

What works in promoting good outcomes for children in need who experience domestic violence?



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Introduction

This paper has been prepared to support the commissioning of children in need services in Wales as part of the Better Outcomes for Children in Need Programme sponsored by the Social Services Improvement Agency (SSIA). The overarching aim of the Programme is to achieve more cost effective and improved matching of services for children in need through effective strategic commissioning, focussing on areas such as:

- The overall distribution of resources and services across family support and substitute care.
- The targeting of services towards effective points and methods of intervention that meet the needs of children and young people at risk of entering the care system.
- Improved quality of placement and other services for looked after children and young people, leading to improved outcomes.

Four background reports from The Institute of Public Care were published by SSIA in January 2007 to support this development programme:

- The Role of Commissioning in Improving Services to Children in Need.
- National Trends in Children in Need Services.
- What Works in Promoting Good Outcomes for Children in Need in the Community?
- What Works in Promoting Good Outcomes for Looked After Children and Young People?

Subsequent feedback from local authority commissioners in Wales has highlighted a demand for research and best practice findings looking in-depth at how to promote good outcomes for children in need where there is domestic violence, parental substance misuse, and / or poor parenting in particular. This paper and a further two¹ have been published in response to this demand.

Domestic violence

Domestic violence has been 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”, or

“Any violent or abusive behaviour (whether physical, sexual, psychological, emotional, verbal, financial etc) that is used by one person to control and dominate another with whom they have or have had a relationship”².

There has been increased evidence and awareness over recent years of the impact of domestic violence on children, which suggests that children can suffer serious long term damage through living in a household where domestic violence and abuse is taking place, even where they themselves have not been directly harmed. An amendment to the

definition of harm in the Children Act 1989 now includes reference to “impairment suffered from seeing or hearing the ill treatment of another”, even if they themselves have not been directly assaulted or abused³.

Domestic violence can affect children’s behaviour and emotional well-being, their cognitive abilities and development, disruption of their community, and family and friendship networks. Children witnessing domestic violence tend to have significantly more internalised (depression and anxiety) and externalised (aggression and anti-social) behavioural and emotional problems than children who are not in these abusive environments⁴.

Research also suggests that children are likely to be at risk of physical, sexual or emotional abuse in the context of domestic violence; therefore, domestic violence is an indicator or risk of other more direct harm to children². Research also suggests that women with children are twice as likely to experience domestic abuse compared to women without children. Violence does not automatically cease when a relationship does: approximately one third of police calls to incidents of domestic violence come from separated women who are being harassed by ex-partners.

Welsh Women’s Aid estimates that as many as 150,000 children and young people are affected by domestic abuse in Wales⁵, and recent (2006) research found that in initial child protection conferences, there is evidence of domestic abuse in approximately 50% of cases⁶.

National context

The Welsh Assembly Government has adopted the UN Convention on the Rights of the Child as the basis for all of their work with children and young people in Wales, which has been translated into 7 core aims⁷:

- A flying start in life.
- A comprehensive range of education, training and learning opportunities.
- The best possible health, free from abuse, victimisation and exploitation.
- Play, leisure, sporting and cultural activities.
- Treated with respect and have their race and cultural identity recognised.
- A safe home and community.
- Children and young people not disadvantaged by poverty.

The Assembly has also developed a range of guidance and initiatives specifically relevant to children affected by domestic violence, including the following:

The Children Act 2004 Guidance

National guidance accompanying the Children Act 2004⁸ sets out how all agencies and professionals should work together to safeguard and promote children’s welfare and protect them from harm. It is addressed to all statutory partners on Local Safeguarding Children Boards and others whose work brings them into contact with children and families. It states that Community Safety Partnerships have the key responsibility, at the local level, for co-ordination of action to deal with the problems of domestic abuse. Each Community Safety Partnership, Domestic Abuse Forum and LSCB should jointly contribute to an assessment of the incidence of children caught up in domestic abuse, their needs, the adequacy of local arrangements to meet those needs, and the implications for local services. Domestic violence should also be addressed in the Children and Young People’s Plan, Community Safety Strategy, and, on an ongoing basis, in the work of the Council and the LSCB.

