

Acknowledgements

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Introduction

In 2011-2013 WomenCentre¹ in Calderdale undertook a project which aimed to improve safeguarding children in families experiencing domestic abuse. Referred to as the ‘WomenCentre Safeguarding and Domestic Violence Pilot’, this Department of Education funded project focused upon improving multi-agency work at operational and strategic levels in relation to domestic abuse and safeguarding children, particularly in families with complex histories where domestic abuse co-existed with other problems such as mental illness and/or substance abuse.

Evaluation of the ‘WomenCentre Safeguarding and Domestic Violence Pilot’ was undertaken by a research team based at the Centre for Applied Childhood Studies² at the University of Huddersfield. This report discusses some critical issues emerging from the Pilot, building upon an earlier interim report produced in April 2012 (Peckover *et al.*, 2012). Chapter 1 provides an overview of domestic abuse and safeguarding children, and introduces WomenCentre and the Pilot. In chapter 2 some critical issues arising from the Pilot are discussed and in chapter 3 some future directions for multi-agency working in domestic abuse and safeguarding children, and reflections on the Pilot are discussed.

¹ Further details about WomenCentre can be found at <http://www.womencentre.org.uk/>

² Further details about the Centre for Applied Childhood Studies can be found at <http://www.hud.ac.uk/research/researchcentres/cacs/>

Chapter One

Introducing the Problem and the Pilot

This chapter provides an overview of the problem of domestic abuse and safeguarding children and outlines WomenCentre expertise in this area. It introduces the WomenCentre Safeguarding and Domestic Violence Pilot describing the various elements of work which make up this multi-layered project.

Domestic Abuse and Safeguarding Children

Domestic abuse is a complex problem which affects the lives of many people. The term, although subject to definitional change³, refers to a wide range of behaviours perpetrated between adults; these include physical, emotional, financial and psychological abuse as well as threats, fear and intimidating behaviour. Domestic abuse may be experienced by anyone in an intimate relationship but is most commonly experienced by women. The ‘power and control’ and gendered dimensions of domestic abuse are central to feminist approaches to understanding this topic and inform much work undertaken by women’s specialist services such as

³ At the time the WomenCentre Pilot was taking place domestic abuse was defined as ‘any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been, intimate partners or family members, regardless of gender or sexuality’ (Home Office 2005). During the pilot period a government consultation took place about how domestic abuse should be defined. As a result from 31st March 2013 the definition has been expanded to include those aged 16 years and above, and coercive and controlling behaviours. The term ‘domestic abuse’ is used throughout this report unless the context is referring specifically to violent behaviour and/or assaults.

WomenCentre. It is estimated that 1 in 4 women may experience domestic abuse. The impact of domestic abuse includes a range of emotional, social, behavioural and physical health problems and can be wide ranging, long term and serious (Harne & Radford 2008).

Domestic abuse affects the lives of many children and young people; estimates suggest one million children and young people in the United Kingdom (UK) are affected by domestic abuse (UNICEF 2006) whilst a self-report prevalence study undertaken by the NSPCC found that 17.5 per cent of young people and 23.7 per cent of young adults had been exposed to domestic violence during childhood (Radford *et al.*, 2011). The majority of children living in households where domestic abuse is occurring will witness or overhear it, with some being directly abused, neglected or 'caught in the crossfire' of the violence (Mullender & Morley 1994; Mullender *et al.*, 2002; Hester *et al.*, 2006). The impacts for children and young people vary depending upon their individual circumstances, risk, protective factors and resilience (Mullender *et al.*, 2002; Hester *et al.*, 2006; Gewirtz & Edleson 2007). However evidence from serious case reviews continues to highlight domestic abuse as a characteristic in families where children die or a subject to a serious incident (Brandon *et al.*, 2008). Abuse also features in young people's own intimate relationships (Barter *et al.*, 2009).

Domestic abuse may also feature alongside other problems such as mental illness and substance abuse; these may be experienced by one or both partners and have different manifestations and impacts. Indeed living with domestic abuse often acts as a precursor for women's mental health

problems (Humphreys & Thiara 2003). The co-existence of parental mental illness and substance misuse with domestic abuse represent a constellation of risks for children and young people and these can be difficult for professionals to address safely and effectively (Humphreys & Stanley 2006; Cleaver *et al.*, 2007; Brandon *et al.*, 2008; Devaney 2008; Stanley *et al.*, 2010).

Multi-agency working is central to contemporary policy and practice approaches to safeguarding children and domestic abuse work (see for example, Harne & Radford 2008; Department of Health 2009; HM Government 2010). Its rationale lies in an understanding that the needs of children and families are multi-dimensional and inter-linked - and meeting these requires integrated and joined up services. There are many different contexts for multi-agency working in domestic abuse and safeguarding children each with different configurations and purpose. Examples of operational multi-agency work include child protection case conferences, Child in Need (CIN) or Team Around the Child (TAC) meetings, the Multi-Agency Risk Assessment Conference (MARAC) as well as joint visiting and/or information sharing between professionals working with the same family/client. Strategic multi-agency working includes forums such as the Local Safeguarding Children Board (LSCB) and local domestic abuse partnerships; these have different statutory responsibilities and functions but bring together agencies to plan, monitor and develop work.

There are many benefits to multi-agency working, but it can be challenging due to differing ideologies, working practices and priorities

(Frost & Robinson 2007; Rose 2011). Hester (2011) has identified that domestic abuse work - which includes work with victims and perpetrators, child protection work and child contact work - may be understood as taking place on separate 'planets' because there are fundamental differences in how domestic abuse is understood and addressed. For example, in child protection work responsibility is placed on mothers to protect children and domestically violent men are placed within an overall discourse of parenting, whereas work with perpetrators is shaped by criminal law constructing them in terms of their offending behaviour or risk (Hester 2011). Such different constructions create challenges for effective multi-agency working (Radford & Harne 2008) particularly with domestically violent fathers (Featherstone & Peckover 2007; Ashley *et al.*, 2011; Harne 2011).

Multi-agency developments such as the MARAC focus upon the risks posed by perpetrators. MARACs are specifically concerned with high risk cases (Steel *et al.*, 2011) and whilst they may not be integrated with multi-agency safeguarding children approaches they have generated interest in the multi-agency utilisation of risk assessment approaches to domestic abuse (Humphreys 2007; HM Government 2008; Robinson 2011; Co-ordinated Action Against Domestic Abuse (CAADA) 2012). The majority of work with male perpetrators of domestic abuse, undertaken in the UK, is part of a court mandated or community programme and provision is patchy; such interventions require the perpetrators' behaviour to be challenged and linked safety and support services for women to be provided (see for

example, Respect 2010; Featherstone & Fraser 2011; Stanley *et al.*, 2012). There is currently very little provision for domestically violent fathers and the need for a pragmatic approach to ‘delivering interventions to fathers who are violent in a variety of settings and formats’ has been noted (Featherstone & Fraser 2011, p. 13).

There have been numerous research, policy and practice developments in recent years concerned with domestic abuse and safeguarding children (Humphreys & Stanley 2006; Department of Health 2009; HM Government 2010; Home Office 2010; 2011). However despite the plethora of multi-agency initiatives there remain many challenges to ensure that women and children affected by domestic abuse are safe and supported. This is the focus of the WomenCentre Pilot which is described below.

The WomenCentre Pilot: Expertise and Achievements

WomenCentre is a voluntary sector organisation based in West Yorkshire. Established in 1985 WomenCentre provides an innovative and effective approach to supporting women and their families (Duffy & Hyde 2011). Amongst the wide range of services offered WomenCentre have a long history of providing specialist support services for women, children and young people who are experiencing domestic abuse. This includes the Independent Domestic Violence Advocate (IDVA) service who work specifically with victims at high risk of harm from intimate partners, ex-

partners or family members, the MAZE⁴ project which provides intensive specialist support to women affected by domestic abuse and their partners, and the Freedom Programme which enables women to identify domestic abuse and to build confidence, resilience and strategy to have healthy relationships. WomenCentre is funded through a range of grants, project work and commissioned services, and has established a reputation for innovative and effective service provision for women and children (Duffy & Hyde 2011).

WomenCentre experience in supporting women and children affected by domestic abuse, and of multi-agency working to safeguard children, led to an interest in the wider issue of multi-agency working in domestic abuse and safeguarding children work, and consideration of how multi-agency professional expertise about this could be strengthened.

The WomenCentre Safeguarding and Domestic Violence Pilot was funded by the Department for Education⁵ and undertaken in partnership with the Foundation for Families⁶. The Pilot aimed to improve multi-agency approaches, both strategically and operationally, to safeguarding children in families experiencing domestic abuse and with complex histories such as mental illness and/or substance misuse; the original objectives are outlined

⁴ The MAZE Project offers a service to women and their male partners. Evaluation identified high levels of client engagement and provision of practical and emotional support, challenges and successes in undertaking work with male perpetrators, and positive outcomes in relation to the safety and welfare of children and women. Of key importance to the MAZE model of working is the central focus on the safety of women and children, and understanding, assessing and addressing the risks and responsibilities of the domestic violence behaviours (Peckover 2010).

⁵ The Pilot was funded by the Department for Education 'Improving Outcomes for Children, Young People and Families' initiative.

⁶ Further information about the Foundation for Families can be found at <http://www.foundationforfamilies.org.uk/>

in Appendix 1. The Pilot took place over a 2 year period from April 2011; it was undertaken by a team of specialist staff⁷ from WomenCentre and the Foundation for Families and evaluated by the University of Huddersfield (see Appendix 2).

The WomenCentre Safeguarding and Domestic Violence Pilot is multi-layered, and the different elements of the project are described below.

Working with Local Sites: Mapping Processes and Identifying Problems

The overall aim of the ‘WomenCentre Safeguarding and Domestic Violence Pilot’ was to work with 10 sites across the north of England in order to examine and improve multi-agency approaches to domestic abuse and safeguarding children. The targeted sites were all local authority areas and access was negotiated through the Local Safeguarding Children Board (LSCB) in each area. Recruiting sites for the Pilot was time consuming but by the end of Year 1, 10 sites had agreed to be involved. The sites are geographically and socially diverse and have different patterns of service provision (see Appendix 3).

In each site a formal agreement was established with the LSCB for the Pilot to take place, with local responsibility placed in a multi-agency Steering Group. These were established in each site and comprised representatives from local agencies involved with domestic abuse and safeguarding children including the LSCB, children’s social care, health,

⁷ Specialist staff working on the WomenCentre Pilot included Angela Everson, Ian Juba, Lyn Walsh and Carrie Burbridge from WomenCentre and Clare Hyde from Foundation for Families.

police, probation, housing, and specialist services such as women's support, housing, substance misuse/mental health. There were differences across the sites in relation to the size, membership, attendance and administration of the Steering Groups.

