

Working with risky fathers



Fathers Matter volume 3: Research findings on working with domestically abusive fathers and their involvement with children's social care services

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The Parenting Fund



FAMILY RIGHTS GROUP
Keeping children safe in their families

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Cathy Ashley

Cathy Ashley is Chief Executive of Family Rights Group and chairs the Fathers Matter project steering group.

Cathy was a contributor to the publication *Fathers Matter: Research findings on fathers and their involvement with social care services* (FRG, 2006). Cathy edited *The Family Group Conference Toolkit – a practical guide to setting up and running an FGC service* (FRG, 2006) and was joint editor with Paul Nixon of the book *Family Group Conferences – Where Next? Policies and Practices For The Future* (FRG, 2006).

In her spare time, Cathy is Chair of the Holocaust Memorial Day Trust. Cathy previously chaired Lambeth's Early Years Development and Childcare Partnership and helped set up The Elmgreen School in Lambeth, the first parent promoter state comprehensive in Britain.

More information about Family Rights Group

Family Rights Group is a charity in England and Wales that advises parents and other family members whose children are involved with, or require, social care services because of welfare needs or concerns. We run a confidential telephone advice service for families.

Established as a registered charity in 1974, we work to increase the voice children and families have in the services they use. We promote policies and practices that assist children to be raised safely and securely within their families, and campaign to ensure that support is available to assist grandparents and other relatives who are raising children who cannot live at home.

CHAPTER 1

INTRODUCTION AND ACKNOWLEDGEMENTS

CATHY ASHLEY

1. Introduction

This report builds upon Round 1 and 2 of the Fathers Matter projects to improve the safe engagement of fathers in the care of and decisions about their children's lives.

It outlines the findings from the most recent two-year action research project on the engagement of risky fathers and father figures with social care services. Funded by the DFE/Parenting Fund, the project included:

- Undertaking action research in three local authority Children Services departments on working with fathers who are violent within the home, including:
 - auditing child protection and children in need case files;
 - reviewing local policies and procedures;
 - conducting focus groups and interviews with social workers and managers, mothers and fathers.
- Supporting the three local authority Children's Services departments to embed best practice on working with fathers/father figures.
- Reviews of international literature, practice models and the legal framework on fathers and domestic abuse and the interface between private and public law.
- Conducting a review of the conclusions from serious case reviews on working with fathers and father figures.
- Developing and piloting a training course for social care workers and managers entitled '*Working with fathers who present a risk to their children*'.
- The production of a learning resource for social work educators.
- The publication of a series of FAQs for fathers on our website on law and practice.

The report's recommendations in Chapter 9 draw upon the findings from Fathers Matter Round 1 and Round 2 set out in the publications *Research findings on fathers and their involvement with social care services: Fathers Matter, Volume 1* (Ashley et al, 2006)¹ and *Volume 2* (Roskill et al, 2008)²: (both Family Rights Group).

2. Background

In 2004 Family Rights Group submitted a successful two year bid to the Parenting Fund to develop a project that aimed to identify barriers to the inclusion of fathers and paternal relatives of children within the child welfare system, and to start examining what works and why.

What prompted Family Rights Group to draw together such a bid was the increasing number of calls to its advice service from non-resident fathers and paternal relatives, some of whom had only heard late in the day that their child had been taken into care. Some had confronted inconsistencies in policies and practices across the country and even within the same authority. As well as being overlooked by social care services, there

¹ Ashley C, Featherstone B, Roskill C, Ryan M, White S (2006) *Fathers Matter: Research findings on fathers and their involvement with social care services* (London, Family Rights Group)

² Roskill C, Featherstone B, Ashley C, Haresnape S (2008) *Fathers Matter Volume 2, Further findings on fathers and their involvement with social care services* (London, Family Rights Group)

appeared to be a lack of suitable support services and information materials for these fathers. Family Rights Group found that partner organisations were also witnessing a similar trend: 70% of calls to The Grandparents' Association were from paternal relatives. It was not only family members who lacked support. There also appeared to be a lack of practical help and advice to inform the work that practitioners in the voluntary and statutory sectors undertake with fathers and father figures. This is in a context in which there is no published research study in the UK that exclusively examines the role and involvement of fathers in the child protection process.

2.1 Fathers Matter 1

The project's aims were to:

- Explore the barriers encountered by fathers and paternal relatives whose children are involved with Children's Services;
- Identify effective ways of working with fathers and paternal relatives and
- Recommend steps that could be taken by the judiciary, the court service, national government and statutory and voluntary agencies.

At the outset of project, a steering group was set up.

The project's work programme included:

- Detailed analysis of calls from fathers to Family Rights Group's advice line;
- An international literature review;
- Focus groups and interviews with social care service users including fathers, mothers and wider family members; and
- A survey of local authority Children's Services.

The findings were presented at a conference held in June 2006 and a report was then published drawing together the project's research studies and findings (see above).

2.2 Fathers Matter Round 2 (2006-9)

In 2006, Family Rights Group with its partners successfully applied to the Parenting Fund to take forward the findings from Fathers Matter Round 1.

The work included:

- Developing a training course for social care workers and managers in conjunction with the Fatherhood Institute entitled '*Addressing child welfare concerns - working with fathers*'.
- Supporting fathers to become joint trainers on the course and other social care education courses;
- Working with two Children's Services authorities to develop 'best practice' models on working with fathers that could be replicated nation-wide;
- Surveying and working with local higher education institutions to improve the teaching of social work students on engaging fathers and on involving fathers in course design and delivery. This work was led by Professor Brid Featherstone; and
- Providing legal advice and support to fathers and paternal relatives via Family Rights Group's national free advice service.

In May 2008, we held a conference to launch the report (see above) which sets out the findings from the action research and the recommendations.

Family Rights Group has also produced a DVD³ to support the training of social workers, their managers, social work students and policy makers. The views of fathers take centre stage in this powerful DVD. It includes interviews with fathers whose children have been subject to child protection enquiries or are in the care system. It explores fathers' experiences of children's services, including what they felt was good practice as well as what could have been done differently. The DVD includes supplementary comments from academics, social workers and Family Rights Group advisers.

2.3 Fathers Matters 3

The Fathers Matter 1 and 2 projects identified, as a recurring theme, the fear that some social workers felt in engaging with men, some of whom were threatening or violent, and the prevalence in child protection cases of domestic abuse. It was also apparent that there was a dearth of research in this arena to assist social workers and other practitioners. Hence Family Rights Group's decision to apply for a further grant from the Parenting Fund, specifically to examine effective ways of working with risky fathers.

This report sets out the findings from the Fathers Matter 3 project. Separately, a resource pack entitled *Fathers Matter: Resources for Social Work Educators* (Featherstone et al, 2010) has been produced by Family Rights Group.

3. Acknowledgements

Thank you is due to many who have contributed their time, energy and ideas, as well as to the Department for Education/Parenting Fund who funded both this project and the earlier Fathers Matter 1 and 2

Members of the advisory group have actively led the development of the project and particular gratitude is due to:

- The professional staff in the three Children's Services authorities who participated in the audit of practice. In a very difficult period when local authority child protection services in particular are under immense pressure, it is a sign of their significant commitment to working with families and improving the engagement of fathers, that practitioners and managers in the three authorities gave up their time to participate in the research and were always extremely helpful and co-operative in contributing to the project. We are also grateful to these authorities for their commitment to this work, not only in releasing staff time but also allowing their policies and practices to be put under rigorous scrutiny.
- The fathers and mothers who were willing to be interviewed as part of this work, who turned up to focus groups despite the inconvenience involved and who expressed their views and described their often sad and traumatic experiences openly and clearly. Thank you is also due to the staff of the voluntary organisations who organised the focus groups.
- Clare Roskill who diligently led the research in two of the authorities, ensuring that the research team kept to the timescale and producing very considered findings and a report.
- Claire Fraser who patiently and adeptly drew together and wrote the programme and practice review and co-researched the literature review.

³ Fathers Matter – The views and experiences of fathers on their involvement with local authority children's services (2009) (Family Rights Group)

- Sean Haresnape who serviced the Fathers Matter steering group, undertook the research in one of the authorities, conducted the review of serious case reviews and ably handled all other tasks thrown his way. Sean also co-developed and co-trained with Kate Iwi from Respect, an expert in domestic abuse, the new course on working with fathers who present a risk to their children.
- Professor Brid Featherstone who undertook the international literature review and has played a leading role in the Fathers Matter project steering group and generously contributed her significant knowledge with characteristic modesty and effect.
- Bridget Lindley, deputy chief executive and principal legal adviser of Family Rights Group, who has expertly advised on the legal dimension of the Fathers Matter work.
- Trevor Sharman, a consultant for the Parenting Fund and David Bartlett from The Fatherhood Institute, and Lynn Chesterman, Chief Executive of The Grandparents' Association all active members of the steering group
- Rachida Aziz at Family Rights Group for her help with the focus groups in one of the authorities and for her extensive work on data analysis.
- Mary Dow, at the time a student with Family Rights Group, who assisted both with the focus groups and the audit of case files
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- Leonie Jordan who valiantly assisted Cathy Ashley to edit this report.

The findings set out in this publication do not necessarily reflect the views of the Department for Education/Parenting Fund who, as stated, generously funded this work.

**Cathy Ashley
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CHAPTER 2

INTERNATIONAL LITERATURE REVIEW ON VIOLENT FATHERS

PROFESSOR BRID FEATHERSTONE AND CLAIRE FRASER

1. Context

A literature search was carried out to identify international academic literature on the broad topic of 'violent fathers'. Searches were completed during the period June-July 2010 using electronic academic databases (PsycInfo; Social Services Abstracts; Sociological Abstracts) on a range of relevant terms.

Over the last four decades an extensive body of literature has emerged in the area of domestic violence¹. The initial emphases were: to establish levels of prevalence; to identify and provide safe spaces such as refuges for women and their children and to challenge a wide range of agencies such as the police, judiciary, housing and social services in relation to their practices. This literature is now international in scope and has broadened its remit considerably over the decades. In particular the impact upon children has become a major focus of inquiry and has influenced legal and policy developments. Moreover, the issues involved in how to work with men who are domestically violent have become a focus in the literature, as has the question of prevention.

This particular review is limited in scope. It concentrates on the literature that has emerged on working with fathers who are domestically violent. It also signposts some of the emerging issues that merit further research. Before exploring the literature a further note on terminology is required. As Rivett (2010) notes a number of child deaths in the UK have highlighted the importance of practitioners understanding the relevance of working with 'violent male carers' (p, 195). Whilst much of the literature discusses fathers and step-fathers, Rivett points out this may miss out on the significance of other men in women and children's lives and it is in this context that he uses the term 'carers'. Indeed, we recognise this and the audit of practice in Fathers Matter 2 highlights the complexities of the living situations of many of the families who come to the attention of social care services (Roskill et al, 2008). However, as 'fathers' is the term used in the literature, it was the search term chosen. We do recognise this may have limited our search.

2. Working with violent fathers: Why and how

Sternberg (1997) reviewed the research on fathers at that time and located it in the context of the evolution of research on family violence as a whole. She noted there was a conspicuous lack of information on: children's perceptions of their violent parents; abusive men as parents; qualifications from and about fathers who were violent to mothers in the research. Peled (2000) argued just a few years later that we should no longer ignore the fathering role of men who were physically violent to their partners and pointed to the relative lack of information in relation to abusive men's contact with their children and interventions with children of abusive men and their fathers (also Guille, 2004). Both Sternberg and Peled contested what they saw as the dominant emphasis in the literature that did exist which assumed that children would only have negative perceptions of their abusive fathers.

¹ We recognise that the terminology is contested. For example, a preference has emerged for the term 'domestic abuse' in order to signal the array of behaviours that can be involved such as emotional and financial abuse. However, because the term domestic violence is so widely used this was the term used to achieve as broad a spread of the literature as possible

Nearly a decade later there would appear to be some growth of interest in developing interventions with men, who are fathers, who are violent to women. This can be linked in the UK to a number of interconnected factors. From 1998 onwards, the UK government funded a wide range of projects and supported a range of agencies to 'engage' fathers (Featherstone, 2009). A discourse stressing the importance of fathers being involved with their children in order to secure better outcomes especially for those who were disadvantaged was influential in prompting such developments. Fathers emerged onto practice agendas in a way that was unprecedented and, in the process, space was opened up to highlight the barriers and obstacles to 'engaging fathers'. The issue of domestic violence was identified as an important barrier. Practitioners, in particular, were concerned about the risks that might be posed to women and children.

A further and linked development was the increased emphasis in private law on the importance of fathers retaining contact with their children post separation and divorce (Harrison, 2006). This has prompted considerable concern among researchers and practitioners in the area of domestic violence (Eriksson and Hester, 2001). In this context the importance of safety planning initiatives for women and children has been reinforced.

Probably one of the most significant factors has been the 'mainstreaming' of domestic violence as a child protection issue. This has led to significant increases in referrals to child protection services (Featherstone and Peckover, 2007). The majority of agency responses have tended to focus on the role of the mother in securing the protection and welfare of the children. However, there has been a limited recognition that such responses are unfair (to mothers) and unsustainable (in that domestically violent men may join other families). Chapter 6 which reviews practice, notes that a significant source of referrals to existing projects come from Children's Services.

Thus a variety of constituencies prompted by differing concerns and holding differing philosophies are involved in delivering services to fathers who are domestically violent. For example, as evidenced in Chapter 6, there are services which construct men primarily as perpetrators of domestic violence and consider their fathering practices within that context. Such services are more likely to focus on safety planning for children rather than, for example, exploring relationships between men and their children within a broader frame. Other services start from constructions of men as fathers and consider their violent behaviours within that context. Finally, there is an emerging concern with 'both/and' rather than 'either/or' perspectives (Rivett, 2010).

To explore this further, it is necessary to offer some background in relation to how work with violent men including fathers has developed. There is a considerable history of developing programmes that work with men who are violent to women in intimate relationships. These are usually called **perpetrator** programmes. Featherstone, Rivett and Scourfield (2007) argue these have their roots in both the therapeutic, anti-sexist men's movement and the women's refuge movement. Historically it is the latter that has emerged to set standards for treatment and safety as a result of concerns that those which had a more therapeutic focus were in danger of excusing men's behaviour. Moreover, they were considered to be too isolated from mainstream services and, therefore, unable to ensure the safety of women and children (Rivett, 2010)

The Duluth programme emerged over time as the foremost programme reflecting a feminist perspective on the causes of violence as rooted in men's control and power over women and masculine socialisation practices (Pence and Paymar, 1993). It is designed to be embedded within a co-ordinated community response and is not supposed to be a

stand-alone programme. Safety planning for women and children is central. It consists of a set format where power, control and equality issues are systematically addressed and where cognitive-behavioural therapies are used. This is the model that has been supported by UK governmental guidance and is the regulated programme for criminal justice settings. Practitioners within the field have created a charity called Respect to lay down standards of good practice. Respect also runs a helpline for men seeking help.

Harne (forthcoming) has explored how a number of programmes including those informed by the Duluth model have addressed children's safety in their interventions with violent fathers. She does not evaluate effectiveness, but offers evidence on the impact of four programmes on fathers' accounts. The programmes comprised two voluntary sector programmes and two probation-led programmes with a key difference being that those on probation-led programmes usually only admitted those who had been convicted by a criminal court or those men released from prison on licence. Whilst the probation-led programme adopted a Duluth approach, the two voluntary sector programmes included individual counselling with one providing this from a psychodynamic perspective. The programmes also varied in length. Harne suggests such programmes need to be viewed with caution as she found limited evidence from the fathers' accounts that they were able to move beyond a focus on their own needs and engage with the needs of children.

Over the years the Duluth programmes have been subject to a number of criticisms, which has led to some adaptations in how the Duluth model has been applied in this country over time. One criticism is that Duluth programmes are considered by some to be too prescriptive in that they have a set format (Rivett, 2010). An allied critique has contested the underlying theoretical approach as it assumes singular explanations for why men are violent (Gadd, 2004). A range of writers have suggested the importance of recognising that not all violent men are the same (Gondolf, 2002) and that not all violence is the same (Johnson, 1995). Moreover, it is argued that the role played by factors such as mental health difficulties and substance misuse needs more consideration than that found in Duluth model (Rivett, 2010).

From a child welfare perspective, the Duluth programme has been considered to be problematic in that the focus, historically, has been on how men use children against their partners rather than on developing a child focused intervention (Rivett, 2010). Rivett acknowledges that there has been some recognition of this deficit and that most programmes in the UK have increased the amount of time devoted to children on their programmes and some have incorporated 'children's voices' into their programme through working with specific children's charities. Others have partially integrated 'fatherhood issues' into the standard Duluth model.

An influential development from Canada has been the Caring Dads programme (Scott and Crooks, 2004). As the review of practice (Chapter 6) found, whilst the originators of the programme see it as having a 'fatherhood' focus and a 'perpetrator' focus, this is contested. For example, respondents from the Respect organisation argue that 'Caring Dads' is not a programme for combating domestic violence. Rivett (2010) suggests that although originally created in response to the needs of domestically violent fathers, the programme is increasingly being run through child welfare agencies and has become less 'perpetrator' focused than Duluth style programmes. Rivett (2010:210) argues that the Caring Dads programme has a 'both/and' philosophy. It relates to men as fathers and as abusers, it contains gender reflections and assumes men can change and explores men's maltreatment of children generally. An important issue which may help

explain some of the tension between the perspectives is that Caring Dads is not designed just to focus on fathers who are violent to women but is also a treatment programme for fathers who maltreat their children in a range of ways. Further detail on the goals of both programme are presented in the practice examples in Chapter 6.

Scott and Crooks (2004) argue that although fathers perpetrate a significant proportion of child maltreatment, the intervention needs of abusive and neglectful fathers have not been adequately addressed or researched. Indeed, it is a recurring theme in the literature that the focus of most interventions has been on women/mothers (Lapierre, 2010). Scott and Crooks (2004: 95) argue for the importance of developing interventions with maltreating fathers and suggest five principles to guide the work. These are as follows:

- Overtly controlling behaviour, a sense of entitlement and self centred attitudes are primary problems of abusive fathers; thus the development of child management skills should not be an initial focus of intervention;
- Abusive fathers are seldom initially ready to make changes in their parenting;
- Fathers' adherence to gender-role stereotypes also contributes to their maltreatment of children;
- The relationship between abusive fathers and the mothers of their children requires special attention;
- Because abusive fathers have eroded children's emotional security, the need to rebuild trust will affect the change process. Crucially, the process will be affected by any relapse by the father in relation to the use of violence.

These principles provide the basis for the Caring Dads programme. A preliminary evaluation of the programme in Canada (Scott and Crooks, 2007) suggests that it meets a need, has a sound theoretical basis and can be implemented in a way that meets the needs of stakeholders. Moreover, there is data to suggest initial support for positive outcomes among those participating. Evaluation of the UK implementation of the Caring Dads programme (see practice example in Chapter 6) is also currently underway.

Rivett (2010) has argued, however, that Caring Dads shares some of the same disadvantages as he identifies with the Duluth programmes: they are long term treatment programmes undertaken by specialist centres by specialist staff. These programmes, he argues, ignore the large number of men who may accept help to address their violence in more local settings by local services but would resist a more stigmatizing group setting.

As indicated above, we suggest that some of the tensions reflect concerns about the balance of programmes and what their primary focus is or should be. Is it to change behaviours towards women or children or both? Rivett (2010: 214) has offered some pointers towards an integrated approach which draws from the strengths to be found in the Duluth and other programmes. The following offers a summary of such pointers:

- Assessment strategies should take into account the risks, causes and complications of the violence including the role of substance misuse and mental health issues;
- The naming of violence as unacceptable whatever its causes and histories;
- An agreement that the violence has got to stop and, on this basis, help as well as protective services should be put in place;
- A strong commitment to safety, which would include a community approach [changing the way all professionals, and ideally how the community at large, responds to violence] to assessment and child/victim support;
- An exploration of the consequences of violence for all concerned (men, women and children);

- Interventions which are focused and planned but can be delivered in groups or on an individual basis and probably should last less than the dominant model (24 weeks);
- Interventions which are multi-faceted and incorporate dealing with substance misuse, mental health issues and emotional difficulties;
- Respect for the man who wants to change and a holding to account of men who do not want to change.

The following lessons, he suggests, emerge from the literature and his own experience of working in the field. There is a need for flexibility in terms of mobilising a range of settings where men may be found and/or presenting for help. Allied to this there is a need for a willingness to work with violent men however they present and in whatever context. Thus, he is suggesting the need to open up a range of possibilities for help to be offered and sought. Both partnering **and** parenting need to be focused upon. His proposals provide considerable challenges at a range of levels. For example, there are significant training needs attached to such proposals and allied challenges in terms of how services are configured currently. However, his work generally reflects a finding from the practice review which is the need to continue to develop and innovate in terms of methods of delivery and formats.

3. Future Directions?

The literature remains under developed and, as will be apparent in the review of practice (Chapter 6) there is an urgent need for more rigorous evaluative studies of programmes (although some are forthcoming as the review of practice indicates in this publication). There is a small but growing emphasis on developing and evaluating diverse and imaginative preventative strategies as discussed above. Some writers urge that fathers (present and future) should be mobilised to challenge other men including fathers in order to prevent violence against women (Crooks, Goodall, Baker and Hughes, 2006). An interesting and emergent focus in the literature which might be compatible with Rivett's perspective concerns the use of public health strategies. For example, Hull City Council has been developing a very ambitious programme which uses a range of means including advertising to target men and to encourage help seeking (Stanley et al, 2009). An important strand has been the focus on the damage done to children by domestic violence, thus appealing to men as fathers or carers.

A theme in the literature that may merit further development, particularly in a context of resource constraints is the need for pragmatism in terms of experimenting with delivering interventions to fathers who are violent in a variety of settings and formats. This approach has been identified in the literature on working with men more generally (Featherstone et al, 2007). Whilst this might be viewed with alarm by those concerned that it might dilute the focus on the safety of women and children, this need not be so although the dangers do need to be continually kept under review. Indeed, a pragmatic approach should focus primarily on exploring diversity in relation to delivery mechanisms without compromising essential content in relation to safety.

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CHAPTER 3

FATHERS AND THE LAW: RIGHTS, RESPONSIBILITY, RISK AND RESOURCE

BRIDGET LINDLEY

1. Introduction

There are lots of legal myths in family law, for example, that when parents separate, mothers automatically ‘get’ the children; that one or other parent may have ‘custody’; that fathers without parental responsibility don’t need to be involved in planning for children; that fathers might present a risk to their children so cannot be considered as carers. The purpose of this chapter is to dispel such myths and to outline the legal framework as it affects fathers and father figures in relation to their children when they are involved with Local Authority Children’s Services,¹ particularly where there is domestic violence or abuse. There is also a series of frequently asked questions, written for fathers² that readers may also wish to refer to in their practice.

2. The right to respect for family life

Without going into a detailed analysis of European case law, a key guiding principle underpinning work with children and families is that both the child and their parents³ have a right to respect for privacy and family life [Article 8 European Convention on Human Rights (ECHR)]. The State can only legitimately intervene in family life where it “is necessary in a democratic society ... for the protection of the health or morals or... the rights and freedoms of others” (in this case, where it is necessary to protect a child) and where the response of the State is proportionate to the circumstances in the case (Article 8(2)).

Section 6 Human Rights Act 1998 (HRA) provides that it is unlawful for a public authority to act in a way which is incompatible with a Convention (ECHR) right. This means that local authorities must observe the Convention rights of the child and their parents in relation to all decisions they make about the children they are working with. Otherwise the local authority may be in breach of the HRA which can result in an order for damages or an injunction to remedy the breach against them.⁴ Local authorities should therefore explore all possible options for the child to have a relationship with, and be cared for safely by, both their parents so as to meet the child’s needs and promote their welfare, provided it does not place the child at risk of harm.

3. Parenthood and parental responsibility

In relation to local authorities working with children and families, the term ‘parent’ generally includes fathers and mothers, although fathers without parental responsibility are specifically excluded from certain key aspects of adoption processes as discussed below.

¹ This outline should never be used as a substitute for legal advice in individual cases

² See http://www.frg.org.uk/frequently_asked_questions_for_fathers.html

³ Fathers who are not and have never been married to the mother, must have some degree of involvement with the child to enjoy this right: where a father did not and indeed did not know of the child’s existence it was held that he did not have a right to respect for family life

Re: L (Adoption: Contacting Natural Father) [2008] 1FLR 1079

⁴ s.7 HRA

3.1 Who is regarded as a parent in law?

A child's birth certificate is basic evidence of who is regarded as a 'parent' under the law. Hence if the father is named on the birth certificate he will generally be treated as the father.⁵ Where there is a dispute as to the paternity of the child, the person wishing to challenge paternity can apply to court for a declaration as to parentage⁶ and the onus of proof will be on the person disputing the matter. Within those proceedings the court may order DNA testing.⁷ However, where a child is the subject of an adoption order or has been made the subject of a parental order following a surrogacy arrangement, the legal parents will be those named in the order and the birth parents will cease to be the legal parents of the child.⁸

The Children Act 1989 (CA) sets out the basic framework for the care and protection of children both in:

- a private law context where parents are primarily responsible for the care and well-being of their children with the court intervening only where they are in dispute about the child's care which cannot be resolved by other means; and
- a public law context where the local authority intervenes to ensure children are safe and well-cared for because there is evidence that they may be at risk of harm and certain thresholds have been met which require there to be further investigation or protective action by the State.

When the term parent is used in the Children Act, it means all parents irrespective of whether they have acquired parental responsibility or not (discussed below). Similarly in relation to child support, all parents are liable to support their child irrespective of whether they have parental responsibility.⁹

3.2 What is parental responsibility and who has it?

The concept of parental responsibility was introduced by the Children Act 1989 to include '*all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his property*'. It replaces the former notion of custody and in effect means that a person with *parental responsibility*,¹⁰ in this case a father, can make all major decisions relating to raising a child such as consent to medical treatment, school trips etc. without having to consult anyone else with parental responsibility.¹¹

However, there are certain restrictions which apply to this exercise of parental responsibility:

- when it comes to taking a child outside the jurisdiction, the consent of every person with parental responsibility or the permission of the court is required (unless the person removing the child has a residence order in which case he can remove the child for up to one month without getting such consent ^{12&13}), otherwise he will commit an offence¹⁴;

⁵ However if the mother is married to someone else, it is presumed that her husband is the father of the child although this presumption can be rebutted.

⁶ s.55A Family Law Act 1986

⁷ s.20 (1) Family Law Reform Act 1969

⁸ s.67 (1) Adoption and Children Act 2002 (ACA) & s.39 & 47 Adoption Act 1976 as applied by parental orders (Human Fertilisation and Embryology) Regulations 1994

⁹ s.1 Child Support Act 1991

¹⁰ s.3 (1) Children Act 1989

¹¹ s.2 (7) Children Act 1989

¹² s.13 Children Act 1989

¹³ Where a special guardianship order (SGO) is in force the special guardian may also remove the child from the jurisdiction without getting such consents for up to 3 months, but this may only be relevant to father figures rather than fathers since SGOs can only be made in favour of non-parents.

¹⁴ s.1 Child Abduction Act 1984

- the legal position is that one person with parental responsibility can change a child's name without reference to anyone else with parental responsibility¹⁵, although following the House of Lords judgement in Dawson –v- Wearmouth¹⁶, good practice indicates that other interested parties (namely the parent(s)) should be contacted and, in the event of disagreement, the matter should be brought before the court to be resolved. However, where a residence or special guardianship order is in force, the consent of every person with parental responsibility or the leave of the court is required (ss.13 & 14C CA);
- where there is a dispute about the exercise of parental responsibility in relation to a particular child, the court may make a specific issue order or a prohibited steps order to resolve the dispute.¹⁷

A mother will automatically acquire parental responsibility for the child when she gives birth. However, a father will only acquire parental responsibility if he comes within any of the following categories:

- he is married to the mother at the time of the child's birth or they subsequently marry; or
- he is registered as the child's father on the birth certificate if the registration took place after 1st December 2003; or
- if he was not on the birth certificate but then re-registers the child's birth after 1st December 2003 either jointly with the mother or alone provided the mother signs a statutory declaration that he is the child's father (see: <http://www.gro.gov.uk/gro/content/births>); or
- the mother and father have both signed an authorised agreement giving the father parental responsibility¹⁸ or
- there is an order of the Court giving the father parental responsibility.¹⁹

Father figures, who are married to the child's mother or in a civil partnership with the father, may acquire parental responsibility by making a formal agreement on a specified form with the mother and any other parent with parental responsibility or by applying to the court for a parental responsibility order.²⁰ They, and father figures who are not married to the mother, may also acquire parental responsibility if they are granted a residence order though this will last only while the residence order remains in force.²¹

4. Local Authority Children Services' work with fathers

The fundamental principle underpinning work with fathers of children who are receiving child welfare services from the local authority Children's Services, is that they should be consulted and involved in all planning and decision-making processes, irrespective of whether or not they have parental responsibility. This can be problematic if the mother does not agree to the father's involvement; it can be even more problematic where the father is alleged or proven to have harmed the child or the mother. Clearly a mother may be able to prevent the involvement of a father in some situations by withholding the name and address of the father. However the local authority should still endeavour to work with the mother to consider why it may be beneficial for her child to have their father involved

¹⁵ Re PC (Change of Surname)[1997] 2 FLR 730

¹⁶ [1999] 1 FLR 1167

¹⁷ s.8 Children Act 1989

¹⁸ s.4 Children Act 1989

¹⁹ s.4 Children Act 1989

²⁰ s.4A Children Act 1989

²¹ s.8 Children Act 1989 Father figures who are not parents could also apply for a special guardianship order (s.14A CA) although this would be unusual, unless they are no longer living with the mother of the child, as it would confer on them parental responsibility which they could exercise to the exclusion of anyone else with parental responsibility including the mother.

in the planning process, even where violence is alleged, provided their involvement does not place the child or mother at risk of further harm. Such harm could include for example, the effect on the child of increased maternal anxiety and distress arising from the father's past domestic abuse; or disruption caused by a family, who have been re-located to a confidential address for safety reasons, being tracked down and forced to move again.

