

Using evidence for change

**Supporting multi-agency
communication in working with
domestic abuse in families with
children:**

**Evidence from improvement
knowledge**

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Aim and scope of this work

This report forms part of a suite of three reports designed to explore what works to support multi-agency communication in working with domestic abuse in families with children.

This ‘improvement knowledge’ will complement and augment the formally published research summarised in the published evidence report and the practice knowledge report. It aims to capture real-life examples of improvement, recommendations for service improvement, evaluation reports, practice development and piloting / scoping initiatives. Work of this nature is often not published in the peer-reviewed journal literature. It is more likely to be found in case studies, abstracts from conferences and meetings, pilot studies and project reports published informally or locally within organisations. See Appendix A for details of websites reviewed for relevant information.

Moreover, this type of knowledge is often tacit – i.e. knowledge that people hold in their heads, based on their experience, rather than writing it down. This means that sometimes it can only be articulated in discussion – e.g. in interviews, storytelling or focus groups. The analysis of focus groups and interviews with managers and practitioners from across the sectors in Dumfries and Galloway is provided in the parallel report.

Key findings from the eight reports identified through review of the grey literature, and through interviews are reported below. The section headings mirror those used in the report providing analysis of focus groups and interviews with managers and practitioners to support cross-referencing. The numbered in the text refer to the numbered reports found in the Summary of articles section.

Summary of key findings

Formal structures and processes

The 'improvement knowledge' emphasises the importance of formal structures and processes in facilitating multi-agency communication in working with domestic abuse in families with children, with the following being identified:

- Multi-Agency Risk Assessment Conferences (MARAC) are seen as particularly helpful (7), with the development of quality assurance processes for MARACs being seen as a useful means of ongoing improvement (7)
- The development of shared action plans for addressing domestic abuse, including a clear plan for measuring outcomes to ensure ongoing improvement (1, 7)
- Specific guidance and clear pathways to enable staff to implement policy and practice consistently and with confidence (1)
- Collaborative working arrangement, including
 - Clear referral systems (going beyond signposting and supporting women's engagement) (1)
 - Collaborative working arrangements for contact arrangements (1)
 - Collaborative working arrangements for supporting women to engage with services (1)

Practices

The 'improvement knowledge' identified the following practices which can help to improve multi-agency communication in working with domestic abuse in families with children:

- A shared risk assessment tools to build a shared understanding of risk and allow agencies to more quickly and effectively tailor their response to the particular needs of the individual (7).
- Locating domestic abuse specialists in mainstream services, such as:
 - Hospitals (5, 6)
 - GP surgeries (5)
 - Advice agencies (5)
 - Mental health services (6)
- Developing the use of Independent Domestic Abuse Advisers (IDAAs) (5,6,7)

The Caledonian System was seen as a very helpful in tackling domestic abuse, but the evaluation (4) does not specially address multi-agency communication.

Notably four of the eight reports identified stressed the importance of children's services (including schools) working effectively with adult services to address the impacts of domestic abuse on children and young people (3, 4, 5, 8).

Training

Training – in particular mandatory training – was identified as an essential aspect in improving multi-agency communication in working with domestic abuse in families with children, in particular:

- Collaborative training multi-agency training for frontline staff (1)

- Training designed to ensure that all staff have a good understanding of domestic abuse (1, 7), including the of nature and role of fear in domestic abuse (2)
- Training designed to enable staff to identify women at risk and respond confidently and appropriately (1)
- Training designed to enable staff to understand the barriers to accessing services, including cultural barriers (1, 2)
- Training for managers – to outline their responsibilities and to support their staff (1)
- Training for elected members and senior management – to outline their responsibilities (1)

Summary of articles

1. Scottish Women's Aid (2015)

Change, Justice, Fairness: 'Why should we have to move everywhere and everything because of him?'

http://www.scottishwomensaid.org.uk/sites/www.scottishwomensaid.org.uk/files/Change,%20Justice,%20Fairness-page-001_1.jpg

Report of a participatory action research project

Objective:

To look at ways to improve the health and wellbeing of women who have experienced homelessness as a result to domestic of sexual abuse.

Methods:

A web-based survey of service providers in Fife: 96 responses were received.

