

## Multi-Agency Working in Domestic Abuse and Safeguarding Children



### Summary

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## Domestic Abuse and Safeguarding Children

Domestic abuse<sup>1</sup> is a serious problem that affects the lives of many women. It impacts upon children and young people and is an important safeguarding children issue. Abuse also features in young people's own intimate relationships (Barter *et al.*, 2009).

Multi-agency approaches underpin contemporary policy and practice in safeguarding children and domestic abuse work (Harne & Radford 2008; Department of Health 2009; HM Government 2010); these include child protection processes and Multi-Agency Risk Assessment Conferences (MARACs). There are many benefits to multi-agency working, but it can be challenging due to different ideologies, working practices and priorities (Frost & Robinson 2007; Hester 2011). Women and children affected by domestic abuse may not always be safe and supported, and this is particularly so in complex and longstanding cases which may also involve parental mental illness and substance abuse (Brandon *et al.*, 2008; Devaney 2008).

WomenCentre<sup>2</sup> in partnership with the Foundation for Families<sup>3</sup> undertook a project which aimed to improve multi-agency approaches, strategically and operationally, to safeguarding children in families experiencing domestic abuse. Referred to as the 'WomenCentre Safeguarding and Domestic Violence Pilot' (2011-2013), it was funded by the Department for Education and evaluated by researchers from the Centre for Applied Childhood Studies at the University of Huddersfield. This report provides a summary of key issues from the Pilot; an interim and final report is available from Womencentre.

The WomenCentre Safeguarding and Domestic Violence Pilot took place in 10 areas in the north of England. The WomenCentre team worked with a multi-agency Steering Group<sup>4</sup> in each area to map local systems for safeguarding children and domestic abuse and to identify problems. The work that took place as part of the Pilot also included case mapping, training, service user engagement, confidential conversations with professionals, observation of MARACs and attendance at meetings of relevant multi-agency groups.

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<sup>1</sup> At the time of the Pilot 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). Following a government consultation from 31<sup>st</sup> March 2013 the definition 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.

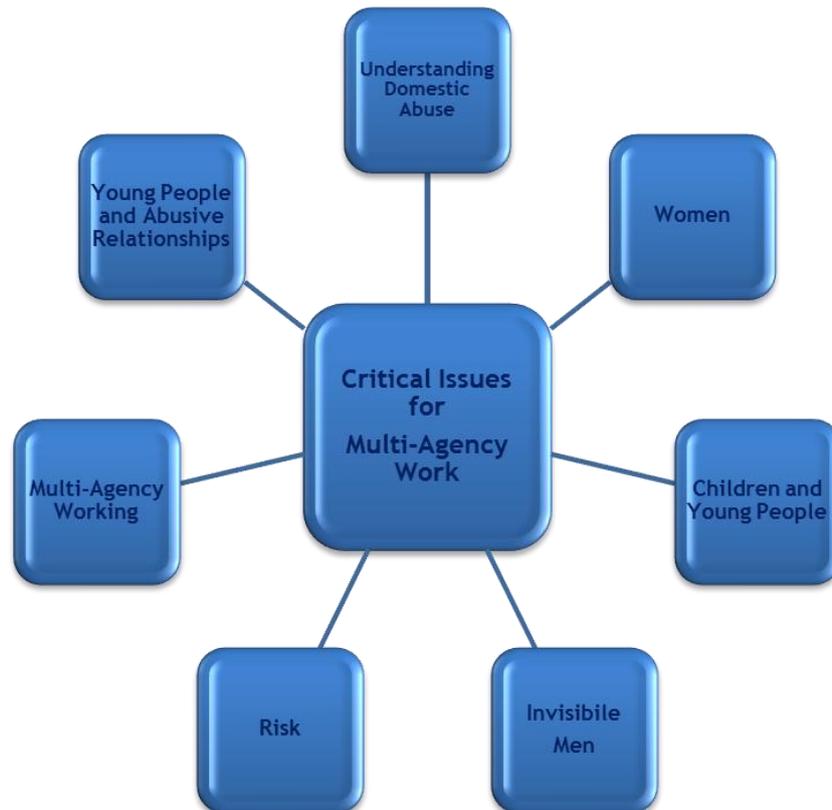
<sup>2</sup> See <http://www.womencentre.org.uk/>

<sup>3</sup> See <http://www.foundationforfamilies.org.uk/>

<sup>4</sup> These were established for the Pilot and included representatives from children's social care, health, police, probation, housing, specialist services such as women's support, and substance misuse /mental health.