Tackling Domestic Abuse: The All Wales National Strategy⁵

This strategy, published by the Welsh Assembly Government in 2005, sets out an approach to tackling domestic abuse in Wales. Principles that are central to the strategy are: equality; protection and support for victims; perpetrator accountability; and prevention. The overall aims are:

- To facilitate the development and implementation of a quality co-ordinated joint-agency response.
- To improve the current service provision for all victims and to particularly increase the safe choices for women and children/young people who experience domestic abuse.
- To hold abusers accountable for their behaviour.
- To increase public awareness as to the issues surrounding domestic abuse.
- To challenge the notion that domestic abuse is acceptable.
- To protect children and young people in Wales from the negative impact of domestic abuse.
- To educate and inform children/young people to enable them to make informed choices.

The strategy recommends that tackling domestic abuse and its causes requires:

- Individual agencies/organisations/employers to adhere to minimum standards.
- Specific measures aimed at tackling domestic abuse to be incorporated into local Community Safety Plans.
- Domestic Abuse Fora to work closely with Community Safety Partnerships to assist with this work.
- Tackling domestic abuse and effects on children to be a key task of Local Safeguarding Boards.

National Service Framework for Children, Young People and Maternity Services in Wales⁹

The Welsh National Service Framework for children, young people and maternity services (NSF) (2005) aims to improve quality and equity of service delivery by the setting of national standards for health and social care for all children from before birth, through childhood and adolescence into adulthood, and in all settings. The NSF contains a number of standards and related key actions aimed at Children and Young People's Framework Partnerships, Local Health Boards, NHS Trusts and local authorities. The standard around quality of universal services states that:

'Children, young people and their families receive timely, high quality, co-ordinated services delivered in an environment which is safe and well suited to their age, needs and stage of development. Service delivery is evidence based or innovative with a structured evaluation, and delivered by competent staff.'

A key action specified within this standard states that all organisations have in place agreed joint education and training programmes for staff who deal with children and young people, including: the identification and management of domestic violence.

In addition, the NSF identifies children living in families where there is domestic violence as children in special circumstances (or in need), with accompanying standards and related key actions around: child and family centred services; access to services; and quality of services.

Tiers of need for intervention for children experiencing domestic violence

Increasingly, domestic violence is being seen as an important indicator that a child is 'in need' and is likely to suffer significant harm². The table below illustrates the different types of service or interventions that The Local Government Association (England) has suggested should be available to children who experience domestic violence with differing levels of need¹⁰. Within this adapted model tier 1 reflects all children with no additional needs, tier 2 reflects vulnerable children who need additional help, tier 3 reflects children needing intensive help, and tier 4 reflects children at serious risk who need complex help.

| Tiers of need and intervention: adapted from Hardiker, Exton and Barker ¹⁰ | |
|---|--|
| Tier of need | Type of service or intervention |
| <p>Tier 4: Acute/restorative Children at risk of death or serious harm from abusive parental partner</p> | <p>Child protection services. Police, court protection, CAFCASS. Alternative housing for non-abusive parent and children. Presumption of no contact. Multi-agency risk management.</p> |
| <p>Tier 3: Complex Children whose lives are seriously disrupted by domestic violence</p> | <p>CAFCASS. Refuge and community based support, advocacy and childcare services. Accommodation options. Supervised contact services. Special education support. CAMHS. Counselling. CIN Services – social services. Multi-agency risk assessment.</p> |
| <p>Tier 2: Vulnerable Children vulnerable as a result of domestic violence</p> | <p>Information about domestic violence services. Access to community outreach, advocacy, group work and support services. Positive support from teachers, youth workers. Children's Centre. Connexions advisers. Extended school provision. Supported contact services. Health visiting. Positive parenting. Identification within universal services.</p> |
| <p>Tier 1: All children</p> | <p>Universal services. Antenatal assessment/routine questioning, Health, Education etc. PHSE. Information about domestic violence. Healthy relationship education.</p> |

The LGA (England) suggests that services need to be tailored to meet needs across all four tiers of intervention and access to them should be characterised by good quality assessment of risk and levels of need. Children and young people affected by domestic violence do not necessarily need the same interventions.

