of law, it helps to have a lawyer who knows the legal precedent.

Q 2. What will be the reporting of the research and where will we find out more?

Thangam and Chris: there will be various interim reporting stages and findings will be published on the website and elsewhere. There will be more practitioner seminars and practitioner involvement in the research process, including dialogue about context and meaning of data. The research will complete in 2012. The database could provide evidence of numbers, in the mean time, such as number of men on a programme in a particular age group or by ethnicity or by women's reported outcomes.

Q 3. I have a concern that accreditation may exclude suitable and varying approaches from the research. I need to log that this will exclude programmes that may be suitable for research but are not accredited.

Thangam: yes, not everyone will be involved in the research and not every approach will be included. Everyone can be involved in gathering data via the database and other means and we will support that. The research is not to be comparative of different approaches, it's the first study of its kind in the UK and there will need to be much more research to find out more about the specifics of why and how men change. At the moment we have no idea who will be accredited but we do know that a range of organisations have already indicated their intention.

Neil Blacklock, Respect Development Director: it's important to know what we're measuring, so we had to have some way of ensuring treatment integrity, which accreditation helps to provide. This is a beginning, not an endpoint.

Jo: accreditation wasn't and isn't a one-size-fits-all process and we needed to have an open approach.

Q 3. How will practitioners be involved?

Thangam: there will be interactive parts of the website, there will be seminars and there will be practitioner involvement on the advisory group guiding the process.

All programmes will benefit from the findings of the research, even if they use different methods or models to those in use in the programmes in the research.

Susan Ash: we need to have good evidence. Accreditation is a way for funders to be able to assure quality.

Q 4. Welcome, Ed to the messy UK world! I welcome where we've got to in accreditation. I want to make sure accreditation isn't the criteria for effectiveness and that we keep an open mind.

Q 5. Are there any other criteria for programmes to be included in the research?

Chris: numbers of men on programmes will be important. We need significant and consistent numbers from the participating programmes to be able to provide sufficient data for good analysis.

Q 6. These debates are reflected in therapy. It's good to hear this is not about funding one model. For me, it also feels as though accreditation is a fairly open process for a whole range of working approaches.

Ed: we do know some things after many years of experience. The US experience with standards is mixed. Some are very prescriptive, some are very broad. We have a duty to our consumers, to let

them know what they're getting. Accreditation is a way of saying (like food labels) that when you come to a Respect accredited programme, this is what you get, not that this is the ONLY way, that's like comparing 2 cereal products for breakfast.

Neil: the vast majority of the 105 standards are NOT the content of the work. Standards are a bedrock. When I was at DVIP we were evaluated too early, we were still developing and also it took a lot of time away from practitioners.

Others in the room had had experience of being kept at a distance from researchers.

Colin Fitzgerald, Respect London Services Manager: *when you are a practitioner you're working hard just to keep going and you constantly feel under attack. How do we keep this process collaborative?*

Ed: by having regular reports and seminars, by interviewing practitioners about their perspectives on the men and the context (as part of the research process).

Q 7. We would like regular stakeholder meetings and perhaps involve clients in the research process.

Jo: We're unusual in that we are initiating and managing but we don't control the data

Ed: but you do have control over interpretation. I want to charge practitioners here with a few tasks:

1. Identify inconsistencies in data collection – this needs to be systematic
2. Let researchers know when things change, such as gathering data in the middle of the OJ trial
3. Be attuned beyond that to exceptions and new developments which weren't anticipated – we visited sites regularly to convene with staff to discuss all of these. We also had embedded researchers at the sites.

Jo: it must be independent, so I'm interested in how far we should be involved in interpretation – we can't have any suggestion of interference.

Ed: you can require the researchers to include in their report practitioners' interpretations of data, particularly if they disagree. You can have minority reports, where some people put in a counter report disagreeing with the researchers' findings. Be prepared for the findings to show no effect and consider the funding implications of this.

