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

Abstract:

This paper reports upon the learning that emerged from a development project which aimed to facilitate improvements in multi-agency work in domestic abuse and safeguarding children. The 2 year project (2011-2013), funded by the Department for Education and led by WomenCentre a specialist voluntary sector organisation based in West Yorkshire, was undertaken in 9 local authorities in the North of England. Activities undertaken during the project included case mapping, service user and professional engagement exercises, observation of local multi-agency meetings and provision of training. An evaluative research study examined the work of the project and the learning that emerged. Drawing upon data from telephone interviews with project participants, analysis of case mapping and project reports this paper discusses some critical issues which emerged from this project. The paper draws attention to the different understandings and priorities which shape inter-professional practice in relation to safeguarding children and domestic abuse, and the complexities of the wider inter-agency environment including co-ordination, resources and expertise. Recommendations for improving multi-agency work to achieve better outcomes for women and children experiencing domestic abuse are discussed.

Keywords: Children, domestic abuse, safeguarding, multi-agency working

Key Practitioner Messages:

- Multi-agency working in domestic abuse and safeguarding children is complex and could be improved.

- The impact of professional differences in how cases are understood and managed, particularly in relation to 'risk', as well as different professional priorities and approaches to working with families should be recognised and considered within the multi-agency context.

- Practitioners may want to consider whether 'case mapping' is pertinent to their own safeguarding practices and processes.

Background

Domestic abuse is defined as 'any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality'. It includes psychological, physical, sexual, financial and emotional abuse (Home Office 2012). The term "domestic abuse" is used throughout this paper as it encompasses both abusive behaviour and violence - and is the term reflected in the name of the WomenCentre project which is the focus of the paper. Domestic abuse affects the lives of many people particularly women and children (Harne & Radford 2008). The impact of domestic abuse upon children and young people is well documented and includes a range of short and long term effects; these vary depending upon the particular risk and protective factors facing each individual child (Mullender 2002; Houghton 2008).

In addressing domestic abuse and safeguarding children, policy and practice developments have emphasised the importance of multi-agency working (Department of Health 2009; HM Government 2013). There are many different contexts for multi-agency working in domestic abuse and safeguarding children each with different configurations, purpose and degree of integration. Multi-agency working includes work undertaken by different professionals with the same client and/or family; often requiring information sharing, co-ordination of service provision and joint visiting and/or assessment. Another context is the formal strategic arrangements between local partner agencies such as happen with Multi-Agency Risk Assessment Conferences (MARACs) and Local Safeguarding Children Boards (LSCBs).

An extensive literature identifies the many challenges of multi-agency working (Webb & Vulliamy 2001; Carter *et al*. 2007; Frost & Robinson 2007; Moran *et al*. 2007; Rose 2011). These include the varying approaches, priorities and interventions that professionals from different organisations bring to their work; these are informed by different knowledge frameworks, available resources, protocols and guidelines (Glisson & Hemmelgarn 1998).

A key issue relates to communication and information exchange and a lack of clarity about different professional roles and responsibilities (see Reder & Duncan 2003; 2004; Moran *et al*. 2007; Rose 2011). Indeed shortcomings in information sharing or service co-ordination may impact adversely upon the safety and support of women and children affected by domestic abuse (Hester 2011; Humphreys & Absler 2011). Whilst efforts to improve multi-agency and integrated working in England have been extensive (Reder & Duncan 2004) this is not a straightforward problem remedied by a

simple policy response. Indeed some have argued that a much greater understanding of how professional identities are constructed and managed in everyday work and how this shapes professional work with families is required (White & Featherstone 2005; Hall *et al.* 2010).

The challenges of multi-agency working are further complicated when addressing the overlap between domestic abuse and child welfare. This is because it requires both an adult and child focused service response. Domestic abuse often overlaps with other issues such as substance and alcohol use and mental health problems. This leads to multiple professionals being involved with a family, often focusing upon different 'clients' or presenting issues. Stanley and Humphreys (2014), drawing upon ideas developed by Devaney and Spratt (2009), suggest the complexity of domestic abuse lends itself to being a 'wicked problem'. This term describes problems which require multiple agency involvement but which elicit different understandings and disagreement about how it should be addressed. Indeed, Hester (2011) argues that professionals from different arenas understand and respond to domestic abuse so differently that this work should be conceptualised as taking place on separate 'planets'. She states that in child protection work, responsibility is placed on mothers to protect children, and domestically violent men are constructed in terms of parenting; in contrast, in the criminal justice arena, domestically violent men are constructed as perpetrators and professional responses framed in terms of their offending behaviour or risk (Hester 2011).