The WomenCentre team worked with the Steering Groups to understand how domestic abuse and safeguarding children was being addressed locally and to identify and plan ways that this could be improved both strategically and operationally. This work developed differently across the sites. In some sites the WomenCentre team attended meetings held by local multi-agency partners such as the Community Safety Partnership, Safeguarding Children Training Pool, Domestic Abuse Partnership and Family Support, and in some sites they also attended and observed MARAC meetings. The purpose of this element of the work was to observe and understand local multi-agency processes for safeguarding children and domestic abuse; it also provided opportunities to bring WomenCentre expertise, particularly in relation to working with men and managing risk, to these local forums. In one site 'confidential conversations' were held by the steering group and attended by multi-agency partners; these aimed to understand local multi-agency risk assessment and information sharing processes and to examine whether staff felt there were barriers to their work in relation to domestic abuse and safeguarding children.

Case Mapping

Case mapping took place in five sites. This provided an opportunity

for the Steering Group and/or other senior professionals to look reflectively at cases involving domestic abuse and consider alternative approaches to working with the family. In total thirty one cases have been reviewed; these were chosen by local group participants and largely featured families with complex histories involving domestic abuse and mental health and/or substance misuse issues, and included many children and young people subject to child protection measures and/or care proceedings. A feature of many cases reviewed was lengthy multi-agency involvement. The process of case mapping drew attention to the operational elements of case management and has provided insights into multi-agency approaches to safeguarding children in families affected by domestic abuse.

Training

The WomenCentre team developed and offered specialist training to the sites who participated in the Pilot. The training focused upon understanding MARAC and safeguarding children processes, work with perpetrators and risk assessment, supervision and reflective practice. The training was aimed at those who manage and/or supervise staff and took place in six sites with sixty two participants; feedback from those who attended was positive. In addition in one site the WomenCentre team offered training specifically focused upon 'Asking the Question' about domestic abuse; training was also incorporated into some local seminars and development events focused upon the MARAC which were attended by more than eighty people.

Service User Engagement

Engaging with service users was an important element of the WomenCentre Pilot and reflected their client centred approach to working with women and children. In three sites the WomenCentre team interviewed women service users who had experiences of domestic violence and safeguarding children processes, including women who had their children removed because of domestic abuse. The WomenCentre team also held group and individual discussions with young people in two sites in order to listen to their views and experiences about living with domestic abuse, assessment and service provision. In one site this included 35 young people between the ages of 10 and 24 from a leaving care group, secondary schools and a youth forum; many of the young people had either experienced domestic abuse in the family setting, in an intimate relationship, or were aware of friends and wider social contacts that had experienced domestic abuse. Young people were also involved in the conference held by WomenCentre in March 2013⁸.

Summary

The WomenCentre Safeguarding and Domestic Violence Pilot was a multi-layered project which developed in different ways in the local sites. This reflected different local interests, organisational arrangements and contexts for addressing domestic abuse and safeguarding children. Some

⁸ A final conference entitled *'Not heard, not listened to, not discussed': System change in tackling the problem of domestic abuse of women and safeguarding children* was held by WomenCentre in Manchester on 21st March 2013.

sites had a stronger history of multi-agency working at strategic and operational level than others. There were also different local priorities for the work such as focusing upon younger people affected by domestic abuse and early intervention. The WomenCentre team was unable to engage with all 10 sites in the same way or achieve the level of change anticipated in the original pilot ambition. Some of the reasons for this reflect the wider context in which the work was taking place - issues such as organisational change, external inspection and the changing policy landscape all impacted upon the Pilot. The WomenCentre team facilitated the local sites to tailor their work to fit local priorities by adopting a flexible and 'client centred' approach. In each site local project plans were agreed, and a final report prepared for the local Steering Group and/or the LSCB.

The work developed differently across the sites and this reduced opportunities for comparison or cross-site sharing of learning. It also however reflects the complexity of domestic abuse and safeguarding children as a practice and policy topic; this crosses multi-agency and professional boundaries and requires a co-ordinated approach and understanding. In undertaking the Pilot work the WomenCentre team have shed light on some aspects of current practice in the local sites. This has been facilitated by their expertise in this field, their independence and the client centred and holistic approach which underpins their work. As such WomenCentre have acted as a 'critical friend' during the Pilot work identifying a range of issues to be addressed at operational and strategic levels in order to improve multi-agency approaches to safeguarding

children and domestic abuse.

The following chapter discusses some of the critical issues from the Pilot; these include how domestic abuse is understood, the focus of work with clients, which is too often directed at mothers and overlooks the needs of children and young people, and the role of the male perpetrator and the risks they pose. Other critical issues discussed in the chapter include risk and how it is understood and the difficulties in achieving effective multi-agency working. Throughout the chapter quotes are used to illustrate the issues/challenges experienced by women and young people who took part in the user engagement exercises conducted by WomenCentre. Quotes from the WomenCentre Team and participants who took part in the evaluation are also used to illustrate the findings that emerged during the evaluation.

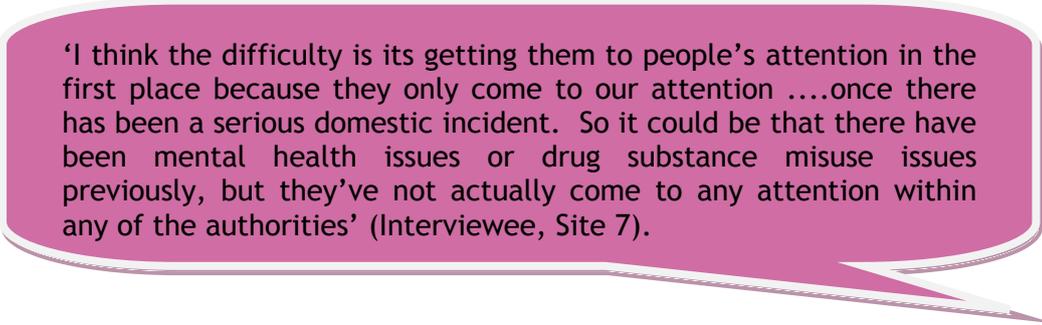
Chapter Two

Domestic Abuse and Safeguarding Children: Critical Issues for Multi-Agency Work

The WomenCentre Pilot identified a number of critical issues about multi-agency working in relation to domestic abuse and safeguarding children which are discussed in this chapter.

Understanding Domestic Abuse

An important theme from the Pilot work was that domestic abuse is not always recognised or does not always remain the primary focus for professional intervention.

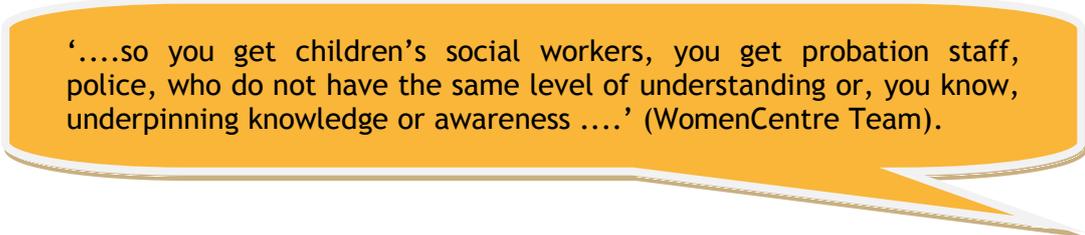


'I think the difficulty is its getting them to people's attention in the first place because they only come to our attentiononce there has been a serious domestic incident. So it could be that there have been mental health issues or drug substance misuse issues previously, but they've not actually come to any attention within any of the authorities' (Interviewee, Site 7).

This was evident in the case mapping and discussed by some of the women, children and young people who took part in the user engagement exercises. The failure to recognise or remain focused upon domestic abuse has also been highlighted in previous research (Kelly & Radford 1991; Humphreys 1999) and is problematic because the processes of minimising or obscuring domestic abuse means it is not being addressed; this may ultimately compromise the welfare and safety of the women and children involved.

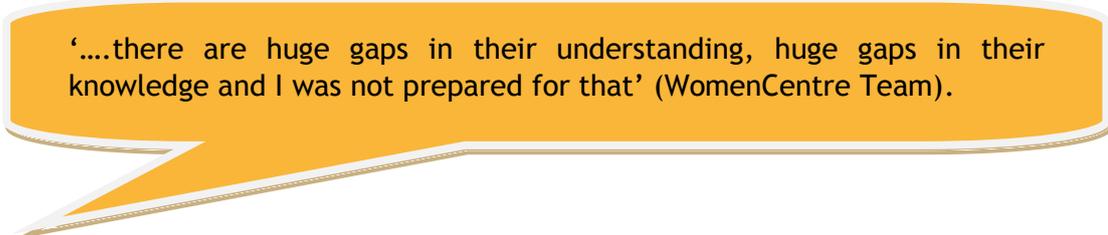
Too often professional attention focuses upon other presenting issues such as addiction, mental health issues or parenting - and these - rather than the domestic abuse become the focus of professional attention.

For cases that were recognised as domestic abuse the Pilot found those involved often held very different understandings and knowledge about this.



‘...so you get children’s social workers, you get probation staff, police, who do not have the same level of understanding or, you know, underpinning knowledge or awareness’ (WomenCentre Team).

This was evident throughout the Pilot work and is important because how a problem is understood shapes how professionals and agencies identify, assess, intervene and evaluate their work.



‘...there are huge gaps in their understanding, huge gaps in their knowledge and I was not prepared for that’ (WomenCentre Team).

There was limited evidence from the Pilot work that professionals understood or conceptualised domestic abuse in terms of coercive and controlling behaviour. This is now included in the revised government definition of domestic abuse introduced in March 2013 (Home Office 2012a) and underpins much feminist and specialist work in this area including that undertaken by services such as WomenCentre.

Coercive control can impact upon womens’ ability to effectively

function and can shape her actions and choices in everyday life (Williamson 2010). The case mapping exercises found that if professionals did not understand this element of domestic abuse they also failed to recognise how this may shape and constrain women's behaviour and actions. An example is a lack of awareness of how a perpetrator's coercive and controlling behaviour can influence how a woman reacts and interacts with professionals and her family; this can shape her decisions not to tell agencies about what is happening at home, where the perpetrator is etc. There were also examples, within the case mapping exercises, of professionals expecting women to leave violent relationships without understanding how fear of the perpetrator, reinforced by coercive control, may restrict a woman's ability to do this. Another example is the referral of male perpetrators for counselling and/or anger management, rather than programmes that aim to address the power and control elements of domestic abuse. The case mapping exercises also highlighted that professionals often failed to understand the abusive context in which women and children lived, often relying solely upon reported incidents of domestic violence to indicate what was happening.