## Critical Issues

The diagram below illustrates the critical issues identified during the pilot:



### Understanding domestic abuse

- Professionals do not always recognise, or remain focused on, domestic abuse.
- Domestic abuse is not always understood in gendered terms or as coercive and controlling behaviour. This has implications for how cases are understood:
  - Professionals do not understand how fear of the perpetrator restricts woman's behavior and ability to make decisions, or seek help.
  - Male perpetrators were referred for counselling or anger management, rather than programmes addressing power and control aspects of domestic abuse.
  - Some professionals/agencies failed to appreciate the abusive context in which women and children lived; instead their understanding of what was happening was based on reported 'incidents' of domestic violence.

## **Women**

- Professionals did not always appreciate the dynamics of domestic abuse and how it impacts upon women.
- Women service users who engaged with the Pilot reported they believed professionals working with them did not fully understand their situation and felt judged - for being in a domestic abusive situation and for staying with the perpetrator.
- The focus of professional work was largely upon women and her mothering abilities rather than with the perpetrator.
- Missed opportunities were identified for providing support to women to address for example, mental health, drug and alcohol and self-esteem issues.
- Some women had lost custody of their children but the negative impact of this did not appear to be acknowledged or understood by professionals.
- Situations were identified in which women were at extremely high risk of homicide. This raises questions about how women can be supported to recover and regain capacity to function and parent; it also has implications for staff support and safety.

## **Children and Young People**

- The Pilot identified limited professional attention towards children and young people in families experiencing domestic abuse; there was little evidence of professionals talking with or listening to children and young people or involving them in decisions.
- The Pilot identified missed opportunities to provide support for children and young people - such as work through school or direct support for children who have witnessed domestic violence. Service gaps were evident.
- Young people felt that agencies needed to respond quicker; by listening sooner, taking action faster and involving them in decision making.

## **Invisible men**

- The Pilot found little professional attention towards men and their abusive behavior.
- Sometimes professionals had little or no knowledge about men in families; for example sometimes the current address of violent perpetrators was not known.
- There was little, if any, engagement with male perpetrators of domestic abuse in relation to their behaviour and how this impacts upon children.

- Professionals avoid focusing upon men because of fear; particularly in home visiting.
- There was also a lack of specific services for men such as voluntary perpetrator programmes and gaps in how serial perpetrators are managed.
- Agencies primarily involved with men, such as police and probation service, were often focused upon criminal or offending behavior rather than domestic abuse.
- Risks posed by the perpetrator were not always considered.

### **Risk**

- There are shortcomings in how risk is understood, considered or assessed.
- It was not always clear that professionals/agencies were considering risk in domestic abuse cases.
- Often professionals lacked confidence or skills to undertake risk assessments.
- Risk assessments were often undertaken at too late a stage; risk was not always assessed at key points such as prior to child protection meetings or court attendance.
- MARACs are an important forum for the assessment of domestic abuse risk (Steel *et al.*, 2011) but referral patterns were problematic; some never happened and others were late despite serious ongoing domestic violence.
- Professionals that did engage with MARAC and/or undertake risk assessments sometimes did little else to ensure women and childrens' safety.

### **Multi-Agency working**

- Many agencies are involved in domestic abuse cases and this may create difficulties:
  - Professionals from different backgrounds have different understandings about domestic abuse, safeguarding children and risk. This impacts upon how they assess, respond and intervene, and what they understand about the roles and accountabilities of others working with the family.
  - Professionals construct clients differently; for example men may be considered as 'parents' or 'offenders'.
- Some mental health services had limited understandings about responding to cases involving domestic abuse.
- Women's specialist services were often marginalised and not always involved in cases involving domestic abuse and safeguarding children.