If a mother fears that by involving the father in the planning process she will be at risk of future harm, the local authority should assess the alleged risk and undertake comprehensive safety planning with her in accordance with local safeguarding children procedures. Local authorities should take account of safety issues in planning the involvement of the father for example by ensuring the parents do not meet face to face; ensuring confidentiality of sensitive information; and being alert to the possibility of a father misusing his involvement. They should also support the mother to access other services including obtaining legal advice about the possibility of injunctive relief from the court under Part III Family Law Act 1996. Further details on this are set out below:

4.1 Family support services

Every local authority is under a general duty to safeguard and promote the welfare of children within their area who are in need; and so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children's needs.²² Such services may be provided to the child or to any member of the family if it will positively impact on the child's welfare.²³

In order to determine which services should be provided in a particular case, the local authority should carry out an assessment of the child's needs in accordance with the *Framework for Assessment of Children in Need and their Families*²⁴. This *Framework* requires the local authority to consider the child's developmental needs, the capacity of the parents to meet those needs and wider family and environmental factors. It is envisaged that the assessment will be conducted **in partnership with parents** and other family members. Therefore fathers, like mothers, should be centrally involved in this assessment process (irrespective of whether they have parental responsibility) particularly in terms of their potential capacity to meet the child's identified needs. Alleged violence should not ordinarily be a reason not to involve them in the assessment process, albeit separately from the mother and child when necessary to ensure the safety of all the individuals and subject to any other proportionate risk management strategies.

4.2 Child protection

When there is a suspicion that a child may be suffering significant harm, the local authority is required to make enquiries about the child's circumstances in order to ascertain whether the concerns are substantiated and, if so, to put in place a protective plan (s.47 CA). 'Harm' in this context means the 'ill-treatment or the impairment of health or development' including 'impairment from seeing or hearing the ill-treatment of another'.²⁵ In other words, children who have witnessed domestic violence or abuse may well have experienced harm which would warrant such enquiries being made under s.47.

²² s.17(1) Children Act 1989

²³ s.17 (3) Children Act 1989

²⁴ In *R (G) v Barnet LBC; R (W) v Lambeth LBC; R (A) v Lambeth LBC* [2003] UKHL 57, [2004] 1 FLR 454 the House of Lords held that although the general duty to provide services to support families in s.17 is owed to all children in need within the local authority area and not to each child individually, other more specific duties, including the duty to assess the child's needs, are to be performed in each individual case by reference to the general duties in s.17 (1).

²⁵ s.31 (9) as amended by s.120 ACA 2002

These enquiries will necessarily involve an assessment of the child's needs in accordance with the *Framework* cited above, in particular the capacity of the parents (and the extended family) to meet the child's identified needs. Government guidance to local authorities on how such enquiries should be conducted, set out in the *Working Together* guidance²⁶, reiterates the importance of **working in partnership with parents** throughout the child protection process both in terms of identifying any risk they may pose to the child's safety, and their potential capacity to promote the child's safety and well-being.

As with family support services discussed above, fathers should be centrally involved in this assessment and planning process, irrespective of whether they have parental responsibility. However, where there is a reasonable concern about violence, it may not be safe or appropriate for the father to be involved in meetings when the child/or adult victim is present. Moreover, if there is an injunction already in place against the father it is important to ensure that his involvement does not inadvertently cause him to be in breach of his injunction, not least because such a breach, without reasonable excuse, is an imprisonable offence.²⁷ Yet neither of these circumstances obviate the need for local authorities to work with such fathers to enable them to participate safely in the assessment and planning process. Moreover, there is a pragmatic reason for involving fathers in this process. Even where past violence is alleged between the parents, the father may still be assessed as being able to provide a safe home for the child which will meet their identified needs. For example where the father's circumstances have changed, or he has participated in a perpetrator programme and/or has a new family who are not deemed to be at risk. In addition, where the local authority does not have parental responsibility for the child (because there is no emergency protection order, interim care or final care order in place), it will be necessary for one person with parental responsibility to agree any child protection plan for the child. If the mother either disagrees or is incapable of agreeing to the plan (for example, if she lacks capacity) it may be that the father can agree the protection plan for the child.

Fathers, like mothers, should therefore be encouraged and supported to be involved in child protection planning and decision-making procedures, provided it can be done safely. Where care proceedings are being contemplated, this includes sending them a letter before proceedings and involving them in any pre-proceedings meeting which may look at care arrangements²⁸, including family group conferences. In this respect it is worth noting research evidence that there is a higher level of attendance of fathers or father figures at a family group conference, than at statutory meetings (Ryan 2000).

4.3 Care proceedings

When children are subject to care proceedings, the father will automatically be a party to the proceedings, whether or not they have parental responsibility. He will therefore have a right to see all the papers in advance and attend each hearing. He is also entitled to legal aid i.e. non-means and non-merits tested public funding to pay for legal representation in the proceedings.

It would be very exceptional, and only when sanctioned by the court in a case of extreme violence that a father would be excluded from care proceedings as in the case of *Local Authority v M, F and M&M*²⁹. In this case, there were allegations that the father had been

²⁶ Working Together to Safeguard Children 2010 HM Government Department for Education

²⁷ s.42A Family Law Act 1996

²⁸ See Vol 1 Guidance: Children Act 1989 Regulations and Guidance, Volume 1 Court Orders <http://www.justice.gov.uk/guidance/careproceedings.htm>, chapter 3 paras 3.3-4 & 3.29

²⁹ *Local Authority v M, F and M&M* [2009] EWHC 3172

extremely violent against the mother including attempted violence with knives, strangulation, assaults with a screwdriver, boiling water and petrol, false imprisonment, threats to kill the mother and child and kidnap the child. The mother did not leave the father until after his imprisonment for unrelated offences. The father continued to threaten the mother in letters sent from prison, and the father's family had found out where the mother was living, and made additional threats. The local authority issued care proceedings, the purpose of which was to test the mother's ability to remain separate from the father, and effectively to hide from him. The mother applied to the court to keep the father, who had parental responsibility, ignorant of the care proceedings and to discharge him as a party. The local authority opposed the application, on the basis that it needed information from the father and his family.

The court held that the balancing factors were that

- (i) the father should be entitled to participate in the case, and
- (ii) the children and mother should not be put at risk of serious harm by the conduct of the proceedings.

Further, it held that the father in this case, even from prison, represented a real and substantial risk to the children and their mother: thus it would only be by his exclusion from the proceedings that they would be realistically protected. The court did not agree with the local authority's contention that discharging the father as a party and directing that the existence of the proceedings should not be disclosed to him would significantly inhibit the authority in the assessment they were undertaking. This decision is not surprising given the extreme circumstances of the case but the starting premise cited by the court is worth noting to inform practice with allegedly violent fathers.

4.4 Looked after children

When a child is looked after by the local authority, whether under a care order (which confers parental responsibility on the local authority) or in accommodation by agreement with a person with parental responsibility³⁰, there is a duty on the local authority to ascertain and give due consideration to the wishes and feelings of the child's parents (amongst others) in relation to all decisions about the child.³¹ There are additional requirements on the local authority:

- any plan for an accommodated child must be agreed by a person with parental responsibility or if no-one holds parental responsibility, the last person caring for the child or the child him/herself where the young person is 16 or 17³²;
- to make arrangements for a looked after child to live with a parent, other person with parental responsibility or relative or friend unless it is not reasonably practicable or consistent with the child's welfare³³; and
- if a care order is made, the local authority must allow the child contact with their parents, including fathers, unless terminated by the court.³⁴ If there is no care order, the local authority is under a duty to promote contact between a looked after child and the parents, including fathers, and relatives unless this is not consistent with the child's welfare.³⁵

³⁰ Section 20 Children Act 1989

³¹ s.22 (4) & (5) Children Act 1989

³² Regulation 3 Arrangement for Placement of Children Regulations 1991. This provision is reiterated in Regulation 4 Care Planning and Review Regulations 2010 which is due to be implemented in April 2011.

³³ s.23 (6) Children Act 1989. This provision will be further reinforced when S22C Children Act (as amended by s.8 CYPA 2008) is implemented (also expected to be in April 2011). Local authorities will be required to place looked after children with their parents or other person with parental responsibility as first choice of placement and only where that is not practicable or consistent with their welfare, then relatives who are approved as foster carers before considering placements with unrelated carers.

³⁴ s.34 Children Act 1989

³⁵ Sched 2 para 15 Children Act 1989

5. Adoption

Whilst local authority children's services should be working with all fathers of vulnerable children who are subject to statutory involvement in relation to planning and securing their safety and well-being, the position is slightly different when it comes to adoption agency decisions relating to the adoption of a child. The reason for this is that the term parent in the Adoption and Children Act 2002 refers to *parents with parental responsibility only*.³⁶ However, there is duty on the local authority to make enquires about whether or not the child's father or wider family is able to provide a potential home for the child and also to consider contact arrangements with him.³⁷ Again the mother might try to prevent this by withholding his contact details and there is little the court can do to force her to disclose in cases of outright refusal³⁸; but the adoption agency should still work with the mother to help her to understand why it is important for the child's long term well-being that the father is consulted about the proposed adoption and any alternative proposals he or his family may have regarding the child's future care.

However, fathers who have not acquired parental responsibility will not be parties to placement or adoption order proceedings, nor are they required to give consent to their child's adoption nor will they be entitled to have their consent dispensed with.³⁹ Moreover, if the mother gives her consent to placement for adoption under section 19 Adoption and Children Act 2002, the father will be deemed to have consented to adoption by virtue of her consent.⁴⁰ If he later acquires parental responsibility, he will need to apply for the leave of the court to be heard on the question of consent to adoption at the adoption hearing. This will only be granted if he can prove there has been a change of circumstances since the placement order was made or consent was given under section 19.⁴¹

6. Conclusion

This brief summary of the law relating to fathers indicates that according to the legal framework, when their children are subject to local authority assessment, planning and decision-making processes, fathers should routinely be involved. The same applies to father figures who have had a significant involvement in the child's life. If there are safety concerns which prevent their direct involvement in meetings, they should nevertheless be contacted and supported to contribute to the decision-making processes through indirect means, unless the circumstances are very exceptional and their exclusion is sanctioned by the court.

³⁶ s.52 (6) ACA 2002

³⁷ s.1 (4)(f) ACA & Reg 14(3) Adoption Agency Regulations 2005

³⁸ RE: L (Contacting Father) [2008] 1 FLR 1079

³⁹ ss.21(3) & 47 Adoption and Children Act 2002

⁴⁰ s.52 (9) Adoption and Children Act 2002

⁴¹ s.47 Adoption and Children Act 2002

CHAPTER 4

RESEARCH IN THREE CHILDREN'S SERVICES DEPARTMENTS

EXECUTIVE SUMMARY AND KEY FINDINGS

CLARE ROSKILL

The aim of this research was to examine practice in three Children's Services Departments in order to improve policy for service delivery and professional practice with children and families where there is domestic violence.

There were three parts to the research:

1. An analysis of national and local policies of particular relevance to issues of domestic violence in children's social care;
2. An audit of 70 children in need and child protection cases to independently assess what was happening in individual cases;
3. Ten semi-structured focus groups to collect the views of social workers and their managers, domestically abusive fathers and abused mothers.

Key findings

1. Policies

National Policies

- The statutory guidance, *Working Together to Safeguard Children* (Department for Children, Schools and Families) was updated and republished in March 2010 shortly before the change of government. It addresses domestic violence in Chapter 9, Lessons from Research and in Chapter 11, Safeguarding and Promoting the Welfare of Children who may be Particularly Vulnerable. It will be subject to revision by the current government.
- The new Government has published *Business Plans* for the Home Office and the Department of Education for 2011-2015. Relevant in the Home Office plan is 3.4 which states, "Help the police, voluntary organisations and local communities to reduce violence against women." Two action points in the Department of Education plan are particularly pertinent: 6.2, "Improve arrangements for protecting children from harm", and 6.6, "Increasing support for families experiencing difficulties."
- In the meantime, some of the Home Office policies such as *Together We Can End Violence to Women and Children* (Nov 2009) and the *National Domestic Violence Delivery Plan* and its last progress report covering 2008/9, have been archived and have not been adopted as policies of the present government.
- There is non-statutory guidance available in the publication *Improving Safety, Reducing Harm: children, young people and domestic violence, a practical toolkit for front line workers* (DH 2009), and in the publication, *A Vision for Services for Children and Young People affected by Domestic Violence*, though it is now some years since this was published (Local Government Association 2005).

Local Policies

- The *Child Protection Procedures* of the three local authorities, as with other authorities, give some attention to domestic violence. The London Child Protection Procedures issued in December 2010 has a specific section on domestic violence.

There is room for other authorities to follow this lead and give domestic violence more specific attention in their procedures.

- There are important targets in the three authorities' *Children and Young People Plans*, including reducing the number of children and young people experiencing domestic abuse. There are plans for better inter-agency co-ordination, and some proposals specific to the individual authorities, such as improved guidance and support for young people (LA1); more attention to medium risk cases and additional therapeutic services (LA2); and LA1 and LA3 have specific protocols relating to unborn children, with an LA1 protocol specifically focussed on domestic violence and unborn children.
- The *Children in Need* plans for LA1 and LA2 address a varying range of issues concerning domestic violence.
- The *Parenting Strategies* of LA1 and LA2 did not specifically address domestic violence but the LA3 strategy provided a good example of including this area.
- A number of other relevant published policy documents have been identified in each of the three respective local authorities.

2. The File Audit

Basic information on the children and family

- In 30% of the cases it was unclear from the basic information who held parental responsibility. Recording such information needs to improve.
- Only 19% of the children were recorded as living permanently with both their parents. 57% were recorded as living with their birth mother only.
- Over two thirds of the families had been known to Children's Services/Social Services for over three years and 17% for more than 10 years.
- In all but four cases the birth fathers' name was on the file, but his address was missing in nearly a quarter (23%), and his phone number in more than half (56%). Given the number of crises these families face, the phone numbers of all involved fathers should be on file.

Information on the domestic violence

- 75% of the perpetrators of domestic violence were recorded as the child's birth father; in 4% of cases as the birth mother; and in 3% the birth mother and the birth father jointly.
- Substance misuse and mental health problems were closely associated with the domestic violence (51% drug misuse; 41% alcohol misuse and 40% mental health problems).
- Details of the duration and frequency of the domestic violence was missing in 30% of the files.
- In over half the cases (31%), the domestic violence had started more than five years before the audit. In a quarter (24%), it had started between two and five years before. The duration was not known in 30% of cases.
- In at least 37% of the cases, there had been more than six separate reported incidents of domestic violence. There were only two single incidents in the audit sample. In some cases, the police reported a long list of incidents known to them, up to 15 in one case, at the child protection conference. The frequency was not known in 30% of the cases.
- Of the 70 audited cases, the police had been involved in all but three.
- In 37% of the cases there had been court involvement in relation to the domestic violence and this may be an under-recording as the information on file was not always clear. It was not unusual for the women to drop the charges or refuse to testify. Some perpetrators had very long histories of other violent offences.

- In 41% of the cases the adult victim had been pregnant at least once at the time of being abused.
- At least 20% of the children had directly witnessed the domestic violence and a far greater number would have heard it.
- The most common specific disturbances in the children were aggression, anger and challenging behaviour on the one hand, and insecurity and sleep disorders on the other, but in many instances it was not possible to attribute these directly or only to domestic violence.
- Minimisation and/or denial of the domestic violence, including its effects on the children, were extremely common not only by the perpetrator but also by the adult victim.
- A third of the adult victims were offered specialist one to one or group help (excluding child protection conference decisions which are addressed below), but the availability was uneven between the authorities. LA1 and LA3 made extensive referrals to the Freedom Programme. LA2's family centres offered a range of skilled help and there were also family centres in LA3.
- There was lack of sufficient information about the attitude of the perpetrator to the domestic violence in two thirds of the cases. Only 21% were recorded as explicitly stating that they wished to stop the abuse. 14% were described as "cooperative" and a further 30% as "partially cooperative".
- The availability of specialist perpetrator group programmes was insufficient and uneven across the three authorities.
- 24 out of the 76 (32%) of perpetrators (in some cases there had been more than one perpetrator at different times) left or had to leave the family home permanently.
- The majority of perpetrators continued to have contact with the child with only 12% noted as having definitely lost contact as a result of the domestic violence.
- There were 10 cases where there had been threats of violence to the social worker by a perpetrator, including a threat to kill.
- Offers of resources to help perpetrators were thin with less than one resource offered on average for each case audited. The proportion of resources offered was slightly higher in LA1 than the other two authorities, the most usual referral there being to a Domestic Violence group programme (these figures do not refer to child protection conference decisions which are addressed below).

Fathers' parenting capacity

- There was a lack of assessment and information about the parenting capacity of 61% of the fathers, but 23% of the fathers were regarded as good or fairly good fathers.

Initial assessments

- In 64% of cases where there was a non pre-birth initial assessment, the child was noted as definitely in contact at this stage with the birth father or another significant father figure. In another quarter of cases this information was not known.
- 21 out of a possible 33 fathers in contact with the child were invited to a meeting (64%) and of these 13 attended (62%).

Children in need

- In 81% of relevant cases the child was noted as in contact with the birth or another significant father figure. In another 18% this information was not known.
- 18 out of a possible 27 fathers in contact with the child or awaiting the birth, were invited to a meeting (67%) and 12 of these attended (67%).

Core Assessments

- 48 core assessments were completed in the audit sample of 70 cases and in 68% the father was seen or contacted by phone.

Initial Child Protection Conferences

- There were 55 conferences. In 82% of these cases the child was noted as in contact with the birth father or another significant father figure. 29 out of a possible 45 fathers in contact with the child were invited to attend the conference (64%) and 18 of these attended all or part of the conference (62%).
- Apart from the domestic violence which was a significant factor in all these cases, the most frequent other risk from the father to the child was his drug and/or alcohol misuse.
- In 17 of the 55 conferences specific protective factors were identified in the father or his extended family, such as a good relationship with the child and/or a co-operative attitude to Children's Services.
- In the vast majority of cases a child protection plan was agreed (96%). The categories were emotional harm (41%); neglect (30%), physical harm, (26%) and sexual, (4%).
- The main interventions agreed as appropriate were linked to health (the adult's or child's) including mental health services and enhanced health visiting; assessment and help with parenting including parenting programmes; extra help through the child's school/nursery/children's centre; specific help for the adult victim for the domestic violence including group programmes; specific substance abuse help for the perpetrator.
- Very few parenting assessments were agreed specifically of the child's father. Given the number of children in contact with their father and the fact that many of these fathers were non – resident, there is a considerable need for more in – depth parenting assessments of fathers to be undertaken.

Family Group Conferences

- While eight family group conferences were suggested in the initial child care plan, only two were actually held.

Review Child Protection Conferences

- The most recent Review Child Protection conference was audited. There were 44 Review Child Protection Conferences compared to 55 Initial, and a further child protection plan was agreed in 30 of these (68%).
- The categories were emotional harm (44%); neglect (27%); physical harm (27%); and sexual harm (2%). There were few changes in the categories from those of the initial case conference.
- In comparison to the initial plans, there was little change in the child protection plans in the predominance of health interventions for the adults and children, and in the extra help and monitoring at children's centre/nursery/school. Interventions on substance misuse and mental health dropped from 40% to 33%. Specific help for perpetrators dropped only slightly from the already low base of 22% to 17%.
- There were more significant changes to other aspects of the child protection plans agreed at review rather than initial conference. Contact issues had featured in only 24% of initial plans but this now increased to 50%. Parenting assessment and help, including attendance at programmes changed from featuring in 60% of initial conferences plans to only 17% of review plans. Specific help for adult victims fell from 45% to 20%. One explanation may be that assessments has been carried out which indicated that such services were not suitable, but also these forms of help, where available, may have been thought to have already been addressed by this point.

3. The focus groups

The mothers

- Some of the mothers did not want the father to have anything to do with them or the child, but more of them wanted the father to share some of the parenting responsibilities and to have contact with the child. This was not easy as children could return to them in difficult moods.
- Several of the mothers said the father had been a good dad even if he had abused them.
- Some of the mothers had found Children's Services helpful, but they also had many suggestions as to how they could improve. They wanted social workers who would be straight and honest with them; who would do what they said they would by the time agreed; who would not be judgemental; who would be available at their time of need; who understood domestic violence; who would help them change their lives and move on; who would encourage the fathers to share parenting responsibilities even if they were separated.

The fathers

- The issue the fathers commented on more than any other was that of poor communications from and with Children's Services. They complained that they were not kept informed as to what was happening; they were not consistently invited to meetings about their child; and they were not listened to.
- The fathers involved in the focus groups had some understanding of the impact of their domestic violence on their children. These were fathers who had worked at their problems and were motivated to change.
- They disliked having frequent changes of social worker and some of them did not like having young social workers.
- There were some good experiences of supervised contact, but also experiences of initial contact arrangements taking too long and of their being let down by those (social workers and others) responsible for bringing their child to contact meetings.

The local authority social workers and managers

- A key issue was the minimisation of domestic violence by parents. This made working with the families very difficult.
- Unlike many of the parents - both perpetrators and victims - the social workers regarded the emotional impact of domestic violence on children as very significant though it would vary according to the circumstances of the case.
- They were aware that they could improve their contact with fathers. There were time constraints that make this difficult but also some of the fathers could be extremely challenging to deal with for reasons such as their substance misuse, power issues and their dislike of authority.
- These cases were complex and a naïve model of "bad fathers: good mothers" was not helpful. While there were some cases where the mother and father needed to be urgently separated, they were very aware of the frequency of couples reuniting and of the long-term advantages to many children in having their father around .
- They wanted access to a range of resources appropriate to what would be suitable and safe in any given situation, such as more perpetrator and victim programmes, couple therapy and mediation.
- The most difficult cases that suddenly became very high risk could be those that had been categorised as children in need.
- There were some cases discussed in one focus group where the mother had been a joint or sole perpetrator. There were a few examples that had been encountered by social workers of unprovoked domestic violence by mothers.

- There was considerable frustration in all three authorities with the lack of resources for children affected by domestic violence and of programmes for perpetrators.
- There was more availability of programmes for adult victims - one to one and group - in two of the authorities.
- There was concern about the lack of sufficient resources to undertake more detailed parenting assessments, particularly of fathers. Such assessments were often lacking even if he and the mother wanted him to continue to have contact with the child.
- Alternatives were needed to a “three strikes and you’re in” approach to the P78 referrals from the police, in particular, alternatives for cases that did not meet the Children’s Services threshold for initial assessment.
- An electronic directory of national and local resources in LA2 was valued and would be worth considering elsewhere but would need regular updating.
- Assessments of risk to social workers were carried out but the information was not always given sufficient prominence on the file.
- The social workers made a number of specific suggestions for improving practice including:
 - tightening up on recording of the birth fathers’ contacts;
 - adding a question to assessment forms as to whether the father had been seen;
 - a greater expectation that fathers would be invited to case conferences, with safety measures in place if the mother was also attending;
 - pre-screening of police P78 forms so that lower risk families could be referred to other agencies;
 - expansion of the availability of work with couples through services to adults;
 - more use of family group conferences;
 - enhancing the level of knowledge of social workers about domestic violence, and particularly about risks to and impact on children.

CHAPTER 5

RESEARCH IN THREE CHILDREN'S SERVICES DEPARTMENTS

CLARE ROSKILL

1. Aim of the research

The aim of this research was to examine practice in three Children's Services Departments in order to improve policy for service delivery and professional practice with children and families where there is domestic violence.

2. Methodology

2.1 Agreements with the Children's Services Departments

There was a requirement under the Parenting Fund Grant that the research locations should be from within the 23 local authority Parenting Fund areas. Three authorities agreed to be part of the research. Two of these, LA1 and LA2, had been partners of Family Rights Group for the Fathers Matter 2 research and had for several years made efforts to improve their engagement of fathers. LA3 was a new partner in this work. LA1 is a London borough and LA2 and LA3 are unitary city authorities. Written agreements were drawn up between Family Rights Group and each authority and a liaison worker was identified in each local authority to enable the research to take place.

2.2 The researchers

The research was led by consultant Clare Roskill for LA1 and LA2 and FRG policy adviser Sean Haresnape for LA3. They were assisted with the LA1 case file audits and some of the focus groups by Mary Dow, a social work student at FRG, and with some of the focus groups in LA3 by Rachida Aziz, FRG's Policy Assistant who also helped with the overall focus group analysis.

2.3 The file audit

Each Children's Services Department identified 20 children where domestic violence had been a significant factor in its work. This was increased to 30 cases in LA1 due to the additional assistance of FRG's social work student. The selection included a range of children of different ages, gender, and ethnicity, and a mix of children in need and child protection cases. Given these limitations, it was not deemed feasible for the cases to be selected at random. In LA1 all the domestic violence cases open in the team to which the researcher was attached, were included. In all the authorities some substitution of cases had to be undertaken in order eliminate cases where either the family was too recognisable, or the domestic violence had taken place too many years before and then ceased, or the domestic violence had been extremely peripheral compared to other problems in the family.

The proportion of cases that were child protection or children in need varied in each location because the emphasis in case selection was on the above factors and, in the case of LA1, because the team in which the researcher was placed was predominantly working in child protection. Table 1 gives the status of the cases for each of the three authorities.

Table 1

Type of cases in sample	LA1	LA2	LA3	Total
Child protection	18	8	11	37 (53%)
Both children in need and child protection	9	3	6	18 (26%)
Children in need	3	9	3	15 (21%)
Total	30	20	20	70

Given these were domestic violence situations, it is not surprising that 55 children (79%) fell within the child protection remit at some point. Some of the cases that started as children in need then became child protection. Rather more were child protection cases at the outset and subsequently became children in need having been reviewed at a child protection conference as no longer in danger of significant harm. 33 children (47%) were children in need at some point.

A pro-forma was designed by the main researcher, tried out in the first authority and adjusted, and completed for each child in the research.

In contrast to three years previously when the research was undertaken for Fathers Matter 2, electronic filing is now well embedded in all the authorities. The auditing was carried out direct from the electronic files onto the hard copy forms. The data was later entered on Excel sheets at Family Rights Group and this formed the basis for the tables in this report.

2.4 The focus groups

2.4.1 Approach

A schedule of six open questions was drawn up for each of the three types of focus groups.

The fathers who participated in the LA1 and LA2 focus groups were part of perpetrator programmes. In order to maximise turnout, the fathers' focus groups in these two authorities were held late in the evening following a session of their respective perpetrators' programmes. Given the late hour and consequent time limitations, the researcher had to focus immediately on the key questions. The group in LA3 was convened specifically for the purpose of this research and comprised of fathers engaged in a group for abusive fathers.

There were two mothers' focus groups, in LA1 and LA3, and these were held during the day with more time for ice breakers, introductions, and refreshments.

All those who attended the mothers' and fathers' groups gave written permission for their participation, agreed to keep to ground rules for the focus group, and received an honorarium at the end for their attendance. The focus groups were recorded and a typed transcript was produced and checked for each one. The transcripts were then analysed by themes.

2.4.2 The mothers' focus groups

The mothers' group in LA1 was organised through a voluntary organisation that offered individual and group work to significant numbers of women who had been abused in the borough. It comprised eight mothers. Some mothers said they were willing to be identified, but in case this could put others at risk, they have been given different first names in this report as is our usual practice. In LA3 a focus group of six mothers was held through the auspices of a housing association offering specialist services for women experiencing domestic violence. It proved impossible to arrange a focus group for mothers in LA2 because there was no group in the city at the time with sufficient women known to Children's Services.

2.4.3 The fathers' focus groups

There were considerable difficulties organising focus groups with fathers and even to find sufficient fathers willing to be interviewed individually, which was suggested at one point as an alternative. LA1 had ceased to have a contract with a specialist voluntary agency offering perpetrators' programmes though it still spot purchased some places. Eventually a focus group was organised with five fathers known to other Children's Services, who were all attending a perpetrators' programme run by this same agency but in another London local authority, referred to here as L1.

In LA2 another voluntary organisation was running a programme for fathers who were perpetrators, but at the time of our request it included very few, if any, fathers who had had contact with Children's Services. Again we found a solution with the help of that voluntary agency. The researcher met a group of five fathers on the same programme for perpetrators, but in a different, nearby local authority, referred to here as L2. These were all fathers who had been in contact with their local Children's Services.

The comments therefore made by the fathers in what are referred to as the L1 and L2 groups, were not about the Children's Services Departments LA1 and LA2 that are the subject of the rest of this research, but about other nearby local authorities.

In LA3 the researcher held a meeting with three perpetrators, two fathers and one father-to-be. Two of these men were father and son. The latter was expecting a child the following month and had been referred for help concerning his violent behaviour to his partner. He also contributed his experience from his childhood.

In total therefore, 13 men who admitted to being perpetrators of domestic violence were interviewed in three focus groups.

2.4.4 The professionals' focus groups

Five focus groups were held with local authority professionals, two each in LA1 and LA2 and one in LA3. Where two groups were held, the original plan had been that one would be for managers and more senior staff, and the other for front line workers. In practice, some managers were only free at the time of the social workers' group and vice versa. It is therefore not possible to identify the separate views of social workers from those of more senior staff. In addition, in LA3 one mixed professionals' group was held. In LA1 the professionals' groups together comprised 19 workers, namely, six social workers, two students, two senior social workers, four team managers, four practice managers and one child protection co-ordinator. In LA2 there were 20 professionals in the two groups comprising a principal officer, an independent reviewing officer manager, two service managers, two family centre managers, four senior practitioners, a residential manager, six social workers from a variety of settings including family centres, two social work

assistants and a student. In LA3 there were six professionals, of whom three were long term caseworkers, and the others, a manager, a hospital based worker and a social worker working with looked after children.