This paper reports upon learning that emerged from a development project, the 'WomenCentre Safeguarding and Domestic Violence Pilot' that aimed to facilitate local professional and organisational improvements in domestic abuse and safeguarding children work. This paper focuses on one element – multi-agency working – drawing upon data collected from telephone interviews, project documents and 'case mapping'.

The WomenCentre Safeguarding and Domestic Violence Pilot

WomenCentre is a voluntary sector organisation based in West Yorkshire. Established in 1985 and now funded through a range of grants, project work and commissioned services, WomenCentre offers a 'one stop shop' of innovative and effective support services centred on the needs of women and their children (Duffy & Hyde 2011). WomenCentre provide a range of specialist domestic abuse services. Their work is informed by a gender-based analysis of violence against women and children and provision includes advocacy, support and recovery work. They have also developed an intensive support project – known as the MAZE project – for women affected by domestic abuse who remain with their partners. MAZE was underpinned by a model of working that paid careful attention to the abusive behaviours of male partners ensuring that risks were understood, assessed and addressed and responsibility for abuse was clearly attributed. With a primary focus upon the safety and welfare of children and women the project was highly successful in engaging with clients and supporting change (Duffy & Hyde 2011; Peckover & Everson 2014).

In 2011 WomenCentre received funding from the Department for Education 'Improving Outcomes for Children, Young People and Families' initiative for a development project which aimed to improve multi-agency work with families affected by domestic abuse; safeguarding children was implicit in this work. The Pilot took place during 2011-2013, in partnership with Foundation for Families, and involved working with 9 sites in the North of England. These were based upon Local Safeguarding Children Board (LSCB) areas; their involvement was agreed by the LSCB at the start of the project. Each site established a multi-agency Steering Group comprised of senior professionals and/or managers from local agencies concerned with domestic abuse and safeguarding children. Throughout the Pilot the WomenCentre team, which included 4 senior staff with professional and managerial expertise in this area, worked closely with the local Steering Groups in order to understand processes for addressing domestic abuse and safeguarding children locally and to identify and plan strategic and operational improvements. The Pilot took place during a period of substantial organisational change, policy reform and service cuts (Munro 2011; Home Office 2011; 2012; Towers & Walby 2012; HM Government 2013); these impacted upon the public and voluntary sector, both locally and nationally, and created a challenging context for the Pilot.

The work undertaken was largely developmental and varied across the sites due to different local priorities and organisational arrangements shaping safeguarding children and domestic abuse work. However key elements include the provision of specialist training, service user engagement and 'case mapping'.

A particularly unique element of the Pilot was 'case mapping' which took place in five sites. This was facilitated by the WomenCentre team and enabled participants (usually the Steering Group members, but in some sites others senior professionals were involved) to look reflectively at cases involving domestic abuse and to consider alternative approaches to working with the family. In total, thirty one cases were mapped; these were chosen by local group participants. They largely featured families with complex histories involving domestic abuse and mental health and/or substance misuse issues.

The Study

While the Pilot was taking place researchers from the University of Huddersfield conducted an evaluative study (Patton 1990; Robson 2002). The overall purpose was to examine the work of the Pilot and the learning that emerged. The study was framed by 10 research questions which addressed the processes and outcomes of the Pilot. A number of different data sources, qualitative and quantitative, were collected and analysed for the evaluation; including anonymised 'case mapping' materials, project progress reports and workplans. The researchers also attended selected Pilot activities in local sites including 'case mapping' meetings, project planning and steering group meetings. Additionally, semi-structured interviews were conducted with selected key stakeholders in local sites. Purposive sampling was utilised to ensure that participants from different agencies and backgrounds, from across sites and steering groups, were included. Interviews were conducted by the evaluation team.

In total, 24 semi-structured telephone interviews were undertaken during 2012-2013. Interview questions focused upon the impact of the Pilot in relation to respondents' work with service users, perpetrators, children and young people. Interviews were transcribed verbatim and analysed thematically (Braun & Clarke 2006). The sample included professionals and/or managers from children's health and social care, women's support services, police and probation; key stakeholder(s) from most, but not all localities, were interviewed by the team. Interviews were also conducted with 3 members of the WomenCentre team to explore their views of the Pilot work. The evaluation was conducted according to established ethical guidelines (BSA 2002) including adherence to informed consent and confidentiality; formal ethical approval for the study was obtained from the University of Huddersfield.

A range of learning about domestic abuse and safeguarding children work emerged from the Pilot and the evaluation described above (Peckover *et al.* 2012; 2013).