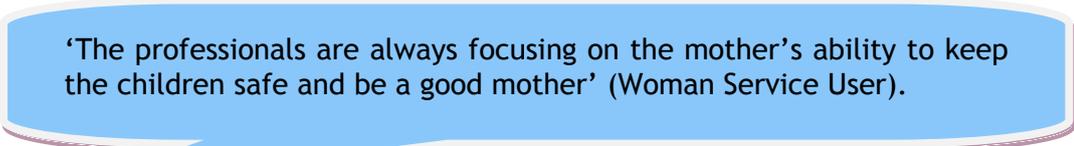
The Pilot work also identified differences in the extent to which professionals understood domestic abuse in gendered terms. Women's specialist services such as WomenCentre have a clear focus upon the gendered elements of violence and abuse against women and girls - and this is indeed reflected in some governmental policy (Home Office 2012b). However a theme running through the Pilot was that professional and

agency understandings often did not conceptualise domestic abuse in gendered terms. This may impact on practice in a number of ways. For example failing to differentiate between the perpetrator and the victim when assessing parenting capacity; all too often the emphasis is placed upon the mother to protect children with shortcomings in parenting becoming the focus of attention as men disappear from the professional gaze (Milner 1993; Featherstone & Peckover 2007; Keeling & van Wormer 2012). Indeed the most manifest impact of failing to consider domestic abuse in gendered terms is that too often professionals fail to consider male perpetrators in their assessments or recognise and address their behaviour and accountability for it. The invisibility of men and failure to consider or assess the risks they pose are critical issues and are discussed later in this report.

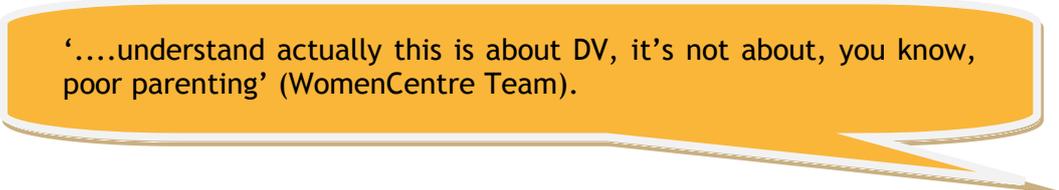
The Pilot also identified a number of issues about how domestic abuse in young peoples' relationships was understood and conceptualised. This is an emerging practice area and the Pilot identified some tensions in how this was understood particularly in relation to the age of the young people involved and the ways in which concepts of 'relationship abuse' and 'sexual exploitation' are conceptualised. This was evident in the case mapping exercises which found that in some instances abuse involving a young person was constructed in terms of domestic abuse, whereas closer examination of the circumstances suggested it would be more appropriate to consider this as child sexual exploitation.

Women

The Pilot work identified some critical issues about multi-agency work with women experiencing domestic abuse. There was evidence that professionals did not always fully appreciate the dynamics of domestic abuse and how it impacts upon women. Women who engaged with the Pilot team reported that they believed professionals working with them did not fully understand the situation they were in; they also reported an overwhelming sense of being judged - both for being in a domestic abusive situation and for staying with the perpetrator. Women also reported that they felt the focus was entirely on them as mothers, with little or no work being undertaken with the perpetrator within the home. The case mapping exercises found lots of evidence indicating that safeguarding children work was largely focused upon the woman and often upon her mothering abilities (Hester 2011).



‘The professionals are always focusing on the mother’s ability to keep the children safe and be a good mother’ (Woman Service User).



‘...understand actually this is about DV, it’s not about, you know, poor parenting’ (WomenCentre Team).

The case mapping also identified missed opportunities for providing support or services to women about, for example, mental health, drug and alcohol and self-esteem issues. Moreover a number of women had lost custody of

their children, but there was little evidence in the case mapping that professionals acknowledged or understood the negative impact this had upon the women concerned.

Children and Young People

A critical issue from the Pilot work was the lack of professional attention towards children and young people in families experiencing domestic abuse. This was evident in the case mapping exercises and a key theme from the listening exercises with young people.

‘Why were we not given the opportunity to talk about our family situation sooner?’ (Young person).

‘Why were we seen to be invisible when agencies did go to our home?’ (Young person).

‘I was unsure if anyone was aware of the DV situation because no agencies really spoke to me whilst my dad was living with us. I found this to be very frustrating because the police had been called out to incidents, but to my knowledge this information had not been passed on to social services. I find this very difficult to understand given the dangerous situation I was living in’ (Young person).

The Pilot work found limited evidence of professionals talking with or listening to children and young people or involving them in decisions.

‘The voice of the young person should be heard and this isn’t always the case’ (Young person).

‘We need to feel that we are involved in the decision making process and that we have some control over these decisions’ (Young person).

In the interviews undertaken with the young people they felt that agencies responses should be quicker, by listening sooner and taking action faster. Involving them in the decision making process so that they had more control over the decisions affecting their lives was of paramount importance to them.

‘the older children, young people.... had been supported through the process by what you would class as more a significant or key worker, who understood the need to talk to the young people make decisions with them and not for them and listen to them, listen to their views and take those into account as part of the safeguarding process’ (WomenCentre Team).

There was some evidence in the case mapping of work being undertaken with children although this type of practice was not extensive.

‘Support eventually came from a new social worker who had been called out to a dispute between a neighbour and family member. On visiting the social worker took the time to ask my mother about an obvious injury on her face, and as a follow on he also spoke with me about my situation at home. It felt like a weight had been lifted off my shoulders’ (Young person).

The case mapping also indicated that professionals often had limited understanding about the everyday experiences of living in a domestically abusive context and how this impacts upon children and young people. A persistent failure of agencies to effectively address domestic abuse also impacts upon children and young people.

In one case 2 young boys who were the step children of the male perpetrator told their social worker that unless someone stopped their stepfather hurting their mother they would kill him by stabbing him whilst he was asleep. This family lived with extreme domestic abuse throughout a 4 year period during which time they were allocated 17 social workers. The male perpetrator is the biological father of a 3 year old in the family and remains in contact.

Case mapping and interviews with participants also identified missed opportunities for providing support to children and young people. This included work through school and direct support for children who have witnessed domestic violence. The impact that funding cuts were having on service delivery was evident.

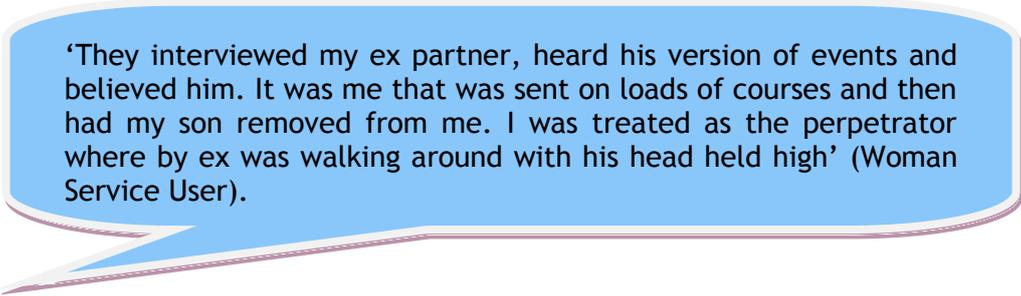
‘I mean the NSPCC had a wonderful service where they would work with, you know, the whole family, well mainly the mums and the children once the perpetrator was out of the picture. That’s gone now and I find it very difficult to find anywhere that I can refer a family to’ (Interviewee, Site 1).

‘...there’s less third sector support than there was probably three or four years ago for children in these circumstances and I think it’s a combination of issues’ (Interviewee, Site 2).

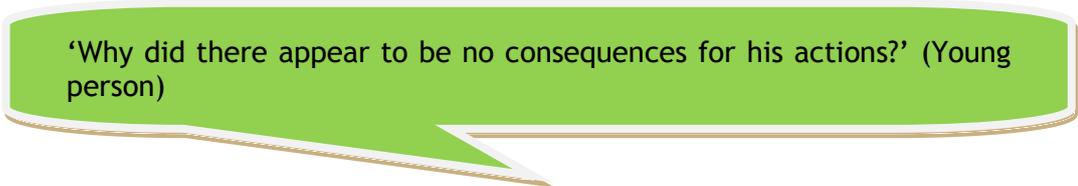
‘that’s often difficult because there’s huge cuts nowand what we relied on sometimes to do these pieces of work, particularly with younger children, and also some of the children at 12/13, some of those voluntary services are no longer available to us to access’ (Interviewee, Site 5).

Invisible Men

The lack of professional attention towards men and their abusive behaviour is a critical issue and evident in the Pilot work. It was raised by women and young people who took part in the service-user engagement exercises with the WomenCentre team.



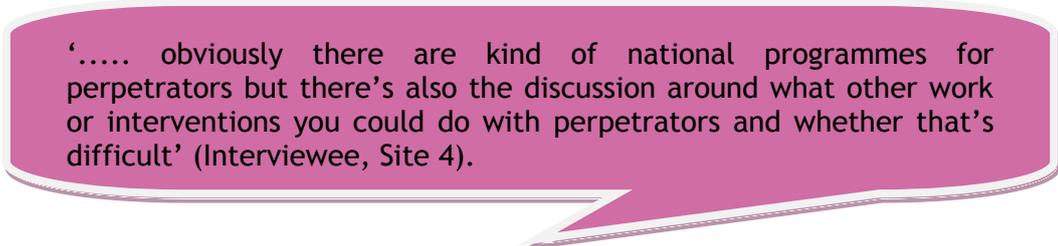
'They interviewed my ex partner, heard his version of events and believed him. It was me that was sent on loads of courses and then had my son removed from me. I was treated as the perpetrator where by ex was walking around with his head held high' (Woman Service User).



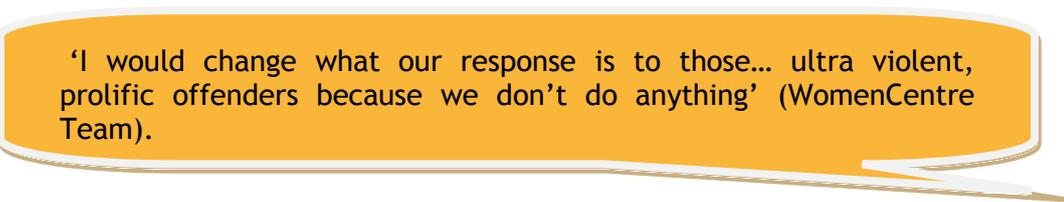
'Why did there appear to be no consequences for his actions?' (Young person)

Lack of professional attention to men and their abusive behaviour can be illustrated in a number of ways. Examples in the case mapping indicated that sometimes professionals had little or no knowledge about men within families, and sometimes essential information such as the current address of violent perpetrators was not known. There was also little, if any, engagement with male perpetrators of domestic abuse in relation to their behaviour and how this impacts upon children. In some cases violent perpetrators were excluded from child protection proceedings such as case conferences due to safety issues, but it was unclear if and how professionals would communicate with these men post conference.

There was also a lack of specific services for men such as voluntary perpetrator programmes and gaps in how serial perpetrators are managed.