For the purposes of being succinct in this report, the professionals who attended these groups will be referred to as “social workers” even though, as can be seen above, they held a very wide variety of posts within their Children’s Department and included a few students.

2.4 Discussions for background

A small number of additional individual discussions were carried out by the main researcher with some key staff in LA1 and LA2. The purpose was to gain a more detailed understanding about Children’s Services practices, procedures and problems in relation to domestic violence and about work with other agencies.

The discussions in LA1 were with a manager of a child protection team, a practice manager and a senior practitioner of an intake team. Those in LA2 were organised as phone appointments and were held with, a senior practitioner with a substantial background in domestic violence in another agency, a child protection adviser, and an independent reviewing officer who was the Children’s Services representative on the multi-agency Domestic Violence Forum.

2.5 Terminology

The term “fathers” in the report most often refers to birth fathers, but there will be instances where another significant father figure, usually the mother’s current partner, is included in this description.

3. Review of policies

Part of the research included reviewing the current situation in terms of national policy and guidance in relation to domestic violence and also reviewing the local policies and procedures of the three local authorities that were of most relevance to this topic.

3.1 National policy and guidance

- At the time of writing, the change in government in May 2010 has meant that the new government has yet to produce its own policy on domestic violence. Home Office strategy documents such as *Together We Can End Violence against Women and Children*, November 2009, and the *National Domestic Violence Delivery Plan, Progress Report 2008/9*, have been archived.
- The *Home Office Business Plan 2011-2015*, November 2010, under its third area, “Create a more Integrated Criminal Justice System” to help the police and other public services work together more effectively, includes as 3.4, “Help the police, voluntary organisations and local communities to reduce violence against women”.
- The *Department of Education Business Plan 2011-2015*, November 2010, has as its sixth key area, “Improve support for children, young people and families focussing on the most disadvantaged.” Below this are two relevant actions:
 - 6.2. Improve arrangements for protecting children from harm, and
 - 6.6 Increasing support for families experiencing difficulties.The department states that it will implement new approaches to turning around the lives of chaotic and dysfunctional families, and will be putting funding for relationship support on a more stable central government footing. These business plans are expressed at a high level and specific policy on domestic abuse has yet to be produced.

- In terms of national policy on domestic violence and Children's Services, the most recent version of *Working Together to Safeguard Children*, published by the Department of Children, Schools and Families, March 2010, is a key document. It addresses domestic violence in Chapter 9, Lessons from Research, and in Chapter 11, Safeguarding and Promoting the Welfare of Children who may be Particularly Vulnerable. It will be subject to revision by this government.
- *The Government's Response to Lord Laming: one year on*, DCSF, March 2010, has some references to domestic violence but the extent to which its findings will be taken forward by this government is not clear.
- The publication, *Improving Safety, Reducing Harm: children, young people and domestic violence, a practical toolkit for front line workers*, published by the Department of Health, 2009, provides guidance that is also useful to Children's Services workers.
- A local government publication, *A Vision for Services for Children and Young People affected by Domestic Violence* written by the LGA, ADSS, Women's Aid and Cafcass, provides guidance to local commissioners of children's service. Local Government Association, 2005.
- There are brief references to domestic violence in the *Managers and Practitioners Guides to the Common Assessment Framework*, Children's Workforce Development Council, 2007.

3.2 Local authority policy and guidance

The following policy and guidance was found to be particularly relevant to domestic violence.

LA1.

- *The London Child Protection Procedures*, 4th edition Dec 2010, has a specific section on domestic violence which is a summary of Safeguarding Children Abused Through Domestic Violence, (London Safeguarding Children Board March 2008). It recommends that professionals in all agencies should use the CAADA (Coordinated Action Against Domestic Abuse) Risk Identification Checklist and Quick Start Guidance for Domestic Violence, Stalking and Honour-Based Violence and also the domestic violence risk identification matrix.
- The local *Children in Need of Safeguarding Policy* includes a number of priorities on domestic violence:
 - The Area Child Protection Committee (ACPC) is to prioritise work on this area
 - The Domestic Violence Forum is to lead an inter-agency strategy of prevention and support to increase publicity and information to enable victims to speak out; to increase awareness of the effects on children; and to improve coordination between the voluntary and statutory sectors
 - Domestic Violence packs are to be piloted in schools through the Community Safety Unit.
- *The Children and Young People Plan 2010-13* includes a priority target to reduce the numbers of children and families experiencing domestic abuse. To this end services will be commissioned to ensure a more integrated continuum of support for these families; the co-ordination of support to these families will be improved; and information guidance and support services for young people will encourage positive relationships. One of the outcomes is to be a lowering of the rate of repeat victimisation.
- *The Joint Service Protocol to meet the needs of children and unborn children whose parents or carers who may be affected by domestic violence*, January 2007, Safeguarding Children Board. This useful protocol, though needing updating, meets

- the requirements of Every Child Matters and the Children Act 2004, that all services should work together more closely. It also includes an appendix with local contacts.
- The *Safer Partnership 4 year Rolling Action Plan, 2008-12, refreshed 2010/11*. The publication is issued by the Safer Partnership Board which brings together voluntary and statutory agencies to reduce a range of crime, including domestic violence. The report emphasises that 83% of local high risk DV perpetrators have committed the violence while under the influence of alcohol. As a response, a new alcohol strategy is being written.
 - No specific references to domestic violence were found in the *Parenting Support Strategy 2007-10*, and it is hoped the next edition will rectify this.

LA2.

- *Local Safeguarding Children Board Procedures* shared with some other authorities, 2007. These are due for reissuing. There are various references to both domestic violence and domestic abuse including a useful appendix 4D on additional procedures for domestic violence including police notification and the Multi-Agency Risk Assessment Conference (MARAC). There is also useful information on local resources.
- *Managing Individual Cases. Children in Need and in Need of Protection. July 2010*. This very substantial document has a number of references to domestic violence including:
 - Level of response (medium) when child's development is affected
 - Joint investigations with police
 - Referrals for level 3 (specialist services) and level 4 services (to meet more complex needs)
 - Possible exclusions of perpetrator from case conference on one or more of ten possible grounds
 - Possible exclusion of someone from a family group conference for reasons of the child's best interests or because it would be contrary to the purpose of the meeting. The guidance stresses that exclusion should be rare and only after other strategies have been tried
 - Couple therapy at family centres.
- *The Children and Young People Plan 2009-12* has a priority target to keep more children and young people safe from abuse, domestic violence, bullying and harassment. To this end, 90% of initial assessments are to be completed within required timescales; all Children In Need are to have a plan with a review date; the domestic violence Multi-Agency Risk Assessment Conference (MARAC) is to be developed with risk-based assessment and earlier intervention with those who present a medium risk; further therapeutic resources are to be identified; assistance is to be given to those offering safe accommodation to women and children.
- *Domestic Violence Strategy 2007-10* from the Domestic Violence Forum. This is the second such strategy and has had four priorities: advocacy and outreach to high risk victims; helping children and young people build skills for healthy future relationships; increasing public awareness of domestic violence; diversity issues.
- *Safe City Partnership Plan 2010/11*. Improving the response to domestic violence is one of three top priorities. There will be a focus on the impact of domestic violence on children and young people and an improved joined – up approach to repeat offending. There will be also be a focus on medium risk and specific services for children and young people.
- *Safeguarding our Children: Domestic Violence and Abuse Protocols and Guidance*, updated June 2010. This document is shared with three other neighbouring authorities. It includes procedures for referral to Children's Services, and has sections on Health, Probation, Housing and Cafcass.

- No specific references were found in the *Parenting Support Strategy, 2005-2010*, published by the Children and Young People Strategic Partnership, and it is hoped the next edition will rectify this.
- Also accessible electronically to the social workers is the *Police Authority Good Practice Guidelines on Domestic Violence, 2006*, which cover working with non-abusing parents; safety assessment and planning; guidelines for supporting children; working with the perpetrators; effects on parenting; staffing issues and resources.

While a resource rather than policy, the following was outstanding and thus is included as an example of a resource that could be copied elsewhere.

- *Directory of Domestic Violence Resources*. This high quality, electronically available reference book was referred to very positively in the focus groups. It describes and lists both local and national resources under particular headings such as Counselling, Support and Advice Services; Services for Black and Minority Ethnic People; and Children, Families and Young People's Services. It was funded by Neighbourhood Management and Sure Start. It was compiled on behalf of the Domestic Violence Forum and the Inclusion Team.

LA3.

- *Local Safeguarding Children's Board Strategic Plan 2008-2011*, sets a target "To raise awareness in (the city) of the impact of domestic abuse and work to reduce its incidence and protect children at risk of harm from its effects." It will measure success by a reduction in the number of children with a child protection plan as a result of domestic abuse.
- *Children's and Young People's Plan, Reviewed and Refreshed 2009*. Priority 2.1 is "Reduce the impact of domestic abuse on children and young people and improve the equity of responses to cases where emotional abuse and neglect are suspected." Policy decisions to address the issue include: the development of a domestic abuse strategy group; further development of multi-agency working and multi-agency practices such as through the Multi-Agency Risk Assessment Conference (MARAC); monitoring of social care practice and social work caseloads; and the development of a voluntary perpetrator programme.
- *The Safeguarding and Child Protection Procedures*, shared with a number of other authorities, October 2010, and contains some references to domestic violence, for example in relation to forced marriage and in relation to substance abuse, but it does not have a specific section on domestic violence.
- *Safeguarding Procedures: unborn baby protocol* sets out criteria for raising concerns about the welfare of the unborn child. These include where the behaviour of the father presents a risk in circumstances such as domestic violence.
- *Parenting Strategy 2008-2011*. The strategy recognises that more support is needed for parents experiencing domestic violence and that domestic violence aggravates the situation of families on low income. Tier 3 targeted services include voluntary and community organisations addressing parenting needs in situations of domestic violence. The strategy emphasises the need to link its "core parenting support offer" with services to adults in situations of domestic violence.
- The city-wide *Safeguarding Children Board Strategic Plan 2008-2011* includes: "To raise awareness in (name of city) of the impact of domestic abuse and work to reduce its incidence and protect children at risk from harm from its effects."
- The city-wide *Domestic Violence/Abuse Strategy 2008-2011*. This was developed by the Safer Partnership and the Domestic Violence Forum. Priorities are: to raise awareness; to change the culture of tolerance; to develop and evaluate flexible and effective services; to prevent and reduce harm, with reducing repeat offending a further priority; to bring more offenders to justice.

4. Detailed findings from the case file audit

(Note that percentages in these tables have been rounded up and down to the nearest whole number and therefore the total may not always add up to exactly 100%.)

4.1 Basic information on the child

4.1.1 Age

The research aimed to include children of a range of ages, but recognised that there was likely to be a preponderance of younger children in Children's Services cases where there was domestic abuse. 60% of the children in this sample were five and under.

Table 2: Age of child on July 31st 2010

Age	LA1	LA2	LA3	Total
Under 1	0	2	6	8 (11%)
Under 2	4	1	3	8 (11%)
2-5 years	13	9	4	26 (37%)
6-10 years	9	5	4	18 (26%)
11-14 years	2	1	3	6 (9%)
15-17 years	2	2	0	4 (6%)
Total	30	20	20	70

4.1.2 Gender

There was an equal balance of gender in the sample with 35 male and 35 female children. These were evenly spread through the three authorities with the small exception of one extra male in LA 3 and one extra female in LA2.

4.1.3 Ethnicity

The children's ethnicity as described on the files can be categorised as follows:

Table 3

Ethnicity	White British	Mixed Race	Asian/ Asian-British	Black/ Black-British	White non British	Unclear	Total
LA1	9	4	0	15	2		30
LA2	16	2	0	0	0	2	20
LA3	10	2	2	4	2		20
Total	35 (50%)	8 (11%)	2 (3%)	19 (27%)	4 (6%)	2 (3%)	70 (100%)

It will be seen even from this small sample that the three authorities had very different ethnic populations coming to the attention of Children's Services, with LA2 being predominantly white and LA1, the London authority, having a considerable number of Black/Black-British residents. LA3 has quite a mixed population.

The broad grouping above included children with very diverse ethnic backgrounds such as Polish/Afghan, White British/ Italian, Czech/Asian, Kurdish/Iraqi, and Russian/British/Creole, according to the more detailed descriptions on the files.

4.1.4 Parental responsibility

Table 4

PR	LA1	LA2	LA3	Total
Both Parents	10	4	3	17 (24%)
Mother only	18	8	5	31 (44%)
Not relevant as pre birth			1	1 (1%)
Unclear	2	8	11	21 (30%)
Total	30	20	20	70

Of note is that the information is too often not recorded, or not where it should be on the file. There may be assumptions by the social workers that parental responsibility is with the mothers living on their own without this being formally recorded. Such instances in the sample have been classified as “unclear”. This is an area where recording needs to improve.

Birth fathers should be sought out and included in most circumstances whether or not they have parental responsibility, but it is especially significant if they share parental responsibility but are still disregarded by social workers.

4.1.5 Parents or other adults in child’s household

Table 5

Parents/other adults in household	LA1	LA2	LA3	Total
Both parents	5	3	5	13 (19%)
Birth mother only	18	11	11	40 (57%)
Birth mother plus other(s)	5	2	2	9 (13%)
Birth father only		1		1 (1%)
Birth father plus other(s)	1			1 (1%)
Other relatives without a parent	1	1	2	4 (6%)
LA accommodation		1		1 (1%)
Other	1 (hospital)			1 (1%)
Total	31	19	20	70

Only 19% of these children were living with both parents. Interestingly this percentage is the same as that found in the Fathers Matter 2.

The table above cannot reflect the instability of those households where one or other parent or another partner was moving in and out. It is surprising that there were only nine households recorded where the mother was living with one or more “others”, and this included new partners, stepfathers and relatives of the mother.

There were a few households which included adult members of the extended family, and which may have provided additional parental or grandparental figures for the child. These included households with a single extra adult such as an uncle, an aunt, a maternal grandmother or a maternal grandfather. There were other, larger, extended adult family households, such as one family – one of two where the father was the main carer – which included the child’s paternal grandfather, paternal great grandmother and the father’s half sister.

4.1.6 Length of time the family or its members had been known to Social Services and/or Children’s Services

The vast majority of these families had been known to Children’s Services/Social Services for three years or more, namely 83% in LA1, 55% in LA2 and 70% in LA3. These figures could also be underestimates especially in relation to LA2, because the transfer to electronic filing did not always make it easy to verify with absolute certainty the first date when they were known. At least 12 families had been known for more than 10 years, and there were mothers and fathers who had themselves been in the care of the local authority. There were only two cases out of the 70 where the family was only known in 2010, shortly before the majority of the audit took place in the first half of 2010.

4.1.7 Contacts details on file for the birth and/or significant father figure

The files were audited for the contacts details of these fathers. In 94% of the files (i.e. all except four cases: one in LA1 and three in LA3) the names of the birth father were on the files.

Table 6

	LA1	LA2	LA3	Total
Name of birth father on file?	LA1	LA2	LA3	Total
Yes	29 (97%)	20 (100%)	17 (85%)	66 (94%)
No	1 (3%)		3 (15%)	4 (6%)
Total	30	20	20	70

The figures above are an improvement on the figures for Fathers Matter 2 where the figure was 81%. In one case however, only the first name of the father had been recorded, and there were two cases where the father was “putative” and at the time of the audit these fathers were verifying their paternity through DNA tests. The figures have included these two as birth fathers. There were also a few cases where further information on file indicated that the mother did not know for sure who was the child’s father as she had had several parallel sexual relationships.

In the LA1 case of no information, the father had stated he wanted no involvement. There are however still reasons for recording the child’s father’s details. The child should have a right to know his/her paternity at least as an adult. An example of why this can be very important was given in an LA2 focus group where one of the social workers said, *“One of the things we could do for the next generation is have the information there - who is the father, where does he live, what’s happened to him? We’ve got a young man who hasn’t seen his father since he was two because he was violent. His father is now dead and we know absolutely nothing about him. We don’t even know when he died. We’ve got nothing on file.”*

Table 7

Address of birth father on file?	LA1	LA2	LA3	Total
Yes	20 (67%)	15 (75%)	19 (95%)	54 (77%)
No	10 (33%)	5 (25%)	1 (5%)	16 (23%)
Total	30	20	20	70

Table 8

Phone contact of birth father on file?	LA1	LA2	LA3	Total
Yes	13 (43%)	7 (35%)	11 (55%)	31 (44%)
No	17 (57%)	13 (65%)	9 (45%)	39 (56%)
Total	30	20	20	70

It can be seen from these tables that contact information is less carefully noted than names. In more than half the cases there was no phone number for the birth father. Occasionally there were clear explanations such as a father being in prison. Where the father was living with the mother, her phone number may have been regarded as sufficient. Given the number of crises these families experience, and the possibility that some of these fathers might “disappear”, there are very good reasons to have all available phone numbers noted. It was also clear from reading some case notes that sometimes the phone number of the father was known to the social worker, but it was not on the electronic record and would not have been available to another worker in an emergency.

There were 19 other significant father figures noted on the files, mostly the mother’s current partner who was in some cases the father of other, younger, children. Of these, the addresses were noted of 14 and the phone contacts for six. While some of these men were living with the mother, others had their own accommodation.

Overall there needs to be much more attention paid to collecting addresses and telephone numbers of both birth and other father figures; to keeping this information up to date and in the correct place on the file; and to ensuring it is available to other workers.

4.1.8 Other significant information about the family situations

LA1 and LA3 were authorities with significant black and ethnic minority populations, namely 38% and 8.2% (2001 census information and now almost certainly higher) but unevenly spread. Given this population, it was not surprising to find there were 11 cases audited from these local authorities where there were immigration status issues in relation to one or more family members. These involved seven mothers, two fathers and both parents in two other cases. The LA1 cases also included five where the mother had no recourse to public funds and thus it was very difficult to fund resources to help these families with domestic violence and other problems. This is extremely concerning given the child and adult victim are already very vulnerable. Such cases are considered in this authority at a Nil Recourse Panel which looks at immigration issues and advises social workers of the legal position.

4.2 Information about the domestic violence

4.2.1 Relationship of the perpetrator to the child

Table 9

Relationship of perpetrator to child	LA1	LA2	LA3	Total
Birth father	23	15	19	57 (75%)
Birth mother's partner	6	5	1	12 (16%)
Birth mother	1	2		3 (4%)
Birth mother and birth father	2	1		3 (4%)
Unclear		1		1 (1%)
Total	32	24	20	76 different perpetrators

The cases involving a birth mother on her own include one where the domestic violence was a mother hitting her own mother and another where the mother had complex mental health problems. Those involving both parents include one where it is not clear from the more detailed notes whether the mother really was a perpetrator. In another there was one sole incident involving both parents. Their parenting was later assessed as appropriate but they nevertheless separated.

It will be seen from the table above that overwhelmingly the perpetrator of domestic violence was recorded as the subject child's birth father, totalling 75% of the perpetrators. It is possible that some of these were wrongly noted on the file as birth fathers and were in fact the mother's partner rather than the child's father. There was also a small number of cases where there was more than one perpetrator such as two successive partners of the mother. These were each counted as a separate perpetrator.

Case example: birth father perpetrator with mental health problems

The father comes from a Muslim North African family and is married to a mixed - race mother. There are boys of ten and two. The father has a 20 year history of mental health problems including violent offences some of which relate to mental health relapses. He has been diagnosed as having paranoid schizophrenia. The situation deteriorates when he does not take his medicine regularly and he was sectioned in 2009. His hostility and anger are directed to his wife rather than the children. Both parents minimize the effects on the children of the domestic violence. His drinking and use of cannabis add to his problems. He has been on a community treatment order and receives regular injections for his schizophrenia as a condition of his order. At the time of the audit the father was back with the family. The children receive good care and have warm relations with both parents but they are the subjects of a child protection plan under the category of emotional abuse. The father does not, however, always acknowledge his need for mental health services though he is currently co-operative with the help offered. The older child receives help through School Action Plus and speech and language therapy. The health visitor monitors the younger child. It is thought that the mother and boys could be at risk again in the future.

4.2.2 Particular factors affecting parenting capacity

Table 10

The frequency of factors affecting parenting capacity of one or both parents	LA1	LA2	LA3	Total number and % of families affected
Drug misuse	16 (53%)	10 (50%)	11 (55%)	36 (51%)
Alcohol misuse	6 (20%)	14 (70%)	9 (45%)	29 (41%)
Mental health problems	10 (33%)	8 (40%)	10 (50%)	28 (40%)
Other serious health issues	1 (3%)	1 (5%)	7 (35%)	9 (13%)

Substance misuse, mental and other health problems have consistently been found to be associated with domestic violence. Their association had also been noted in the Fathers Matter 2 research. It was therefore decided to audit the frequency of these factors in this sample. Sometimes only one of the parents was affected but in other instances it was both. The percentages show the proportion of families affected from the total sample of 70. It can be seen above that drug misuse affected at least one parent in over half these families, and alcohol misuse and mental health problems in 40% each. Alcohol misuse was particularly high in LA2 and relatively low in LA1.

4.2.3 Duration of the domestic violence

Table 11

When the DV started	LA1	LA2	LA3	Total
Between 2009 and 2010	1 (3%)	4 (20%)	5 (25%)	10 (14%)
Between 2005 and 2008	11 (37%)	3 (15%)	4 (20%)	17 (24%)
More than 5 years ago	5 (17%)	9 (45%)	8 (40%)	22 (31%)
Unclear	13 (43%)	4 (20%)	3 (15%)	21 (30%)
Total	30	20	20	70

This is an area where recording needs to improve given that the lack of knowledge of the duration of the violence in 30% of the cases. Nevertheless where the information is known, a clear picture is given of the length of time of the domestic violence. In nearly a third of cases the domestic violence had been present for more than five years. In two files there was reference to incidents in the family – most likely involving the grandparents of the children being audited – as long ago as 16 and 24 years respectively.

4.2.4 Frequency of the domestic violence

Table 12

Frequency of the recorded DV	LA1	LA2	LA3	Total
Single incident	1 (3%)	1 (5%)	0	2 (3%)
Less than 6 incidents	6 (20%)	9 (45%)	6 (30%)	21 (30%)
More than 6 incidents	9 (30%)	7 (35%)	11 (55%)	26 (37%)
Not known	14 (46%)	3 (15%)	3 (15%)	21 (30%)
Total	30	20	20	70

The information in Table 12 has been collected from police reports and other information on file. LA1 has commented that the information missing in nearly half its cases may have been provided at a later stage in the cases.

Police reports are very precise on dates, and are particularly clear when there has been reporting of domestic violence incidents at child protection case conferences. Repeat referrals from the police to Children's Services were frequent. In one LA1 case there were as many as 15 separate reports of domestic violence from the police. In addition, a number of men had long records for other violent offences outside the home such as battery and assault. Social workers spoke in the focus groups of their difficulties in responding to the police P78 reports. The usual practice, supported by policy, was to do an initial assessment only after three reports had been received, unless a situation was obviously very serious or there was a baby under one year. The Children's Services threshold for responding to domestic violence tends to be high unless these circumstances apply or the domestic violence is part of a further situation of significant harm to a child.

Case example: the high Children's Services threshold

Anna, aged five, lives with her mother, Jo who has an on-off relationship with a partner who is not Anna's father. Both adults are involved in drug misuse and both have mental health problems. Anna has frequently been in the home when the partner has both physically and verbally assaulted her mother. Jo is unable to put Anna's needs consistently before her own stormy relationship but she is also said to be warm and caring. Anna has been frequently upset by the violence and has been aggressive and difficult to manage, but she is also a resilient child and her development is not obviously affected. There were nine domestic violence notifications from the police to Children's Services over the same number of months, and there have been four MARAC discussions. (Multi-Agency Risk Assessment Conferences convened by the police.) Children's Services carried out three initial assessments all of which led to no further action though the team manager recommended a list of actions, including that Anna's father, whom she saw occasionally, should be contacted. The case was closed again once an initial assessment was done without all these actions being followed through. Each time the case was closed pro-forma letters were sent to the mother, "This matter has been dealt with by the police and currently there is no role for Children's Services.....". The case was reopened for yet another initial assessment following another police referral. It appeared to be drifting over a long period with the child in an unstable and sometimes unsafe situation and few resources being offered to all those involved.

Of the 70 audited cases, the police had been involved in all but three. It was surprising therefore to that Multi Agency Risk Assessment Conferences (MARACs), led by the police for high risk cases, featured infrequently in these cases, though not all may have been identified in the audit. There were only five cases where it was clear that there had been MARAC discussions including the case of Anna above.

Knowledge of the frequency of the domestic violence is an important part of assessing the level of need and risk in the child and carer's situation and here again there was room for improvement.

4.2.5 Court involvement

There were 26 cases (14 in LA1 and 6 each in LA2 and LA3) where there had been criminal charges resulting in court appearances in relation to domestic violence - 37% of

the sample. In five cases the charges had been withdrawn or dismissed. In domestic violence cases it is not unusual for the women to decide to drop the charges or to refuse to testify. The exact details are not always on the file but where these are noted they included rape, forced entry, arson, assault, and battery. The orders made included non-molestation orders, supervision orders, injunctions, community orders, suspended sentences and at least three custodial sentences.

There were also some examples on the files where it was not clear from the records whether a criminal charge was in relation to domestic violence or not. If there was doubt, it was not included, and therefore the 37% may be an under - representation.

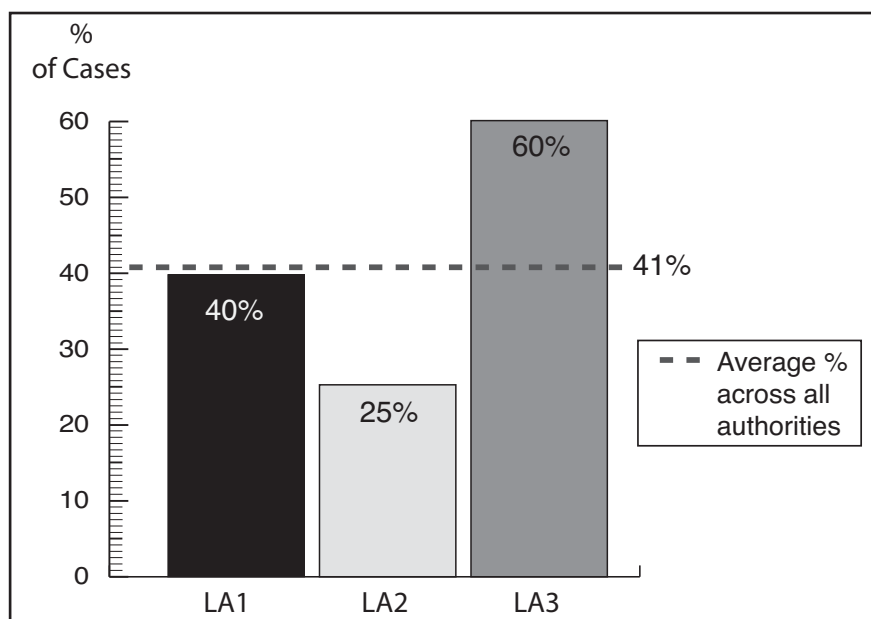
Some of the men had very long histories of other violent offences and periods in prison for these. There were 29 cases, 41%, where there had been court appearances in relation to other charges. One perpetrator, who was acquitted of the rape of his partner, had received 27 convictions for 131 offences including violence, possession of weapons, robbery and assault. Another had threatened to kill both the victim of his domestic violence and the police.

There was by no means always a clear record of the outcome of the court cases both in relation to domestic violence and other matters.

4.2.6 Victim pregnant at the time of domestic violence

Graph 13

Victim pregnant at time of DV



LA1. 12 cases where victim was pregnant at time of abuse, 5 cases in LA2. and 12 cases in LA3.

The graph shows that in 41% of the subject child's families, the adult victim had been pregnant at least once when subject to domestic violence. In LA3 this was as high as 60%. This may have reflected the case sample selected in LA3. In general, where there was domestic violence during pregnancy, it was part of a pattern of such violence that existed beyond the pregnancy. In the sample there were also several examples of women who had been victims during more than one pregnancy. The very high association of domestic violence with pregnancy is of great concern for the health and well being of both the mother and the unborn child.

4.2.7 Effects on the child of the domestic violence

The research attempted to collect information as to what was known about the effect of the domestic violence on the child.

There were at least 14 children who had directly witnessed domestic violence of various kinds. A far greater number were likely to have heard it. Nevertheless it is important to emphasise that it was unusual for a social worker assessment to be able to make a definite link, in terms of cause and effect, between domestic violence and a problem from which a child was suffering. Often there were a number of other difficulties in the home circumstances which may also have had effects on the children.

From the audit information it was difficult to quantify the findings, but it can be said that the most common specific disturbances in these children - whether from domestic violence or other factors - were aggression, anger and challenging behaviour on the one hand, and insecurity, sleep disorders, nightmares and other symptoms of anxiety on the other hand.

The case below illustrates the difficulties in achieving change in a family despite considerable resources being offered, and the consequent generational repetition of violence by the children. Unusually, here the cause and effect do seem to be clear.

Case example: children repeating a long-term pattern of violence

Barry aged 15, and his brother Tom aged 10, come from a family with a very long history of domestic violence. The boys' father served a prison sentence following an incident which both boys witnessed when their father stabbed their mother in a pub. At the initial child protection conference it was said that "The family history of domestic violence extends back to the grandparents to the point where violence is considered a normal response between adults. The parents have had difficulty understanding fully the extent to which domestic violence can impact on the emotional development of their children."

A huge amount of support had been offered over the years such as a domestic violence programme for the father; a parenting programme for the mother; help from a behaviour therapist with boundary setting; counselling for the mother and Barry; mental health services for the mother; help through Barry's college; Youth Inclusion and Support Panel to help with Barry's antisocial behaviour; and help for Tom with his sleeping problems. Repeatedly the family had not wanted to use the services offered.