Findings

Multi-agency case work - different approaches, priorities and understandings

Multi-agency work with families experiencing domestic abuse is complex and challenging. It involves a wide range of individuals, organisations and activities, and

takes place within the busy everyday world of competing organisational and professional priorities. Importantly it is also shaped by limited resources. During the Pilot 'case mapping' provided an opportunity for professionals and managers to reflect upon the multi-agency management of cases involving domestic abuse; this raised some important issues as described by this interviewee:

> *'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' (Children's Social Care, Site 5)*

As well as illustrating the importance of intervening at an earlier stage 'case mapping' also identified differences among professionals in how they understand cases where domestic abuse is a feature. As this interviewee explains:

> *'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' (Substance Misuse Practitioner, Site 10).*

Differences in how professionals understood cases featuring domestic abuse was also commented on by a member of the WomenCentre team:

'....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).

The Pilot also found differences in the extent that participants recognised domestic abuse within their work. In the following extract the interviewee is referring to cases where domestic abuse has been present but not recognised as a 'problem' until a serious incident occurs:

'I think the difficulty is it's getting them to people's attention in the first place because they only come to our attention ....once there has been a serious domestic incident... 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' (Domestic Abuse Worker, Site 7).

In such cases the domestic abuse and what that entails is not being foregrounded or addressed. This is a crucial safeguarding children issue as failure to recognise or focus upon domestic abuse may compromise the welfare and safety of both women and children in the family (Humphreys & Stanley 2006; Humphreys & Absler 2011).

Differences were also evident in relation to how 'risk' was understood and assessed. This included cases where risk was not being considered or assessed as well as a lack of confidence or skills among some professionals to undertake timely and appropriate risk assessments. There were also examples of risk assessments being very different across the inter-agency environment, as described in the following extract:

> *'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' (Social Care Professional, Site 5).*

Understanding and assessing risk is a critical issue for safeguarding children and domestic abuse work (Brandon *et al.* 2008; Ashley *et al.* 2011; Harne 2011; Hester 2011; Stanley & Humphrey 2014) although as the above extract indicates differences were evident. Indeed the Pilot work identified a number of cases where risk assessments undertaken by probation workers were focused upon reoffending (such as shoplifting or burglary) rather than the domestic abuse that was occurring. While this reflected the rationale for probation service becoming involved with the client(s) concerned, their failure to consider domestic abuse risk was highly problematic. This is because they were often the only agency directly working with male clients; as such, others within the multi-agency network assumed (albeit wrongly) that they were both assessing and addressing domestic abuse risk as part of their work. It also illustrates how professionals

from different agencies may have different priorities shaping their work with families; in the above example the probation worker was focused upon risk in relation to offending. This was also evident in another case whereby a probation worker was focused upon the offender status of a woman client in relation to using and supplying drugs, but did not consider her status in terms of being a victim of domestic abuse.

Multiple Agencies

The range and number of agencies involved in domestic abuse cases created difficulties too. As well as different perceptions 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).*

The number of agencies involved necessitates careful co-ordination and joined up working to ensure clients' needs are being met and risks are being identified and addressed.

'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' (Social Care Professional, Site 5).

Co-ordination is also particularly important in cases involving domestic abuse where the
perpetrator may also be manipulative towards professional staff.

The absence of agency accountability for leading or managing domestic abuse
work – it is typically everyone's responsibility so no one owns it – can result in
domestic abuse becoming marginalized or fragmented,

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)

Women's specialist services make an important contribution to supporting women and
children affected by domestic abuse; however as this participant pointed out they were
not always centrally involved in cases involving domestic abuse:

'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' (Domestic Abuse Worker, Site 7).

There were also challenges in relation to gaps in services. At the time the project was taking place budget cuts (public, statutory and voluntary sector services) were evident; this was impacting upon multi-agency service provision as described below:

'I mean the (name of organisation) 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' (Children's Social Care, Site 1).

'there's huge cuts now ....and 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'

(Domestic Abuse Worker, Site 5).

These extracts illustrate some of the impact that budget cuts were having on those working to safeguard women and their children when domestic abuse is a factor. However, as service provision disappeared it left professionals with limited support options, and often themselves working in organisations challenged by resource constraints.

Multi-Agency: Formal structures

In some sites the development work undertaken during the Pilot focused upon the MARAC and its contribution to domestic abuse and safeguarding children work. The MARAC is a multi-agency forum with a particular role to consider high risk domestic abuse cases (Steel *et al*. 2011). While the primary orientation of the MARAC is upon adults, the Pilot found notable differences across sites in the extent to which the implications for children and young people and their safeguarding needs were considered. A key marker was the involvement and engagement of children's social care with MARAC processes – this was variable.