‘..... obviously there are kind of national programmes for perpetrators but there’s also the discussion around what other work or interventions you could do with perpetrators and whether that’s difficult’ (Interviewee, Site 4).



‘I would change what our response is to those... ultra violent, prolific offenders because we don’t do anything’ (WomenCentre Team).

There was also evidence of some professionals avoiding focusing upon men because of fear; this was particularly apparent within the context of home visiting situations but featured across a number cases. Agencies who were primarily involved with men, such as the police and probation service, were often focused upon criminal or offending behaviour although this work was not always well aligned to child protection processes (Hester 2011).

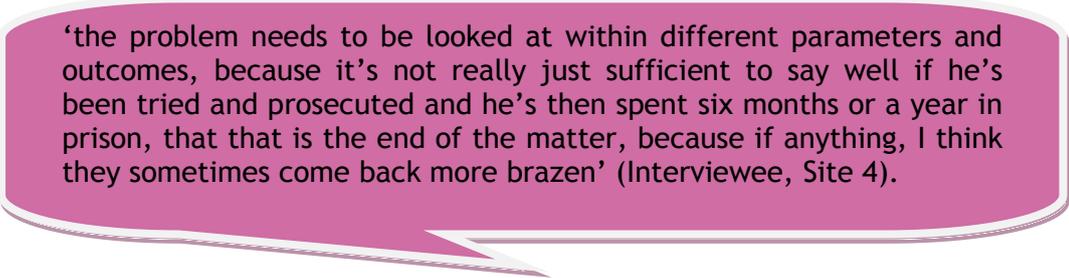
There were many examples in the case mapping where the risks posed by the perpetrator had not been considered. This is a critical issue and addressed in the next section.

Risk

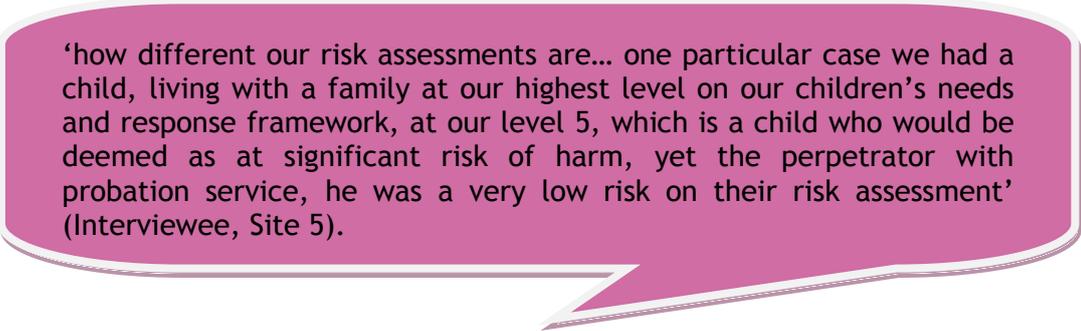
Understanding and assessing risk is a critical issue for safeguarding children and domestic abuse work. However the Pilot found this to be a

problematic area of practice identifying many shortcomings and differences in how risk was understood, considered or assessed. It was not always evident that professionals or agencies were considering risk in domestic abuse cases, and in some cases, when risk was considered this did not focus on the perpetrator.

The case mapping exercises illustrated some important differences in how risk was being conceptualised. For example probation service work was oriented towards reducing the risk of offending behaviour rather than the risks faced by children and women as a result of domestic violence related behaviours.



‘the problem needs to be looked at within different parameters and outcomes, because it’s not really just sufficient to say well if he’s been tried and prosecuted and he’s then spent six months or a year in prison, that that is the end of the matter, because if anything, I think they sometimes come back more brazen’ (Interviewee, Site 4).

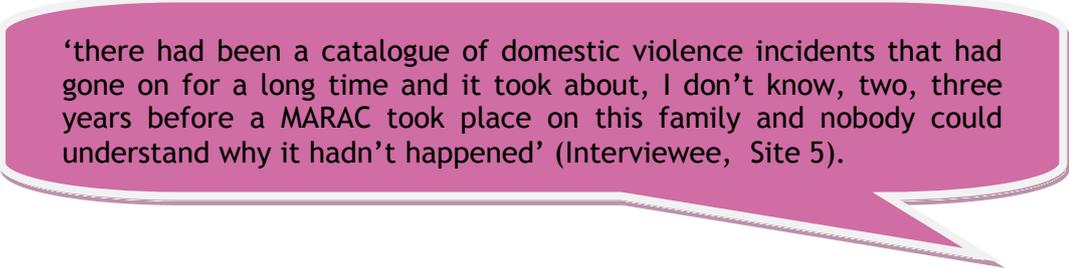


‘how different our risk assessments are... one particular case we had a child, living with a family at our highest level on our children’s needs and response framework, at our level 5, which is a child who would be deemed as at significant risk of harm, yet the perpetrator with probation service, he was a very low risk on their risk assessment’ (Interviewee, Site 5).

It was also evident that professionals often lacked confidence or skills to undertake risk assessments and that risk assessment was being undertaken at too late a stage. For example two women service users who took part in the user engagement exercises reported they did not have any

direct work to assess the risk of domestic violence to them or their children until they accessed a specialist service. Another woman reported she had a risk assessment undertaken, but only after her child had been in hospital as a result of abuse from her ex-partner.

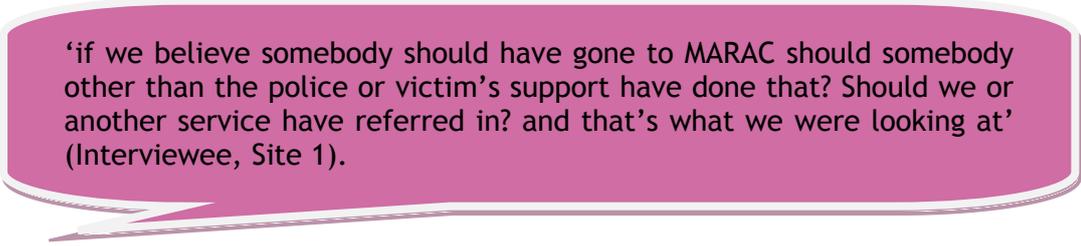
The MARAC is an important forum for the assessment of domestic abuse risk (Steel *et al.*, 2011). However a number of critical issues emerged about the part this played within multi-agency work concerned with safeguarding children and domestic violence. The pattern of referrals to MARAC was a key issue and the Pilot identified a number of cases where referrals to MARAC had either been late or had not happened at all despite ongoing serious domestic violence.



‘there had been a catalogue of domestic violence incidents that had gone on for a long time and it took about, I don’t know, two, three years before a MARAC took place on this family and nobody could understand why it hadn’t happened’ (Interviewee, Site 5).

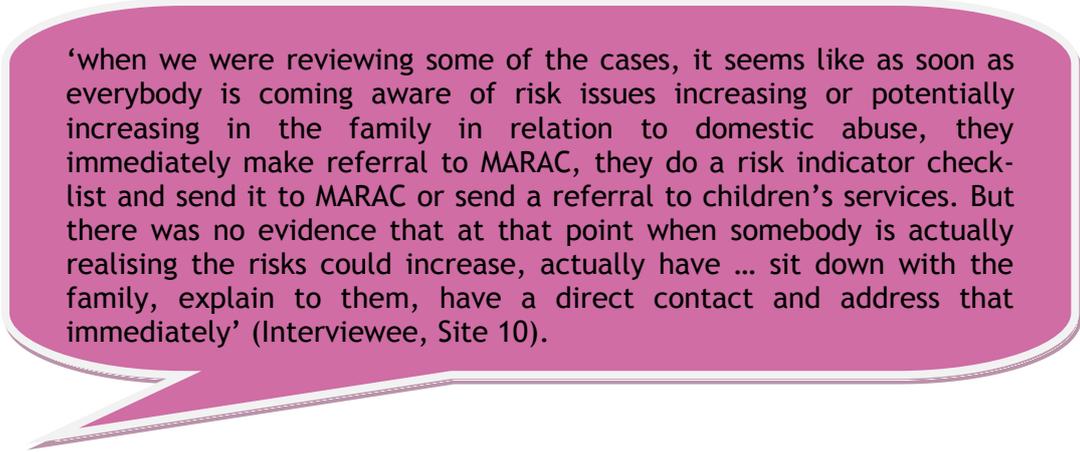
In one case that was examined involving a woman with 3 children there had been seventy seven reported incidents of domestic abuse before a referral to MARAC was made.

There were also issues raised about which agencies should refer to the MARAC.



‘if we believe somebody should have gone to MARAC should somebody other than the police or victim’s support have done that? Should we or another service have referred in? and that’s what we were looking at’ (Interviewee, Site 1).

The Pilot also indicated that professionals who did engage with the MARAC and/or undertake risk assessments sometimes did little else to ensure women and childrens' safety.



'when we were reviewing some of the cases, it seems like as soon as everybody is coming aware of risk issues increasing or potentially increasing in the family in relation to domestic abuse, they immediately make referral to MARAC, they do a risk indicator checklist and send it to MARAC or send a referral to children's services. But there was no evidence that at that point when somebody is actually realising the risks could increase, actually have ... sit down with the family, explain to them, have a direct contact and address that immediately' (Interviewee, Site 10).

There was also an absence of safety planning observed in some of the case mapping exercises. The case mapping also identified situations in which professionals thought some women were at extremely high risk of homicide. This has implications for staff support and safety and for those women living with such fears on a daily basis it raises questions about how this impacts upon them and how they can be supported to recover and regain capacity to function and parent.

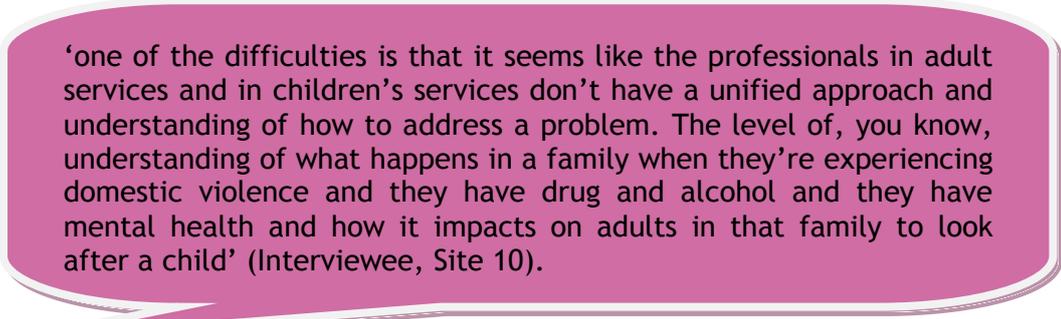
The Pilot also identified shortcomings of the risk assessment tools being used, in particular their age appropriateness for young people who are victims or perpetrators of abuse.