Both boys now behave violently towards their mother and Barry also towards Tom. The father lives in another city but maintains regular contact with his sons by phone and in person.

Issues of emotional abuse, neglect, physical harm and sexual abuse will be addressed in sections 4.6 and 4.7 on children subject to child protection plans.

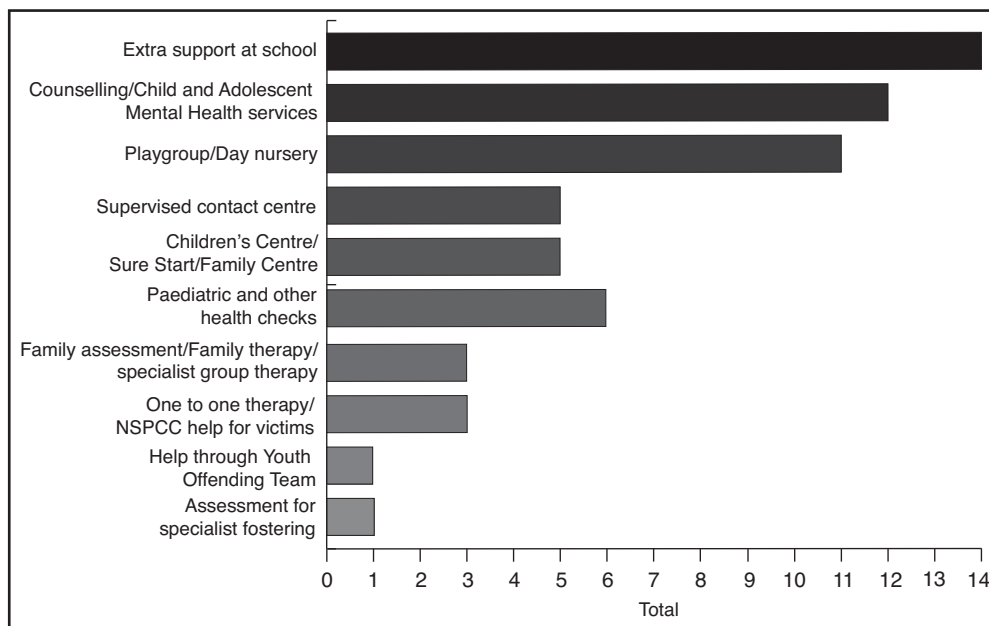
There were comments in the files on positive characteristics in children despite the domestic abuse and other family difficulties. Some of the children were resilient and could still be happy at school, well-balanced and described as developing well. These may be children who were securely attached to one or both parents as very small children.

4.2.8 Resources offered to support the child

A range of resources were noted on the files which were to be offered to support these children. These were resources that were recommended outside child protection and children in need plans.

Table 14

Extra resources offered to support the child



Total number of interventions suggested 61

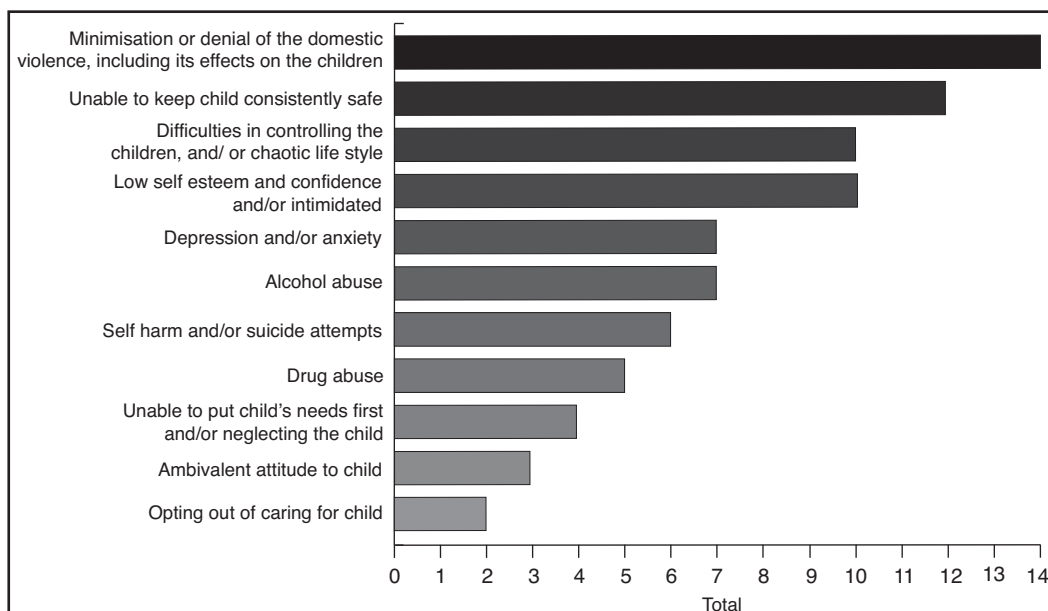
As would be expected, there were local differences in the resources available for children that are not evident from the table. For example, LA2 was able to offer help for child victims of domestic violence through the NSPCC, while LA1 was able to access a counselling scheme based in schools. In addition to the above support, there were many families with young children where the health visitor was visiting to give support in the knowledge of the domestic violence.

4.2.9 Effects on the adult victims of the domestic violence

As with the children, it was impossible to be specific about cause and effect, but the following negative characteristics may have been associated with the violence suffered by the adult victim, and the first clearly was linked.

Table 15

Negative characteristics of adult victim



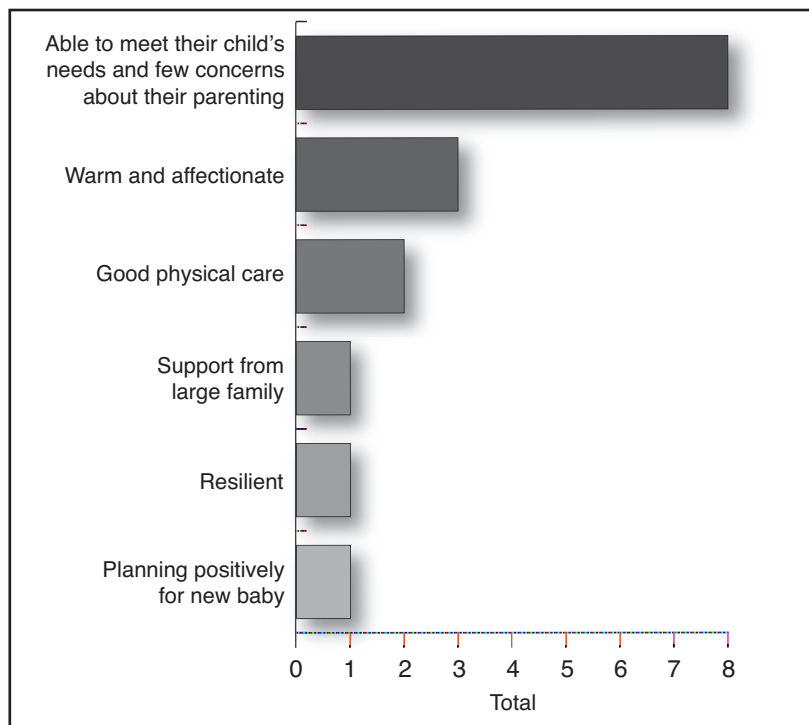
AUDIT

This information was collected from reports on the file and assessments where there were comments on the adult victim. It did not include the child protection reports which were elsewhere in the files. It is likely to be an underestimation of the prevalence of these factors.

There were also positive characteristics noted about some adult victims although this information was even thinner.

Table 16

Positive characteristics of adult victim



4.2.10 Resources offered to support the adult victim

It is likely that the following list is an under-reporting of the resources offered to the adult victims of domestic violence. It summarises the information found on the files other than that in the child protection plans which is analysed in sections 4.6 and 4.7. It does nevertheless provide useful information. One single voluntary organisation for women offering one to one help and a Freedom Programme was extensively used by LA1. In LA3 most services for victims were offered through the Freedom Programme or through the services of a housing association. This programme did not appear to be on offer in LA2. (The Women's Freedom programme is a 12 week rolling programme that women can join at any time. It helps them understand domestic violence, its effects on children and to know about resources to support them.)

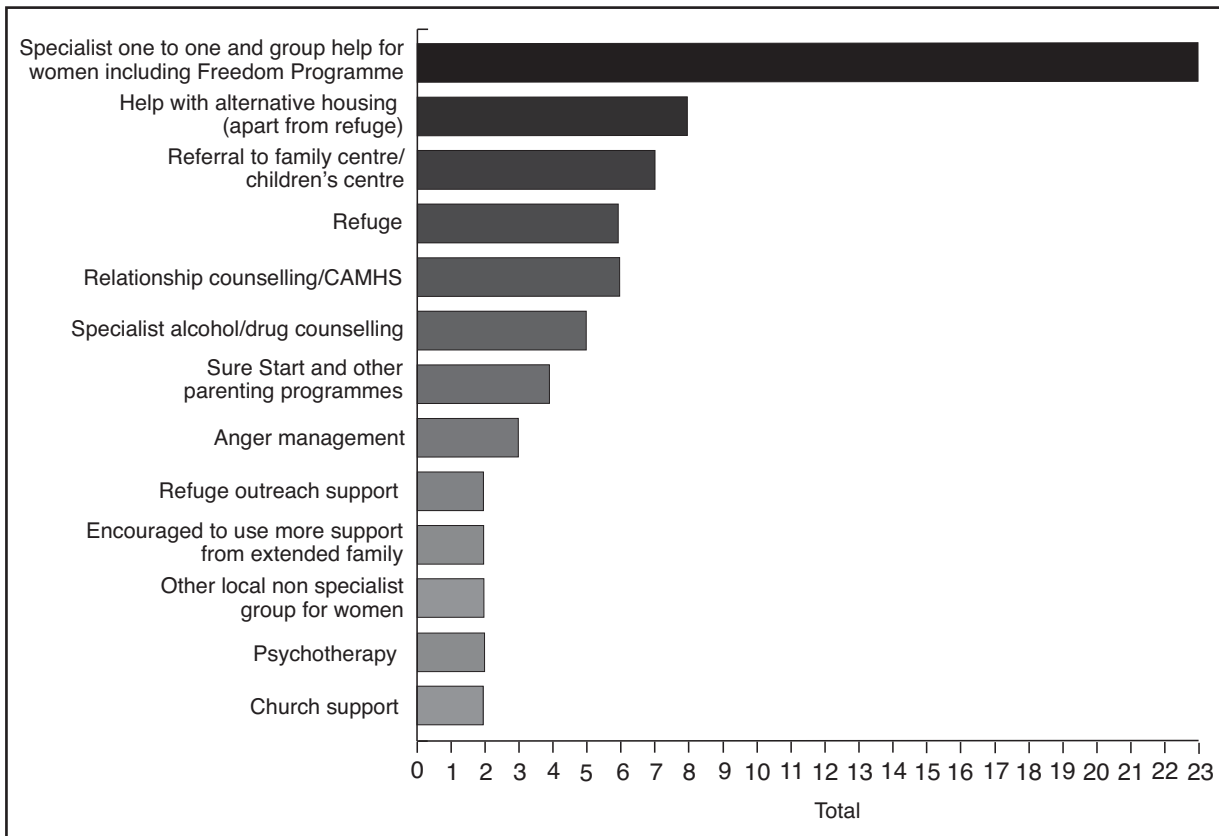
In LA2 the city's family centres offered a range of flexible, skilled help and included couple counselling, one to one help and family therapy. There was no record found of referrals to Women's Aid or Refuge in LA2, despite the existence of these services.

Referral to another agency or resource by Children's Services does not of course mean that the women necessarily choose to use this support. Given the amount of minimisation by both the mothers and the fathers, and the often unrealistic hope that "things would be better in the future", the adult victims would not necessarily have been motivated to engage with the resources. They may have under - estimated the impact of

the violence on themselves and their children, felt overwhelmed by their situation or fearful of further intervention.

Table 17

Resources offered to support the adult victim through Children’s Services referrals



Other single examples of resources suggested were: Home-Start (volunteer befriending in the home); respite through use of a community child minder; residential parenting assessment; referral to an Independent Domestic Violence Adviser and referral to the police for safety advice.

Some of the resources likely to have been offered, such as Victim Support, would not have needed a Children’s Services referral, or may have been activated by the police, and therefore do not necessarily appear in the records.

4.2.11 The perpetrator’s attitude to domestic violence and to co-operation with Children’s Services

For the purposes of discussing the perpetrator, the male gender will be used given that the vast majority were men.

The files were audited for the attitude of the perpetrator to his domestic violence. In only five out of the 70 cases was it found that he had expressed remorse for what he had done. In 17 cases he specifically denied it or minimized it. His attitude was not known in the remaining 48 cases. This suggests a lack of contact and/or sufficient knowledge of these men by Children’s Services, though undoubtedly a number would have been difficult to engage.

Only 15 (21%) are recorded as expressing willingness specifically to work on the domestic violence. With regard to their overall attitude to Children's Services, 10 (14%) were described as co - operative, and another 21 (30%) as "partially co - operative". There was a lack of clear evidence about the engagement of the others.

4.2.12 Evidence of the parenting capacity of the perpetrator

Table 18

Perpetrator's parenting capacity	LA1	LA2	LA3	Total
Good	6 (20%)	3 (15%)		9 (13%)
Fairly good	3 (10%)	1 (5%)	3 (15%)	7 (10%)
Poor	3 (10%)	1 (5%)	3 (15%)	7 (10%)
Dangerous		1 (5%)		1 (1%)
Did not want contact	2 (7%)		1 (5%)	3 (4%)
Parenting capacity not known	16 (53%)	14 (70%)	13 (65%)	43 (61%)
Total	30	20	20	70

It can be calculated from the table above that 16 fathers (23%) were regarded as good or fairly good fathers. There was a lack of detailed assessments of the fathers' parenting capacity found on the files, though in a few cases a more detailed assessment was being undertaken at the time of the audit. One father had undertaken a residential assessment with a positive outcome. In 61% of the fathers their parenting capacity was not known. There is a need for considerably more direct observation and parenting assessment of the fathers. Even if they were not living with their children a great many had contact with them. Their capacity to be a good enough parent is therefore highly relevant.

4.2.13 Consequences of the domestic violence on the life of the perpetrator

This information needs to be treated with considerable caution. For example, it cannot be established with certainty that a perpetrator left the family primarily, or only, because of domestic violence. Misuse of drugs and/or alcohol will also have been associated with such changes in the lives of the perpetrators. The self harm and suicide attempts may also have been part of depression triggered by a number of factors. Nevertheless the table gives some *indication* (no more is claimed) of the consequences to the abuser of his domestic violence.

There was no information on file of any consequences for 18 fathers. There were therefore 62 consequences relating to 52 fathers.

Table 19

Consequences of DV for perpetrator	LA1	LA2	LA3	Total number of consequences
Change to living permanently apart from mother and child	13	7	4	24
Change to living temporarily apart from mother and child	1	4	3	8
Loss of contact with child	7	2		9
In prison or remanded in custody	2	3	2	7
Self harm or suicide attempts	3		1	4
Only allowed supervised contact	1	1	2	4
Less contact with child	1		2	3
Job loss due to attending meetings		1		1
Lost own housing		1		1
Mental health section	1			1
Total number of consequences	29	19	14	62

As stated elsewhere, almost all the perpetrators were known to the police in relation to the domestic violence and some had been known over many years, with the police called out frequently.

While nine of the perpetrators lost contact with their child it is important to consider the implications for the far greater number who retained contact with the child, in terms of the actions needed to ensure the relationship was not harmful to the child.

The consequences in relation to court involvement have already been covered in section 4.2.5.

4.2.14 Resources offered to help the perpetrator with the domestic violence

Table 20

Resources offered to help the perpetrator re the domestic violence	LA1	LA2	LA3	Total number of resources offered
DV perpetrators group programmes	10	3	1	14
Probation/convicted offenders programmes in community	2	3	6	11
Anger management programme	4	2	1	7
Programmes re alcohol and/or drink problems	2	1	1	4
Couple counselling	2		2	4
Mental health services	2		1	3
Other group or individual counselling	1	1		2
Alternative housing		1	1	2
Programme for convicted offenders in prison	1	1		2
Parenting assessment and/or support	2			2
Programme for vulnerable adults	1			1
Family Intervention Project (FIP)			1	1
Total	27 (0.9 per case)	12 (0.6 per case)	14 (0.7 per case)	53 (0.76 per case)

It will be seen from this table that less than one resource was offered for each of the cases audited although some men were offered more than one resource. As there were families where there was more than one perpetrator (e.g. successive partners of the mother) the resources were spread thinly. It is also possible that not all the resources offered through specialist agencies were noted on the file. LA1 had only slightly more resources available when this is calculated for the 30 cases audited and, as was discussed in relation to the problems of setting up the fathers' focus groups, an important contract for perpetrator programmes had recently not been renewed due to Council budget cuts. The social workers in the LA2 focus group were very positive about their electronic resource directory for domestic violence, but the number of resources offered in these cases to help the perpetrators was modest. Availability of resources was a concern but ensuring what was available was used, was also an issue.

4.2.15 Violence to professionals

Warnings were placed on file when it was judged that the perpetrator should only be visited jointly or seen in the office. There were 10 cases where there had been threats of violence to professionals, six in LA1, and two each in LA2 and LA3. In one case the perpetrator had twice threatened to kill the social worker. Reports stated that he was sexist and racist and uncomfortable with a black woman worker. Home visits had to be with a uniformed police officer. The safety issues for social workers were serious and not infrequent.

4.3 Initial assessments

4.3.1 The involvement of the father and his family

There were 51 audited cases where details of an initial assessment were found (fifteen in LA1; twenty in LA2; and sixteen in LA3). Others will have side stepped initial assessment to receive a core assessment straight away.

The initial assessments were audited for whether the child was in contact with their birth father or another significant father figure; if so, whether he was invited to any meetings; if so whether he attended; whether there was contact between the child and any members of the paternal kinship network; if so whether they had been invited to any meetings; and whether any use had been made of Family Group Conferences. The following information was obtained.

Table 21

Child in contact with birth or other sig father figure?	LA1	LA2	LA3	Total
Yes	13	17	3	33 (64%)
Unclear		2	11	13 (25%)
Not relevant as pre-birth assessment	2	1	2	5 (10%)
Total initial assessments	15	20	16	51

(Note that in some cases there was more than one initial assessment. In this case only the most recent has been included above)

The table below examines the cases where the child was in contact with the father to see what then happened.

Table 22

Children's services contact with fathers/father figure and paternal family during initial assessment	LA1	LA2	LA3	Total N=33
Father invited to a meeting	8	7	6	21
Father attendance if invited	4	6	3	13
Child in contact with paternal kinship network (PKN)	5	4	1	10
Any PKN invited to a meeting	2	1	0	3
PKN attendance if invited	2	1		3

Using the information in tables 21 and 22 it can be seen that 21 father/father figures in contact with the children out of a possible 33 were invited to a meeting by the social workers during the initial assessment. Of the 21 fathers, 13 (62%) attended when invited, For comparison, in Fathers Matters 2, of the fathers invited, 82% attended but the sample numbers were even smaller, 9 attending out of a total of 11 invited. In a very few

cases a reason was stated as to why a father had not been invited to an initial assessment meeting, such as he was in prison or seen as too much of a risk to the mother. Given that there were 33 fathers in contact with their children (and this may be an underestimate for LA3 where the largest number of situations was “unclear”) there is plenty of potential for involving them more at the initial assessment stage. Again numbers were extremely small for the paternal kinship network but all those invited to a meeting were interested enough to attend.

4.3.2 Family Group Conferences (FGCs)

Only one FGC was arranged at this stage and held (LA1). The father was not invited to attend because of previous problems with his domestic violence. His views were given by his probation officer, enabling his views to be heard whilst also ensuring the other family members felt safe. Another FGC was offered but not held.

4.4 Children in need

4.4.1 The involvement of the father and his family

The audit of children in need included both those exclusively in this category and also those who had been children in need but also at another time in the category of child protection. This situation is described in more detail following Table 1.

Table 23

Child in contact with birth or other sig father figure?	LA1	LA2	LA3	Total
Yes	11	12	2	25
Not known	2		4	6
Not relevant as pre-birth assessment			2	2
Total children in need	13	12	8	33

Out of 31 children audited as children in need (having excluded the two pre-births) a high number, 25 (81%) were recorded as being in touch with their fathers.

Table 24 then looks in more detail at what happened in these cases.

Table 24

Children’s services contact with children in need fathers and paternal family	LA1	LA2	LA3	Total
Father invited to a meeting	8	9	1	18
Attendance if invited	4	7	1	12
Child in contact with paternal kinship network (PKN)	2	2		4
Any PKN invited to a meeting	2	1		3
PKN attendance if invited		1		1

18 out of a possible 27 known fathers (including the two pre-birth cases), 67%, were invited to a meeting and 12 of the 18 invited fathers (also 67%) attended a meeting when invited. Three out of the four extended paternal families known to be in contact were invited to a meeting but only one attended.

4.5 Core Assessments

The core assessments can be undertaken under Section 17 or under Section 47 of the Children Act 1989 as part of the enquiries to ensure the child is safe and their welfare is being promoted. It is likely that the majority in this sample were Section 47 assessments though this was not usually stated.

The numbers of core assessments in the three authorities varied at least in part because there were differences in the numbers of cases per authority where there were safeguarding concerns.

Table 25

Core assessments and numbers of fathers contacted	LA1 (27 initial cp conferences)	LA2 (11 initial cp conferences)	LA3 (15 initial cp conferences)	Total
Core assessments completed	30	9	9 ¹	48
Father seen or contacted by phone by social worker	21 (70%)	6 (67%)	6 (67%)	33 (68%)

It will be seen from the above table that in 68% of the core assessments the father was either seen in person or contacted by telephone, usually because he lived at some distance away.

In LA1 every case in the sample had a core assessment. In three of the cases, however, it was then decided that it was not necessary to hold an initial child protection conference.

The relatively small number of core assessments in LA3 may also reflect a local difference in practice as to when these would be completed. Six further core assessments were agreed at the initial child protection conferences in that authority.

¹ includes 2 where an enhanced s47 assessment was deemed equivalent

4.6 Initial Child Protection Conferences

4.6.1 The involvement of the father and his family

There were 55 children out of the audit sample of 70 who at some stage were the subjects of initial child protection conferences.

Table 26

Initial child protection or pre-birth conference	LA1	LA2	LA3	Total
Conferences held	27	11	17	55
Child in contact with father/ sig father figure	22	10	13	45
Father/sig father figure invited	13 (59%)	6 (60%)	10 (77%)	29 (64%)
Attendance of father/sig father figure if invited	7 (54%)	4 (67%)	7 (70%)	18 (62%)
Attendance of PKN if invited	4	3		7

Two of the LA1 fathers were stepfathers.

Table 26 above shows that 29 fathers (64% of the fathers in touch with their children) were invited to the initial case conference, and of these 18 (62%) attended. In some cases they were not invited to attend the whole conference because of safety concerns for the mother. Other reasons for non-attendance included legal requirements for the father not to be in contact with the mother; the father being in immigration detention or in prison; or that his whereabouts were unknown.

The members of the paternal kinship network who attended included four paternal grandmothers (one a step grandmother), 2 paternal grandfathers and an aunt.

It was not always clear from the records whether the father was later informed of the outcome of the case conference, whether or not he had attended.

4.6.2 Concerns at the conferences

These were all cases where there were concerns about domestic violence in the present or in the recent past.

Table 27

Main risks from father to child	LA1	LA2	LA3	Total
Domestic violence past or present	27	11	17	55
Drug/alcohol misuse	4	4	8	16
Physical risks to child	6			6
Known sex offender/ previous history of sexual assault	1	2	1	4
Chaotic life style	1		2	3
Failure to meet child's health needs	1	2		3
Mental health problems	2	1		3
Threats to remove child	1	1	1	3
Financial problems	2		1	3
Uncooperative with services	1	1	1	3
Poor state of home	1	1		2
Total number of risks	47	23	31	101

A small number of other risks to the child (one of each) were: the father's previous destruction of the home; his stabbing of his partner in front of child in a public place; and antisocial behaviour. If one includes these, it can be deduced that there had been 55 initial case conferences which had focussed on over 100 specific risks from the father to the child of which the most common, apart from the domestic violence itself, was drug and alcohol abuse.

4.6.3 Protective factors

In 17 of the 55 cases conferences, specific protective factors were identified in the father. These varied widely and included: the father's good relationship with the child; his positive attitude to his as yet unborn child; the support of the paternal grandparents; a co-operative attitude to Children's Services and other agencies offering help; the father and his relatives being able to provide better care than the mother; and both parents being positively committed to the children despite the domestic violence.

4.6.4 Number of child protection plans

It will be seen from Table 28 below that where an initial case conference was held, in by far the majority of cases (96%), a child protection plan was agreed.

Table 28

Number of initial case conferences	LA1 27	LA2 11	LA3 17	Total 55
CP plan agreed	27 (100%)	11 (100%)	15 (88%)	53 (96%)

Categories of harm

Table 29 shows differences between the three authorities in use of neglect and emotional abuse as grounds for a child protection plan.

Table 29

Category of significant harm	LA1	LA2	LA3	Total
Emotional	12 (37%)	9 (41%)	7 (47%)	28 (41%)
Neglect	14 (44%)	4 (18%)	2 (13%)	20 (30%)
Physical	5 (16%)	8 (36%)	5 (33%)	18 (26%)
Sexual	1 (3%)	1 (5%)	1 (7%)	3 (4%)
Total	32	22	15	69 grounds

LA1 used neglect as a category significantly more than the other two local authorities. Increasingly the category of emotional abuse has been used to recognise the damage caused to children by hearing and/or witnessing domestic violence, and this has been encouraged by official guidance.

Physical abuse was still quite widely used as a category of harm, sometimes together with emotional abuse or neglect. A number of children were recognised as in danger of both physical and emotional abuse and a few were recognised as being in three of the categories of significant harm.

In the few cases where sexual abuse was one of the categories of harm, the perpetrator was convicted of sexual offences and identified as a risk to the child or there had been sexual assaults on other children. In this sample sexual abuse has only a slight association with the presence of domestic violence.

4.6.5 Main interventions in the Initial Child Protection Plans

The following is a summary of the main interventions agreed following a decision at the initial child protection conference that there should be a child protection plan. It does not include social work monitoring nor core group meetings as these applied to every case.

The numbers and percentages listed under the three LA columns refer to the number of times the intervention appeared in the plans of that particular authority. The percentages provide a comparison between the authorities given that the number of plans varied considerably between the authorities, depending on the type of cases in the research. (children in need or child protection or cases that were both at different times). There were other interventions that were numerically smaller (less than 6 in total) that have not been included, for example, police alerts to be placed on file and liaison with the police.

Table 30

Summary of main interventions/approaches agreed	LA1 27 plans	LA2 11 plans	LA3 15 plans	Total interventions agreed in the 53 child protection plans
Health/mental health assessment/monitoring including enhanced health visiting - adults and/or children	27 (100%)	6 (54%)	9 (60%)	42 (79%)
Parenting assessment and help/programme attendance	18 (67%)	6 (54%)	9 (60%)	33 (62%)
School/nursery/children's centre monitoring and extra help	17 (63%)	8 (73%)	5 (33%)	30 (57%)
Specific adult victim help with DV including programmes	15 (56%)	2 (18%)	8 (53%)	25 (47%)
Specific substance abuse help-perpetrator	14 (52%)	3 (27%)	5 (33%)	22 (42%)
Legal issues – both Ch Services and clients	8 (30%)	3 (27%)	5 (33%)	16 (30%)
Contract with parent(s)	8 (30%)	3 (27%)	4 (27%)	15 (28%)
Contact issues addressed	6 (22%)	5 (45%)	2 (13%)	13 (25%)
Specific perpetrator help with DV including programmes	10 (37%)	1 (9%)	1 (7%)	12 (23%)
Additional support from extended family	4 (15%)	5 (45%)	2 (13%)	11 (21%)
Counselling children re DV &/wider issues	5 (18%)	3 (27%)	2 (13%)	10 (19%)
Safe/safer housing arrangements	4 (15%)	4 (36%)	2 (13%)	10 (19%)
Core assessment to be completed/undertaken	0	3 (27%)	6 (40%)	9 (17%)
Family Group Conference suggested	6 (22%)	0	2 (13%)	8 (15%)
Social worker to see father	4 (15%)	1 (9%)	1 (7%)	6 (11%)
Couple counselling	1 (4%)	4 (36%)	1 (7%)	6 (11%)
Total interventions	147	57	64	268 (5 per plan)

It is also relevant that six of the fathers were noted as being on probation when the plans were made, of whom five were in LA1.

Out of the 53 child protection plans, by far the most usual forms of help planned were in the area of health. Extensive use was made of health visiting monitoring, in some cases enhanced. The child protection conferences gave an opportunity for other health problems, including child development concerns, to be followed up and to insist that missed appointments be kept.

Parenting assessments were to be carried out in some cases by the social worker and in other cases by a specialist resource such as the family centres available in LA2. Nurseries, children's centres and schools were used extensively for monitoring concerns about the child. Specific help with substance abuse was offered to the perpetrator in more than half the plans in LA1.

Very few decisions were found in the child protection plans at the initial case conferences to undertake parenting assessments specifically of the father. There were only four such decisions found and all in LA1. There were some risk assessments of the father, but these would not necessarily have included an in-depth focus on parenting capacity. In other cases, where the father was living with the mother, his parenting might have been assessed at the same time as the mother's but there was a lack of firm evidence on this. Given the number of fathers who were not living with the mothers but who were in contact with their children, there appears to be a considerable need to assess their capacity to be safe and effective parents and to provide resources, where needed, to help them be good enough fathers.

Other help planned that does not feature in the above table because it was decided less than six times in total included: special police alerts on the file; further liaison with the police; help at the family centres; provision of a child minder; liaison with victim support; referral to MARAC; advocacy for the child; and sorting out immigration status, especially in LA1.