Assessing the risks to children from domestic violence

Research has highlighted the need for practitioners to carefully assess the risks presented by domestic violence for children as part of making effective decisions about the types of interventions needed. The framework for the assessment of children in need and their families produced by the Department of Health¹¹ has a small section on domestic violence under the domain of parental capacity. Specific frameworks for the assessment of children affected by domestic violence have also been developed³. For example, Barnardo's Domestic Violence Outreach Service (DVOS) have developed a Domestic Violence Risk Assessment Model, which originated from Ontario Canada¹². Based on experience gained from using the model in the DVOS, a system of threshold scales, risk factors, potential vulnerabilities and protective factors have been added to the model enabling comprehensive analyses of risk within the assessment process. The model is used to assess the severity of risk posed by domestic violence within families where children are present. It aims to help practitioners make decisions about the risks presented for children and to plan effective interventions for the family. The model is based on the following principles:

- Protecting the children is the first priority.
- Protecting the non-abusing parent – usually the mother – helps protect the children.
- Providing supportive resources to the non-abusing parent will help protect and care for the children.
- Holding the perpetrator responsible for the abusive behaviour.
- Respecting non-abusing parents' right to direct her own life without placing her children at increased risk of further abuse from domestic violence.

The DVOS risk assessment model has nine assessment areas. These are the key areas to assist childcare professionals to reach decisions about when a child is vulnerable or in need of protection. The nine assessment areas are:

- Nature of abuse.
- Risks to the children posed by the perpetrator.
- Risks of lethality.
- Perpetrator's pattern of assault and coercive behaviours.
- Impact of the abuse on the women.
- Impact of the abuse on the children.
- Impact of the abuse on parenting roles.
- Protective factors.
- The outcome of the woman's past help-seeking.

Although this risk assessment is a specialist tool and takes time to complete, it was felt by UK-based social workers participating in pilot studies that it could be used alongside other assessment tools currently used such as the framework for the assessment of children in need and their families. This model helped social workers to be very specific about the risks posed and decisions could be made with more clarity and more specific information recorded.

However, applying the full model - using the threshold scales and subsequent full assessment - takes three months to complete, so was only used where there were high risks to children. Less time demanding, however, are the threshold scales, which can be assessed very quickly and used as a guide as to which areas need work. They have been used by A&E hospital social work staff, child protection nurse specialists, women's advocates and health visitors so they know when they need to refer cases on to social services or when they can continue to work on safety issues with the child and family.

Research also suggests that, when domestic violence is identified, the non-violent parent should be seen separately to assist with identifying the specific risks the perpetrator poses, and any protective steps which have been either successfully or unsuccessfully used in the past. Safety planning and information about a range of relevant services for survivors and children should be given alongside the assessment interview(s)¹³. The literature also suggests a danger that, in relation to the perpetrator's tactics of abuse and violence, workers may be affected by the same disempowerment that children and non-abusing parents experience. The suggestion is that, when workers are involved in assessment or on-going work where there is domestic violence, they will require careful supervision and support that acknowledges if, and how, the worker is affected by the threat of violence and abuse¹³.

Effective interventions for children experiencing domestic violence

Over the last 25 years a number of themes in professionals' responses to domestic violence can be identified. In the 1980's, the expectation that an abused woman should stay with the violent man for the sake of the children was particularly prevalent. During the 1990s, the onus on women to protect their children was increasingly translated into the expectation that an abused woman should leave the violent man or have the children accommodated due to a perceived failure to protect.

The general approach most prominent today is an increasing focus on child protection and prevention of abuse, and practice has moved to an emphasis on separating children and the parent experiencing domestic violence from the perpetrator, whilst supporting child and non-violent parent².

A report by LGConnect in 2005¹⁰ concerned with the commissioning of services for children and young people affected by domestic violence suggests that the most effective interventions involve a planned package of support that incorporates risk assessment, trained domestic violence support, advocacy, support services and safety planning for the non-abusing parent who is experiencing domestic violence, in conjunction with protection and support for the child. These may involve safety-focused work, offered while the danger from the perpetrator is still real, and recovery work, undertaken when the family has moved into a safer phase of their lives.