In some sites there was little evidence that the MARAC and multi-agency safeguarding children processes were linked together either strategically or operationally (Steel *et al.*, 2011); the pilot found that cases

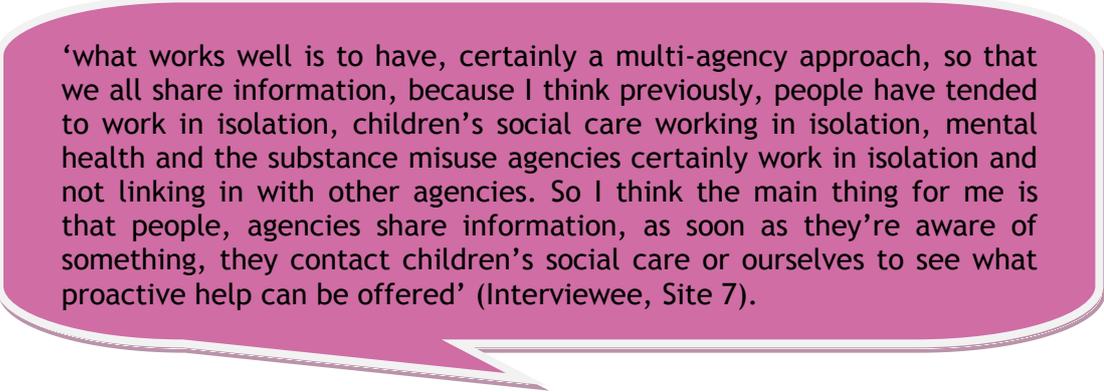
would be considered in one of these forums but rarely in both. In some high risk cases that were examined there was an absence of risk assessment at key points such as prior to child protection meetings or court attendance.

Multi-Agency Working

The WomenCentre Pilot identified a number of critical issues about multi-agency approaches in domestic abuse and safeguarding children work. One of these is the different understandings professionals from different backgrounds hold about domestic abuse, safeguarding children and risk. As discussed earlier these are important because how an issue is understood impacts upon how professionals assess, respond and intervene.



‘one of the difficulties is that it seems like the professionals in adult services and in children’s services don’t have a unified approach and understanding of how to address a problem. The level of, you know, understanding of what happens in a family when they’re experiencing domestic violence and they have drug and alcohol and they have mental health and how it impacts on adults in that family to look after a child’ (Interviewee, Site 10).



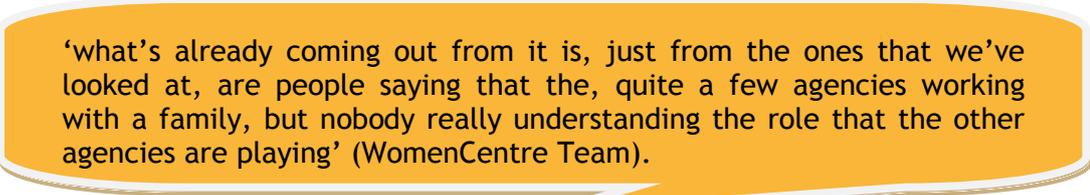
‘what works well is to have, certainly a multi-agency approach, so that we all share information, because I think previously, people have tended to work in isolation, children’s social care working in isolation, mental health and the substance misuse agencies certainly work in isolation and not linking in with other agencies. So I think the main thing for me is that people, agencies share information, as soon as they’re aware of something, they contact children’s social care or ourselves to see what proactive help can be offered’ (Interviewee, Site 7).

Examples identified in the Pilot include mental health services which sometimes displayed limited approaches to managing cases where domestic

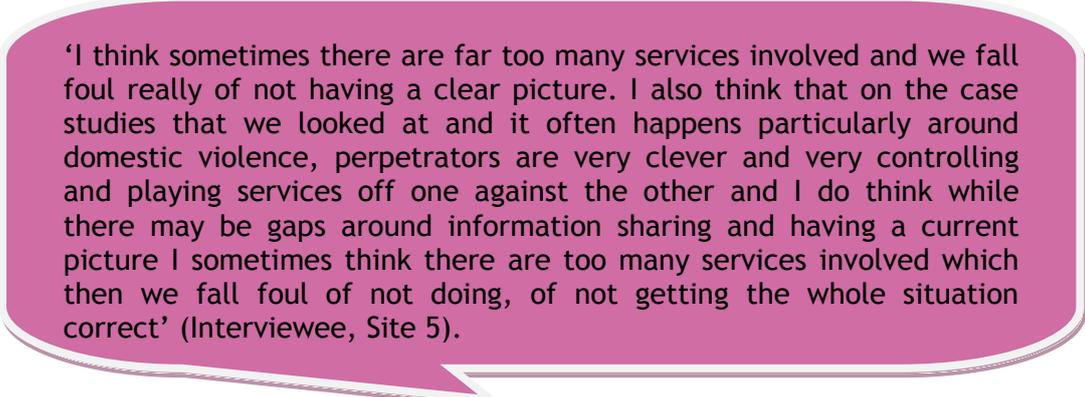
abuse featured. In another case there was evidence that probation service work with a woman involved in the use and supply of drugs was orientated towards her status as an offender whilst being a victim of domestic abuse was not considered.

Hester (2011) uses the term ‘planets’ to describe the very different and separate professional and practice worlds of those involved in domestic abuse work. This leads to clients being constructed in different ways, for example men may be considered in terms of ‘parenting’ or ‘offending’ depending upon the professional orientation; this not only shapes individual practice responses, but adds complexity in the context of multi-agency working.

The Pilot also found that the range and number of agencies involved in domestic abuse cases created difficulties too. As well as different understandings of domestic abuse, professionals often have different understandings of the roles and accountabilities of other agencies and professionals who may be working with the family.

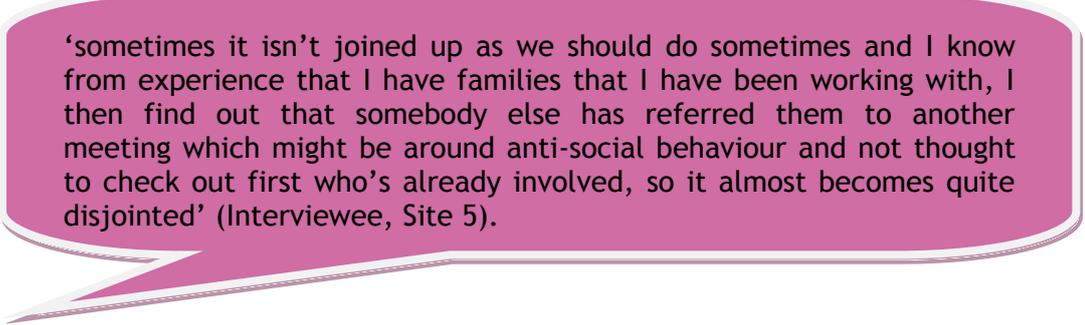


‘what’s already coming out from it is, just from the ones that we’ve looked at, are people saying that the, quite a few agencies working with a family, but nobody really understanding the role that the other agencies are playing’ (WomenCentre Team).



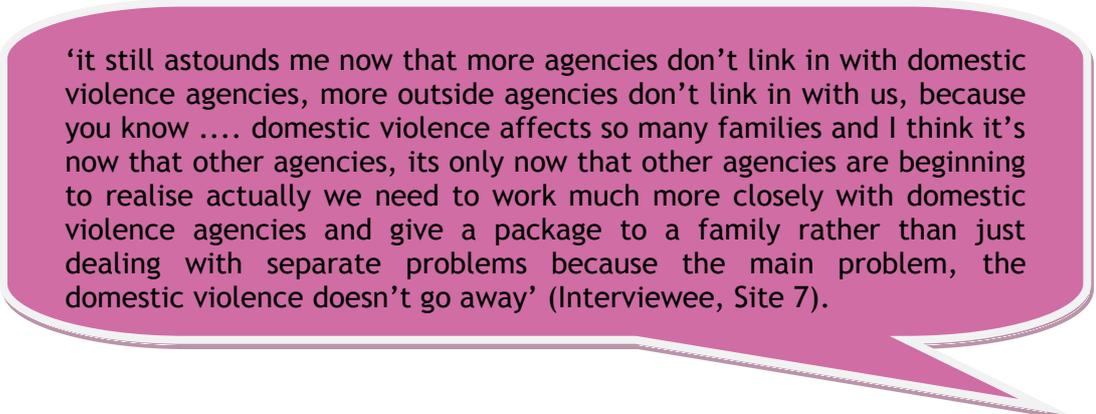
‘I think sometimes there are far too many services involved and we fall foul really of not having a clear picture. I also think that on the case studies that we looked at and it often happens particularly around domestic violence, perpetrators are very clever and very controlling and playing services off one against the other and I do think while there may be gaps around information sharing and having a current picture I sometimes think there are too many services involved which then we fall foul of not doing, of not getting the whole situation correct’ (Interviewee, Site 5).

Different agencies may all have different priorities shaping their work with families. Moreover the number of agencies involved requires careful co-ordination and joined up working to ensure that clients' needs are being met and risks are being identified and addressed. This is particularly important in cases involving domestic abuse where the perpetrator may be manipulative towards professional staff too.



'sometimes it isn't joined up as we should do sometimes and I know from experience that I have families that I have been working with, I then find out that somebody else has referred them to another meeting which might be around anti-social behaviour and not thought to check out first who's already involved, so it almost becomes quite disjointed' (Interviewee, Site 5).

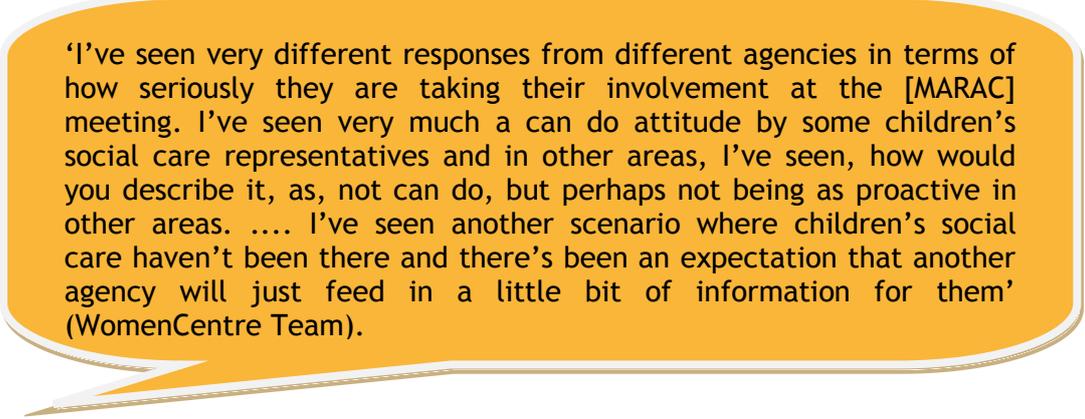
An important issue identified by the Pilot was the role of women's specialist services in multi-agency domestic abuse work. These were often marginalised at both operational and strategic levels. Case mapping identified missed opportunities for women's specialist services to be involved in cases involving domestic abuse and safeguarding children.