'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).

Another issue which emerged was which agencies refer to 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' (Integrated Services Co-

ordinator, Site 1).

These examples reflect differences in the degree of agency involvement and

engagement with MARAC processes. Moreover they suggest greater awareness of the

MARAC role as part of a multi-agency response to safeguarding children is required.

Discussion

What is already known both about the general challenges of multi-agency

working (Carter *et al*. 2007; Frost & Robinson 2007; Moran *et al*. 2007; Rose 2011)

and the specifics of understanding domestic abuse (see Hester 2011; Stanley &

Humphrey 2014) suggest this is a complex area of work fraught with challenges in getting it right. These include the complexity of the problem characterised as 'wicked' (Devaney & Spratt 2009; Stanley & Humphreys 2014) and the tensions inherent within service provision which is usually primarily adult or child-focused. Different professional orientations towards this work are also evident (Hester 2011). Indeed the Pilot found important differences in professional practice which require further consideration both empirically and in terms of future practice development. These include differences in how readily domestic abuse was recognised, the extent to which risk was assessed and women and children's safety considered, and differences in the skills and confidence to address domestic abuse safely and effectively. It also highlighted that such work takes place within the busy everyday world of competing organisational and professional priorities and resource constraints; taken overall this adds an additional, often unrecognised, layer of complexity to multi-agency work (Hester 2011).

Another key finding from the Pilot was that although domestic abuse can only be effectively addressed within a multi-agency framework, the absence of single agency accountability or responsibility meant that responses are often fragmented. Too often domestic abuse is subsumed by other competing priorities or concerns, either organisationally or within families/cases. Women's specialist services make an important contribution, but a perception of marginalisation at both operational and strategic levels in multi-agency domestic abuse work, was evident. The work also found that professionals did not fully understand or engage with formal multi-agency structures such as the MARAC and indicates that better understanding of MARAC

processes for all those concerned with safeguarding children is required (Steel *et al*. 2011). Indeed links between MARAC and safeguarding children processes have not been systematically addressed in research and is an area of work that would benefit from further examination.

The Pilot employed innovative processes for learning locally about domestic abuse and safeguarding children and how this could be improved. In doing this they drew upon their expertise, independence, and client-centred and holistic approach, acting as a 'critical friend' to the project sites. A particularly unique element was the 'case mapping' exercises which took place in some sites. These provided an opportunity for professionals and managers to discuss and reflect upon cases and to consider how practice responses, both individually and multi-agency could improve. To some extent this operationalizes Munro's (2011, p.115) call for professionals to access 'reflective opportunities to think differently about what is happening in a family and what might help'. Adopting a reflective approach such as this to case management in domestic abuse and safeguarding children work offers valuable opportunities for agencies and professionals from the multi-agency network to consider and improve their responses to families affected by domestic abuse, and crucially, to enhance the safety and protection of women and children. Such approaches should enable professionals to reconsider 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.

Limitations

This paper has reported themes generated from a small development project undertaken in 9 sites. The study reported here is small and limitations are evident. In particular this paper has been clearly focused upon professional perspectives and has not considered the impact of practice on service users. Consideration of this would have extended the debate about this important area of practice. Discussion of inter-professional differences identified within the Pilot is limited due to the small sample size and multi-site/multi-agency nature of the study. Further empirical work in this area is thus required in order to better understand this aspect of multi-agency professional responses to domestic abuse and safeguarding children.

Conclusion

The WomenCentre Pilot was an innovative piece of work which aimed to improve multi-agency approaches to domestic abuse and safeguarding children (see Peckover *et al*. 2012; 2013). It was a multi-centred, multi-layered project that provided those involved with a range of opportunities to identify themes in current practice, and areas for future development through learning and quality improvement measures. It also stimulated awareness of reflective discussion about safeguarding children and domestic abuse and the ways in which multi-agency approaches could be improved.

This paper has focused upon professional practice in relation to multi-agency approaches to addressing domestic abuse and safeguarding children. Drawing upon findings from the Pilot and evaluation a number of key issues have been identified;

19

these include inter-professional differences in understanding and addressing the problem, as well as a blurring of accountability inherent within this complex multi-agency context. These are not new insights, but are indicative that there is still much room for improvement in professional practice and responses in order to ensure that multi-agency working is safe and effective for those affected by domestic abuse, not least women and their children.

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