Research into domestic violence as well as other interventions for children in need should have as their starting point a strengths-based approach which recognises their resilience and understands the strategies they have already developed for living with adversity. The starting point for work with the non-violent carer is the likelihood that there will be a range of 'issues' other than the violence, including: mental health, substance misuse, homelessness. Given the likely multiplicity of needs, a key message here is the need for recognition of domestic violence as a multi-agency issue involving services for children, women and men across the voluntary and statutory sectors. The research literature has also identified some of the key characteristics of effectively configured services to vulnerable children, young people and families which are equally applicable to those living with domestic violence. These are as follows¹⁴:

- Services are accessible to children, young people and families in their localities, and within a range of settings.
- Services are acceptable.

- Services are as non-stigmatising as they can be.
- There is a whole-child/young person and whole-family approach that is as enabling and empowering as possible.
- There are good links with relevant adults' services (in particular mental health or drug and alcohol services) so that these services take account of the developmental needs of the child or young person and provide effective support for improved parenting.
- Services and individual interventions aim to promote resilience for the child or young person, including through the promotion of informal support networks.
- Services are evidence-based, grounded in robust evaluation of what works.
- Where possible, new services are built on existing local networks and services that are already working well.
- Services are sustainable, with support continuing for a long as is needed.

Providers of services

There are a range of providers of domestic violence support services including in particular¹⁵:

- Women's Aid and women's refuge, outreach, and advocacy services.
- Children's organisations.
- Statutory social services and social work departments.

Women's Aid and women's refuge, outreach and advocacy services

Refuges offer a wide range of support and advocacy services, as well as safe, emergency refuge accommodation: alone and in partnership with other agencies. In some cases, aftercare and specialist children's services are provided, and there has been an increasing development of outreach projects. Women's Aid is the leading provider of services aimed specifically at helping vulnerable women and children who are experiencing domestic violence and abuse in Wales: there are currently 35 groups across Wales.

Refuge projects frequently participate in multi-agency domestic violence forums and employ children's workers, although many of these are employed on a part time basis only. Examples of services offered to children using refuge projects include: practical advice and support; one-to-one counselling; group work; youth work; advocacy; after school clubs; and play schemes.

Children's organisations

Children's charities, such as NCH, NSPCC and Barnardo's are engaged in a wide variety of activities including: child protection investigations; recovery work; and help with accommodation and housing. However, domestic violence is not necessarily their main focus of work. The types of services provided include: one-to-one support; advocacy; and group work (provided for children, women and men).

Statutory social services and social work departments

Provision of domestic violence services directly by social services departments is variable. Some departments provide a comprehensive range of domestic violence support services, however, a survey conducted in the UK in 2000 by Humphreys et al¹⁵ found that at least one fifth of social services departments had no special provision either directly or through service level agreements. Moreover, many did not have a designated member of staff responsible for policies or practice in relation to domestic violence. About half of the local authorities in England and Wales and 70% in Northern Ireland had a representative from the domestic violence forum as a member of the LSCB (formerly ACPC),

and around half of social services departments had a designated person responsible for either domestic violence policy or practice development. Examples of the types of specific support services provided or funded by social services highlighted by the survey included: safe accommodation; one-to-one support/counselling; group sessions; drop in sessions; contact support; and advocacy.

Types of interventions for children and families experiencing domestic violence

In the UK, the work with and support for families has focused around 3 areas¹⁵:

- Work with (primarily) women survivors of domestic violence and their children.
- Work with parents and children still living in circumstances of domestic violence.
- Work with (usually male) perpetrators of domestic violence.

However it is important to recognise that these are not distinct areas, and that in practice, interventions may overlap. Furthermore, not all interventions are explicit about whether they work with survivors, those still living in domestic violence situations, or both.

Work with (primarily) women survivors of domestic violence and their children

Work with women survivors of domestic violence is provided mainly by refuges. The provision of support to mothers (usually as the non-abusive carer) now tends to be regarded as the most effective child protection strategy in circumstances of domestic violence.

The Freedom Programme¹⁶

The Freedom Programme is an educational tool/support group for women experiencing domestic violence, which aims to enable them to understand the reasons for domestic violence, dispense with guilt (at varying levels), protect themselves and their children in the future, and reduce their isolation.

The programme is open to any woman (survivors or those still living in domestic violence situations) who wishes to learn more about the reality of domestic violence and abuse. The Freedom Programme can also be used to help men who wish to improve their behaviour. Its aims are:

- To help women understand the beliefs held by abusive men and in so doing, recognise which of these beliefs they have shared.
- To illustrate the effects of domestic violence on children.
- To assist women to recognise potential future abusers.
- To help women gain self-esteem and the confidence to improve the quality of their lives.
- To introduce women to community resources such as Women's Aid, the Police Domestic Violence Unit, The Rape and Sexual Abuse Centre, local Colleges etc.