A paper-based survey of women living in Fife who had been at risk of homelessness due to domestic or sexual abuse: 45 responses were received.

In-depth interviews with 4 women in Fife who had been at risk of homelessness due to domestic or sexual abuse.

Recommendations include:

- 1) Develop specific guidance and clear pathways that enable staff to implement policy and practice consistently and with confidence. Provide staff with a clear structure of what action to take that prompts them to ask appropriate questions and follow agreed assessment and referral processes.

2) Implement mandatory training on domestic abuse and other forms of violence against women delivered by experienced trainers in this field; this should include specific training:

- a) on domestic abuse and other forms of violence against women, to ensure frontline, customer service, housing and homelessness staff have a good understanding of domestic abuse and other forms of violence against women, and are able to identify women at risk and to respond confidently and appropriately.
- b) on domestic and sexual abuse and the diverse and overlapping needs of women in relation to disability, religion, race, and age, and sexual orientation to ensure frontline staff understand the particular barriers different women face when accessing services.
- c) for managers on domestic abuse and other forms of violence against women, that outlines both their responsibility for the delivery of an appropriate service response and how to support their staff team with any impact this work may have on them.
- d) for elected members and senior management on domestic abuse and other forms of violence against women, that outlines their responsibility for the delivery of strategy and services for women and children, linked to Equally Safe strategy and the Public Service Equality Duty (Equality Act 2010).

3. Develop collaborative working arrangements with a range of organisations to provide advice and support that meets the needs of women and children; this should include:

- a. Clear systems for referring women to relevant agencies that go beyond signposting and support women's engagement with that service.

- b. Training for frontline staff on services provided by relevant agencies, contact arrangements, and how to supportively engage women with these services.

Develop an action plan and evaluation system to implement these recommendations within clear timescales and ensure the active involvement of women with direct experience of these services within this process.

2. Scottish Women's Aid (Rachel Pain) 2012

Everyday Terrorism: How fear works in domestic abuse

<http://www.scottishwomensaid.org.uk/publications-resources/resource/everyday-terrorism-how-fear-works-domestic-abuse>

Research report

Objective:

To explore the multi-faceted nature and effectiveness of fear experienced by adults suffering domestic abuse.

Methods:

Literature reviews plus 10 in-depth interviews with 16 adult survivors of domestic abuse.

Findings:

The research demonstrates that:

- Fear in situations of domestic abuse is distinctive.
- The psychological and emotional control that result from fear are a key way in which domestic abuse 'works'.
- Concern for children is central to the fears of many people who experience domestic abuse.

- People experiencing domestic abuse are not passive victims, but take many actions to improve their security.
- After separation, fear often continues. Recovery and restoration are long processes.

Implications for policy and practice:

- A key task for service providers and other agencies is to promote understanding amongst those who respond to domestic abuse about the nature and role of fear. Responses based on individual incidents are likely to be inadequate, as they do not recognise the risk, complexity and chronic fear of long term abuse.
- Positive and empathetic responses from informal social networks (friends, families and neighbours) and service providers are vital to those experiencing abuse: they make a significant difference to the capacity to resist and escape abuse. Wider social recognition of the nature of domestic abuse and the role of fear has an important role in informing these responses.
- More attention and understanding are needed to the additional problems faced by particular groups when experiencing domestic abuse, especially people in sexual and ethnic minorities, migrants and people with disabilities; and to the issue of male victimization. This should not be at the expense of budgets for or attention given to others suffering domestic abuse.

Given that it is so widespread and has such severe effects, tackling domestic abuse is under-resourced. Recent cuts are having serious impacts on the ability to provide life-saving services.

3. Scottish Women's Aid (2008)

The support needs of children and young people who have to move home because of domestic abuse

<http://www.scottishwomensaid.org.uk/node/1605>

Research report

Objective:

This study examines the views and experiences of children and young people who have to leave home following domestic abuse; the journey they made to being re-housed; the services and support they received along the way; their views of the services and support they received; additional support they would have liked.

Methods:

An interview-based study of 30 young people aged 10 – 16.