Q 8. I'm reassured to see this won't be to find just one way. It would be good if the research comes up with some helpful things for practice, to safeguard women and children. Some projects work with mandated and non-mandated men – who will be included in this research?

Chris: we will have a mixture of various forms of social mandate and voluntary but mostly not CJS mandated.

Ed: it will be great to have an exploration of community mandated men. If you use the database and collect data across the country you will be able to identify specific areas or specific sections of the population.

Q 9. Will you be looking at specific provision for specific population groups?

Chris: we can't yet do comparisons as there are so few programmes for specific population groups.

Jo: Our sector needs to work on cultural competence.

Thangam: We do have practitioners who work explicitly with what's in the room, which includes working with culture so that may well come out in the analysis of group processes and the effects of these on individual men.

Q 10. In my area we have not been able to secure funding for a good programme but we have been able to stop a bad one, but there is the issue of cost. How do we pay for the database, for accreditation, for meetings?

Thangam: cost of database is very cheap, free to members who apply for accreditation within 6 months, £500 otherwise and £1000 for non members.

Neil: Accreditation costs £7,000 and there is funding available from various funders to pay for some of the cost, from Nationwide, Esme Fairburn, Tudor Trust, and LankellyChase Foundation.

Susan Ash: We will take applications for part of the cost of accreditation.

Q 11. I want to go back to one of the things Ed said at the beginning about women's organisation's suspicions of researchers. How did you involve women from the women's services in your research and how will Respect do this in this research?

Ed: we involved WS workers to develop the protocols, the ethical and safety procedures. The biggest selling point for women's organisations is that the research will help to improve women's safety.

Chris/Thangam: women's services will be very involved. It is an additional pressure on those workers, however. We must make sure that women's services are better represented in future seminars and involved in developing protocols etc.

Q 12. It is a task which will affect the WS workers and it will mean more for them to do.

Q 13. Very welcoming of what's been said.. Even the men ask 'does this work?' The practicalities of where, how, when, the chairs, the heating, the ventilation etc – all might make a difference.

Ed: that's helpful for practitioners to report to researchers. There is the potential for researchers observing groups.

Thangam: that's another reason for requiring accreditation, because it will provide recordings of the groups. This provides a source of evidence for the researchers to consider, which can help to do justice to the complex work of practitioners in the room.

Q 3. I appreciate that it's not a comparison of one programme over another. But what is the research question?

Thangam: what are the outcomes for women whose partners and ex-partners participate in domestic violence intervention group work programmes?

Q 10. Will the research look at specific outcomes for black and other ethnic minority women?

Chris: if we have enough participating. We might find out if BME men have different dropout rates from White, but these will need sufficient numbers to be rigorous.

Summary report of Respect practitioners' seminar

9th December 2008, London

On the panel: Guest speaker Ed Gondolf, Director of the Mid-Atlantic Addiction Research and Training Institute; chair Jo Todd, Director of Respect; Thangam Debbonaire/Chris Newman, Respect Evaluation Project Managers (job share); Susan Ash, LankellyChase Foundation

1. Key lessons from the seminar and advance reading

- There are several useful articles about research on the use and outcomes of participation in domestic violence intervention programmes available on the Respect website for downloading. These include a paper on Evidence Based Practice (EBP), paper on Ed Gondolf's research findings, discussion of some of the debates about research on programmes.
- Practitioners help researchers to interpret data and to provide context.
- Researchers can help practitioners by developing ways of gathering data which respect and reflect the work done and which can help to inform the development of this work.
- Data is always open to wide interpretation and practitioners' contributions to interpretation is invaluable. This can be done in ways which enhance, not undermine, the validity of the research findings.
- Evidence Based Practice (EBP) is a process of dialogue between researchers and practitioners and not a ruling about which is and which is not an effective intervention.
- So-called 'gold standard' experimental research on domestic violence intervention programmes usually has significant flaws in operation, assignment to treatment method, data collection, interpretation and sometimes safety, which tend to be underestimated or even ignored in significant research reports and research reviews.
- The Navy Study, for example, is often presented as showing no difference between programmes and couples counselling in outcomes, but in fact there was only one couple who were both attending the couples counselling intervention in the research, the numbers referred to the couples counselling were very small and in almost all cases only one party attended, and the population of the study was very specific. Dunford, F. (2000).
- The New York Study, also often presented in research reviews as establishing no effect from programmes, had very low rates of follow up interviews, low rates of completion and the random assignment to treatment options was over-ridden by the judiciary. The programme itself also explicitly does NOT set out to change the behaviour of participants but only to provide accountability, so the conclusion that programmes do not change men could not be