LA1 and LA3 made extensive use of local specialist resources for the victims of domestic violence. As already stated, LA2 had an excellent directory of resources for all aspects of domestic violence so it was surprising to find that there was a low referral rate to such programmes. It is also very noticeable that there was a low rate of referrals in both LA2 and LA3 to specialist perpetrator programmes. The higher number in LA1 may reflect the situation before the contract for one particular programme was not renewed. The programme can still be accessed but only by making a special case for funding.

One local organisation taking referrals in LA3 for women who had been abused, offered both group programmes and housing help. It was not possible to verify from the child protection plans to which of these resources the women were being referred. These referrals have been included in "specific adult victim help" and may underestimate the help that was both available and given with housing problems in this authority.

4.6.6 Family Group Conferences

It will be seen from Table 30 above that eight Family Group Conferences were suggested as part of the child protection plans. More detailed and different information was collected by auditing the file contents beyond the child protection conference reports for information on FGCs and whether they were held.

In LA1, three were offered and of these one was held; in LA2 one was mentioned as a possibility and another was offered but none was held. In LA3, four were offered and four others were noted for consideration in the future. One was held.

In summary, only two were actually held in any of the three authorities. It could also be argued that it might have been beneficial to hold these at an earlier stage before the child had been placed on a child protection plan though it might have been difficult to do this within time restraints. It is also not clear as to why the FGC was not held – whether the referrals to the FGC Service were not made by Children’s Services or whether there was some resistance from parents and/or other relatives.

4.7 Review Child Protection Case Conferences

Details were audited of the most recent review case conference where there had been any further conference following the first.

4.7.1 Numbers of review conferences and further child protection plans

The following table provides the information as to what happened at the most recent review case conference on file.

Table 31

Number of children for whom there was at least one review case conference	LA1 21 (out of 27 initial CCs)	LA2 10 (out of 11 initial CCs)	LA3 13 (out of 17 initial CCs)	Total 44 review case conferences (out of 55 initial)
Further CP plan agreed	13 (62%)	7 (70%)	10 (77%)	30 (68%)
CIN plan agreed	8 (38%)	3 (30%)	3 (23%)	14 (32%)

(In four cases the information could not be found on file that a CIN plan had definitely been drawn up, but it has been assumed because this was the usual practice after a child came off a CP plan.)

It can be seen from Table 31 that just two thirds of the children were still subject to a child protection plan following the review conference, the other third being placed on a children in need plan. LA1 had the least children still on child protection plans but in a sample of this size this would have depended very much on the progress of each case and is unlikely to indicate of itself a difference in practice.

4.7.2 Categories of harm

Table 32

Where CP plan to continue, categories of significant harm*	LA1	LA2	LA3	Total
Emotional	5 (29%)	6 (46%)	8 (67%)	19 (44%)
Neglect	8 (50%)	2 (15%)	1 (8%)	11 (27%)
Physical	3 (19%)	5 (38%)	3 (25%)	11 (27%)
Sexual	1 (6%)			1 (2%)
Total categories	17	13	12	42

(Where the categories for this further plan were not been specifically noted in the audit, it has been assumed that they had not changed since the initial case conference. This assumption may occasionally not be correct)

If one compares the table above with Table 29, where the categories for the initial child protection conference are shown, it can be seen that there was little change in the use of the categories of harm for the 68% of children still on a child protection plan. Three children had been moved into the category of emotional harm.

4.7.3 Main Interventions in the Review Child Protection Plans

The following is a summary of the main interventions/approaches agreed when it was decided that there should be a child protection plan at the review child protection conference. It does not include social work monitoring nor core group meetings as these applied to every case. As with Table 30 the numbers and percentages listed under the three LA columns refer to the number of times the intervention/approach appeared in the plans of that particular authority.

Table 33

Summary of main interventions/approaches agreed where cp plan agreed at review conference	LA1 Plans 13	LA2 Plans 7	LA3 Plans 10	Total interventions agreed in the 30 plans
Health/mental health assessment/monitoring including enhanced health visiting - adults and/or children	9 (69%)	4 (57%)	8 (80%)	21 (70%)
School/nursery/children's centre monitoring and extra help	7 (54%)	5 (71%)	5 (50%)	17 (57%)
Contact issues addressed	10 (77%)	2 (29%)	3 (30%)	15 (50%)
Legal issues – both Ch Services and clients	6 (46%)	2 (29%)	3 (30%)	11 (37%)
Specific substance abuse help-perpetrator	5 (38%)	2 (29%)	3 (30%)	10 (33%)
Additional support from extended family	5 (38%)	1 (14%)	1 (10%)	7 (23%)
Specific adult victim help with DV including programmes	4 (31%)	1 (14%)	1 (10%)	6 (20%)
Counselling children re DV &/wider issues	2 (15%)	2 (29%)	1 (10%)	5 (17%)
Specific perpetrator help with DV including programmes	4 (31%)	1 (14%)		5 (17%)
Parenting assessment and help/programme attendance	2 (15%)	3 (43%)		5 (17%)
Core assessment to be completed/undertaken		1 (14%)	2 (20%)	3 (10%)
Family centre help		3 (43%)		3 (10%)
Contract with parent(s)	2 (15%)		1 (10%)	3 (10%)
Total	56	27	28	111 (3.7 per plan)

Out of the 30 continuing plans, the most usual forms of help decided were again health matters and school/ nursery monitoring. Parenting assessment and attendance at parenting programmes dropped off considerably, perhaps because these had already been offered. Conversely, contact issues became more prominent. There was proportionately less help to be offered through programmes for adult victims of domestic violence, again possibly because of referrals already made. There were fewer interventions per plan (3.7) compared to the initial case conference (5).

Other decisions that had less than three examples each in the review conference records included: safe housing, couple counselling, speech and language therapy for children, anger management for the perpetrator, and family group conferences.

5. Detailed findings: the focus groups

5.1 The mothers

5.1.1 Their stories

As has been described in the section on methodology, there were two focus groups for mothers who were already participating in a group for adult victims. With one exception these were mothers who had both been victims of domestic violence and had had contact with Children's Services. The exception was a participant in the LA1 group who had been a victim herself but only had indirect experience of Children's Services through a friend. The level of involvement by Children's Services in the lives of the mothers due to child protection concerns may have influenced their perceptions. In particular, in the LA3 group some of the mothers had had their children removed as a result of the level of local authority concerns.

The mothers varied considerably in age in both groups, from their twenties to a woman in her sixties. The women were very open about their experiences.

Some, like Kate, had been the victim of repeated abusive relationships. She said:

"Domestic violence has happened to me in three relationships, the first one being my fiancé, though I didn't realise it at the time. I did see my mum and dad fight and the police come and I was experiencing that as well...I moved in with my partner because we were going to get married, and it ended up with him kicking the baby out of my stomach. It was very hard. There were a lot of things going on and I ended up having a nervous breakdown...I have had another partner since, but then he became very possessive.....He started to be violent and that ended."

Nicola had only had one abusive relationship, but it had been very long term and had only recently ended.

"I've been married for thirty-nine years. I've suffered domestic violence for thirty nine years. I was verbally abused and could say that once, maybe twice a week, he used to rape me. I felt so shamed by the way he was treating me. I felt dirty. I kept asking myself, "Why did you stay?" "Why didn't you end it?" It was because of the children. He's begging me now not to go through with the divorce but nothing in the world will make me go back to that man again. I'm a lot stronger now. I will never trust another man"

In contrast, Adela pointed out that a woman didn't necessarily have to be in a relationship for a long time to be abused and to be left frightened. She had started a new relationship but something seemed not right, so she ended it. She explained to the group:

"I found out I was pregnant and I thought it only right for the child to know his father. So I contacted him and told him (about the pregnancy) and he begged me to let him come back, but I made it very clear (that I was not going to do so). He got very angry and said I should get rid of the baby. He walked out and disappeared". Adela ran into him later after having had the baby. He then claimed he wanted to see the baby but in fact only wanted to have sex with her. She continued, "When he realised that he couldn't come into the house anymore, he was kicking the door constantly, frightening the children, and I plucked up courage and called the police and tried to get an injunction on him. Then he was sectioned to a mental hospital with psychosis. I've made it very clear that I do not feel safe anymore and I want to move."

Abuse in some cases was not only very physically frightening for the woman and her children, but could also be about money and isolation. Neelam was ordered by her husband not to use her bank cards any longer although she was earning good money. She became extremely isolated with no phone (unplugged by the husband), no car, no friends and no family visiting. She was beaten badly while the children were in the house and an ambulance was called. Eventually her husband was charged and they separated.

Some of the stories describe complex situations such as Ann's.

"I've had five children. The father of the first two was nice but then he started beating me up when he got out of jail. (He had been jailed for theft and dangerous driving). My daughter died of a cot death at six weeks and he continued beating me and raping me. I fell pregnant because of the rape. So I had another baby and whilst he was in jail for kidnapping the baby from the baby unit, my son was adopted. My other two children live with their dad."

5.1.2 The mothers' views about the involvement of the separated fathers

Some of the mothers in the LA1 group were positive about the importance of the children having contact with their fathers but three of them shared a problem. The children came home after such visits "different" and with negative attitudes to them. They then had to deal with this until the children settled down again. One of them said, *"Although it is important for children to have their father, you have to think about what influence that has on the children. Is it positive? If they are going to see their father and come back different then is it necessary?"*

Another mother in this group was also ambivalent about access and thought that some fathers used their contact with the children to create difficulties between them. One mother was distinctly uneasy about this. Her 12 year old daughter saw her father every weekend but the mother was worried and said: *"If I don't let her go she's saying she wants to be with her dad all the time, so I'm in a bit of a vicious circle really because I don't feel she is 100% safe when she's with him..... He did it (domestic abuse) to me over 30 years and he's all over her like a rash."*

Patty in the LA3 group had similar experiences to the LA1 mothers. Her child too came home "different". Her son had occasional contact with his father and then came home aggressive towards his mother and had even smashed things up in the house. After he returned she said, *"He has acted like he's not my son. There are things going on in his head but he's too scared to tell me."*

The mothers in the LA3 group spoke about wanting to share responsibility with the fathers. They resented the fact that the fathers could choose whether to be involved with their children or not. This was a significant theme in this group. The history of domestic violence and the break-up with their partner definitely did not, in their eyes, exonerate him from sharing in the parenting and helping in other ways. As one said, *"It's their children and I don't know why we should take on all the responsibility. I know that if my girls and I have a problem we sometimes need a man to rescue us."* The level of resentment was deep. They thought that Children's Services should put more pressure on the fathers to stay involved. Louise welcomed the fact that the police and social services had removed her abusive partner, but as a result, *"I took on the responsibility of mother, father, friend, everything. I know I now don't have to suffer physical abuse, but there's too much responsibility on me now. But what about me? I have never had a day of my own and now he's got so much money and a luxurious life..."*

A spectrum of views was represented in the two groups from those wanting more involvement from their children's father, like Louise, to those like Shresti, who did not want her daughters even to think of her ex-husband as a father, and Sally who didn't want her ex - partner to have anything to do with his daughter. She wanted him to let her bring her up in a situation where she, the mother, would be respected rather than raised by someone who was physically violent to her.

Several mothers said that their ex - partner had been a good dad even if he had been an abuser. Patty wanted her son to have more contact with his father but feared that Children's Services might stop this. *"My son has got such a good memory. He's three and the last time he saw his dad he was two and he's seen a green car and he's like, "That's daddy's car". It really hurts me when he chats about his dad knowing that he was so close and now I can't even ring him or I'll get into trouble (with Children's Services) and have my son taken away from me"*. There was one mother who was exceptionally positive about the father who was the main carer of their two children: *"He's absolutely brilliant with them and I wouldn't dare take them away from him now because they've got friends, they're in school and he's married and they are happy."*

5.1.3 The mothers' views of Children's Services

The mothers in both groups had much to say about unhelpful aspects of Children's Services involvement, but some made positive and appreciative comments about social workers.

In LA1, Violet was very appreciative of Children's Services' help. *"I have a lady (social worker) called Linda and she is very helpful. The whole team are good."* Amanda, who had had mental health problems would have liked social work help many years earlier but also was complimentary about her social worker. *"The Children's Services were very nice to me. I had a lovely lady whose name was Rose. She was an older woman and she was very good ... She came when I was very tired. I'd just got rid of my partner and my children were all attacking me because he wasn't in the house. The two ladies that came from Children's Services were very nice and very good at their job."*

Nagomi appreciated being put in a safe place by Children's Services but had wanted the social workers to keep their focus on the children and their safety, whereas they had also asked her many questions about her immigration status. Lindsay talked about her ex - partner who had been the subject of a detailed assessment as to his suitability to look after his daughter (her step daughter). He had even been offered the opportunity to do a residential assessment. In the end though, Children's Services *"had some alarm bells and*

they took her off him and he went on a bender.” Lindsay herself was then mistreated by this father and left him. She appreciated, however, the effort Children’s Services had made to give the father a chance.

In the LA3 group several of the mothers thought their relationship with Children’s Services - and thus their appreciation of what they could offer - had improved in recent times. One of them had been told she was doing a good job. She now trusted them enough to phone them when she needed support. Trust was a key issue, as was illustrated by the mother who said, *“They have started trusting me now, saying I can go and visit my daughter’s and sister’s graves. It’s been two years since I’ve last seen them. (Her child had suffered a cot death) Over the time I’ve had this social worker I have built up a relationship - not a close one - but enough to get me through.”* One of the mothers in this group thought that social workers needed to have life experience and to have done other work. Another thought that social workers with their own children would understand her situation better.

In both the groups the mothers had suggestions for how Children’s Services could improve. They wanted social workers who would be straight and honest with them; who would do what they said they would do by the time agreed; who would not be judgemental; who would be available at their time of need; who understood domestic violence, and would be more sensitive to their needs; who would help them to change and move on; who would encourage the fathers to share the parenting responsibilities even if they were separated.

Children’s Services were also seen negatively by some mothers. One of the mothers said, *“I started smoking crack because my sister died and he (her partner) found out about it. He used to sell it so I was getting it off him - nicking it off him – anyway. Then he found out and went mad and that was when it (the domestic violence) started really. Social services just didn’t help me. We wanted to stay together but they said we couldn’t. Social services just drove us more apart rather than helping us as a family.”*

Another mother was even more vehement in her views. *“It is incredibly hard but I don’t think social services are clued up enough to understand the extent of what domestic violence is and what it’s like for the woman. I know the whole time I was going through it, they weren’t there for me. They weren’t there for my kids. They were there to intimidate me and make me feel I was the one in the wrong and I’ve got no trust in social services. I’m hopefully getting them off my back in the next four months because the worst thing ever was social services. They’ve not helped me or my children and they’ve let me go six to eight months without me seeing my children before letting me see them again. They have messed up my life even though I am trying to put my life back to normal.”* These are harsh words but the mother was speaking from the depths of her painful experiences and sharing her perspective.

Some of the complaints were the same as those we heard when doing the research for Fathers Matters 2, such as parents being expected to turn up on time but social workers being permitted to be late; and social workers not being straight enough with them. The extreme importance of confidentiality in all circumstances was graphically illustrated by a mother who described the consequences of Children’s Services giving her mother, a friend of her abuser, information about her whereabouts without her permission.

Other suggestions were that social workers should challenge the fathers about their responsibilities to their children; that they should spend more time with the families,

especially at times of stress, to see what was happening and what help could be given; that they should support and reassure the mothers and not criticise them; and that they should sit down with the children to play, talk and listen to them.

5.1.4 The mothers' views of other services

In the LA3 group one of the mothers said that it was other services that had really helped her rather than "social services." In the LA1 group, one of the mothers was extremely complimentary about the Independent Domestic Violence Team (IDVA) saying, "*They have been absolutely fantastic. Nothing has been too much trouble for them and they have given me loads of support.*" Another mother was very pleased to have heard that children were to be taught about domestic violence in schools.

5.2 The fathers

5.2.1 The fathers' stories

At the beginning of the group the fathers were asked to tell the researcher briefly what children they had and - if they were willing - about the domestic violence in which they had been involved and what links they had had with Children's Services. Most of the fathers were willing to talk about their domestic violence. The fact that they were on perpetrator programmes appeared to make them relatively at ease when talking about what they had done.

Naresh was the father of three children. He had been involved with Children's Services for four years. He had waited three years to get a place on this perpetrators' programme. He knew the relationship with his children's mother was over but he wanted to make sure he didn't make the same mistakes in another relationship and still wanted contact with his children. This was his story:

"My domestic violence was when I was living with my partner and I discovered drink when I was about twenty nine, and the more I was getting fuelled up with the booze the more we were growing apart and the more the tension was growing towards one another. Then we used to argue and I hit her couple of times and then it got so bad I actually ended up in prison. When I came out of prison the children were taken away because there was a situation that occurred around the mother, and I wasn't told about the children. I was told they were with my ex-partner's parents.....I did everything I was asked to do. I attended a dads' programme. I sat around a table with social services and said, "Give me a timetable and tell me what you want me to do". So I did everything they wanted me to do - stopped drinking and basically jumped through all the hoops. Eventually we got to court about all this stuff and then it turned out I had to do this programme, and I said "Why didn't you tell me this three years ago?"...It became a tug of war between the courts and social services about who was going to fund it..."

Naresh was very frustrated that he had tried so hard to do everything asked of him and had stopped his violence, yet still didn't have contact with his children.

Tom had three children of his own and his new partner, who lived near him, had another four. He had had alcohol and drug problems. He was aware that he had been copying his own father's behaviour but with even more violence. He admitted trying to strangle his wife, punching her in front of a social worker and threatening to kill her family. Here is part of his description.

“The threat of violence, the behaviour that was going towards violence was constant, and the fear and intimidation to get my own way was constant. I’ve hit my ex-wife. I’ve smashed the house up left, right and centre. The children might not necessarily have witnessed it. I had some sort of conscience in me that I wouldn’t do it in front of the children, but they were hearing it through the walls and they were seeing it in their mum’s behaviour. I know this because my father was the same with my mum.”

There were six years of violence before social services had put the children on the child protection register. In his view he had hoodwinked social services all these years as they had not picked up the pattern, nor the extent, of his violence. In retrospect he thought he had been looking for external control and intervention. He found it ironic that he was now allowed to see his stepchildren on a daily basis with no restrictions, but only allowed supervised contact with his three daughters who lived with his ex - wife in another part of the city. His perspective was that his ex - wife was unjustifiably *“still holding a lot of fear and that fear is controlling the whole situation with the girls and they are not getting the benefit of my transformed life.”* He was still being treated like a *“violent, drinking, drug using waste of space father, because that’s exactly what I was. My priority was never the children and now that has changed round and they are (still) missing out.”* He thought Children’s Services were being inconsistent in their decisions about his access to the two groups of children.

Greg was the father of a six year old son who was in foster care but he was seeing him twice a week. He was separated from his child’s mother. It was not yet clear what would be the final plan for his son, but he was positive about every aspect of the help he had received.

“When Martin was taken into care, social services were involved. I was appointed a social worker and she was very good in what she was doing and she made sure I would get Martin back but I had to stop drinking, plus there was a court order taken out - an interim care order- so the courts were involved. The social worker did all the research, the background on me and my wife and Martin.....Then she was there at all the core meetings, family meetings, everything.”

He had had a change of social worker but felt the first one had done most of the necessary work. Greg had been on an alcohol rehabilitation programme and had not been drinking for nearly a year. There had been psychiatric and independent social worker reports. His solicitor had been very helpful and communication to both parents had been good including from Martin’s school.

5.2.2 Children’s Services’ communications

The issue that the fathers commented on more than any other in all the three focus groups was that of communications from and with Children’s Services. There were many examples given by the fathers of problems. Greg’s story of good communication above was an exception. A consistent theme was of fathers being left out of the communication loops.

A father in the L2 group was not informed about what was happening, neither when he was in prison, nor immediately afterwards when his children “were taken”. There had been a child protection plan he knew nothing about, and he was not informed when the children were placed with his ex - partner’s father.

Another father, Anthony, complained that Children's Services had sent three or four letters to his wife with whom he was living which concerned him too, but his wife had not shared the contents. As a result, Children's Services had concluded that he did not want to co-operate when this was not the case. They had eventually apologised. His view was that the bottom line was to be kept informed even if he was not invited to meetings. Nick had similar problems: *"They don't inform me of anything. I've got parental responsibility for the children and I've found out - about four or five months after the facts - that my ex-partner had been taking the kids out with a registered sex offender.....There's loads of things that they've done and not informed me. She's had the children removed from her three times now, and I only knew about one."* The son of one of the fathers in the L1 group (they were attending together) had told a teacher that he was upset by his dad shouting at his mum. The school made a referral to Children's Services. The father heard about this from his wife. He complained that *"at no point did I receive any kind of phone call, contact, or communication from social services about the fact that my own son had alerted them."* The incident did however have a positive outcome. It motivated him to sit down and talk things over with his wife. He then referred himself to a domestic violence programme that he found on the internet and was accepted. Another father in this group complained that he never got the opportunity to speak to the social worker and they should have been asking questions of him. He had concluded they were *"a waste of time."*

Naresh's experience was also of being sidelined even though he had parental responsibility. *"Parental responsibility doesn't mean anything to social services. I've been involved with social services for 4 years and there have been times when I thought, 'I'm going to walk away from this'."*

There was a refrain running through all these focus groups. The fathers said they weren't involved; they weren't told what was happening; and they weren't listened to.

5.2.3 The fathers' view of the emotional impact of the domestic violence on the children

The fathers were aware of the emotional impact of their violence at this point in time, at least in part from what they had learnt on the perpetrator programmes. It is less likely, however, that at the time of their abusive behaviour they would have acknowledged the damage they were doing. The fathers who attended the focus groups now understood the importance of giving some priority to their children's needs. Mike in the L2 group talked about the impact of the arguing between him and his partner. *"It affected the children emotionally so they (Children's Services) put the children into care short term."* In response to being asked in the L3 group how the domestic violence had affected the children, Tom replied: *"I can see it now with the relationship that I have with them now after the years have passed... They have a stronger bond with me. They are more secure with me and they are free to say their own things. Whereas before I don't think they were saying what they actually felt because they didn't want to upset daddy because of the way I reacted to things."*

Patrick, the other father in the L3 group, agreed that his domestic violence had had a big impact on his children. They hadn't seen violence between him and his partner but they had heard it going on. The children had seen him fight with the police which he thought was just as bad for them. He didn't want them to behave in the same way. He shared that he and his partner still had rows but it wasn't physical any longer. His son, also in the focus group, shared his views on how the domestic violence had affected the family. He thought this was why his brothers were "weird", and one of them was a loner. His view of what was acceptable to his young pregnant partner was worrying. When asked if he had

been violent to her, he said, *“Yes but not serious. I’ve pushed her a couple of times. I’ve slapped her once or twice.I’m big and tall and she’s small and she gets intimidated. She doesn’t know what is going to happen next, but she pushes it as well, so we are both as bad as each other really”*. On his own admission this son appeared to be imitating his father’s past violent behaviour and to be minimizing it. The violence was already possibly affecting a third generation - their unborn child. A positive factor was that the young man was attending a perpetrators’ course with his father.

5.2.4 Involvement in meetings

The experiences of four of the L2 fathers was positive about being invited to most of the child protection meetings, although this had not been consistent and it did not mean they had all received minutes. One of the fathers had a story of trying to get his medical information corrected over some years, and said: *“Every time I turned up (at the conferences) the information was wrong, so we had to spend the first ten minutes speaking about inconsistencies. Luckily we had the two drugs advisers with us (in support)”*. The son in the L3 group who was with his father had also had experience of inaccurate information. *“We used to have a social worker that came to the school to see me and I would talk to them. Then when I went to a conference with my dad, the things I had said were turned around and not as I had said them...When I used to say, “No, I didn’t say that” they said that was what was written down. So basically they said I was lying.”*

Sandy in the L1 group had had a negative experience with regards to a Family Group Conference to which everyone else in the family had been invited but not him. He admitted that an injunction was in place ordering him not to meet his ex - partner. However no attempt had been made to represent his views or invite him to be present for part of the meeting without his partner. *“Pretty much everyone else who was involved with social services was invited apart from me. It’s been like that since we became involved. I very rarely get a write - up of what’s been happening; very rarely get invited to the groups or conferences, and if I do, it’s all about my partner and nothing to do with me. To be truthful, now when they invite me, I don’t bother to go. It’s never about helping me or doing anything for me.”* His experience was of not being invited to child protection core meetings, nor consistently to case conferences. His solicitor had told him that, given the injunction, the conferences should have been held in two parts so that he did not meet his ex-partner. This had never been offered.

5.2.5 Changes of social worker

There were three complaints of frequent changes in social workers. A father in the L2 group said, *“The first time we were involved (with Children’s Services) we had a series of six or seven changeovers, so we had a young social worker and that was changed after about two months, and then once one social worker had visited us and the next time it was a different social worker altogether. So between the information being wrong and them not offering us any kind of relevant help...it was a real disappointment.”*

Grant, in the L1 group, complained that he had had three social workers in the past year though he was complimentary about the current one. *“The one we’ve got now seems to be doing a lot more for me with contacting the children and she can see the bond we’ve got.”*

Sandy had developed a positive relationship with his social worker who told him that the child was likely to be taken off the child protection plan at the coming conference. Then there was an unexpected change of worker: *“About two weeks before the conference she just disappeared and a new social worker came, and she said he won’t be taken off because she didn’t know enough about me.”* This story suggests that changes of worker

can impact unfairly and make consistent planning difficult. Frequent changes of worker were strongly disliked.

5.2.6 Contact meetings

Tom, in the L3 group, was critical of most of his Children's Services experiences but was complimentary about the co-ordinator who had been in charge of his supervised access. *"She was wonderful. The girls really built up a good relationship with her."* He had been able to demonstrate through the supervised access that his daughters loved him and were delighted to see him. This was very important to him given his violent background.

In the L1 group, Grant told us how his social worker was trying to arrange for him to have more supervised contact and he was very positive about her efforts. He didn't, however, understand why the supervised contact had to be at a centre. He was close to his children and had never harmed them. Contact had been supervised by his family but this had been stopped after he was arrested for threatening words (or something similar - he was a little vague). The case against him had been thrown out of court but he still was only being allowed supervised contact. Sandy had other frustrations over the contact arrangements to see his six year old son: *"I got to see him every week but it was meant to be for an hour a week but it was usually (in reality) ten or fifteen minutes a week because the workers were always coming in late or they weren't in on that day. So I was standing at the school every week on time waiting for my son. Then I'd have to go so his mum could pick him up because the workers haven't turned up again. That was nine out of ten times."*

Rick in L2 hadn't seen his daughter other than incidentally for six months. He was very frustrated by the delays in setting up contact meetings which he thought was inexcusable. A friend had agreed to supervise them and it was now five weeks since this had been agreed at a child protection conference but nothing had yet been arranged by the social worker. Both the friend and his ex-partner had agreed to make formal complaints on his behalf. He was reluctant to do this himself: *"I don't want to make big waves when it (the domestic violence and separation from his child) was my fault in the first place."*

The issue of fathers being expected to be reliable for contact meetings while the professionals often let them down, had already been raised by fathers in the Fathers Matters 2 research. There was resentment about the differential standards of reliability applied.

5.2.7 Gender and experience of the social workers

Negative views of young social workers were expressed as they had also been in the Fathers Matter 2 research. One of the fathers said, *"There were a couple of good ones ... which made all the difference. You get a young social worker who's got no kids and they are trying to exclude one and speak to the mother."*

Naresh would have liked to have had a male social worker and this led to an entertaining exchange between fathers in the group about male social workers who had been "seen", as though they were some rare species spotted on a safari. Other fathers thought it shouldn't make a difference whether they were male or female and professionalism was more important, but Naresh thought his views would have received more understanding from a male worker.

5.3 Local authority social workers and managers

5.3.1 Minimisation of domestic violence

This was a key issue that came up in three out of the five groups of social workers. It made working with families where there was domestic violence very difficult. For example, a social worker in LA2 said, *“One of the biggest issues for myself in dealing with cases with domestic violence is how the family minimises it. They minimise how they view domestic violence and what it is, but they also minimise the effect on the children and also they don’t take responsibility for their action.”* A similar point was made by an LA1 social worker: *“They (the parents) say, “It was a silly little argument”, and I have to say, “What about the police being called and your child witnessing this?....It is a really difficult thing to get people to understand.”* The parents, individually, but sometimes together, could be very dismissive of the consequences of their domestic violence. Social workers and the police would be told that the children were “just fine” even after the children had heard or witnessed a massive row.

5.3.2 Social workers’ views of the impact on the child, including on the unborn child

Minimisation was linked to the parents’ lack of understanding of the impact of domestic violence on the child. The social workers regarded the impact on the child as likely to be very significant, even allowing for differences depending on the nature of the domestic violence, its frequency, its severity, the age of the child and the quality of the child’s relationship with the abuser and with any protective person in their lives. More positively, some social workers described how they had successfully persuaded one or both parents that the violence did have a considerable bearing. An example was the social worker who said that, *“It (the domestic violence) has already impacted on the three year old in quite a violent way. He was displaying violence and the father hadn’t really linked the two things together. When it was put to him and discussed, he looked to his own son’s behaviour. It was quite shocking for him and it made him...begin to make changes.”*

The social workers reiterated the axiom that most children do not want to lose contact with their father, but they want the abuse to stop.

The social workers spoke about the emotional harm to children who heard and sometimes saw domestic violence. It made the children frightened and anxious and often affected other areas of their lives. The social workers had to make very difficult judgements on the safety of children in these households and the extent to which the adult victim could protect the children. There were examples of children being physically hurt inadvertently, for example, when trying to intervene in an argument between the adults. Assessing the level of harm and the possibility of serious harm in these cases was a considerable challenge.