Recommendations:

- Experience of moving house following domestic abuse
 - Be aware of young people in this situation as active decision makers in their own lives – they may have highly sophisticated understandings of their own situation, well worked out strategies for coping, views and opinions about what should happen next and want to be as involved as possible in decisions affecting them
 - Ensure support provided by organisations is pulling in the same direction as the mechanisms and strategies for coping young people may already have in place
 - These young people did not tend to return to live in their original home: only 1 in the sample returned home to live, without the

perpetrator. Many retained strong feelings about this. Agencies should explore ways of helping young people address this

- Recognise the extent to which young people appreciate clarity and honesty about what is happening, even where moves are not able to be planned. Where this has not happened, acknowledge young people may feel misled and have strong feelings about it. Attention should be given to helping young people find ways to address this later. Acknowledge that young people may well know more about the circumstances than adults are aware
 - Help where possible with the practicalities of moving
 - Cash help directly to young people to help them replace precious things they have not been able to take with them.
- Support needs of young people moving house because of domestic abuse:
 - Recognise the importance of the support of friends and friendship networks to young people in these situations. Support agencies should prioritise helping them maintain old friendships and networks; helping them build new ones where this is not possible
 - Recognise that young people may already have important mechanisms in place for support and to keep themselves safe: eg. private escape routes and boltholes to go to when life is difficult. Support agencies should find ways to respect and facilitate these
 - Recognise the value young people in this situation place on being able to talk about their experiences to someone they completely trust who will keep their information private; recognise how difficult it is for them to find support at this time from friends and relatives

- Appreciate the value young people place on having their own dedicated Children's Support Workers; as someone trusted to talk to, to open up to; and as an escape from their difficulties in the form of activities and outings
- Continue to build on developments already underway in Women's Aid to strengthen the role of Children's Support Workers. Ensure easier access for young people to Children's Support Workers at every stage of the process; from when they first move home to when they become settled in their new home. Recognise that having their own dedicated worker is as important to young people as the support worker is likely to be to their mother
- Consider a publicity campaign targeted at young people, challenging negative images of Women's Aid refuges; and promoting them as a welcoming place for children
- There is a need for schools to review ways to support young people living with and leaving these complex and difficult situations
- Schools should acknowledge the difficulties young people have when returning to or moving school in this situation; appreciate this is a very difficult transition; make planned and appropriate provision
- Schools should take seriously the concerns and anxieties young people have about peer relationships when returning to school or moving school in this situation; find ways to acknowledge this; make planned and appropriate provision
- Recognise that most young people experiencing domestic abuse will be living at home in the community. They will not have had contact with a Women's Aid Refuge. Local authorities children's

services planners should take account of the findings of this report when allocating budgets and planning services

- Local authorities should take account of this report when reviewing progress in relation to service development to young people experiencing domestic abuse who are living in the community. They should work alongside Women's Aid to accelerate mechanisms to identify and support these young people in a way that recognises the complexities of their lives and their own priorities
- There should be more opportunities and access to counselling and therapeutic services at an early stage and at the point of need.
- Attention should be paid to the optimism young people in this situation express that there is help out there; that it can get better. Consider a publicity campaign focussing on the message from these young people to other young people that it's important to leave the violence.

4. Scottish Government (Ipsos MORI Scotland) - 2016

Caledonian System Evaluation: Analysis of a programme for tackling domestic abuse in Scotland

<http://www.gov.scot/Publications/2016/11/4240>

Evaluation report

The Caledonian System is an integrated approach to address men's domestic abuse and to improve the lives of women, children and men. It does this by working with men convicted of domestic abuse related offences on a programme to reduce their re-offending while offering integrated services to women and children.

The Caledonian System was developed for the Scottish Accreditation Panel for Offender Programmes & the Equality Unit of the Scottish Government. To be effective in increasing women's and children's safety, and increasing the likelihood of men making positive changes, programmes need to be long term and embedded in a wider system of multi-agency working.

Working with men in isolation is potentially dangerous as it may raise the risk of harm to women partners. For example, women may continue the relationship when they might otherwise have ended it or men may resent having to attend and blame partners while not having yet learned how to stop their abuse. Because of the potential dangers the Caledonian men's programme is accompanied by a service which addresses the safety of women and children.