genuinely inferred from any data from this programme. Taylor, B., Davis, R., & Maxwell, C. (2001).

- Ed's research DID show programme effect and the large sample size allowed his team to carry out highly complex and detailed data analysis to control for specific factors and to compare those who had completed the programmes with those who had not.
- Ed's research identifies not just cessation of violence but the lengthening of periods of time between relapses/recidivism. His team found that whilst many men did re-assault, the time between re-assaults got progressively and significantly longer and eventually almost all men had not been violent in the past year. This helps to support the conclusion that most men on programme eventually stop using violence and that some take a while to absorb the behavioural and attitudinal changes.

2. Key questions from practitioners at the seminar:

- Will my work be well represented?
- What will this research mean for me and my colleagues?
- How will I be involved in data gathering?
- Will my clients' lives be disrupted unnecessarily or their safety put at risk?
- What if the researchers misunderstand the context?
- Why can't we look at different approaches and compare them?
- Why do research sites have to fulfil certain conditions like accreditation?

3. Actions arising from or noted in this seminar:

1. There will be consultation between practitioners and researchers, including practitioners not involved directly in the research through working in one of the research sites.
2. There will be regular reporting of findings and process on the Respect website, in the newsletter, at NPN and other events specifically organised.
3. Collaborative research processes to be integrated as a principle for the entire life of the project and to guide the work of the Evaluation Project Managers.
4. Funding is available to pay for some of the costs of accreditation – contact Respect for more information about this.

5. There will be an interactive part of the Respect website when the research starts, on the research section. This will be a place for practitioners and others to comment on findings or process, to provide contextual information which may affect interpretation of data, to make other suggestions and to ask questions for the researchers and the Respect Research Manager to answer.
6. Practitioners are requested to take initiative for informing the researchers or the Evaluation Managers about changes to context or other factors which may affect the data collection in both the database and in the research process, via the website or other routes described here.
7. Practitioners are also requested to scrutinise research methods and processes use and where appropriate, identify if there are inconsistencies in these processes if they are working in the sites.
8. Respect staff will support programmes involved as research sites and all programmes in data collection through the database and other methods. This will include training on gathering outcome data and use of the Respect database for case management as well as monitoring purposes, free or low cost for Respect members.
9. Respect staff will not be involved in gathering data and the research team will have final say over how they interpret this data. However, Respect staff and other practitioners will be involved in the analysis process, through involvement as a practitioner in one of the research sites, through comment on the website, through representation on the advisory group and in other ways if necessary.
10. All Respect members can benefit from the data gathering system the database provides and all members will benefit from the systematic gathering and dissemination of monitoring and outcome data which the use of the database will provide nationally as well as locally. We can all use this to help support funding bids and to report to funders and others in the short and long term.
11. In future we will try to ensure that more women's support workers are involved in these seminars and work with them to develop protocols to ensure that clients' safety and privacy is not compromised by the research process.
12. The researchers will have as a potential source of data the recordings of group sessions required by accreditation. This helps to explore and do justice to the complexity of what happens in the group sessions and perhaps to identify the effects of group processes and more mundane factors (such as heat, chairs etc) on individual change.

Thangam Debbonaire, January 2009