Where the victim was pregnant, and there were a significant number in the files audited, there was concern about physical harm to the unborn child either through a direct hit to the womb or through physiological damage to the foetus such as to the brain development. A very small number of social workers proffered their view that the domestic violence usually pre-dated the pregnancy rather than starting at this time.

While it was difficult enough for the social workers to manage their stress in these cases, it was even more difficult for children to manage their feelings. As one group member vividly expressed, the children could be very confused because, *“On the one hand they*

do know that dad is violent, is aggressive sometimes to mum, sometimes towards them, sometimes towards a sibling or another family member. But they do love them. So how do they balance these feelings? "I love my dad. I'd love us to be a happy family but he's beating mum on a daily basis. I am petrified that he will come up to my bedroom and do the same to me." I find that difficult as an adult and as a practitioner. How might a child feel about it?"

5.3.3 Engaging and involving the fathers

There were examples of fathers not being told what was happening by Children's Services. This could happen for a number of reasons. Sometimes the mother would say she didn't know his address or that he was "a waste of space". Social workers did not always challenge this enough. It could be difficult to persuade a mother to give information on the father's whereabouts, particularly if the domestic violence had been serious and she wanted nothing to do with him.

Social workers did not always find the time to check out addresses or contact other relatives who might know where the father was living. There was an example of a father wanting to apply for a residence order without his knowing of Children's Services' involvement with his child. There were families where there were three or more different fathers of three or more children. Engaging all these fathers could keep social workers rather busy! Sometimes the mother's current partner was included in discussions by Children's Services while the birth father was not contacted.

Some fathers would start to engage with Children's Services but then revert to their previous drug or alcohol habit making it very difficult in some cases for the social worker to continue meaningful contact with them. Some fathers wrote themselves off dismissively as "bad news". These men with such low self esteem were probably slightly easier to engage. The key was to spend time with the men and build up trust. There were initial barriers, but the social workers had experience of developing good working relationships with fathers. There was a problem though with timescales. It could take perpetrators of abuse a long time to change, if they changed at all. The time needed for them to change might not fit the time-frame of a small child needing a responsible parent.

A social worker talked about her difficulties with a very controlling father who made it impossible for her to engage with his partner. She described him as follows. *"He is the most controlling man I think I have come across, to the point where I am really struggling to engage them (both parents) because he is blocking me at every opportunity. He is in control of the phones; he picks up the post; he answers the door; he goes to every appointment with her; he will literally physically bar your way to get to her. He won't provide information....When someone is so controlling they want to control us too, and how do we then play this game, do this dance, to actually have a conversation about it?"* Finding ways to address issues of power and control in the family were fundamental to working with domestic violence but, as in this example, it could be extremely difficult because most abused women stayed with the men and were more likely to do this if they had children. Meanwhile the children urgently needed parents who could behave differently.

Some fathers were very anti - authoritarian and only want to engage with Children's Services on their terms, or not at all. Beneath their bluster they were usually worried about the power of the authority to remove their children. Some fathers projected all the blame on the mother, writing her off as "hopeless" and not worthy of social work attention, just as some mothers had called the father "a waste of space" or similar.

5.3.4 Complexities of the work

The social workers spoke about the complexity and considerable risks in some of their cases. Different forms of intervention were needed for different circumstances. In LA2 it was thought that there was naivety in the model of “bad man: good woman”. This did sometimes apply but many of the Children’s Services cases were a lot “messier”. Drug and alcohol misuse and mental health problems in one or both of the parents were seen as “going with” the territory in domestic violence. They were aware that they had to be careful not to put victims further at risk by increasing the anger of the perpetrator, as this could rebound on the victim later.

Another difficulty was keeping the focus on the child when working with one or both adults with considerable needs themselves. The LA3 workers spoke about how they had had some very violent people on their caseloads with backgrounds of gun - related and other violent crime. There were times when they had to assess the risks to the children, to the partner, to themselves and maybe to an ex - partner.

There were varying experiences of help from the police. The workers in LA1 said they occasionally visited homes with the police but it was less a case of the police offering to accompany them, than their saying very firmly that they were not going to the home on their own. LA3 workers had had more positive experiences. They talked of joint home visits with the police and the help given in challenging a perpetrator’s behaviour. There had also been some successful joint work with probation.

The experience in LA1 was that, contrary to what might be expected, children in need cases were more difficult to work with than children on child protection plans. A very experienced manager said, *“My personal experience is that my worst cases have always been children in need that “morph” into something really awful.”* It was also quite common for cases to oscillate between children in need and child protection, going backwards and forwards between these categories.

Another challenge was assessing whether a father was more a risk or more a resource to a child and managing this to ensure the child was safe. Circumstances could change rapidly so that a situation that had been safe for a child became too risky and the social worker had to take action to ensure the child’s safety. It was extremely difficult. As a worker said, *“...There are some fathers who are really good dads. They’ve got a good relationship when they are not hitting her, and can be really loving towards the children.”* There were even a few fathers who had been perpetrators of domestic violence but ultimately proved themselves to be able to provide a better home for their child than the mother. Other fathers were not much use as dads, but could be encouraged to increase their involvement at least with a bedtime story or a visit to the park.

In some instances there was no doubt that either the father had to be removed from the home or the mother had to be found somewhere else safe. There was, however, also acknowledgement that there could sometimes be alternatives and removal was not always the only way forward even in serious cases. One social worker said, *“What I had to do was to spend some time with the father and sit down and talk about his issues and look to routes (as to) how he could have mediation which again is a service which is quite expensive, as well as being able to slot it in with all the other timescales.”* Perpetrators with joint tenancies who were removed were very unlikely to be offered re-housing. They slept on settees in their friends’ houses, went to hostels or somehow just kept moving on. It was hardly surprising that they then “didn’t want to know” if invited to a case conference. Removal might be the only safe solution to a severe domestic violent

situation, but the social workers were aware that it could have long term, sometimes unintended, consequences for the relationship between a child and father. It was no answer to those frequent situations where the couple reunited without first doing any work on their own relationship.

5.3.5 Mothers as perpetrators

This issue was raised unprompted in one of the LA2 groups. The social workers present knew of six cases between them where the mother had been the sole or joint perpetrator of domestic violence. The cases varied in their circumstances. In one case the mother said she was equally to blame; in another, the mother had complained that Children's Services were treating her like a victim, whereas she declared, "*I give him as good as I get.*" In another example the mother had stabbed the father, but it was the father who had been sent to prison for perverting the course of justice, because he had refused to press charges.

One situation was described in more detail. At first the father had been the perpetrator but over time this changed. "*The situation had escalated to the point that she's got in the car and tried to run the dad over. She's assaulted dad and we've had to work with agencies for them to be fully aware, especially for the kids to acknowledge, that actually it's mum who is the perpetrator here.*" A family centre was now working with them but both parents minimized their responsibility.

It is possible the mothers' domestic violence was, in some cases, a response to aggression from their male partner, but there were a few examples where the social workers thought there had been no provocation.

5.3.6 Suggestions from the social workers for improving and changing practice

In the course of the focus groups, a number of suggestions were made for improving and changing practice:

Information on the birth and significant father figures

- Further attention was still needed to ensure that all the birth fathers' contacts (name, address, phone number, date of birth,) are on file and are kept up to date; and the same contacts for any other significant father figure.
- Include a question on the Initial Assessment form as to whether the father has been seen.

Conferences

- Hold more case conferences where the father is invited, provided the father can attend for part of the conference only, without his partner or ex – partner present, where this is needed for safety reasons.
- Expand the use of Family Group Conferences.

Social workers need more knowledge about:

- the likelihood of physical and sexual abuse where there is domestic violence.
- the level of risk to the child that should be tolerated.
- the risks to children meeting "out of home" fathers.
- the factors that will affect whether a perpetrator is likely to stop the domestic violence, in order to help decisions about resources for counselling and for perpetrator programmes.

Expansion of services

- Expand the capacity for skilled work with the couples. The work should include exploring the nature of negative couple attachment where there is a cycle of returning together and the domestic violence recurring.
- Hold more joint meetings with workers from other agencies already working with the perpetrator, such as probation and those running specialist domestic violence perpetrator programmes in order to dovetail the interventions.

Police

- Set up a system of pre - screening P78 forms from the police where this does not yet exist, so that lower risks families could be referred elsewhere.
- Negotiate access through the police to the National Data Base to check the criminal background where there are concerns about a perpetrator but as yet no child protection conference.

5.3.7 Resources for children

The professionals in all three local authorities experienced considerable frustrations with the lack of resources. As one worker stated, *“There are definitely not enough resources for the children who have to live within that kind of environment (i.e. domestic violence) at the various ages - from babies or toddlers until they are teenagers.”*

There was not only a lack of resources but a lack of continuity. Different voluntary sector projects would get funded from one year to another. One example was a group for boys who had been involved in situations of domestic violence which a local authority social worker had run in her own time with a voluntary sector worker. It had been very good but for funding reasons had only ever run once.

There were some examples of CAMHS (Child and Adolescent Mental Health Services) work with young children who had their own sessions while their mothers met separately, but other planned CAMHS work had not been possible for funding reasons.

In LA2, the NSPCC were running one to one and group work with children who had been affected by domestic violence. The availability of this resource was appreciated by the social workers, but some older children did not want other children knowing about the domestic violence, and some mothers had reservations about their children making friends with other children where there was violence in the household. There was another voluntary organisation offering help to children but it had to share its help across two authorities, each of which needed a full time worker.

Children may need follow-up well after the domestic violence, either when they are more able to cope with their emotions or when they start to display problems. Such follow-up may be very important but there are few resources to help with this need.

In the LA3 focus group it was suggested that more preventive work with children in the school setting would be very appropriate, especially about the emotional effects of domestic violence.

5.3.8 Resources for adult victims

The role of specialist housing panels in helping women in domestic violence situations was acknowledged but in the LA2 group it was said that housing panels continued to suggest that Children’s Services remove children from their homes when this was not an appropriate solution. There were particular difficulties for women whose immigration status

had not been resolved. This made funding for refuge places very difficult to obtain and as a result the victims often ended up going back to the situation from which they had fled.

A large number of referrals were made to a specialist resource for domestically abused women that offered both one to one and group help, including the Freedom Programme. The LA2 family centres worked with some adult victims on their own but felt that they could become too much like a service for adults. In the LA2 focus group it was acknowledged that there were at least three local resources for women who had been abused, including a group run by Sure Start and another available through Outreach Women's Aid. It was thought, however, that these were probably under - used. The very practical help of Victim Support was appreciated over such matters as improving women's security through better door and window locks.

It was recognised that some women would not be suitable for refuges because of their substance misuse problems. As one worker stated, *"I think most refuges would want some kind of assessment of the person's stability or lack of current drug use. They may be stable on methadone but if they are still believed to be using (drugs) on top of that, then most refuges would tend to screen them out as being too risky to admit them with other families."* It was known that there were a few specialist, non - local refuges for women with continuing substance misuse problems.

5.3.9 Resources for perpetrators

Social workers wishing to help a perpetrator might plan to engage with him, have discussions with him and try to find a programme to help him address the issues of domestic violence. This was not by any means always easy or successful. Apart from the limited availability, there could be fundamental issues as to whether the father was sufficiently motivated. One group member shared his experience that, *"Mainly the perpetrator doesn't want to know and (therefore) I've sort of focussed on the main carer, the female."*

For perpetrators on probation, one of the main courses available was the Integrated Domestic Violence Programme (IDAP), but there were also a limited number of other local perpetrator programmes. Social workers in LA1 had until quite recently been able to refer fathers for group work through a well known specialist agency. This resource had been highly valued, but due to financial constraints the contract with this agency had not been renewed. Referrals could still be made but now only as "special cases" for which strong arguments had to be made. The experience of the social workers was also that many of the men found the assessment for these programmes too much of a hurdle: *"We didn't really capture the reluctant ones and get them over that hurdle of undergoing an assessment."*

There were programmes in LA2 run by a voluntary organisation, but at the time of the research its group members were not those whose families were in contact with Children's Services. LA3 had access to a relatively new programme for perpetrators but the view was that there were not enough programmes for fathers who wanted to change.

Some of those in the focus groups thought there was as yet insufficient research on the impact of perpetrator programmes and their effectiveness. There was nevertheless confidence in the programme that had been available to LA1, with a social worker declaring, *"I don't think there were any questions over the efficacy of the work."* There was also an appreciation of the considerable attention given on this programme to ensuring children were safe while attending contact meetings.

There was less confidence expressed in the suitability of anger management programmes, with an LA1 worker stating, *“Anger management is a joke, a plaster. A type of catch - all, when what a lot of men need is quite intensive long-term psychotherapy and then relationship therapy after that.”* Long-term psychotherapy was not a resource that was available, at least from public funds, for these perpetrators.

There was some positive experience of use of contact centres for fathers to meet their children but sometimes there were insufficient rooms and supervisors. Contact centres could involve payments which again could be a difficulty.

5.3.10 Family Group Conferences

In LA2 there had been a voluntary sector project specifically for families where domestic violence was involved. One of the social workers had been involved in promoting the resource to colleagues, but not a single referral had been made. The reason was thought to be, *“There were certain people who don’t believe in FGCs for domestic violence because they think it is wrong to involve perpetrators. I think it (not offering conferences) is a kind of culture for some people. I just think it’s a different way of working and people are so hard pressed that to do something different for the first time takes that extra effort.”* As had been found during the file audit, there was very limited use of FGCs in these cases, not only in LA2, but in all the three authorities. In the LA3 focus group one of the workers gave an example of the difficulties. The worker had been trying without success to organise an FGC for six months partly because the maternal grandparents did not think the father had the potential to change. In the meantime there had been two child protection case conferences. The two timescales did not fit with each other. More recently LA3 has taken steps to improve the performance of the FGC service provided by an external agency particularly in relation to the rate of referrals to the service.

There could, however, be positive outcomes following an FGC. An example was given of a mother who had suffered domestic violence over a number of years. She continued to be traumatised despite now being in a different, non - abusive relationship. The children wanted contact with their father but the mother was very reluctant. At times of stress she would tell the children to go and live with their father but that lasted no more than a couple of days and they would return. *“Now, through an FGC, it’s got to a point where they’ve organised weekend stays with their father. No sign of domestic violence - maybe minor arguments - but the children are older now and they can flag up where there are issues, and on the whole it is working well.”* If the situation had been left to the mother alone, the children would not be in contact with their father and that would not have been in their best interests.

5.3.11 Couple work

Mediation was also said not to be readily available. The social workers said that there were difficulties with the funding when one party only obtained legal aid for it. As an alternative, social workers sometimes offered to provide relationship counselling as part of their case work but those who had tried this were aware that it might not be wise: *“It carries a high risk because in a sense you are attempting to try to preserve a relationship possibly or reduce the potential for conflict. I’m not sure whether it’s been entirely effective.”* Another social worker had offered separate and joint sessions to a couple who could not afford mediation, but felt all along it wasn’t really his role. He felt awkward when they talked about quite intimate matters and told them, *“I feel like I am married to both of you.”*

There was experience of Relate not being willing to work with couples where there was domestic violence and some understanding of the reasons. It was thought that a controlling man could take advantage of a woman who opened up her feelings and her vulnerability.

In LA2 the family centres offered couple work but were aware that they had to be very careful not to do more harm than good. They knew that there were some schools of thought that ruled out couple work entirely because of its potential to place the woman more at risk. It was thought that, *"It can be done but it needs to be done very intelligently in terms of how you approach it."* This would include being very aware of the power differential in each case.

5.3.12 Other domestic violence resource issues

Social workers in all three Children's Services Departments were positive about some of the resources available. In LA2 they praised the electronic reference "book" of resources available and a newsletter and leaflets were also mentioned. A hospital based worker in this authority found she could make a difference by giving information when people came to the hospital in connection with domestic violence. A worker who had worked closely with the police on a MARAC case (Multi-Agency Risk Assessment Conference) had found this had been extremely helpful. In this authority and LA3 there was a lot of appreciation for the role that family centres could play, but their limited capacity was particularly mentioned in LA3.

A high value was placed on "reflective supervision" that was more readily available in some family centres and in a behaviour resource service in LA2. *"There is a need for good supervision so that if you are getting sucked in a bit (i.e. losing objectivity) you can be corrected"*. Access to a discussion forum in this authority was appreciated and there were positive examples of meetings elsewhere that gave time for reflection and creative thinking rather than having to make very quick decisions. There had also been some good training courses such as in LA2 which ran domestic violence courses about four times a year through the Safeguarding Children's Board, though with a limited number of places.

Conversely, there were many resource difficulties and issues. In LA2 it was felt that the attention given to the MARAC cases resulted in a gap in attention to the next level down, even though some of these could still be very serious. There was research that had been commissioned to investigate this. The social workers were unsure who could do "change work" at this level though some of it was done in the family centres. In LA1 it was felt that the information sharing processes for cases that had gone to the MARAC panel had not been as tight as needed, resulting in Children's Services sometimes receiving information late.

The police referrals, P78s, arrive in Children's Services in considerable numbers. Too often the practice was seen as, "Three strikes and you're in." In other words, three such referrals would automatically lead to an initial assessment, whereas some cases merited assessment at the first or second referral. Even where initial assessments were carried out, there was some scepticism about whether any difference could be made: *"We go out (on initial assessments) and we say, "Do you realise the impact (of the domestic violence) on your children? How can we help you change that?" We give them some help with appropriate phone numbers, and then what? They are back again and again and again. It wastes a lot of our time on something that we just simply can't change..."* Such were the pressures that social workers also admitted that notes on files could be sketchy.

There was concern that there were insufficient resources to carry out detailed parenting assessments. This view was substantiated by the file audit which showed that some of the local authority parenting assessments were not very detailed. Another worry among more experienced workers was that newly qualified social workers and some others did

not have the level of experience or specialism to accomplish such assessments accurately. There was some awareness of a specialist risk assessment tool that was used by other professionals involved in the Domestic Violence Forum in LA2 and it was thought this might help. This idea was supported by other workers: *“This stuff doesn’t lend itself to seven days (initial assessments); it doesn’t lend itself necessarily to 35 days (core assessments).… Therefore if we could tool people up it would be better.”*

LA1 workers thought there continued to be a lack of knowledge of what was available, with a worker saying, *“I think sometimes there are lots of little volunteer groups or other resources out there, but we don’t know about them because there’s no one to co-ordinate information. Even if something is published, within a year it could be out of date and then we don’t know where to go. We don’t have the time to search the internet.”* Directories of resources needed to be kept up to date and very easily accessible from one electronic site. Even in LA2 with its internet directory, it was thought that the CAF panel (the multi-agency Common Assessment Framework panel that co-ordinates, monitors and implements early intervention for children and families) did not have enough knowledge of available alternative resources.

5.3.13 Safety of the Social Workers

The LA1 workers talked about the staff risk assessments and the importance of keeping these up to date. Sometimes the risk assessment was filed where it might be overlooked by a new or different worker.

The main ways in which social workers ensured their safety where there were concerns, was for meetings to be held in the office and/or for home visits to be carried out jointly. The latter had resource implications. It could be difficult to meet timescales for initial assessments if key family members failed to turn up to appointments for office based meetings. These measures were not only for reasons of physical safety. *“It’s not always that we think they (the perpetrators) are going to turn round and punch you in the face. It’s the intimidation, the aggression, the whole demeanour.”*

Some fathers were never going to visit Children’s Services offices willingly. Situations could also change quickly, not least if the social worker started to challenge, as in the following example: *“He (the father) was very welcoming into the home until I started challenging him and then there was all the verbal abuse and being chased out of the house. We don’t visit there anymore. He actually did come to meetings (in the office) and we were able to manage the risk to me more effectively because we would have security and we would have a meeting room and all that stuff, and he would come. But then there are other men who wouldn’t set foot in the social work office.”*

Situations could be very unpredictable. Paul experienced a father suddenly erupting. *“I stood up straight away and just left the house and then went back. My heart was thumping at that minute but I kept on visiting.”* It was sometimes very difficult for social workers to protect the child and victim as well as themselves.

6. Conclusion

This was a small study of only three Children's Services Departments, but it does suggest that many children remain in contact with their fathers when there has been domestic violence. Not all mothers necessarily want the father to have no further responsibility for their children and no contact with them.

Children's Services have a responsibility for the safety of these children and therefore it becomes of great importance to improve the information held on Children's Services files about the father, such as consistently better contact information, better information about the frequency and duration of the domestic violence and more information about the attitudes of the perpetrator to the domestic violence and to his children. Parenting assessments of these fathers in contact with their children are very important and should be undertaken more frequently.

In particular, social workers need to improve their communications with fathers and there should be greater expectations that they will meet them and involve them in meetings including case conferences, taking measures to ensure their own and others' safety where this is needed. Some of these changes could be made without requiring significant extra resources at this time of budget cuts.

There are resource issues however, which cannot be avoided. The study indicates that there are uneven levels of services in different areas for the perpetrators, victims and children involved in domestic violence. The local authorities have strategies to reduce domestic violence. It is most important that they continue to implement the strategies to ensure that in future there are a variety of resources, funded from a range of budgets, to meet the needs of these vulnerable children and their parents.

CHAPTER 6

PROJECTS AND PROGRAMMES

WORKING WITH VIOLENT AND ABUSIVE FATHERS AND FATHER FIGURES: AN OVERVIEW

CLAIRE FRASER

This chapter sets out information about projects and programmes in the United Kingdom and abroad providing services to perpetrators and alleged perpetrators of domestic violence. It is not exhaustive but it does provide a picture of the wide range of resources that practitioners may choose to network with and refer parents to. There is brief description of the various projects and relevant web links. Projects and programmes in this field are frequently dependent on time limited funding so some may have evolved and some may no longer be providing the resource described.

The data is part of a wider survey of practitioners and managers working in the field of domestic violence programmes, policy makers and academics, some of whom have evaluated domestic violence services. Their information has been supplemented by the knowledge of members of the Fathers Matter Steering Group, with additional internet searches to identify relevant perpetrator programmes.

The information about each programme is based on what the programme providers themselves have stated about their services either in response to the desk based survey and direct discussion or from the organisation's public statements. Academics and policy makers have also contributed information on known programmes.

The entries are grouped into projects and programmes in the United Kingdom and a second section which gives examples of international programmes: they are listed alphabetically.

1. Projects and Programmes in the United Kingdom

Caledonian System - Scotland

The Caledonian System is an integrated approach to address men's domestic abuse to a female partner and to improve the lives of women, children and men in Scotland. The programme works with men convicted of domestic abuse related offences. It is based on a risk and needs assessment and risk management approach designed to safeguard women and children. The programme is accredited by the Scottish Accreditation Panel for Offender Programmes & the Equality Unit of the Scottish Government.

The Caledonian System recognises that to safeguard children and women effectively and increase the likelihood of men making positive changes, programmes need to be long term and embedded in a wider system of multi-agency working. It also believes that working with men in isolation is potentially dangerous as it may raise the risk of harm to women partners. Therefore, the Caledonian men's programme is accompanied by an integrated service which addresses the safety of women and children.

The men's service works with convicted perpetrators for at least 2 years and includes preparation and motivation sessions, a group work programme (25 sessions) and post group work. It adopts 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 partners or former partners and their children.

The women's service provides safety planning, information, advice and emotional support to partners and ex-partners. The programme workers aim to reduce the woman's vulnerability and to work with other services, such as social work and the police, so that they can better support the woman and her family. The programme also works directly with the children of perpetrators to ensure their voices are heard and rights upheld.

After piloting the service in Edinburgh, Scottish Borders, East Lothian, West Lothian and Midlothian, the Scottish Executive has recently provided funding grant of £2.4 million to roll out the system across Scotland.

Further information on the Caledonian System can be found at <http://www.scotland.gov.uk/Topics/People/Equality/violence-women/CaledonianSystem>

Caring Dads - Cymru/Wales

Caring Dads Cymru/Wales is a group work programme for fathers and father figures, which addresses the impact of domestic violence within a family context. It aims to reduce domestic violence and improve fathers' parenting skills by challenging and changing men's attitudes and abusive behaviours towards their children and their partners. The programme, which places the child and safeguarding firmly at its core, is Canadian in origin and has been piloted in three areas of Wales by the NSPCC with Welsh Assembly funding since 2007. The programme is carried out over 22 weeks by two facilitators (one male and one female in order to model positive co-gender relationships) to groups of 5–9 men during 2.5 hour weekly evening sessions (with separate support sessions for partners and the children). The programme is based on cognitive behavioural, social learning and attachment theory and differs from approaches to domestic violence based on the Duluth model [see below]. Caring Dads focuses on both adults and the dynamics of their relationship. Although the safety of the child always remains central, there is a recognition that both the victim and the perpetrator are parents of, and important to, the child. The goals are:

- To develop men's trust & motivation to engage in the process of examining fathering;
- To increase men's awareness of child centred, non abusive fathering, through the recognition of children's needs & developmental stages;
- To increase men's awareness & responsibility for abusive behaviour within the family and its impact on women and children;
- To begin to apply child centred parenting skills and develop positive role modelling of equitable adult relationships; and
- To consider what is needed to rebuild trusting family relationships & future plans.

Programme referrals have come from social care agencies, CAFCASS and lawyers as a result of the Family Court proceedings, as well as self-referrals. Drop out rates appear to be low, for example, 13 out of 16 attending the first session of the first group completed the programme. The focus on fathering is considered to offer a powerful route to engaging with violent men who are motivated by the risk of losing their children. Key aspects of the programme content include child development (to increase understanding and therefore tolerance of children's capabilities at different ages), non-abusive behaviour management strategies and experiences of fathering and being fathered.

The Caring Dads programme in Wales has been the subject of an independent process and outcome evaluation by KM Research Consultancy Ltd (funded by the Welsh Assembly Government) over a two year period and the final evaluation report is due for

publication imminently. Programme Managers state that interim evaluation reports indicated *“that the programme is helping men to make positive changes in their behaviour towards their children and improving their relationships with both children and partners”*. The evaluation findings will be of particular interest since the research design has included a counterfactual (comparison) group of domestically violent fathers attending an Integrated Domestic Abuse Programme [see below – National Offender Management Service]. The NSPCC currently has plans to roll out the programme to two areas in England and one in Northern Ireland.

Caring Dads - London Probation Trust

The Caring Dads programme is an innovative pilot scheme within London Probation Trust. The 17 week programme was developed specifically within the probation context (i.e. mandated offenders) in collaboration, with the programme founders from Canada. It is believed to be the only example of Caring Dads within a probation context, although the programme manager is keen to see the approach expanded nationally.

The group work programme is delivered in partnership with social care staff from a number of London Boroughs which enables delivery costs to be shared across services. The project adopts a psycho-educational, systemic approach to risk and case management with additional support services for the partners of perpetrators. The group work participants consist of mixed groups of mandated offenders and social care referrals, many of whom are often known to both services. The majority of participants can be categorised as ‘high risk’. Approximately 30 of these ‘high risk’ perpetrators have completed the programme to date.

The programme is currently working towards accreditation via the Criminal Services Accreditation Panel to support the wider development of the programme nationally. An independent evaluation is also underway by Jane Lindsay at the School of Social Work, Kingston University (due to report in spring 2011).

The programme has witnessed resistance to working with violent men as fathers and believes many domestic violence and social care practitioners are still focussed too narrowly on the Duluth model. Caring Dads is considered to offer a realistic approach to tackling violent behaviour as many men will not identify as ‘domestically violent offenders’, but will identify as ‘fathers’. The programme providers are working to overcome these barriers to develop the programme to increase the possibility of safeguarding women and children. However, the current financial climate and the additional tendency for early intervention budgets to exclude fathers present real concerns for the practitioners working in this programme.

Domestic Violence Intervention Project - DVIP

Domestic Violence Intervention Project is the largest community perpetrator programme in the UK, delivering up to six group work programmes with up to 72 men per week, approximately 70% of whom are fathers referred via local authority Children’s Services. The Project has developed working protocols with Children’s Services across 20 London Boroughs, including expert risk assessment in public and private law proceedings. The team also work closely with local authorities such as Westminster and Islington to deliver core messages to social care staff regarding the need to engage with violent men as part of their approach to safeguarding women and children.

All DVIP programmes address aspects of fathering but currently there are two initiatives being piloted which are of direct relevance to this practice survey:

1. A parenting programme for violent men, funded by the Parenting Fund, with an integrated support programme for partners is currently being piloted. The need for this project was identified due to the rising number of referrals from Children's Services. It aims to combine elements of parenting approaches (similar to the Caring Dads programme but delivered over a longer period) with elements of perpetrator programmes. The resulting 32-week intervention aims to address both violent behaviour and parenting in-depth but within a timescale that is viable for commissioning partners. The pilot group of 8 men is currently ongoing and the intention is to publish evaluation data in spring 2011.
2. Work with young violent fathers in London has recently commenced a project funded for three years by John Lyons & City Bridge Trust. The Development Worker is in post and has identified five cases to date. The targeted programme stemmed from the observation that local authorities were increasingly identifying younger perpetrators (sometimes as young as 14 years) who were violent towards partners and parents or other family members. Prior to the development of this service, there was no suitable service to work with these young perpetrators.

The support service for female partners is also an integral part of the service provided by DVIP, and continues for up to 4 months after perpetrators have completed their programme. A significant level of work is also undertaken with children of perpetrators, including supervised contact and therapeutic work. DVIP is one of eight providers approved nationally by CAFCASS for court directed interventions as a condition of contact.

DVIP has recently published a report highlighting the outcomes from and impact of its first 18 months of service delivery (Price et al, 2009)

More information on DVIP can be found at <http://www.dvip.org/>

DOVE Programmes – Daybreak

The Dove Programmes, provided by the Daybreak organisation based in Hampshire, England uses the model of a family group conference (FGCs) to address situations of domestic violence with the aim of supporting and empowering families to make their own plans in order to safeguard all family members. This model acts against the secrecy about the abuse by informing family members and friends about the abuse. It draws on the strength of the extended family and friendship network for support, information and resources and brings together, at one place and at one time, agencies who can offer professional resources.