The Caledonian model therefore takes the form of an intervention system comprising:

- The Men's Service - which provides a programme of work with men lasting at least two years, comprising preparation and motivation sessions; a group-work programme of twenty-five sessions and post group work.
- The Women's Service - which provides a safety planning, information, advice and emotional support to women partners and ex-partners.
- The Children's Service - which ensures that the needs of the children whose parents are involved with the Caledonian are met and their rights upheld.

Internal and external protocols coupled with training, designed to maximise women's and children's safety.

The Caledonian men's programme uses a person centred approach coupled with cognitive behavioural techniques in order to encourage men to recognise their abuse and take responsibility for themselves and their relationship with their ex/partners and children. It is aimed at adult men,

defined as over 16 years whose abuse has been to a female partner or ex-partner. Men will be referred to the programme if they have been convicted of offences involving domestic abuse.

The Caledonian women's service offers emotional and practical support to women, advice on safety planning, risk assessment and advocacy. By working in partnership with the woman it aims to reduce her vulnerability and works with other services, like social work and the police, so that they can better support the woman and her family.

The children's service works with other agencies to ensure that a plan is in place for the child which meets their needs and reduces the impact on domestic abuse on their lives.

The women's and children's services work with the present partner of the man, and/or the victim of his abuse at the time of the offence, and their children. Women whose partners are assessed as unsuitable for the intervention will also be offered a limited service which focuses on safety planning and referrals to alternative services.

The whole system is based on a risk and needs assessment, and a risk management approach designed to deal with possible harm to women and children. The man's risk of future domestic abuse is the focus of the men's programme and supervision; the women's and children's physical safety and psychological well-being the focus of the related services. This is done in liaison with social work, other agencies and the voluntary sector.

In this way, the Caledonian System is an effective way of reducing the risk of harm from the man and increasing the safety of women and children.

The evaluation of the programme found that the programme is clearly rated very highly by participants, staff and (female) partners. There is also evidence that women feel safer and that men who complete the programme pose a lower risk to partners, children and others by the end of the programme.

5. Safe Lives (previously Co-ordinated Action Against Domestic Violence) - 2016

Getting it right first time

<http://www.safelives.org.uk/policy-evidence/getting-it-right-first-time>

Evidence review with practice and policy recommendations

- There are likely to be many more victims and families in contact with other statutory agencies, but they are not identified as living with domestic abuse. There is considerable potential in locating domestic abuse specialists in mainstream services, like hospitals. Programmes in GP surgeries and advice agencies have shown that it is possible to significantly increase identification. And these programmes may also reach a group of victims and families who are different to – and in some cases, more vulnerable than – those identified by other routes.

Four in five of the families where a child is exposed to domestic abuse are known to at least one public agency. But too often agencies do not link up what they know about risks to each individual in a family, so other children or adults at risk of domestic abuse are not identified. Children's services must actively link the risks between mother and child in cases of domestic abuse. And agencies focussed on adults – whether the victim or on the perpetrator – must make sure that they consider the risks to any children in the family.

6. Safe Lives (2016)

A Cry for Health: Why we must invest in domestic abuse services in hospitals

<http://www.safelives.org.uk/node/935>

Research report

Objectives:

- To explore the impact of co-locating Independent Domestic Abuse Advisor (IDAA) (IDVA in England) services in hospitals.
- To develop the evidence base to highlight the benefits of stronger links between the health sector and domestic abuse services through innovative models.

Methods:

SafeLives initiated the Themis research across four geographical areas, examining five English hospitals that had adopted the approach of locating specialist domestic abuse services within their A&E and Maternity units. In each of the four areas, a comparison group of domestic abuse victims from a community domestic abuse service was also recruited. The following groups were interviewed: hospital staff, hospital-based IDAAs, IDVA Service Managers and Commissioners at all sites to understand how the service works in practice, and establish learning points in relation to the effectiveness of the model.

Themis presents the first multi-site evaluation of hospital-based specialist domestic abuse services conducted in the UK. The project reached a total of 692 hospital victims and 3,544 community victims in the three years of data collection.