'it still astounds me now that more agencies don't link in with domestic violence agencies, more outside agencies don't link in with us, because you know domestic violence affects so many families and I think it's now that other agencies, its only now that other agencies are beginning to realise actually we need to work much more closely with domestic violence agencies and give a package to a family rather than just dealing with separate problems because the main problem, the domestic violence doesn't go away' (Interviewee, Site 7).

The MARACs are multi-agency panels introduced to share information about victims at the highest risk of homicide (Steel *et al.*, 2011). Their

orientation is upon domestic abuse and risk assessment often primarily focuses upon the adults involved; across the sites the Pilot found differences in the extent to which the MARACs considered the implications for children and young people and their safeguarding needs. For example there was variation in the extent to which agencies, such as children's social care, were engaged with the MARAC process.



'I've seen very different responses from different agencies in terms of how seriously they are taking their involvement at the [MARAC] meeting. I've seen very much a can do attitude by some children's social care representatives and in other areas, I've seen, how would you describe it, as, not can do, but perhaps not being as proactive in other areas. I've seen another scenario where children's social care haven't been there and there's been an expectation that another agency will just feed in a little bit of information for them' (WomenCentre Team).

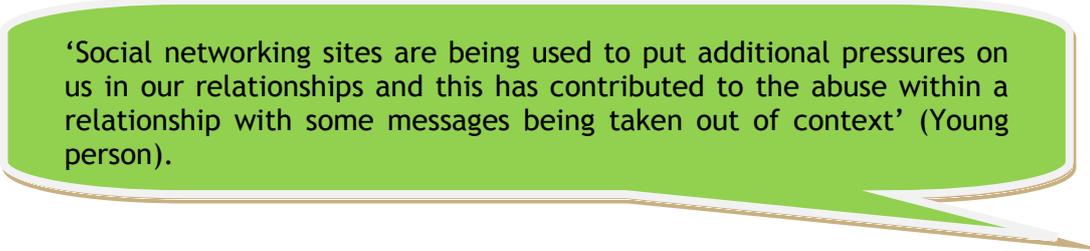
In one site the Pilot identified high numbers of young children living in households that were referred to the MARAC, but observed that most MARAC referrals were generated by criminal justice agencies rather than services oriented towards early intervention. This suggests the need for more awareness raising about MARACs and the use of risk assessment tools. The Pilot also identified a need to strengthen formal strategic links between the LSCB and the MARAC through, for example, regular activity reporting. The Pilot found that MARAC actions were not always very successful at reducing the risk to women and children; for example, in one site, case mapping discussions indicated that the MARAC process was police driven with an emphasis upon criminal justice rather than child/adult safeguarding outcomes.

Young People and Abusive Relationships

Focus upon abusive relationships as experienced by young people is an emerging policy and practice issue within the UK (Barter *et al.*, 2009; Wood *et al.*, 2011; Home Office 2012a). In some sites this was the primary focus of the work undertaken by the Pilot. Critical issues identified by the Pilot included how young people's abusive relationships were understood, assessed and managed, the age appropriateness of current risk assessment tools and challenges in ensuring young people experiencing domestic abuse are protected from harm. There was also evidence of gaps in service provision for young people who are themselves experiencing domestic abuse and difficulties knowing how best to work with young male perpetrators of domestic violence. A theme that emerged in the case mapping was that some cases were constructed in terms of young people's abusive relationships but on examination would be better understood in terms of child sexual exploitation. This indicates that professionals and agencies need to consider more carefully the context of the abusive relationship and the respective age and relationships of those involved.

'I feel that many young males cannot see what they are doing is wrong -they are very possessive of their girlfriends and view them as their property' (Young person).

'Some young people feel that DV is seen as "normal" in the family home and on the streets because they do not have a "normal" family setting to compare it with' (Young person).



‘Social networking sites are being used to put additional pressures on us in our relationships and this has contributed to the abuse within a relationship with some messages being taken out of context’ (Young person).

Preventative work in schools and early intervention was also identified as important.

Summary

The Pilot has highlighted some critical issues about multi-agency working in relation to domestic abuse and safeguarding children. An important issue is that professionals and agencies often hold different understandings and levels of knowledge about domestic abuse. The ways in which domestic abuse is recognised and understood shapes the orientation of work undertaken with families. Importantly a failure to understand the coercive and gendered aspects of domestic abuse contributes to both the exclusion of men and the focusing of professional attention upon women who are often misunderstood and blamed for their situation and how it impacts upon children and young people. Too often professionals do not adopt a child-centred perspective to their work and this leads to missed opportunities to understand children and young peoples’ own experiences of the situation or crucially to support and protect them in a meaningful way. There are also shortcomings in the extent to which professionals consider or assess the risks posed by the male perpetrator towards women and children. This is a critical issue for multi-agency working in domestic

abuse and safeguarding children; an ongoing failure to understand, assess and address such risks raises questions about the efficacy of multi-agency work around this topic and contributes to poor outcomes for women and children living with domestic abuse.

The Pilot also shed light on some critical issues relating to multi-agency working itself. Whilst multi-agency work has many advantages, particularly for complex cases, it can also create challenges due to the multifarious nature of the agencies and professionals involved. Differences in understandings of the problem, assumptions about others roles and responsibilities and shortcomings in sharing information and communicating concerns all contribute to ineffective working as does a lack of clear accountability across the multi-agency network for domestic abuse. There are also wider tensions and differences between the roles and responsibilities of different multi-agency forums operating within the field of domestic violence and safeguarding children and these are not always well aligned to each other, particularly links between MARAC and safeguarding children. This was specifically examined by the Pilot and is an area that would benefit from further scrutiny and debate in order to strengthen links at both strategic and operational levels.

Many of the critical issues highlighted by the Pilot have been extensively discussed in previous work (see for example, Humphreys & Stanley 2006; Hester 2011; Humphreys & Absler 2011). As such the Pilot has not achieved new insights, but rather shed light on continuing shortcomings in multi-agency work in domestic abuse and safeguarding children. This

does not detract from the value of the Pilot work - but rather raises questions about why, in the light of so much research, these issues have not yet been addressed.

The critical issues raised by the Pilot clearly indicate multi-agency work can be improved. For this to be achieved it requires careful consideration at practice, policy and strategic levels across all the agencies involved. Crucially, there is a need to take the issue of domestic abuse seriously and recognise both the pervasive effect it has and the often ineffective nature of many existing multi-agency responses. A theme that reverberated throughout the Pilot was that domestic abuse could only be effectively addressed within a multi-agency framework, but because of a lack of single agency accountability or responsibility, responses were often fragmented and the issue of domestic abuse could too often be subsumed by other competing priorities or concerns. This was evidenced in strategic responses throughout the Pilot as well as professional practice in individual cases, where the tendency to lose sight of the domestic abuse (and importantly the perpetrator) was a recurring feature.

Chapter Three

Moving Forward from the WomenCentre Pilot

The WomenCentre Safeguarding and Domestic Violence Pilot aimed to improve multi-agency approaches, both strategically and operationally, to safeguarding children in families experiencing domestic violence and with complex histories such as mental illness and/or substance misuse. The Pilot highlighted the complexity of multi-agency working around these issues which involves a wide range of individuals and organisations, is multi-layered and takes place within a busy everyday world of competing organisational and professional priorities and limited resources. As well as involving front-line professional work with clients, and with each other, there are also operational and strategic elements that shape the nature and effectiveness of multi-agency work. These operate at both a micro- and a macro-level and require careful unpicking and consideration.

Whilst there are no easy answers some new directions for policy and practice have emerged from the Pilot work and these are discussed in this chapter along with some reflections on the Pilot.

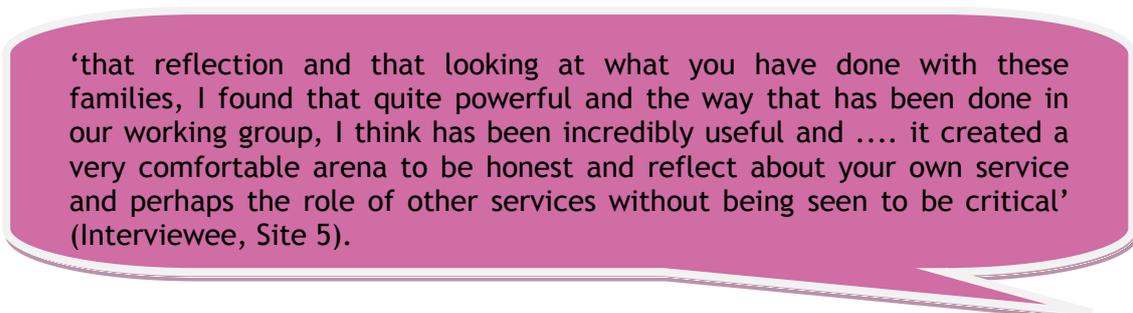
Reflective Practice and Improving Case Formulations

The Pilot has identified an urgent need to improve how cases involving domestic violence are understood and responded to by

professionals working individually and together. One of the ways this could be achieved is by carefully attending to the support, supervision and training needs of professionals. This requires time and commitment on the part of managers, supervisors and trainers to nurture and encourage a more reflective approach to working with domestic abuse cases.

Munro (2011, p.115) has identified the need for professionals to access 'reflective opportunities to think differently about what is happening in a family and what might help'. Developing reflective practice in domestic violence cases was central to the training provided by WomenCentre to six participating sites. This was aimed at a multi-agency group of managers and supervisors and introduced a model of reflective practice designed for domestic abuse cases which built upon work developed by Morrison (2006). The training also addressed the assessment and management of risk and the invisibility of men within child protection work.

Reflective practice in domestic violence cases also underpinned the approach to the case study exercises undertaken in some sites as part of the Pilot work. These enabled reflective group discussion of cases within confidential groups with a view to practice learning and development. The case mapping approach provided a useful framework for reflecting on complex cases and enabled professionals to consider how domestic abuse cases were understood and how practice responses, both individually and multi-agency could improve.



‘that reflection and that looking at what you have done with these families, I found that quite powerful and the way that has been done in our working group, I think has been incredibly useful and it created a very comfortable arena to be honest and reflect about your own service and perhaps the role of other services without being seen to be critical’ (Interviewee, Site 5).