- There was little evidence MARAC and multi-agency safeguarding children processes were linked together either strategically or operationally; for example cases would be considered in one of these forums but rarely both.
- There were differences in the extent to which MARACs considered the implications of domestic abuse for children and young people and their safeguarding needs.
- Referrals to MARAC were largely made by criminal justice agencies rather than services orientated towards early intervention.
- A need to strengthen formal strategic links between the LSCB and the MARAC through, for example, regular activity reporting was identified

### **Young People and Abusive Relationships**

- Domestic abuse in young peoples' own relationships is an emerging issue. Critical issues identified during the Pilot included how this was understood, assessed and managed, the age appropriateness of current risk assessment tools and how young people experiencing domestic abuse are protected from harm.
- The Pilot identified gaps in service provision for young people who are themselves experiencing domestic abuse; and uncertainties about how to work with young male perpetrators of domestic violence.
- 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.
- Early intervention and preventative work in schools were identified as important.

## **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 abuse and with complex histories such as mental illness and/or substance misuse. It identified some critical issues about multi-agency working identifying the need for change at professional, operational and strategic levels. Key issues that need to be considered in the future in order to ensure safe and supportive outcomes for adults and children include the following:

There is an urgent need to improve how professionals understand and respond to cases involving domestic abuse. This will require support, supervision and training. A reflective approach to case management and supervision<sup>5</sup> would help professionals to reconsider how they understand and respond to domestic abuse.

Men, and the risks they pose to women and children, need to be more carefully considered. There is an urgent need for professionals to better understand and assess risk in domestic abuse cases. This requires knowledge and understanding of domestic abuse and the dynamics of male power and control over women and children. Risk assessment tools could be more widely used, but it is important that professionals think critically and reflectively about their case work with families rather than sole reliance on prescribed tools.

There is limited multi-agency expertise in working with male perpetrators and a lack of specific services for male perpetrators<sup>6</sup>. Altering the pattern and focus of service provision requires professional preparation to ensure a suitably skilled work, and commissioning decisions to fund preventative and intervention services for male perpetrators. This is a difficult area of work, and expertise about programme development, including the importance of ensuring women and children are supported and protected, is required (Respect 2010; Westmarelund & Kelly 2012).

There is a 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.

There are a number of areas to be addressed in relation to young people experiencing abusive relationships. This includes improving multi-agency expertise in working with young people experiencing and perpetrating domestic abuse and undertaking risk assessments. Consideration needs to be given to preventative work such as educational initiatives and peer support, and the age appropriateness of risk assessments.

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<sup>5</sup> Developing reflective practice in domestic abuse cases was central to the training provided by WomenCentre to some Pilot sites. This introduced a model of reflective practice designed for domestic abuse cases which built upon work developed by Morrison (2006) and addressed the assessment and management of risk and the invisibility of men within child protection work. Reflective practice also underpinned case mapping. This enabled those involved, within confidential groups to reflect on complex cases and consider how practice responses, both individually and multi-agency could improve.

<sup>6</sup> The MAZE project developed by WomenCentre is an example of innovative work in this area.

There are many agencies involved in domestic abuse cases and this can create difficulties as they often have different understandings, different approaches and priorities for working with clients and families. In particular shortcomings in risk assessment and information sharing were identified. 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 marginalised or fragmented.

Links between the MARAC and safeguarding children processes could be strengthened at strategic and operational levels. For example formal strategic links between the LSCB and the MARAC need 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.

Multi-agency representation and involvement with the MARACs could be improved to ensure that representatives understand domestic abuse, safeguarding children and risk.

A whole system response to improve outcomes for families experiencing domestic violence requires consideration. This 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.

## Summary

The WomenCentre Safeguarding and Domestic Violence Pilot took place at a time of organisational change and policy reform<sup>7</sup>. It is a complex topic to address but the Pilot achieved a great deal in stimulating awareness and reflective discussion about domestic abuse and safeguarding children and how multi-agency approaches can be improved. The challenge now lies with local sites and agencies to take this work forward.

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<sup>7</sup> This includes a public sector funding crisis, and changes relating to child protection and domestic abuse (Home office 2011; Munro 2011; Home office 2012; HM Government 2013).

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