The Freedom Programme is based on the theoretical ideas of the Duluth Model of domestic violence, which examines the beliefs, actions and responses of both perpetrator and person being abused. Most of the exercises during the Freedom Programme are centred on the concepts of power and control, and aim to explain what the abusers intend to achieve by using these concepts.

The Programme consists of 12 (relatively) independent sessions, each one hour and a half long, being delivered to a group of less than 25 women (called delegates) by a facilitator who is assisted by an accredited volunteer or a graduate from a previous programme. The fact that each session can be thought of as separate means that the Freedom Programme can be provided as a 'rolling' row of sessions, which a newcomer may join at any time or may break away for a while, as their needs dictate.

An evaluation of the Freedom Programme¹⁷ showed the programme fulfilled participants needs and expectations, and enabled positive change.

The Feeling Safe Group – North Warwickshire

This is a programme of 90-minute meetings over 12 weeks, considering positive ways to help 5-18 year olds learn ways to feel and be safer in relationships. A feature of the work is the 'Feeling Tree' comprising leaf shapes attached to a board. Each week the children's thoughts and feelings are written or drawn on the leaves. The tree is a reminder of the positives that the children receive in the group or elsewhere in their lives to counterbalance the trauma they have experienced. A women's group has also been set up for the mothers to support each other, and runs at the same time in a different part of the building, which helps children to see that this is a shared experience with their mothers.

A detailed evaluation of the programme is currently underway, including reviewing the emotional and behavioural difficulties that are referred as a result of abuse.

The Community Group Treatment Programme - Sutton¹⁸

The aim of this programme is to help children process their experiences of domestic violence. The programme is based on a model developed in Canada that offers children the opportunity to attend a 12 week programme to help them explore their feelings in a safe environment. Following referral and a comprehensive risk assessment, the children, grouped by age, attend weekly sessions where they explore topics including safety planning, identification of abuse, conflict resolution and improving self-esteem. The sessions also provide an opportunity to meet other young people in the same situation. The programme also runs concurrent sessions for the children's mothers to help them understand how the violence has affected their sons or daughters.

The remit of the service extends beyond the 12-week programme as both mother and child may need individual counselling before and/or after attending sessions, and working with families often uncovers a lot of unmet need to do with issues such as housing or benefits.

Work with parents and children still living in circumstances of domestic violence

During the 1990s there was increasing awareness of the need to provide direct support to children living in circumstances of domestic violence. Young people who experience domestic violence may require a variety of services including:

- One-to-one direct work. Where evaluated, this work has emerged very positively. Few formal psychological or counselling services in the UK are offered by professionals with knowledge of domestic violence, in spite of those

having received it finding it useful. Instead, this work is often undertaken by children's workers based in refuges but who also undertake outreach services. A 1996 survey found that children's workers existed in 80% of Women's Aid affiliated refuges and 55% of non-affiliated refuges. Despite what was described as 'chronic under-resourcing', this emerged from the research as a major resource for children⁴.

- Play work and provision of play facilities; working with and through mothers to help children; workshops and children's meetings; liaison and advocacy with other agencies (also usually provided by a children's worker).
- Group work. Evaluation of groupwork programmes have demonstrated effective outcomes. The groups can help children feel less responsible for the violence, to learn about how to keep safe and how to seek help safely, as well as about non-violent conflict resolution generally. They can usually be accessed by children in refuges, as well as those still living at home.
- Assistance with school work, or behaviour in the classroom.

Many children's charities have been active in developing family support services where there is domestic violence.

The Domestic Violence Outreach Scheme in Northern Ireland

This scheme provides direct work with children, divided into:

- 'Safety work' - offered while the danger from the perpetrator is still real. Safety work is carried out with both women and children. Safety is monitored at every attendance at the project, and all attendees have their own detailed safety plans in place. Safety plans include: a safe place to go; a trusted person to talk to; and a safe way of summoning help).
- 'Recovery work' - undertaken when the children have moved into a safer phase of their lives. Recovery work takes the form of group work based on a model developed in North America. Children learn to recognise, name and accept their own feelings, through the use of age appropriate games and drawings for example. They can begin to make sense of what has happened in their lives and come to understand that it is not their fault. Mothers attend their own group in parallel with the one for children. It can be particularly helpful for them to hear which key message the children are working on each week so that they can carry on the work at home.