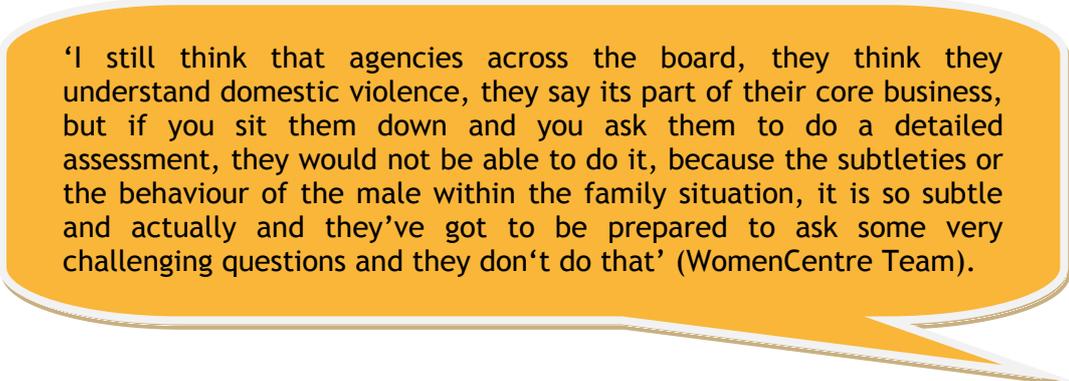
Adopting a reflective approach to case management and supervision which incorporates an understanding of domestic abuse and risk offers opportunities for agencies and professionals to improve their responses to families affected by domestic abuse, and crucially, to enhance the safety and protection of women and children. Such approaches should offer opportunities for professionals to reconsider their work in this area; this should take into account how they understand domestic abuse and women and children’s situations, and how they respond to everyone involved including, importantly, the perpetrator and the risks they pose. The latter requires careful and ongoing assessment to ensure that the micro-level everyday elements are taken into account.

Making Men Visible

The Pilot identified limited multi-agency expertise in working with male perpetrators and particular gaps in risk assessment skills. This is an urgent issue which needs to be addressed in order to improve multi-agency approaches in domestic abuse and safeguarding children work. Of primary importance is the need to facilitate a change in professional orientation so that men and the risks they pose to women and children are more carefully

considered. This is a critical issue for safeguarding children work and one that has been highlighted in much previous research (Milner 1993; Radford *et al.*, 2006; Ashley *et al.*, 2011; Harne 2011; Humphreys & Absler 2011) and in particular in serious case reviews (Brandon *et al.*, 2008; 2009). The continued lack of professional attention to domestically violent fathers and the risks they pose is worrying.

There is a need for professionals to better understand risk in domestic abuse cases and to incorporate risk assessment within their work.



'I still think that agencies across the board, they think they understand domestic violence, they say its part of their core business, but if you sit them down and you ask them to do a detailed assessment, they would not be able to do it, because the subtleties or the behaviour of the male within the family situation, it is so subtle and actually and they've got to be prepared to ask some very challenging questions and they don't do that' (WomenCentre Team).

This requires knowledge and understanding of domestic abuse and the dynamics of male power and control over women and children, as well as an understanding of domestic abuse risks and how this can be assessed. Risk assessment tools provide a useful means for considering risk (Robinson 2011) and could be more widely used, but it is important that professionals develop an approach that enables them to think critically and reflectively about their case work with families rather than a simple reliance on prescribed tools. Approaches which support improved frontline reflective practice through staff supervision could contribute to ensuring that men

and the risks they pose to women and children are more carefully considered and assessed.

There is a lack of services for male perpetrators and models such as the MAZE project developed by WomenCentre offers an example of innovative work in this area. Altering the pattern and focus of service provision requires both professional preparation to ensure there is a suitably skilled workforce - but importantly requires commissioning decisions to fund preventative and intervention services for male perpetrators. This is a difficult area of work, and expertise about programme development and requirements, including the importance of ensuring women and children are supported and protected is required (Respect 2010; Westmareland & Kelly 2012).

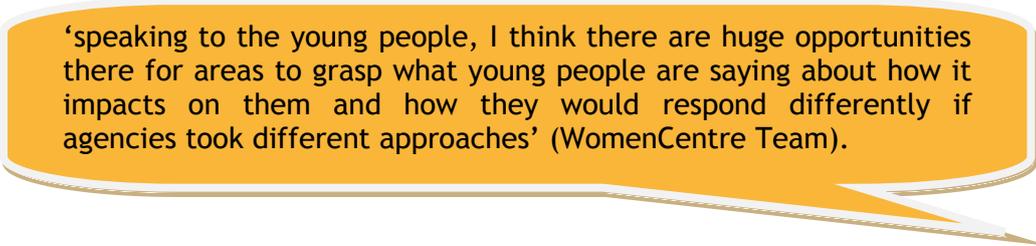
Listening to and Supporting Children and Young People

Domestic abuse affects the lives of many children and young people; it also features in young people's own intimate relationships (Barter *et al.*, 2009). Listening to children and young people about their experiences of domestic abuse and what support they would like is important (Mullender *et al.*, 2002; Buckley *et al.*, 2007). Previous research (Houghton 2008) has found this includes feeling safe, finding someone to trust with knowledge, understanding and ability, feeling confident about confidentiality, and help to enable them to overcome the stigma and shame of being a child affected

by domestic violence. Children and young people also value one-to-one support or groupwork with other children, and would like more help available at school and smoother transitions if they move home and school (Houghton 2008). The importance of establishing the child's view and delivering a child-centred service are also key issues for effective child protection (Munro 2011; Office of the Children's Commissioner 2011). As Munro states,

“Children and young people are a key source of information about their lives and the impact any problems are having on them in the specific culture and values of their family. It is therefore puzzling that the evidence shows that children are not being adequately included in child protection work. A persistent criticism in reports of inquiries and reviews into child deaths is that people did not speak to the children enough” (Munro 2011, p.25).

Listening to children and young people who are affected by domestic abuse was an important element of the Pilot.



‘speaking to the young people, I think there are huge opportunities there for areas to grasp what young people are saying about how it impacts on them and how they would respond differently if agencies took different approaches’ (WomenCentre Team).

Whilst many of the issues raised, reflect those highlighted in previous research, the themes raised are important because they reflect local voices and experience. Of key importance is the need for professionals to take notice of children and young people affected by domestic abuse. This requires a shift in professional attention and assessment to ensure the voices and experiences of children and young

people are considered and included in multi-agency work at all levels, including involvement in decision making.

‘when I did the confidential conversations, they said that they felt that the child’s view was not integral to the child protection conference, that it was merely tagged on at the end of the meeting. So I would like to see the child’s view more integrated into child protection processes, but also into the, possibly into the MARAC process as well’ (WomenCentre Team).

Such engagement with children and young people is important and can be used to inform and further develop multi-agency and strategic case management for safeguarding children in families affected by domestic violence. In particular it reflects contemporary developments concerned with ensuring children and young people affected by domestic abuse are involved in policy and practice development (Houghton 2008) and echoes similar developments which cut more widely across childrens’ services (see for example, Wright *et al.*, 2006; C4eo.org.uk 2010).

Young People and Abusive Relationships

At the time of the Pilot the issue of young people and abusive relationships was beginning to emerge on the policy and practice agenda. Research about the problem and discussion about a definitional change (Barter *et al.*, 2009; Wood *et al.*, 2011; Home Office 2012a) had brought this topic to professional attention and unsurprisingly was the focus of some of the Pilot work undertaken in some sites. This identified a number of critical issues about how young peoples’ abusive relationships were

understood, assessed and addressed in both safeguarding children and domestic abuse/MARAC processes. There were also issues raised about shortcomings in service provision for young people who are themselves experiencing domestic abuse and very limited multi-agency expertise in working with younger male perpetrators and undertaking specialist risk assessments.

Current awareness of young people and abusive relationships has generated a need to establish ways in which policy and practice can respond appropriately. Since the Pilot was completed the definition of domestic abuse has been expanded to include young people aged 16 years and above (Home Office 2012a) and this will have implications for local multi-agency approaches to safeguarding children and domestic abuse work. The pilot work indicated a need to address this in a number of ways. This includes consideration of primary prevention and early intervention approaches, based in schools and other youth settings and using a range of multi-media approaches. The Pilot found that young people considered they had become more aware of risk and warning signs about relationship abuse as a direct result of educational work undertaken with them. It was also evident from the engagement exercises with young people that they confide in each other so establishing initiatives such as a young people's peer support network may be an effective method for supporting young people. There is also a need for professionals to develop their knowledge, skills, attitudes and competencies in working with young people experiencing and perpetrating domestic abuse and to undertake risk

assessments. Initiatives which focus on wider training for line managers about this topic may promote greater awareness, improved assessment skills and support improved frontline reflective practice. Additionally, existing current risk assessment tools could be adapted to become more 'young person focused.' Young people might be able to help in this process.

Improving Multi-agency Working

The WomenCentre Safeguarding and Domestic Violence Pilot identified a number of critical issues about multi-agency working. These include different understandings, different approaches and priorities for working with clients and families and shortcomings in risk assessment and information sharing across the multiple agencies involved in domestic abuse and safeguarding children.

There is also an absence of agency accountability for leading or managing domestic abuse work - it is typically everyone's responsibility so no one owns it - with the result that the issue can too often become marginalized or fragmented.

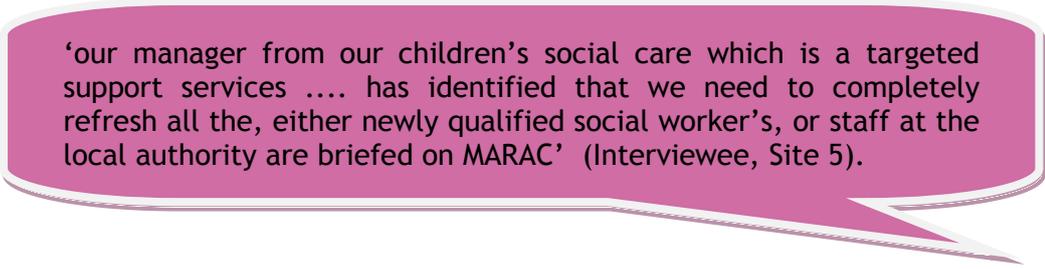
'I think we need to look at system reform because it isn't one, there isn't one agency that has responsibility for domestic abuse, its every agency and they don't necessarily all function, they don't function well together in all cases' (WomenCentre Team).

As Hester has observed:

“.... dealing more effectively with domestic violencerequires both a unified approach across the separate ‘planet’ areas and acknowledgement of the processes of gendering that are situating women as culpable victims. It requires much closer and coherent practices across the three areas of work, with acknowledgement and understanding of professional assumptions and practices of different professional groups” (Hester 2011, p. 837-8).

In one site the case mapping process led to a suggestion that for complex cases a multi-agency support and information meeting is held; this could provide a wider context for understanding clients’ lives and enable different approaches to working with family members to be considered. Such initiatives would contribute to enabling a greater understanding of agencies involvement and hopes - and would provide an opportunity for professionals to consider if other approaches such as life story work or assertive approaches to engage with clients may help.