FGCs had been used in a Canadian initiative to address situations of domestic abuse and achieved encouraging results. The research team involved in this initiative (Joan Pennell and Gale Burford) assisted agencies to develop services to address domestic abuse and Daybreak was commissioned to manage the project which began taking referrals at the beginning of 2001.

The service has now worked with over one hundred families and, with additional funding from the Children's Fund, has taken referrals directly from the community, in addition to statutory and voluntary sector agency referrals. This has facilitated preventative as well as crisis work with families experiencing physical, emotional, psychological, financial or sexual domestic abuse.

Project staff believe that focussing on violent men as ‘parents’ rather than ‘perpetrators’ makes them more likely to engage with the service and the multi-agency participation model is considered to underpin the success of the FGC approach. Outcome data reported includes:

- After attendance at a DOVE Project Conference, there was a 50% reduction in the number of crime reports received by the local constabulary
- In the six months following the project phase (April 2006 – March 2007), 11 of the 15 families participating did not come to police attention again – a 73% success rate
- Families with 2 or more domestic incidents involving the police during the pilot phase have not since come to police attention.

Further information on the programme can be found at
: http://www.worldwebwise.co.uk/daybreakfgc/programmes_dovebasingstoke.html

Making Safe Scheme, North Yorkshire, Moors and Coast

The Making Safe Scheme is a multi-agency project involving the police, the probation service, housing providers, domestic violence services and the NSPCC. The scheme received the Butler Trust for Protecting Communities award in 2008, a national award that recognises work undertaken with offenders.

The scheme supports female and male victims of domestic violence to remain safe in their homes whilst challenging the perpetrators’ abusive behaviour and encouraging them to change it. The Making Safe scheme is an initiative developed by the Scarborough, Whitby, Filey and Ryedale Domestic Abuse Forum to address the needs of victims and their children who experience and witness domestic violence and to reduce the level of repeat offending across the Borough of Scarborough and District of Ryedale. All contributing agencies have the overarching aim of public protection.

The perpetrator is required to leave the family home before they can participate in the scheme. This helps to minimise disruption to a child’s life, enabling children to remain at their home and at their school. The perpetrator of the violence is required to attend the Integrated Domestic Abuse Programme (IDAP) which challenges their behaviour and encourages them to change it.

Initial evaluation shows a 10.8% re-offending rate by domestic violent offenders compared with the national figure of 47%.

Role of NSPCC Making Safe Worker

The NSPCC Making Safe provision was established to assess the impact of domestic violence on children and young people, to ensure action is taken to safeguard their welfare and to minimise the incidence of domestic violence in the future.

The NSPCC practitioner works with children and young people who live with domestic violence to ensure that their priority during an assault on their parent/carer is to protect their own safety. Providing children and young people with the skills and permission to call the police helps them to protect themselves better.

The work involves:

- Individual assessment of each child or young person;
- Identifying areas of risk;

- Identify strategies for keeping safe;
- Assessing the needs of children and young people affected by domestic abuse and consequent risk issues; and
- Agreeing with the child or young person an individual safety plan.

The NSPCC worker works with the child to:

- Discuss how the child or young person can help keep themselves safe;
- Identify safe places to go, a safe network, who can help and strategies for reducing any identified risk;
- Map areas of life and identify risks and strategies for reducing these;
- Ensure young person knows when and how to use 999;
- Discuss having “safe” numbers in mobile phone; and
- Agree who this plan will be shared with.

Further information on the Making Safe Project can be found at <http://www.scarborough.gov.uk>

Information on the role of the NSPCC worker is adapted from *NSPCC Domestic Violence Campaign Briefing 6*

My Time, Birmingham

My Time aims to support fathers and their families in a holistic ‘think family’ approach, to enable a supportive partnership of voluntary and statutory agencies to assist all family members to access equal and appropriate support that meets their needs and takes into consideration language, culture, gender, ethnicity, sexuality and faith.

The Family Action for Choice Tomorrow (FACT) programme has an emphasis of highlighting the importance of the father within the family structure and how their influence (positive and negative) can affect the child’s experience of parenting and the child’s learning and development whether they are a resident and non-resident parent. The programme also acknowledges that many families have secondary (step) fathers who assume a parenting role and are often excluded from access to external support.

The project is based within an inner city area of central/east Birmingham where 70% of the population is from Black and Minority Ethnic communities of whom 70% are Muslim. FACT is aimed at 40 families annually who have multiple and dysfunctional risk issues including negative behaviour by the father (domestic violence or mental health issues) with the aim to enable the family to establish more equality and empathy based relationships that improve parenting and child welfare and development in line with Every Child Matters. The intention is to provide choice for mothers who may wish to pursue a reconciliation progression route as opposed to separation. The programme includes changing behaviour, developing positive lifestyle and self-esteem, and positive parenting without smacking and includes face to face counselling, horticulture therapy and sport coaching.

The project provides psychological support to families in crisis (where the father is a key person in the future family development) who are experiencing multiple issues including English not being the family’s first language, seeking asylum, victims of domestic violence, racial discrimination, unemployment, poverty, destitution, social exclusion and the effect of depression, anxiety or low self-esteem. The project aims to provide an accessible, safe, culturally and faith sensitive environment for local families at risk to learn stronger interpersonal skills (confidence and self-esteem), gain a greater understanding

of all family members' needs, learn how to develop family action plans and effectively work together with support from local resources and organisations.

The project is a consortia of local expertise, community organisations and resources. FACT will be delivered through an action plan that will provide a range of learning based activities to suit individual family needs with talking and non talking activities (music, drama, horticulture, art, photography) that stimulate positive interaction, social integration and improvement of communication and understanding. My Time will work principally with the father but co-ordinate activity with other agencies that would be working with the mother and children. The project would have a strong emphasis on gaining stronger interaction between genders by having gender specific activities that build up self-esteem alongside family activity so that each family member gains the confidence to participate.

Further information on My Time can be found at <http://www.mytime.org.uk/>

National Offender Management Service (NOMS) - England & Wales Integrated Domestic Abuse Programme

The Integrated Domestic Abuse Programme (IDAP) is a group programme for convicted offenders, which focuses on concepts of control and misuse of power. Offenders are expected to talk openly about their violence to the group, and listen to others' experiences – this, along with the educational content of the course has been proven to help violent men recognise the impact of their violence, take responsibility for their actions and eventually stop their violent behaviour (Bilby & Hatcher, 2004).

The course addresses both physical and psychological violence. This can include isolation from friends or family; degradation – public humiliation, forced sex acts or repeated household chores; threats of violence, threats to children or threats of suicide; making ceaseless demands, having unpredictable moods and holding distorted perspectives such as “I only hurt you because I love you”.

The victims themselves often have an important part to play in their partner's rehabilitation, and the victim's needs are always supported first and foremost. If the victim and the offender are still in contact, the victim is asked to give regular feedback to help shape the offender's supervision. The safety of any women or children involved is paramount and the success of the Programme is judged on how well they are protected.

IDAP is based on a co-ordinated effort by a number of agencies, including Probation and Police, and requires co-operation between all the Criminal Justice agencies. Often, women's groups and charities like Victim Support are also involved – this partnership approach allows the programme workers to build up a comprehensive picture of the offender's behaviour, and decide on the most suitable kinds of intervention.

The Ministry of Justice has recently published an implementation study of the delivery of domestic abuse programmes in probation areas and Her Majesty's Prison Service (Bullock et al, 2010).

(This information is extracted from: www.westyorkshireprobation.org)

Positive Change Project, Tower Hamlets, London

The Positive Change Project was launched in October 2009 to address a gap in providing evidenced based assessments and to meet specifically the needs of violent men in the London Borough of Tower Hamlets, London. It was supported by Respect and brought together social care and safeguarding staff from the local authority, the domestic violence forum, probation service, community safety unit and a local family centre. To date, around 30 people have completed training to deliver the 30 week programme and 10 of these have completed additional training in group facilitation.

The programme incorporates elements of the Caledonian System (see above) and has been timed to coincide with the specialist domestic violence courts set up in Tower Hamlets to fast track domestic violence cases. The programme is believed to be relatively unique in being a local authority-led perpetrator intervention.

The first group commenced in January 2010 and to date, the project has received about 60 referrals. The project is currently funded until March 2011 and is co-facilitated by three trained members of staff. The first programme has worked with a core group of approximately eight men from a range of ethnic groups including Black African, African Caribbean, Bangladeshi and White British. All participants attend voluntarily. Two additional female members of staff work closely with partners of the men attending to complete safety plans and to provide progress reports.

The current programme includes sessions on parenting which are largely focussed on enabling perpetrators to understand the impact of their violence on their children, using a cognitive behavioural approach. Anger management techniques are taught using family life examples and role plays. The project manager believes that a focus on fathering is a powerful motivator for violent men to acknowledge and change their behaviour, and therefore, ultimately, the most effective way to safeguard children.

The Positive Change Project is now working closely with London Probation to develop their programme by incorporating elements of the Caring Dads programme to directly tackle violent fathering. In addition, they are developing work with the Amali project (a programme supporting partners and children of perpetrators) to provide a holistic approach to tackling domestic violence within the family. This approach includes a triad of services working with perpetrators whilst simultaneously supporting partners and, separately, the children of violent fathers.

Anecdotal feedback for the Positive Change Programme indicates evidence of positive impact on perpetrator attitudes and behaviour (as reported by women support workers engaging with partners and children) and the project has been welcomed by multi-agency professionals who are working with families where domestic violence is present. The project manager is mindful of the need to objectively evaluate project impact and individual outcomes and is currently working with the probation service to implement this process for the next group.

Respect

Respect is the UK membership association for domestic violence perpetrator programmes and associated support services. It was set up by a steering group of practitioners working in the domestic violence sector on behalf of the National Practitioners' Network (NPN) in order to:

- Support those running perpetrator programmes and associated support services in the UK;
- Lobby government to put perpetrator issues on the public policy agenda; and
- Promote best practice in work with perpetrators to ensure that it prioritises the safety of those affected by domestic violence - predominantly women and children.

Their vision is to end violence and abuse in intimate partner and close family relationships. Their key focus is on increasing the safety and well-being of victims by promoting, supporting, delivering and developing effective interventions with perpetrators.

Their services include:

- Support, resources and training for members;
- Managing accreditation of perpetrator programmes;
- Developing work with young people;
- Promoting knowledge of research about domestic violence and collaboration; between researchers, practitioners and policy makers;
- Influencing public policy and providing a national voice on men's violence against women;
- Running the Respect Phoneline, an advice and referral line for perpetrators; and
- Running the Men's Advice Line, a helpline for male victims.

They have recently produced a lobbying tool called Domestic Violence Perpetrators: Working with the cause of the problem (Respect, 2010)

http://www.respect.uk.net/data/files/lobbying/lobbying_tool_with_refs_30.11.10.pdf

Respect lobbies Government and other statutory agencies across the UK – nationally and locally – to influence public policy in relation to domestic violence perpetrator work. It produces a quarterly newsletter and fortnightly email updates for members.

The organisation states that services should address issues relating to child contact and child-centred parenting when developing effective interventions to address domestic violence (DoH, 2010). It has therefore welcomed the arrival of programmes such as Caring Dads in providing 'an attractive model for supporting fathers who had used violence towards their partners' and believes it can provide a 'complementary role in relation to fathers who are engaged in, or seeking the support of, DVPPs [domestic violence perpetrator programmes]' (Respect 2010).

However, Respect has raised concerns that Caring Dads may be presented as '*an intervention to directly address men's violence against partners or ex-partners*' rather than as an additional resource for violent fathers who are or have attended a DVPP. To this end it has issued a position statement to clarify its view of Caring Dads as a '*child-centred fathering programme...which should not be offered as stand-alone intervention...and should only run alongside a DV PP*' (Respect, 2010).

More information on Respect can be found at www.respect.uk.net

South Tyneside Domestic Abuse Perpetrators Programme [STDAPP]

STDAPP is a voluntary sector programme working with perpetrators of domestic violence to provide help and assistance in changing their abusive behaviour. It was developed in 2006 to address a gap in perpetrator services in South Tyneside and is built on an innovative model of interagency working, bringing together staff from a range of statutory and voluntary sector agencies including health, children's services, adult social care, and drug/alcohol teams to manage and deliver services. The voluntary programme consists of 75 hours of intervention over 26 weeks delivered via one-to-one sessions and subsequently, group sessions. The underlying theoretical model is the Action for Change programme, developed by Ignition (<http://www.ignition-learn.com/>), and described as 'the only domestic violence and abuse intervention programme available which takes full account of current research on perpetrator issues'. The programme is Respect accredited and therefore has at its core both the safety of perpetrators' partners and the Respect principles (Respect, 2004). The programme comprises seven modules, one of which (module 3) is entitled 'The effects on children'.

The programme was evaluated over a two year period by the University of Bristol (Williamson and Hester, 2009) and the final report considers a range of programme outcomes including change as defined by the perpetrators and their partners. Of the 18 male clients interviewed, 17 were fathers and Children's Services were involved with 9 of these families. It was noted that a great number of referrals to the service (overall) were from Children's Services. Ten of the men interviewed had been referred to the programme by Children's Services and 8 of these acknowledged that their attendance was motivated by a desire for them or their partner to have access to the children or to prevent the children being accommodated:

In some of the cases referred by Children's Services the secondary impact of attending the programme was that the men were learning about the impact of the behaviour on their families, for others, they felt that the programme was a complete waste of time. In some of these cases the men stopped attending the programme when either the children were returned to them or their partner or a decision was made that the children would not be returned. This occurred even in cases where the men had engaged with the programme for a substantial period of time before such a decision was made. (Williamson & Hester, 2009, page 23)

It is not clear from the evaluation report exactly what the programme content includes with reference to fathers, nor what impact this had on the participants' family relationships. However, earlier research by the same team with perpetrators in the same region (which led to the development of the STDAPP service) found that some men were 'critical of the children element' ('I'm a good father')...however these were issues that clearly did need to be addressed by the men concerned.' (Hester and Williamson, 2006, page 4)

Further information on STDAPP can be found at <http://www.stdapp.org.uk/>

Strength to Change, Hull

The Strength to Change programme was established in Hull in 2009 to work with men who are being violent and abusive in their intimate relationships. The programme is led by NHS Hull and aims primarily to safeguard women and children whilst giving men an opportunity to change their behaviour. Attending the programme is voluntary and perpetrators are encouraged to self-refer to indicate their willingness to participate in the programme.

The programme is built on a range of therapeutic models including cognitive-behavioural and dialectical-behaviour therapy; mindfulness, and restorative justice and has increasingly incorporated responsible parenting/fathering as an integral part of programme content. The programme managers are also currently auditing the Caring Dads programme with a view to incorporating aspects of this approach into their programme. It adopts a holistic approach, working with partners, children and the wider family if required.

Strength to Change is currently being independently evaluated by the University of Central Lancashire (Nicky Stanley) with findings expected to be published in 2011.

Further information on Strength to Change can be found at <http://www.strengthtochange.org>

Working with Perpetrators: Living without Violence Programme - Brighton, England

Working with Perpetrators: Living without Violence Programme is a 36-week perpetrator intervention delivered via a joint initiative in Brighton, England between the Clermont Child Protection Unit and eb4U (a New Deal for Communities funded initiative) during weekly 2 hour groups of up to eight men at any given time. Referrals are received from social care, health, probation, Relate, Respect and about a third directly from perpetrators seeking help to address their violent behaviour.

Based on an integrative psycho-educational approach including cognitive behavioural therapy, educational content and a therapeutic focus on change, the programme has at its core an underlying philosophy which highlights the significance of gender and power relations. Being a father is described as 'one aspect of the wider programme', throughout which perpetrators are asked to consider the implications of their behaviour on their children, partner and wider family. The providers have noted that many men on the programme are apparently 'motivated by the desire not to be like their own fathers'. The programme also works holistically to safeguard and support partners of the men attending which allows both a 'needs' assessment of partners and children and an opportunity to monitor the impact for them of the programme. This approach is underpinned by the involvement of child protection professionals to ensure child and family safety is prioritised. The programme is accredited by Respect.

Where a father has successfully completed the 36 week perpetrator programme and the couple wish to continue with their relationship, they can be referred to a solution focussed intervention which is premised on the assumption that whilst the man is responsible for the violence, both partners are accountable for the future health of the relationship. Thus, this programme focuses on repairing 'intimacy damage' and opening up channels of communication but continues to prioritise ongoing safety for the mother and the children. The feedback from couples so far has been described as *"extremely positive...highlighting how the sessions facilitate constructive conversations which begin to re-build communication and intimacy in a relationship which has been eroded by violence."*

The service has been operating since 2004 and is currently participating in an ongoing evaluation which is monitoring two groups of perpetrators over a two year period and hopes to expand services to support children directly of perpetrators in the future. The work of the multi-agency team has also been featured in Community Care (Cook, 2005; Cook & Flynn, 2007).

2. International Projects and Programmes

Alternative to Violence - Norway

Alternative to Violence (ATV) is a professional treatment and research centre established in Norway in 1987. The treatment approach is based on pro-feminist theory and includes individual and group perpetrator treatments as well as support services for partners and children (Rakil, 2006).

Two programmes are offered to perpetrators - one targeted directly at men who use violence against their partner and/or children, and a parents' programme based on the 'Circle of Security' approach. Both programmes are usually accessed on a voluntary basis although a few perpetrators are mandated to attend. The length of treatment varies depending on need but the average duration of individual treatment is ten months (attending one session per week) and 1.5 years for group treatment (attending a two-hour weekly session) (Rakil, 2006).

The ATV approach is based on four phases: acknowledging the reality of the violence; accepting responsibility; focus on psychological connections between personal history and present use of violence; and harmful consequences of violence.

In response to increasing awareness about the effects of domestic violence on children, ATV has also set up a specific group for violent men who are fathers which explores:

- Men's perceptions of themselves as fathers
- How the violence is affecting the father-child relationship
- How the violence is affecting the mother-child relationship
- How the child is affected by the violence itself on both a short and long-term basis
- The basic psychological needs of the child in a developmental perspective and how these needs are violated by the presence of the violence.

Further information about Alternative to Violence can be found at <http://www.atv-stiftelsen.no>

Caring Dads - Canada

The Caring Dads programme was developed in Canada in 2001 to address an identified gap in programs for fathers at risk of or responsible for child maltreatment, due to the tendency for maltreatment programs to focus exclusively on children's mothers. Caring Dads addresses this gap by helping violent fathers to cease using abusive parenting strategies; to recognise attitudes, beliefs and behaviours which support healthy father-child relationships; to understand the impact of domestic violence and maltreatment on children and to prioritise children's needs for love, respect and autonomy.

The programme acknowledges that even in domestically abusive households, many children will value their relationship with their fathers and want it to be improved rather than eliminated. The programme primarily works with men as fathers, although there is a clear acknowledgement that part of being a good father is modelling a respectful, non-abusive relationship with children's mothers and program accountability to ensure safeguarding is emphasised (Scott et al, 2007).

The programme is delivered via 2-hour weekly sessions over a 17-week period with approximately 12 fathers in each group and combines motivational interviewing, cognitive-behavioural and psycho-educational techniques. The groups are co-facilitated

by a male and female co-ordinator and are guided by 6 key principles which differentiate the programme from general parenting programmes and includes primary/secondary interventions targeting mothers (Scott & Crooks, 2004). These focus on addressing overly controlling behaviour; the correct timing for changes to parenting style; gender-role stereotypes; relationships between abusive fathers and the mothers of their children; the need to re-build trust; and the need for a multi-agency intervention, for example, legal and child protection agencies, to ensure safeguarding is prioritised.

Evaluation data for the pilot implementation of the Caring Dads programme (Scott et al, 2004) indicated reductions in risk in the key fathering domains measured and client satisfaction with the programme. However, it also acknowledged the need for programmes to address attrition and for programme effectiveness to be measured objectively rather than relying on self-report alone.

Caring Dads continues to expand across continents, with programmes now being delivered in the UK via the NSPCC and London Probation Trust (see earlier section); Hong Kong (with Harmony House) and Sweden (with Norrtälje City Social Services). It has also been highlighted as an example of good practice in the Department of Health's toolkit for practitioners dealing with children, young people and domestic violence (Department of Health, 2009).

Further information on Caring Dads can be found at <http://www.caringdadsprogram.com>

Centre for Prevention of and Intervention with Domestic Violence - Israel

Peled and Perel (2007) have presented a conceptual framework and intervention model for their work with violent fathers in Israel which views 'men who batter as simultaneously harmful and vulnerable' (page 89).

The Israeli Welfare Ministry, in partnership with women's organisations, delivers interventions for violent men in community centres throughout Israel. Support is also provided for abused partners and often for the child victims. The majority of men attending are referred to the centres by the police or courts but are never mandated to treatment. The remaining clients are self-referred. Due to the importance of marriage and family in Israeli culture, the majority of violent men will still live with their partner and children or have ongoing contact with the children.

The conceptual framework adopts a number of theoretical approaches including feminist practice, phenomenology and dynamic psychotherapy. Thus, the intervention model requires that men accept and take responsibility for their violent behaviour and complete a perpetrator programme before being offered a parenting intervention in order to ensure that women and children remain central and safe (feminist approach). The phenomenological approach is based on the meanings attributed by violent men to their fathering experiences and the psychodynamic approach examines their own experiences of being fathered.

The resulting intervention model is described as 'a semistructured, cofacilitated group intervention aimed at strengthening the fathering of men who batter' (Peled and Perel, 2007, page 95) and about 85 men are noted to have completed the programme. The modular intervention includes five sections: introduction to the group and being a father; parenting skills and daily events; my parents and my parenting; my children and the

impact of the violence on them; closure and farewell. Both a short-term intervention (16 – 20 sessions) and a longer group intervention (more than 30 sessions) have been developed.

Evaluation data to date suggests ‘some improvement in men’s parenting skills, and an increase in the men’s understanding of the impact of violence on exposed children and in their empathy to the children’s feelings’ (page 95). However, the authors remain cautious about long-term outcomes (particularly in relation to the short-term intervention) based on the limited data to date.

Further information on intervention can be obtained from The Israeli Welfare Ministry: Ayala Mayer (ayalama@molsa.gov.il)

Domestic Abuse Project - Minneapolis, United States of America

The Domestic Abuse Project (DAP) was founded in 1979 in response to victims’ requests for help to end the violence, rather than their relationship. DAP provides a continuum of care - from immediate crisis intervention through to long-term behaviour change for every member of the family. The Men’s Group works with perpetrators to:

- End their abusive and violent behaviour
- Enable perpetrators to take responsibility for their behaviour
- Help them complete a self-control plan
- Enable them to talk about the abuse and violence and break the isolation

The Men’s Group approach is based on self-control planning and DAP believes that violence and abuse are learned behaviours and that perpetrators can learn other behaviours to take their place. The programme, which is offered on a sliding-fee scale, dependant on income, consists of three stages:

Education Session - Classroom style groups with a new topic covered each session. Men’s Program clients are expected to attend 10 education sessions plus the self-control planning session. After the primary batterer intervention program is completed, there is a voluntary follow-up parenting program for fathers, which provides a specific focus on parenting.

Process Group - Therapy group meeting for 2 hours per week and clients are expected to attend at least 12 sessions.

Stage 3 Group - The Stage 3 Group meets once a week for 2 hours and is a way for men to continue getting support for their non-abusive behaviour and sharing their successes.

Further information on the Domestic Abuse Project can be found at <http://www.domesticabuseproject.org>

Emerge - Massachusetts, United States of America

Emerge, founded in 1977, was the first abuser education program in the United States. It aims to eliminate violence in intimate relationships by educating individual abusers, preventing young people from learning to accept violence in their relationships, improving institutional responses to domestic violence, and increasing public awareness about the causes and solutions to partner violence.

The Abuser Education Program is delivered over 40 sessions and includes content about the effects of domestic violence on child witnesses. Additionally, Emerge group leaders also routinely provide feedback to fathers about their parenting of their children.

Emerge has also developed parenting education groups for fathers to include helping men to become more responsible parents. The 12-session parenting education program - the Responsible Fatherhood Program - is offered free of charge to all fathers who attend the Abuser Education Program and is based on the Caring Dads Program.

Emerge also works holistically with the wider family, maintaining regular telephone contact with victims of abuse to obtain their feedback about the abuser's progress and to refer victims and their children on to appropriate services.

Further information on Emerge can be found at <http://www.emergedv.com>

Fathering After Violence - Boston, United States of America

Fathering after Violence (FAV) is a US-based initiative developed by the Family Violence Prevention Fund (FVPPF) and its partners in 2002 to enhance the safety and well-being of women and children by motivating men to renounce their violence and become better fathers (or father figures) and more supportive parenting partners.

FAV does not deliver a programme directly to perpetrators. It is a conceptual framework to help end violence against women by using fatherhood as a route to engagement. The FVPPF works with its partners and domestic violence practitioners to develop culturally appropriate practical tools, prevention and intervention strategies, and policy and practice recommendations.

FAV has proposed engaging abusive fathers by helping them develop empathy for their children and using this empathy as a motivator to change their behaviour. It is also currently exploring an assessment framework to help practitioners discern which fathers might be appropriate for repairing the relationships with their children. For those fathers who are in the position to start healing their relationships with their children in a safe and constructive way, a 8-step reparative framework is introduced which includes: changing abusive behaviour; modelling constructive behaviour; stopping denial, blaming and justification; accepting all consequences for one's behaviour; acknowledging damage; supporting and respecting the mother's parenting; listening and validating; and neither forcing the process nor trying to 'turn the page' (Areán and Davis, 2007).

FAV frameworks have been designed to be integrated into programmes that might have a wider focus than just working with fathers to ensure fatherhood is addressed during all intervention programmes. It also advocates a holistic approach with the wider family by recommending that programmes have partner contact and contact with children where it is safe and legal to do so.

Further information on the initiative can be found at <http://www.endabuse.org/>

Man Alive - New Zealand

Over the last 10 years, Man Alive has delivered Living without Violence and Te Ara Taunata Ora (specific to the Maori culture) programmes in New Zealand for court mandated and voluntary participants.

Participants work in groups of 16 and meet weekly for 2.5 hours. All sessions are facilitated by male group leaders. Some men will also access individual counselling. The programme adopts a positive approach (*"Man Alive will not blame, shame or judge men"*) working with participants to

- Take responsibility for their actions
- Learn how to avoid and manage conflict
- Have positive relationships
- Create safety strategies in their home
 - Deal with personal issues

Man Alive programmes incorporate responsible parenting and fathering as an integral part of the content, as well as spiritual, cultural and restorative elements from Maori culture.

Further information about Man Alive can be found at <http://manalive.org.nz/nonviolence.htm>

NPYWC Family Violence Program - Australia

The NPY (Ngaanyatjarra Pitjantjatjara, Yankunytjatjara,) Domestic and Family Violence Program includes a perpetrator program arising from the Cross border Justice Project of the Western Australian, South Australian and Northern Territory governments. It aims to address family violence in the NPY lands of Central Australia, through group work with offenders across the borders of the three jurisdictions. The project is managed from the Northern Territory Department of Justice office in Alice Springs and provides services to remote Indigenous communities.

The perpetrator programme is targeted at adult Aboriginal offenders – both those under community supervision and those referred on a voluntary or non-mandated basis. It comprises a total of 54 hours of targeted work, divided into 3 – 3.5 hours of activity each day over a period of 4 – 5 weeks. The Programme content states that it includes ‘fathers and fathering’. In addition to the group work, perpetrators must meet with group leaders on an individual basis on three occasions to successfully complete the programme.

The Project also works closely with women partners and children providing a voluntary partner support programme which is delivered during a 6 hour, 1 day programme. The programme content includes strategies to address anger and conflict and to encourage good communication.

Eleven programmes have been completed to date. 77 men commenced the programme and 40 have successfully completed it. The completion rate for mandatory referrals is 62%. Two out of 15 voluntary participants (13%) have completed the programme. A programme evaluation completed in May 2008 reported high levels of satisfaction amongst participants but no outcome evaluation data (e.g., level of re-offending) has yet been made available.

Further information can be found at http://www.npywc.org.au/FACT_SHEET_8.pdf

Safe and Together - United States of America

The Safe and Together model, developed by David Mandel & Associates (www.endingviolence.com), is designed to support child welfare practitioners and partner agencies in making good decisions for children harmed by domestic violence perpetrators. It aims to improve risk and safety assessment, case decision making, interviewing, and documentation, and also to improve cross systems collaboration.

The following are some of the assumptions underpinning the model:

- Safety, permanency & well-being of children cannot be achieved without a competent, skilful response to domestic violence by the professionals/systems involved with families
- The interests of domestic violence survivors, child welfare and other systems are in significant alignment: reducing or eliminating the safety and risk concerns posed by domestic violence perpetrators
- Child welfare and other systems need to develop their capacities and competencies to intervene more effectively with domestic violence perpetrators, particularly as it relates to the safety and well being of children

To improve practice and create better outcomes for children and families, the following principles can help guide practice:

- From the perspective of safety, healing from trauma, and stability, it is in the best of interest of children to remain Safe and Together with the non-offending domestic violence survivor
- A partnership with the non-offending domestic violence survivor is the most effective and efficient way to promote the safety, permanency and well being of children in a family impacted by a domestic violence perpetrator
- A partnership with a non-offending domestic violence survivor needs to be based on a comprehensive assessment of their active efforts to promote the safety and well being of the children.
- Systems can improve outcomes for children and families by increasing their capacity to intervene with domestic violence perpetrators, particularly as it relates to the safety and well being of children.

Implementation of these principles in cross system collaboration and case practice is supported by a focus on identifying the following critical elements of a case:

- The domestic violence perpetrator's pattern of coercive control
- Specific behaviours the perpetrator has engaged in to harm the children
- Full spectrum of the survivor's efforts to promote the safety and well being of the children
- Adverse impact of the perpetrator's behaviour on the children
- Other factors including substance abuse, mental health, cultural and other socio-economic factors that may impact the domestic violence.