A crucial part of the project's overall approach is that successful work with children cannot be achieved unless there are also services for women, to help them rebuild a safe and fulfilling life for themselves and their children. The project delivers individual counselling and also runs a 16 week programme aimed at educating and empowering women to deal more effectively with domestic violence in their lives.

The project's steering group has women service users forming at least half of its membership. They feel that their ideas are genuinely listened and responded to, and that changes have come about as a result.

The Impact Project from Nottinghamshire Domestic Violence Forum

The Impact Project reaches out to vulnerable children and young people (often excluded from mainstream schools) aged 9 to 19 who may be at risk of experiencing domestic violence, or who have already witnessed it in their families and help them understand what constitutes domestic violence, how unacceptable it is and what they can do when and if it happens to them. Launched in 2005, the Impact Project has been funded for 3 years, mainly by The Community Fund. So far the

project has worked with 382 young people and has trained 229 professionals from social care, health and education backgrounds on working with children at risk of domestic violence.

Children and young people complete four two hour sessions on domestic violence. They discuss the importance of boundaries, the definition of physical, emotional, financial and sexual abuse. It is also emphasised that the perpetrators have a choice. To aid engagement, artists, musicians and co-facilitators are employed for some sessions. Accessibility is also regarded as key, with the Impact Project being taken 'to' the target audience, such as in community buildings, in youth clubs and leisure centres. The Impact Project won the Community Care's older children and teenagers award for 2006.

NSPCC family support project in Hayle

This project is an example of joint work between Women's Aid and the NSPCC. It offers services to children, parents and carers in a rural setting in Cornwall, describing the work as 'family support' rather than the child protection investigation or abuse recovery and treatment work. The emphasis is on helping parents to parent effectively and on providing children with the 'normal' play activities and experiences that they may have missed out on.

The NSPCC and Womens Aid believe that this kind of approach combining child protection and the teaching of skills allows child abuse, domestic violence and family issues to be addressed effectively together.

Imani project, NCH action for children

This project represents issues for women and children from minority ethnic communities, emphasising equality policies, safety, empowerment and listening to the voices of service users. Imani is situated in the centre of a multi-racial area in the south west of London. It offers individual and group support to women and children experiencing domestic violence, providing community based services including:

- A women's support group.
- A general women's drop in.
- A specific drop in dealing with abuse.
- One-to-one advocacy and support.

Where domestic violence cases are dealt with by the police, the woman is given information about Imani. Specific children's services and support are provided, with children's group work currently planned and individual support for children and their mothers forming part of ongoing provision.

Overall, Imani is a community development project which engages in very practical ways, avoiding the use of jargon, and expresses everything in terms of giving women more tools to make decisions and more practical power in their own lives including through mutual support. Imani makes detailed safety plans with women and children experiencing domestic violence, and safety issues are always at the forefront of their work. Imani works with all women including African, African-Caribbean, Asian, Chinese and white women. All work done is sensitive to cultural issues.

The Wyrley Birch Centre for Parents and Children

This is a centre run by the Children's Society in Birmingham. Established initially as a family centre, it has developed expertise in working with women and children who have lived with or who are living with domestic violence, and in training staff of other agencies to think about the effects of domestic violence on children. Other services include: children's groups held at local refuges, pre-school provision and after school and holiday activities, and groups to support women and children when their abusers are attending the perpetrators programme run by the probation service.

Liverpool Child Protection team

The Liverpool Child Protection Team focuses on domestic violence, offering a range of services aimed at empowering children and young people and adult victims to keep themselves safe, and helping them overcome any negative effects of their exposure to domestic violence. In addition the team are currently working to develop a multi-agency response to substance misuse and its links to domestic violence.

The Child Protection Team offers individual, family and group work services for children and adults affected by domestic violence. It also provides assessments of risk in relation to cases within the legal system.