Findings:

- Health and domestic abuse are inextricably linked. The research found that:
 - Almost 60% of victims identified in hospital had mental health concerns (compared with 35% of victims who engaged with a community service)
 - Just under half (49%) of victims identified in hospitals had post-traumatic stress disorder (PTSD) compared to 6% of community victims

- One in six (16%) had been to A&E for an overdose in the last six months, compared to 3% of community victims
- We are missing opportunities to support victims and reduce the impact on their health and wellbeing.
- The Crime Survey England and Wales found that four out of five victims do not call the police. Health professionals are ideally placed to identify victims; this research found that 56% of hospital victims had accessed A&E in the year before getting help. The research showed clearly, that without the provision of specialist support to respond to a disclosure of domestic abuse, clinical staff are unlikely to ask about it.
- Domestic abuse already puts enormous strain on our NHS. With a small investment, we can unlock the potential in our health service and make victims safer, faster.
- Domestic abuse costs £1.73 billion to the NHS already. This research has found that it would only cost £15.7m for every NHS acute provider to have a robust Idva service. That is £100,000 per hospital. It would provide help for 15,000 additional victims a year.

Recommendations:

In order to help reach the 4 out of 5 victims who never contact the police and provide an opportunity to save money through earlier identification, SafeLives recommends:

- National policy-makers need to prioritise domestic abuse as a health issue, incentivising hospitals with a seven-day a week Idva service, alongside increased support for children of victims, and to ensure NICE guidelines – that every person presenting with indicators of abuse must be asked – are followed consistently.
- Commissioners should have a strategy to address domestic abuse in a range of health settings including hospitals, GP surgeries and mental health services. This needs to include Idva services in hospitals and

beyond, they must ensure this provision is sustainable and effectively supported, and they must fund services in a way that provides victims with long-term support in and outside of hospital. Victims need ongoing support from other services once they have exited the Idva service.

- Hospital Idva services and hospitals should embed the Idva service within the hospital, ensuring that it is visible across departments and that there are clear referral pathways for staff. Ensure that NICE guidelines are being followed consistently, and involve the Idva in delivering domestic abuse training to all hospital staff.

Non hospital-based Idva services should seek funding to extend your existing service into hospitals, and ensure that referral routes are established and known to health professionals across departments.

7. Safe Lives (2016)

Whole lives: Improving the response to domestic abuse in Scotland

<http://www.safelives.org.uk/policy-evidence/whole-lives-improving-response-domestic-abuse-scotland>

Evidence review with practice and policy recommendations

Independent Domestic Abuse Advisers (IDAAs)

We need qualified Idaas, supported in their continuing professional development, securely funded and located in settings where they can be most effective.

- Although 174 people have completed Idaa training in Scotland, we know that many of them are not working as Idaas, or do not have a dedicated role as an Idaa. In order to adequately support victims across Scotland, SafeLives estimates that at least 100 Idaas are needed.

- We know from the high level of self-referrals in Scotland and the length of time before support is sought, that many victims are being missed. Locating Idaas in a range of locations is important. For example, we know from our work in England and Wales that locating Idaas in hospital settings can help identify vulnerable victims earlier in their abusive relationship. Better trained police officers, health professionals and social workers also increases the rate of identification, disclosure and referral.
- The creation and maintenance of a register of Idaas and other specialist practitioners would raise the profile and status of the role, enable services to effectively make referrals and would support policy makers in tracking the coverage and capacity of Idaas in Scotland.

The multi-agency response:

There should be complete Marac coverage in Scotland, with an accompanying quality assurance programme to ensure that appropriate caseloads are being considered, that cases reflect victim diversity in the local population that multi-agency professionals have a good understanding of domestic abuse and that outcomes for victims and survivors are improving.

- We estimate that at least 39 Maracs are needed across Scotland to hear victims' cases. Currently there are 28.
- Maracs should have access to quality assurance processes to ensure they are responding effectively to all victims at high-risk of serious harm or murder.
- Domestic abuse training should be introduced for all professionals who may need to respond to victims and survivors of domestic abuse, particularly police first responders, health and social care workers and members of the judiciary.
- A more comprehensive roll out of the DASH risk measurement tool would enable consistency and accuracy across and between

organisations, building a shared understanding of risk and allow agencies to more quickly and effectively tailor their response to the particular needs of the individual.