The Pilot also specifically examined links between the MARAC and safeguarding children processes finding that overall these could be considerably strengthened at both strategic and operational levels. Specifically there is a need for formal strategic links between the LSCB and the MARAC to be established, while consideration should be given to the timely cross-referral of individual cases between safeguarding children/child protection processes and the MARAC. Links between MARAC and safeguarding children have not been systematically addressed in previous research and this is an area of work that would benefit from further examination.



‘our manager from our children’s social care which is a targeted support services has identified that we need to completely refresh all the, either newly qualified social worker’s, or staff at the local authority are briefed on MARAC’ (Interviewee, Site 5).

Multi-agency representation and involvement with the MARACs could be further addressed in order to ensure that representatives understand domestic abuse, safeguarding children and risk; there is also a need to ensure appropriate agency representation and involvement with the MARAC. Similarly there is a need for better understanding of MARAC processes for all those concerned with safeguarding children (Steel *et al.*, 2011).

The Pilot also stimulated discussion in some sites about the need for a whole system response in order to improve outcomes for families experiencing domestic violence. This builds upon a recognition of the need for transformational change in this area of work. Currently domestic violence incurs high costs for all public agencies (Walby 2009) but does not necessarily improve outcomes for those involved. A whole system response would require a reconfiguration of commissioning and service provision including a shift to earlier intervention in order to improve safeguarding, health, social justice and other outcomes for families experiencing domestic violence.

‘look at the whole system and figure out how we can streamline that and how commissioning can actually be responsive, because at the minute, you know, we’ve got mental health commissioning, physical health commissioning, criminal justice commissioning happening in silo’s and not necessarily working effectively to support families affected by domestic abuse’ (WomenCentre Team).

Reflections on the WomenCentre Pilot

The WomenCentre Safeguarding and Domestic Violence Pilot was an ambitious, but innovative project, which aimed to improve multi-agency approaches, both strategically and operationally, to safeguarding children in families experiencing domestic violence and with complex histories such as mental illness and/or substance misuse. This was to be achieved through working with 10 sites across the north of England. There have been both successes and barriers to this work; this reflects the wider context in which the pilot was taking place and the complexities of the topic itself.

The Pilot took place at a time of organisational change and policy reform; this includes a public sector funding crisis, and changes relating to child protection and domestic abuse including the Munro Review of Child Protection (2011), revisions to Working Together (HM Government 2013⁹), the introduction of domestic abuse homicide reviews and changes to the definition of domestic abuse (Home Office 2011; 2012a). The period also saw a backdrop of renewed awareness of child sexual abuse cases highlighted by both Saville and high profile child sexual exploitation cases

⁹ A revised version of Working Together was published on 21st March 2013.

(Furedi 2013). The Pilot found evidence, at local level, that many refuge and specialist support services were reduced (see Kelly & Coy 2007; Towers & Walby 2012) and public sector organisational change and cuts was a constant feature throughout the work. Staff changes, shortages, distractions (like OFSTED inspections) and serious cases contributed to some local challenges in both establishing and maintaining the Steering Group work in local sites.

Despite these difficulties the Pilot identified some critical issues about multi-agency working in domestic abuse and safeguarding children, identifying the need for change and improvements at professional, operational and strategic levels in order to ensure safe and supportive outcomes for both adults and children.

The scope of the Pilot has been ambitious. WomenCentre is a small organisation, and whilst there is no doubt they have skills and expertise in relation to domestic abuse work WomenCentre does not have back office capacity for engaging in large scale development work. However, this type of development, which has involved a voluntary sector consultancy approach to stimulating change and improving local services, reflects Coalition ambitions about both the role of the state and an expansion of localism. Addressing this topic within a multi-agency organisational and professional context is complex. This reflects differences in understanding and addressing domestic abuse, the wide range of agencies and professionals involved, the multiple policy drivers which impact upon agency practice, and the different multi-agency sites for decision making.

There is also a history of uncertain interventions and weak responses to the problem, and a wider culture which continues to minimise the harms posed to women and children by domestic abuse and enables men to continue to get away with it.

Despite these challenges the Pilot has achieved a great deal in stimulating awareness of reflective discussion about domestic abuse and safeguarding children and ways in which multi-agency approaches can be improved. The challenge now lies with local sites and agencies to take this work forward.

‘...changed their practice, changed their beliefs and changed their perceptions really of women and children and well the whole family living with domestic violence’ (WomenCentre team).

I think when we’ve identified cases and gone through the chronological history of these families, it brings up issues from the past, many things that have been missed, that need to be addressed in the future’ (Interviewee, Site 5).

‘...much more understanding of the dynamic of domestic abuse and how it affects women’s decision making and the level of fear and control that she’s subject to’ (WomenCentre Team).

‘It really has given me a different look at how we look at DV and the other things and it really makes me think about how long, a long time some of these families have lived with that and there could have been opportunities for us to have done things differently’ (Interviewee, Site 5).

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Appendix 1: Pilot Objectives

The 'WomenCentre Safeguarding and Domestic Violence Pilot' Objectives

- To engage and work with Local Safeguarding Children Boards (LSCB) and MARACs in 10 sites across the north of England.
- To identify and address issues and support change at an organisational and individual level including commissioning processes, service design and delivery, professional's roles and responsibilities, and frontline and managerial practice.
- To examine complex case studies to process map multi-agency responses to families experiencing domestic abuse and mental health and/or substance misuse issues.
- To develop and provide training that enhances safeguarding practice particularly around risk assessment and staff supervision.
- To engage with young people and families affected by domestic abuse to ensure their views and experiences are heard.
- To engage with and share learning from the Pilot with key national and local audiences.

Appendix 2: Evaluating the WomenCentre Pilot

The WomenCentre Safeguarding and Domestic Violence Pilot has been evaluated by a research team¹⁰ based in the Centre for Applied Childhood Studies at the University of Huddersfield. This aimed to examine if and how the aims of the Pilot have been achieved and to explore any benefits or shortcomings of the work. The research utilised a flexible design and a mixed methods approach in order to capture the structure, process and outcomes of the Pilot (Patton 1990; Robson 2002). The study received approval by the University of Huddersfield School of Health and Human Sciences Research Ethics Panel (SREP) and has followed established ethical procedures including informed consent, anonymity and confidentiality. The research has included the following:

- 24 telephone interviews with professionals and managers in local sites to explore their views on developments arising from the project, the benefits for clients, frontline workers and organisations and the challenges of participating in this project work.
- Observations of key meetings to observe and understand the work of the WomenCentre team.
- Analysis of secondary data sources arising from the Pilot work such as reports, meeting minutes and service data.
- Interviews with the WomenCentre team to explore their views of the pilot and the challenges, achievements and barriers associated with undertaking this work.
- An on-line survey of those attending training offered by the Pilot.

Throughout the researchers have worked closely with the WomenCentre team and have contributed to and attended quarterly Advisory Group meetings of the Pilot.

¹⁰ The research team was led by Dr Sue Peckover and included Dr Berenice Golding and Peter Cooling.

Appendix 3: The Pilot Sites

The WomenCentre Safeguarding and Domestic Violence Pilot engaged 10 sites across the north of England. A brief outline is provided below:

Site 1: This is a large city area. The WomenCentre team commenced working with this site in August 2011. The multi-agency Steering Group includes representatives from a very wide range of agencies including police, youth offending service, health services, education, children's social care, community safety and the LSCB. It has met 7 times and the meetings have been well attended. In this site the pilot work has focused specifically upon young people and domestic violence. WomenCentre work in this area has included observing the local MARACs, engagement with young people, 'confidential conversations' with staff and multi-agency training.

Site 2: This is an urban and rural area with a diverse population. The WomenCentre team have been working in this site since March 2012. A multi-agency Steering group was established which includes members from police, probation, health, children's social care and a MARAC representative. The Steering Group has met on 9 occasions. Work in this site has included examination of 13 case studies. The Pilot work has been particularly focused upon earlier intervention. The WomenCentre team have also engaged with women and young people in this site who have experienced domestic abuse to examine their views of service delivery. Ongoing management and organisational changes within this site led to delays in commencing the Pilot work and difficulties in achieving a consistent steering group membership.

Site 3: This covers an urban area with a small Black and Minority Ethnic (BME) population and concentrated areas of both social deprivation and relative affluence. The WomenCentre team commenced working with this site in August 2011. A multi-agency Steering group was established which includes representatives from children's social care, police, drug services, housing, probation, domestic violence forum and the LSCB. The Project Plan focused upon establishing a locality based approach and earlier intervention with families before issues of domestic violence, substance misuse and mental health escalate. WomenCentre work with this site included a data gathering exercise about the incidence and location of cases involving domestic abuse and MARAC cases where there are children in the household, interviews with women service users and multi-agency training.

Site 4: WomenCentre have been working in this site, which is a metropolitan area, since August 2011. A multi-agency Steering group which has representation from probation, police, children's social care, health visitors, community safety partnership, the IDVA service, housing, the LSCB

and youth services was established and 7 meetings were held. Project work in this area has focused upon the case mapping exercise and 5 cases have been analysed.

Site 5: This is a metropolitan area with a large BME community and significant levels of socio-economic deprivation. A multi-agency steering group was established in August 2011 with 8 core members representing probation, police, children's social care, safeguarding children nurse, youth services, and the LSCB. 6 meetings have been held. The project work has largely focused on case mapping and 4 complex domestic violence cases have been analysed. The steering group have also met with the male case worker from WomenCentre's Maze Project.

Site 6: This area covers a large geographical area and includes a rural and urban population. The WomenCentre team have been working with this site since November 2011. A Steering Group has been established which includes representatives from probation, children's social care, community safety/domestic violence partnership, IDVA, specialist domestic violence housing services, and the MARAC co-ordinator. Work in this site has focused largely on case mapping and 4 case studies have been analysed. The Steering Group have also examined ways to improve local specialist service provision for women including adopting models such as that offered by WomenCentre.

Site 7: This covers a large geographical area which includes a rural and urban population. WomenCentre have been working with this site since July 2011 and their work has included attending meetings with a range of multi-agency partners, observing the MARAC, engaging with women service users who have experienced domestic abuse, and multi-agency discussion of a complex case study involving domestic violence to a young woman. Issues identified in this site include the need to improve strategic working, earlier intervention and referrals into MARAC.

Site 8: This site covers a metropolitan area, with significant levels of socio-economic deprivation across the population. Site 8 agreed to be part of the pilot in November 2011, but later opted out because they had become involved with another improvement programme.

Site 9: WomenCentre team have been working with this site since early 2012. A number of meetings have been held with key multi-agency partners involved in domestic abuse and safeguarding children including the local domestic violence partnership, and children's social care. Work has focused upon the MARAC and working with male perpetrators

Site 10: WomenCentre have been working in this site, which covers a large city area, since January 2012. A multi-agency Steering Group has been established and the focus of work has been upon case mapping; this has examined 5 complex cases involving 22 children and a number of learning points about multi-agency working emerged.