Linked to these services are:

- Children and young people's participation work, in conjunction with the Children's Fund.
- A partnership with the police re: voluntary programme of intervention with perpetrators – evaluation by John Moors University.
- Partnership with CitySafe – Liverpool's Crime and Disorder Partnership – and the Domestic Violence Forum – to develop a strategy to combat domestic violence in Liverpool.
- Partnership with Liverpool's Drug and Alcohol Action Team and the Women's Hospital to develop early intervention packages of family support for women who are pregnant and misusing substances and their families.

Work with (usually male) perpetrators of domestic violence

In the UK, the growth of work with male perpetrators of domestic violence is relatively recent, and began partly as a result of policies aiming to recognise domestic violence as a crime and in response to a growing recognition that more interventions need to be aimed at men as the cause of most domestic violence.

Intervention with perpetrators remains a controversial area of practice. Models of intervention have shifted to more cognitive-behavioural approaches rather than a psychotherapeutic approach. Within the literature, there appears to be an increasing consensus that, in addition to being supported by comprehensive community responses, the most effective programmes share a number of features¹⁹:

- An understanding that the man's violence is the problem in question, and a recognition that he resorts to violence because of expectations of authority and rights in a personal relationship.
- An understanding that violence involves physical, sexual and psychologically abusive behaviour.
- Structured, accountable programmes with clear inter-agency protocols.
- Programmes that have parallel women's services.
- Sessions co-facilitated by men and women who can model respectful ways of working.

- Content that includes an analysis of violent or abusive incidents, the recognition and tracking of moods and emotions, the examination of male socialisation and attitudes to women, developing empathy with others, and the development of a range of cognitive skills and techniques for increasing control over well-being and behaviour.

Given that no programme can guarantee that the perpetrator has changed sufficiently or will be safe, the primary focus of such programmes is often not on men changing, but on women and children being safer, by the perpetrator programme working closely with the women's support services and other agencies.

RESPECT

Respect is the UK association for domestic violence perpetrator programmes and associated support services, which suggests minimum standards for intervention programmes of at least 75 hours of group work over a period of at least 30 weeks.

Respect's main aim is to increase the safety of those experiencing domestic violence by working on a local and national level to:

- Ensure that safety is the primary goal of all work with perpetrators.
- Promote best practice for perpetrator and associated support work -see 'Statement of Principles and Minimum Standards of Practice' (2000) for more details.
- Promote the adequate provision of perpetrator programmes and associated support services across all areas of the UK.
- Encourage the development of work, which is appropriate and relevant to clients from all racial and cultural backgrounds and clients in same-sex relationships.
- Support members and enable networking and the sharing of skills and information among members.
- Work alongside voluntary sector bodies working on a local and national level.

Respect intends developing appropriate principles and minimum standards for associated services for children and young people.

Indicators of good practice for services to address domestic violence

Good practice indicators or frameworks to help professionals and the agencies in which they work, to deal with domestic violence have been developed in a somewhat ad hoc way. Humphreys et al¹⁵ have published some good practice indicators specific to domestic violence work, and these have been adapted by IPC for inclusion in this paper. There are eight overall indicators or dimensions of good practice, which may assist in the development of a framework for local services or interventions, and these are summarised below.

Good practice indicator 1: The use of definitions of domestic violence.

Clarity about what is meant by the term domestic violence is important in order for services to be mapped, designed and delivered across agency boundaries, and can be difficult given the number of different agencies and professionals potentially involved. Definitions should acknowledge: diversity; the gendered nature of domestic violence; issues of power and control; and include different types of abuse.

Good practice indicator 2: The use of screening processes.

Screening processes used for example by health visitors and other primary care workers allow domestic violence to be identified in order to assist women and children in 'naming' the issue and becoming receptive to help. This can be achieved through:

- Systematic screening using a protocol of questions which emphasise behaviours rather than initially asking directly about domestic violence.
- Mechanisms for recording domestic violence.
- Guidance and supervision for frontline practitioners.
- Training associated with the introduction of screening tools.
- Feedback mechanisms for using any monitoring data.

Good practice indicator 3: The development of tools to implement and assure good practice across agencies.