Outcomes:

- Commissioners need to design agreements around measurable outcomes, outputs and impact which are, as far as possible, commonly shared across agencies.
- When commissioning domestic abuse services, commissioners need to be able to measure the effectiveness of the service being delivered to victims and their families. Developing agreements which robustly measure this, including ensuring that under-represented groups are accessing services, will help ensure good value in public funding and that service users are accessing good quality services which help them get safe, stay safe, and rebuild their lives.

The continued and more widespread use of Insights or similar tool can help to achieve both a more granular picture of local work and outcomes, and also a more robust national picture.

8. Co-ordinated Action Against Domestic Violence (2014)

In plain sight: effective help for children exposed to domestic abuse

<http://www.safelives.org.uk/sites/default/files/resources/Final%20policy%20report%20In%20plain%20sight%20-%20effective%20help%20for%20children%20exposed%20to%20domestic%20abuse.pdf>

National policy report

Key findings:

- There is a major overlap between direct harm to children and domestic abuse: 62% of children exposed to domestic abuse in our research were also directly harmed.

- Children are suffering multiple physical and mental health consequences as a result of exposure to domestic abuse
- A quarter of the children exhibit abusive behaviours, mostly once their exposure to domestic abuse has ended Only half of these children were previously known to children's social care but 80% were known to at least one public agency
- Children's outcomes significantly improve across all key measures after support from specialist children's services
- Our data show a relationship between cessation of domestic abuse and cessation of direct harm to children.

Recommendations:

- To achieve early intervention at little or no cost, create a network of lead professionals across agencies with a shared understanding of risk
- To ensure children's safety, provide linked specialist domestic abuse services for the child and the parents
- To ensure children are protected and helped, Local Safeguarding Children Boards (LSCBs) and Ofsted should monitor provision and outcomes for children exposed to domestic abuse (CAADA works in England).

References

1. Scottish Women's Aid 2015: Change, Justice, Fairness: 'Why should we have to move everywhere and everything because of him?'
http://www.scottishwomensaid.org.uk/sites/www.scottishwomensaid.org.uk/files/Change,%20Justice,%20Fairness-page-001_1.jpg
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3. Scottish Women's Aid 2008?: The support needs of children and young people who have to move home because of domestic abuse
<http://www.scottishwomensaid.org.uk/node/1605>
4. Scottish Government (Ipsos MORI Scotland) 2016: Caledonian System Evaluation: Analysis of a programme for tackling domestic abuse in Scotland
<http://www.gov.scot/Publications/2016/11/4240>
5. Safe Lives (previously Co-ordinated Action Against Domestic Violence (CAADA) 2016: Getting it right first time
<http://www.safelives.org.uk/policy-evidence/getting-it-right-first-time>
6. Safe Lives 2016: A Cry for Health: Why we must invest in domestic abuse services in hospitals
<http://www.safelives.org.uk/node/935>
7. Safe Lives 2016: Whole lives: Improving the response to domestic abuse in Scotland

<http://www.safelives.org.uk/policy-evidence/whole-lives-improving-response-domestic-abuse-scotland>

8. Co-ordinated Action Against Domestic Violence (CAADA) 2014: In plain sight: effective help for children exposed to domestic abuse

<http://www.safelives.org.uk/sites/default/files/resources/Final%20policy%20report%20In%20plain%20sight%20-%20effective%20help%20for%20children%20exposed%20to%20domestic%20abuse.pdf>

Appendix A: Websites reviewed

- All Party Parliamentary Group on Domestic Violence
- Cardiff Women's Safety Unit/University of Cardiff
- Centre for research on Families and Relationships, University of Edinburgh
- College of Policing
- Department of Education
- Department of Health
- Healthcare Improvement Scotland
- Home Office
- Improvement Service
- IRISS
- National Violence Against Women (VAW) Network
- NHS Education for Scotland
- NHS Quality Improvement Scotland
- NICE
- Open University
- Rape Crisis Scotland
- Safe Lives (previously Co-ordinated Action Against Domestic Violence (CAADA))
- Scottish Government
- Scottish Women's Aid
- Social Care Institute for Excellence (SCIE)
- SSSC
- The Health Foundation
- The Knowledge Network
- Women's Aid
- Women's Support Project