A range of tools can be used by organisations to provide a consistent framework for domestic violence-related work to be undertaken across agency and service boundaries. These may include evidence-based care pathways, standards, protocols, guidance and guidelines which might, for example, cover referrals, child protection procedures, interventions, and review processes, and should demonstrate the following:

- Attention to safety and confidentiality for survivors of domestic violence.
- Involvement of service users and their direct representation in their development.
- Attention to the issues of diversity and equality.
- Inter-agency applicability.
- Recognising the centrality of women's refuge support and advocacy services.
- Their importance in embedding new policies and changes of practice across and within organisations.

Good practice indicator 4: The development of safety measures and safety-oriented practice.

There are a number of safety measures that can be used including:

- Safety planning – involving women and children in identifying a safe place to go, or person they can go to, how to contact the emergency services safely.
- Organisational measures – such as for premises, attendance, confidentiality, provision of information and links with other agencies.
- Supporting mothers as a response to child protection – supporting and ensuring the safety of mothers as a means of protecting and enhancing the welfare of children.
- Workers safety – protecting the workers from perpetrators of violence using for example, mobile phones, working in pairs, recording whereabouts and applying risk assessment procedures.

Good practice indicator 5: Training.

Domestic violence training and awareness raising can be used to develop skills and values to embed policy. Training needs to include:

- A strategy for training large numbers of employees in an organisation.
- Awareness raising combined with a range of specialist courses.
- A rolling programme of domestic violence training.
- The integration of the training strategy into the broader strategic planning for domestic violence intervention.
- Attention to training quality.

Good practice indicator 6: Evaluation.

Evaluation provides confidence about the quality and effectiveness of services. Good practice with regard to service review and evaluation indicates that it should include independent audit and review as well as regular monitoring data, seek the views of service users about the services they receive, investigate follow up information to ensure that women and children stay safe, and are fed back into practice, identifying areas which need to change.

Good practice indicator 7: Multi-agency service coordination.

Consistency and effective co-ordination of interventions across and between agencies is a vital indicator of best practice. Multi-agency commissioning and other strategies can be used to coordinate the development of services and practice across organisations within an area. Such strategies should include:

- Attention to consistency of services and policies across and within agencies.
- Attention to issues of confidentiality, permission and agreement in relation to women and children service users.
- Full and active involvement of women's refuge, outreach and support services.
- Attention to quality issues and effective mechanisms for active consultation with service users.
- Clarity of lines of accountability, responsibility and actions undertaken.
- Monitoring of effectiveness and evaluation of inter-agency coordination.
- Measurable improvements in service delivery.

Good practice indicator 8: Specific interventions with women and children.

Clear good practice standards need to be applied to work with women and children experiencing domestic violence. Indicators for good practice include:

- Attention to the voices and expressed needs of women using the service (and their active involvement where possible).
- Attention to children's needs and views and recognition that these may overlap with, but not necessarily be the same as those of their mothers.
- The empowerment of abused women and children.
- Attention to equalities issues and anti-discriminatory practice.
- Attempts to mainstream the service within multi-agency provision.
- Monitoring and evaluation.

These general good practice indicators all relate to the following principles of practical intervention which underlie and run through all aspects of work with abused women and children²:

- Underlying all provision and service development, the first and main priority must be improvements in safety for women and children experiencing abuse (and including detailed safety plans).
- The adoption of a believing, sensitive approach to abused women and their children.
- The provision of resourced, effective services in both the statutory and voluntary sectors, promptly and non-judgementally (including housing, legal, criminal justice, health and social services, one-to-one work, advocacy, refuge provision and outreach).
- The development of specific and diverse services in relation to minority ethnic and other communities and to women and children from diverse backgrounds (for example, for disabled women and children).

Conclusion

This paper provides a starting point for commissioners seeking to develop their understanding of 'what works' for children who experience domestic violence. Support can be provided at different levels of need from universal services such as maternity and primary health care services, offering information and advice, through to specialist services for children such as child protection, multi-agency risk management and accommodation options. Overall, services which appear to be effective are characterised by those that plan a package of support that incorporates risk assessment, trained domestic violence support, advocacy and safety planning for the non-abusing parent who is experiencing domestic violence, in conjunction with protection and support for the child.

What this means for those commissioning children in need services is the need to pay attention to:

- Good assessment and planning by social workers.
- Good coordination of services for children in need and their non-violent parent at strategic and individual family level.
- Delivery of individual services within the range of options that are evidence based and which meet the good practice standards.

Institute of Public Care

December 2007

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