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CHAPTER 7

SERIOUS CASE REVIEWS – WHAT DO THEY CONCLUDE IN TERMS OF RISKY FATHERS?

SEAN HARESNAPE

1. Context

This report describes the findings from 45 serious case reviews (SCR) completed in the years 2008, 2009 and 2010 where there was a serious injury to or death of a child and where a father or father figure was implicated. Since 2001, a biannual review of serious case reviews has been undertaken and published in order that we may learn lessons from these tragic events which may inform our practice in protecting children .

These reviews attest to the difficulties that agencies often have in engaging with fathers:

‘Relationships with helping agencies were characterized by ambivalence or hostility, sometimes, for example, because a father (or male figure) did not consider himself to be in a parental role. Frequent uncontrolled /concealed or denied alcohol or drug misuse was associated with the events leading to the serious case review in several cases.’¹

Similarly the need to develop shared understanding about the significance of domestic violence in children’s lives has been highlighted as critical in protecting children.

‘The importance of developing a common approach to identifying and assessing concerns about children’s care and welfare (with the appropriate training to underpin it) also emerged as a factor in those situations where children were living in families experiencing domestic violence.’²

The serious case review process requires that all agencies which had contact with the subject child submit an internal management report addressing specific criteria. These reports are then scrutinised by a multi-agency panel that draws conclusions and makes specific recommendations as to how to improve practice. Given the nature of this process and the range of expertise brought to bear in individual cases there is merit in distilling the collective conclusions into a set of proposals as to how to improve practice in engaging fathers and father figures who pose a significant risk to children they are parenting.

A common conclusion from serious case reviews is that the injury or death of the subject child could not have been foreseen or prevented but that the lessons learnt from a thorough examination of the events may contribute to safer practice in the future. Some caution, however, does need to be taken in overly relying upon SCRs since there is a danger of the culture of social work practice being overly driven by the relatively small number of incidents when things have gone very seriously wrong.

¹ *Understanding serious case reviews and their impact – a biennial analysis of serious case reviews 2005–07* (June 2009) *Analysing childhood deaths and serious injury through abuse and neglect: What can we learn? A biennial analysis of serious case reviews 2003–05*

(http://www.citycentreleeds.com/uploadedFiles/Children_Leeds/Content/Standard_Pages/Levels_of_Need/child%20deaths%20SCR%20research.pdf)

² *Improving safeguarding practice: Study of serious case reviews 2001–2003* (January 2008)

2. Methodology

Serious case review summaries were chosen from reports listed on the NSPCC website³, which lists summaries for each year from 2006 to the present day. The list is not comprehensive and those included were those cases that were sent to the NSPCC or became known to them. Cases involve authorities across England, Wales and Scotland.

The 148 cases listed for the years 2008, 2009 and 2010 were then examined as to whether they met the following criteria:

- A father or father figure has been involved with the family in the period covered by the review terms of reference, and
- The review showed that there were, or subsequently are concerns as to the behaviour of the father/father figure in the period of time covered e.g. domestic violence; drug use; poor parenting

These selection criteria resulted in 45⁴ cases being identified. These cases were analysed as to:

- Whether the father/father figure was implicated in the injury/death of the child.⁵
- How the family were consulted, if at all, in the process of the serious case review.
- The nature of the presenting concerns in the family e.g. domestic violence, substance abuse, young parents, etc.
- Whether the child was subject to local authority safeguarding processes in the period immediately prior to the injury/ death.
- Whether the father/father figure was living in the household of the child prior to the injury/death.
- Whether there was any evidence that the services had engaged with the father in the period preceding the injury/death.

3. The nature of the cases

The 45 cases reflected work with families in 40 authorities, predominantly from England but also included one case from Scotland and two from Wales. Of these cases, 30 described circumstances which had led to the death of a child and 15 where the outcome had been serious injury. Of the 45 cases, the father was implicated in the death or injury in 15 cases, the mother's boyfriend in 8, the mother in 10 and another relative in 2.⁶ In a number of predominantly neglect cases there was no clear statement implicating either parent or carer in the death or injury to the child.

Sixteen fathers/father figures, who were subsequently charged, were living in the family home, or were spending substantial time in the home in the period leading up to the injury. In a significant number of these cases the local authority was unaware at the time that this was the situation.

Twelve fathers/father figures living in the household at the time of the injury/death were not subsequently charged.⁷ Of the 11 fathers/father figures living separately at the time of the injury/death, 8 were subsequently charged. There were 3 cases where the whereabouts of the father /father figure at the time of the injury/death was unknown.

³ http://www.nspcc.org.uk/Inform/research/reading_lists/serious_case_reviews_wda61050.html

⁴ The number which met the criteria was greater than this, however many of the reports were then not available on line.

⁵ Often this would be demonstrated through subsequent criminal charges.

⁶ In a small number of cases both the mother and the father or father figure were implicated

⁷ These cases were predominantly neglect cases where charges were not brought.

There was no clear evidence in any of the summary reports of the father/father figure being engaged by the agencies in a way that was directed at his risk to the child. Given the sometimes limited nature of the summary report this may not necessarily reflect the work undertaken with the father/father figure and only an analysis of the full report may establish this.

In 3 of the cases there was evidence that the child's non-resident birth father had raised concerns with children's services about the care his child was receiving and these concerns had not been adequately responded to.

There was limited evidence of the wider family being consulted as part of the review process. This was usually because the pending criminal proceedings inhibited the involvement of the father or the mother. In other cases the offer was made to the family to contribute but was not taken up. In others, participation seemed to involve showing the family the report at the conclusion of the process.

4. Key recommendations arising out of these serious case reviews

The key relevant recommendations from each case were extracted as they relate to work with fathers and are included below in italics.⁸ These are drawn together here and listed according to specific practice themes, with key message (in bold) summarised where this message appears consistently, with quotes from SCRs appearing in italics.⁹

4.1 Gathering information and Assessments

(i) Assessing families and wider family history

Social workers should endeavour to undertake a full assessment of both parents including non-resident parents. This should include an exploration of the history of all carers to the children. When not possible the reasons for this should be recorded.

'In all work with children there should be a full assessment of both the child's parents/carers including meeting and interviewing absent parents.'

'Children's Services should establish the history of all carers; this to include the reading of case files where there is information germane to the safety of the children. In cases where workers have not been able to undertake an assessment of a parent the reasons for this should be fully recorded.'

'Assessments need to consider family history on both sides of the family, and individual psycho-social history, as well as previous agency involvements (among all relevant agencies).'

'Staff should be reminded to make every effort to trace historic information relating to alleged abuse, record the outcome of the search and include any information in any relevant assessment.'

⁸ The only recommendations listed are those that are key to work with the father.

⁹ All text in italics is taken as it appears in the summary SCR report.

ii) Assessing fathers and father figures

Agencies should endeavour to engage with the fathers and father figures and examine their roles in the child's life.

'When making plans to ensure the wellbeing of children about whom there are serious concerns, it is important to ensure that the risks involved have been accurately assessed. There was no evidence that risk was comprehensively assessed in this case. An assessment of AS's circumstances would suggest that her mother's partner represented a very important figure in her life, but the agencies concerned with promoting AS's wellbeing did not engage fully with him concerning AS or make a thorough assessment of the strengths, weaknesses, opportunities and threats offered by his involvement.'

'Strenuous attempts should be made to engage with fathers present in families receiving agency support, particularly where significant concerns about children's safety and welfare are emerging. Assessments of the family should always include the father /mother's partner.'

'Where a father or father figure is living in the same household as the mother and child(ren), assessments, interventions and services should always include consideration of the father/father figure, his role in the family, his impact on the child(ren)'s welfare, and his needs in relation to the promotion of the child(ren)'s welfare.'

'Health Visitors and Midwives undertaking assessments must ensure significant male members in the household are included in these assessments.'

'Maternity staff need to consider the role of the father in assessments. The audit of the agency reports must also confirm that fathers/male partners are engaged in the professional interventions and that the risk assessment includes their role in the family. Agencies should identify how they will address this issue.'

(iii) Assessing the impact of new partners joining the household

The case of Peter Connelly demonstrated the significance of vulnerable mothers engaging in relationships with new partners who are, and remain unknown to agencies. It is essential that once the involvement of such a man becomes known in child protection enquiries, he is assessed as to his impact on and risk he may pose to the children.

'There is demonstrable danger in the man that preys on vulnerable women, who are unable or unwilling to protect their children from him. One of the most dangerous of these situations is where an anti-social man who is unrelated to the children joins the household. The woman may not be able to stand up for her children and protect them because he is too frightening or she may turn a blind eye to what is going on because she has a greater need of him than she has a concern for her children. She may minimise his importance and involvement to others. It is essential that once there is awareness of the existence of any unknown man in a child protection investigation, professionals in authority insist on knowing his identity and check out his background thoroughly.'¹⁰

¹⁰ Haringey Local Safeguarding Board Serious Case Review 'Child A' October (DfE 26/10/10) <http://media.education.gov.uk/assets/files/pdf/s/second%20serious%20case%20overview%20report%20relating%20to%20peter%20connelly%20dated%20march%202009.pdf>

'The other problem was the failure to establish the identity of Mr H, to interview him, and conduct checks on his background. He was the friend that Ms A claimed was peripheral to the family and was not left alone with the children. One of the potentially dangerous scenarios in child protection is an unrelated man joining a single parent family. Ms A's account of his role was accepted too readily. The SCR Panel have agreed that in future it will be standard practice in relevant cases for both the police and Children and Young People's Service to interview and thoroughly establish any such man's identity, his background and his involvement with a family. It will be the responsibility of the wider safeguarding agencies to report the existence of these men when they become aware of them.'

(iv) Consideration of the role and views of absent fathers

In a significant number of cases the child's father, who was separated from the mother of the child, had raised concerns with children's social care which had been dismissed or ignored. In others, the opportunity to involve the child's birth father as a safe adult had been missed.

Agencies should listen to non-resident fathers who may no longer be providing care for their children and involve them in decisions. Their views should be recorded and any reasons for not engaging with them made clear to them.

'The lack of belief in the seriousness of child A's injuries was reflected early in the decision to place him with a family friend of Ms A's choosing. This was a woman who was entrusted to take the children to church with her each Sunday. She was chosen after considering and rejecting child A's father because Ms A alleged that he had slapped the children in the past. It is not known whether this was clarified with Mr A, to get his view, or whether his wife's version was accepted at face value. In placing child A with the family friend he was kept in Ms A's orbit of influence.'

'This was despite knowledge of risk indicators: that Ms A had been subject to severe child maltreatment as a child and placed on the child protection register herself; that Mr A had reported that his wife was having difficulty in caring for all of the children ...'

The father (Mr A) stated to the SCR into his son's death that:

'From day 1, that is in December 2006, Social Services always took the mother's point of view – so much so that I wasn't allowed to take (Child A) and I was never assessed as a viable carer at this point. There was one visit from (SW2) to my flat; I mentioned about (Mr H) being around the house. Nothing I said was taken on board by either of the social workers. (Child A) was placed with (Ms A)'s best friend – I'm pretty sure this was against protocol. I would have taken time off work then.'

'Even when (Child X) and (Child X) were put on the Register, no social worker approached me with this – it was only because (Ms A) told me that I knew. (Ms A) had been brought up under a culture of social services – she probably knew how to deceive them. In this respect it's important for social workers to inform the other parent.'

*'Where children are on the Register the emphasis may need to change to protecting them rather than keeping the family together. It may have been better if (Child A) and my other children were taken into care. I don't believe the interests of the child were heard in this case.'*¹¹

¹¹ Haringey Local Safeguarding Board Serious Case Review 'Child A' October (DfE 26/10/10) <http://media.education.gov.uk/assets/files/pdf/s/second%20serious%20case%20overview%20report%20relating%20to%20peter%20connolly%20dated%20march%202009.pdf>

(v) Using core assessments

Children’s Social Care should complete core assessments of families where serious domestic abuse¹² is identified. This should include assessment of the strengths and weaknesses of all carers.

‘Focused interventions with troubled young people beyond the initial assessment should always be based on the findings of a core assessment. This should take account of the child within the context of their whole family and identify any historical issues of abuse, neglect and domestic violence.’

‘Further guidance should be issued to front line staff and managers about the ‘triggers’ for the conduct of core assessments.’

(vi) Assessment tools

Agencies should consider using specific standardised assessment tools for assessing the impact of domestic violence on children.

‘The need for more sophisticated and standardised assessment tools in relation to safeguarding children and domestic abuse.’

‘When considering the use of assessment tools used by agencies to determine risk we need to consider the additional risk factors to victims from Black and Minority Ethnic communities.’

‘Thames Valley Police should consider the development of a risk assessment tool in cases of domestic abuse that considers the risk to any children separately to that of risk to the adult(s) involved.’

‘The National Probation Service West Midlands should consider extending their use of the Spousal Abuse Risk Assessment (also referred to as the SARA model). It should include all those perpetrators with a previous conviction for domestic abuse.’

‘The specific assessment tools relating to domestic violence and alcohol abuse which are now available to CAFCASS staff to be re-evaluated to ensure that they are the best available resources for this purpose.’

(vii) Getting a complete picture from other agencies

Social workers should seek detailed information held by other agencies working with both parents.

‘Detailed information about both parents, held by YOS, the Police and Probation was rarely sought by those working with Ms Y and Mr T. Police and offending services need to be consulted fully, where they are known to be involved with parents.’

¹² From the full report into the death of Peter Connelly NEEDS REF or weblink

4.2 Partnership working

(i) Use of voluntary agreements

All voluntary agreements should be properly documented, with clarification as to who has agreed them, monitoring, timeframes and contingencies.

'The LSCBs should conduct a multi-agency audit to establish the extent to which written agreements with parents/carers are being used and whether the agreements are adequately contributing to keeping children safe. The audit should consider whether the agreements are workable, clearly expressed, being adequately monitored and whether the limitation of such agreements and their enforceability is understood by all involved.'

'All written agreements that are established with families must include a clear component regarding how professional monitoring of the agreement will be undertaken, including timeframes and contingencies required.'

(ii) Listening to service users and the wider family/community

Agencies should listen and record on file, information provided by the wider family and community that may assist in understanding the child's situation. This may include information that is provided by people who are hostile or who have a particular interest in their view being heard. Information given where possible should be checked and verified with others and recorded.

'For no good reason, some information provided by members of the public was considered by some professionals to be malicious. Apparently difficult or even seemingly hostile referrers must be calmly and patiently listened to by agencies, and imaginative steps need to be taken to ensure their views are included in case management.'

'The LSCB should reinforce through its multi-agency training programme, the messages about listening to neighbours contained in the 'Ten Pitfalls' Checklist (Clever et al).'

4.3 Recording and information sharing

Practitioners should consider the use of recording strategies that highlights the specific impact of significant events on the child; this may be the impact of domestic violence or the consequences of many changes of address. This information should be clearly accessible and draw on historical accounts.

(i) Chronologies

'Specific chronologies should be drawn up to meet the needs of the case such as a domestic violence chronology, parental separations and reuniting chronology and attendance at medical appointments chronology.'

(ii) Accurate and complete recording

'That social workers are reminded that they should include all relevant adults and children on the Integrated Children's System and link them to records under the

'relationships' tab.'

'All relevant staff are reminded of the need to establish and record parental/legal status of adults accompanying or visiting child patients.'

'Brighton & Hove LSCB should give clear guidance concerning the need for clear accurate contemporaneous recording and ensure that this is occurring across all professions.'

(iii) Sharing information

Where there are concerns for a child resulting from domestic abuse this should be shared with all relevant agencies. Where this has not been possible this should be recorded and reasons given.

'A need to establish robust communication processes within and between agencies in relation to recording and sharing allegations of domestic violence.

Where there are genuine concerns for a child's welfare, any belief that information cannot be shared within and between agencies unless the case has been classified as 'Section 47', is wrong, and needs to be challenged by inter-agency training.'

'When clients identify anger management issues/domestic violence to any practitioner, that person must assess the wider implications, share information within their own service, with other involved practitioners and refer to other agencies.'

'It might have been of benefit to front-line police officers making decisions about how to respond to calls for assistance from the hostel if they had been able to identify easily that the name of a child at that address was on the Child Protection Register and that there had been numerous recent police visits in connection with problems caused by a male visitor.'

'Police and Children's Services should agree a joint protocol for exchanging information with schools where children are known to be living in domestic violence situations.'

'The Chief Probation Officer NPS-WY will ensure that Offender Managers notify Children's Social Care in writing where an offender is subject to statutory supervision, having been convicted of violent and/or sexual offences resides, or has contact, with children.'

'A&E Policies need to be reviewed in line with Area 1 LSCB Policies to ensure children's needs are considered when women attend casualty having possibly experienced domestic violence.'

'Brighton & Hove LSCB should ensure that domestic violence incidents, where there are children in the family that come to the attention of health service agencies including GPs, should always be reported to children's social care teams.'

'PCTs in Reading and Brighton should ensure that where contact with a GP raises issues that may indicate risk to another family member, this is flagged on that partner's notes.'

'Homeless families unit should set up a system for alerting Children's Services when victims of violence/Domestic Abuse with children have returned home.'

4.4 Domestic Abuse

(i) Thresholds concerning domestic abuse

Agencies should develop clear and agreed protocols setting out when domestic abuse would trigger a referral to children’s social care. This should take account of agreed indicators of harmful behaviour and the pattern of cumulative effect of incidents on the child.

‘The developing history of indicators of harmful behaviour. There appears to have been an awareness of these issues but no assessment identified the pattern or cumulative impact. Whether this was a matter of the application of thresholds that were too high, or that the key information was not sufficiently well located in one place is difficult to ascertain.’

‘PCT 1 Named Doctor to ensure that GPs in PCT 1 are aware of the significance of domestic violence and that a referral to social care should be made for one serious or several lesser incidents of domestic violence.’

‘Having read the police incident reports, there is some doubt as to the roles played by the adult individuals in each of the particular events which have been categorised as domestic abuse. What seems much clearer however is that while decisions were taken on the basis of varying attitudes of the adults involved, inadequate consideration was given to the impact and interests of the children who were present. While referrals may have been made between the agencies involved there was a lack of appreciation as to the collective impact of these events on the children. This is notwithstanding that all the evidence of previous analysis of the domestic abuse issue, highlights the importance of giving attention to the needs of the child. Where domestic violence and/or alcohol misuse are known or suspected as issues within a family, they should be taken very seriously and steps should be taken by the appropriate professionals, to explore and gain an understanding of the scale and dynamics of the problem, so that appropriate safety planning can be included in the overall services, and other appropriate support and interventions provided to the family.’

‘The Chief Officer Children & Young People’s Social Care will ensure that notifications from the Police of domestic violence incidents in families where there are C&YP are monitored and that repeat notifications trigger analysis and appropriate referral.’

‘Police domestic abuse referrals should be graded and clearly specify where children were actually present in a house when an incident took place.’

‘The LSCB should monitor compliance with the requirement in the London CP Procedures (para 5.11.35) that “Where there is domestic violence in families with a child under 12 months old (including an unborn child), even if the child was not present, any single incident of domestic violence should trigger a child protection enquiry”¹³

(ii) Joint working with domestic abuse

Agencies should develop a clear protocol setting out how they work together in

¹³ sec 5.12.29 London safeguarding procedures states: ‘Normally one serious or several lesser incidents of domestic violence where there is a child in the household indicate that children’s social care should carry out an initial assessment of the child and family, including consulting existing records. Babies under 12 months old are particularly vulnerable to violence. Where there is domestic violence in families with a child under 12 months old (including an unborn child), even if the child was not present, professionals should make a referral to children’s social care if there is any single incident of domestic violence.’

relation to domestic violence and children's safeguarding. This should take account of common assessment of risk; how information is shared between agencies including voluntary agencies and schools; and how this will be disseminated and the training needs of different staff groups addressed and how the on-going use of this protocol will be monitored.

'Children Social Care Services should consider the benefits of a permanent social worker presence within the Police Child Abuse Investigation Unit to continue to ensure that police notifications of domestic violence are properly screened and addressed.'

'Clear protocols for information sharing and joint working between agencies, especially in cases of substance misuse and of domestic violence must be established and incorporated into practice and training for all relevant practitioners. Adherence to these protocols is especially important in sharing information between statutory and voluntary organisations such as Substance Misuse Services and facilities that assist individuals affected by domestic violence.'

'All referrals, where domestic abuses has occurred and where children are deemed to be at risk of harm, should be allocated to qualified social workers (in accordance with guidance) and jointly assessed with the police to identify the risks to the victim and to safeguard the children.'

(iii) Responding to events that may heighten risk

The joint working protocol should reflect the importance of changes in the circumstances of the child and family that may have the effect of heightening risk e.g. when families move, the effects of parental separation.

(a) When families move:

'When the family moved, because not all agencies had been aware of the previous history of domestic violence, the opportunity for this to be passed on and influence responses when (B) went missing was lost. The need to continue to both sharpen risk assessment processes, particularly within GP practices where domestic violence is occurring, and strengthen information sharing across agencies is crucial.'

'Where the child or young person is moving from one area to another it is the responsibility of both areas to ensure that the appropriate information is provided and family history considered.'

'Brighton & Hove LSCB should ensure that GP records are reviewed at the point of transfer by the receiving practice and all domestic violence incidents noted and the records flagged.'

(b) When parents separate:

'Practice lessons from this case should focus on the potential risk to children and young people when parents separate and there are contact issues and where there are issues of domestic violence, sexual abuse, alcohol misuse and mental health problems intertwined... that it should never be assumed that the fact that parents have separated will minimise risk.'

(iv) Role of universal services in monitoring domestic abuse

'The Board should explore domestic violence "filter question" opportunities – Ante-natal booking visit, New Birth Visit, A&E (with particular care taken for children who present with suspicious injuries).'

'When Health Visitors receive information in relation to incidents of domestic abuse, the information should be assessed by the Health Visitor in the first instance, and only then delegated to a Community Staff Nurse. Universal health services should ensure that background history about both parents is gathered at the ante natal stage. Consideration should be given to routinely using genograms for this purpose.'

'UHCW NHS Trust should consider a need to identify a member of staff who has the necessary skills and time made available within their Job Plan to undertake the role of lead professional for Domestic Violence.'

'Health Trusts should ensure that the requirement to ask all pregnant women about domestic violence is being adhered to.'

'The ante natal booking forms must include a requirement to gain the details of fathers, and more comprehensive mandatory questions around social circumstances and parental capacities, should be introduced.'

(v) Use of MARAC

Where previous domestic violence has occurred, consideration should be given as to whether a referral to MARAC (Multi-agency risk assessment conference) would be of use.

4.5 Child protection

(i) Assessments of all carers

Assessment reports for case conferences must consider all adult members in the household, whether or not resident at that address, and those with significant contact with the child.

(ii) Strategy discussions

'A strategy discussion/meeting should always be held where there is evidence of serious domestic abuse to ensure that information is properly shared and risks assessed in the light of that information.'

'Regularising the contributions of those with Parental Responsibility to child protection meetings.'

(iii) Parental non-compliance with a child protection plan

'In circumstances when there are concerns regarding domestic violence or substance misuse and a parent is non-compliant with a plan, this must trigger the need for a multi-agency meeting.'

'Reviews concerning services provided to families need to take full account of the response of family members to these services and in particular the possible reasons for lack of engagement with services. The professional network needs to be open to adjusting services and other interventions to facilitate the family's full engagement and to promote the welfare and safety of the child(ren).'

4.6 Supporting victims of domestic abuse

(i) Investigating domestic abuse

'In cases where domestic abuse is a feature to ensure that the parties are interviewed separately, checks made with the Domestic Violence Unit and where appropriate arrangements made for the victim to be given advice and assistance.'

(ii) Recognising barriers for victims/children

Agencies should recognise and plan for the existence of barriers to women in recognising their experience of domestic violence and accessing appropriate services. Services need to consider the implications of this in safeguarding children. Plans need to recognise the safeguarding needs of both adult victims and children.

'Leicestershire Partnership Trust should "examine its referral pathways" in order to ensure automatic referral to Social Care when domestic violence or drug /alcohol misuse is evident in a family setting.'

(i) Using specialist support agencies

'Mr T was not referred to Multi-Agency Public Protection Arrangements (MAPPA), the appropriate inter-agency forum for assessing and managing risk from Mr T to Ms Y and Y.'

'Social workers to refer to specialist domestic violence support agencies to help address a parent's assessed vulnerability of becoming involved in future violent relationships.'

(ii) Safety planning for victim and child

'Individual agencies to remind staff that when service-users report that they are suffering domestic abuse, it is followed up to ensure the alleged victims are supported and to consider what actions may be required to safeguard and protect any children present within the home, as well as the alleged victim. Incidents of possible domestic violence should always be taken seriously by agencies and followed up by asking the victim about what has happened, taking safety issues into account. Safety planning for the victim of the violence and the child(ren) should always be formally considered, recorded and shared within the professional network.'

'A procedure is put in place which ensures that a risk assessment of women and children is undertaken at the point of referral through both the Outreach Service and the refuge.'

'A procedure is put in place to ensure that all referrals to Manchester Women's Aid, including both refuge and Outreach Service have a safety plan following the risk assessment.'

(iii) Risk to staff

Agencies need to recognise and address potential risks to staff in dealing with hostile families and the potential of this to undermine effective practice.

'The children described the effects of violence and aggression upon family life and their emotional and physical well-being including beatings and severe punishments. It is acknowledged that the issues of staff safety warrant a review of how risk assessments are undertaken and this has been addressed. The impact upon the children of living in such a family merits greater importance and this has been addressed by means of explicit practice guidance concerning working with hostile/uncooperative families.'

4.7 Black and Minority Ethnic (BME) communities and domestic abuse

Agencies should consider their practice from the perspective of the BME communities within their locality, ensuring that services are sensitive to their specific needs in relation to domestic abuse. This may include influence of cultural expectations, language barriers, isolation and dependence and the impact of asylum and immigration status on family circumstances.

'To consider the benefits of translating materials for different ethnic minority communities. Also to review and improve the access to specialist domestic violence and services from members of a small ethnic minority community.'

'West Midlands Police Crime Support Public Protection Unit should commission the translation of the letters currently available to be sent to suspected domestic abuse perpetrators to ensure they reflect the diverse population of the West Midlands.'

4.8 Training

Children's social care and partner agencies should consider the training needs of their workforce in relation to working with risky fathers.

(i) Recognising domestic abuse as a safeguarding issue

'An audit of the content of DV training courses is needed, and these should be updated with recent research, including material about violence between teenagers.'

'An audit of agencies' staff who have received domestic violence training is needed, and consideration given to where this training should be mandatory.'

'The significance of domestic violence and the importance of keeping child focussed in the face of adult difficulties must be included and emphasised in all child protection training programmes.'

'The need for improvements in knowledge and skills development for front line staff in relation to domestic violence and child safeguarding.'

(ii) Engaging with fathers and assessing their role within families

'Inter-agency training courses in respect of safeguarding children must incorporate how to address the need to engage male partners and fathers as part of effective interventions.'

'Sunderland and Gateshead LSCB's must ensure that in guidance and training the significance of domestic violence where there are children in the household is included and emphasised to all constituent members.'

'Ensure that the multi agency training provided by the LSCB emphasises attention to the role of fathers and partners, and methods of engaging with them when working with families.'

'Consider setting up a multi-agency learning event using material available from the Family Rights Group, the Family Nurse Partnership, and other research sources.'

(iii) Working with reluctant and hard to reach families

'Birmingham Safeguarding Children Board should commission multi-agency guidance and training to equip staff in all agencies to work effectively with aggressive and highly resistant parents and carers.'

'In order to address the issues relating to the importance of role of the "hidden male" within families, LSCB should undertake raising awareness to include training for all practitioners working with families to ensure significant male visitors/carers within families are always considered when undertaking assessments and developing plans.'

(iv) Engaging and listening to the wider family

'The LSCBs should immediately reinforce through their multi agency training programme, the messages about listening to family members contained in the 'Ten Pitfalls' Checklist. To enhance this message they should commission an impactful training material which includes comments by (anonymised) real people about how it felt when they have made referrals to the statutory agencies.'

5. Conclusions

This summary of recommendations demonstrates some common themes in social care's engagement with fathers, including

- Failure to assess fathers and other male figures in the child's life. Often, the existence of these men has not been known to the agencies charged with protecting the child.
- Failure to engage with non-resident fathers or to respond appropriately to their views.
- Failure to engage with the wider family and those with direct knowledge of what is happening.
- Inconsistent practice in the use of written agreements.
- Variation in the thresholds applied in relation to domestic abuse.
- Inconsistent practice in sharing concerns re domestic abuse.

Perhaps most striking is the persistent failure of the wider child welfare services to establish a clear view of the role of these fathers in the children's lives. Frequently where concerns about the behaviour of fathers or father figures were known, the picture available to services was often patchy and incomplete. Information known by some agencies was often not communicated appropriately and agencies failed frequently to respond to changes in the child's life that increased risk.

Often agencies failed effectively to listen to the views of the wider family and members of the paternal family who had an insight into the life of the child that would have been valuable in assessing risk and may have offered a means of monitoring and supporting the child more effectively.

When the father's involvement was known about, often they were peripheral to the planning and the professional involvement and not subject to assessment or challenged about their behaviour. The reviews also demonstrates wide variance in the thresholds concerning risk associated with domestic violence and corresponding practice in how this risk is responded to.

CHAPTER 8

REVIEW OF A NEW TRAINING COURSE ON WORKING WITH RISKY FATHERS

SEAN HARESNAPE

This chapter outlines the training course *‘Working with fathers who present a risk to their children’* developed as a one day course for social care practitioners as part of the Fathers Matter project. It has been developed by Sean Haresnape, Policy Adviser at Family Rights Group and Kate Iwi, Policy Adviser at Respect.

1. Context to the training programme

The course draws upon the conclusions of the research in three children’s services authorities (see Chapter 5). It has been piloted in one of the partner authorities participating in the Fathers Matter 3 research and a date is set to deliver it to the remaining authorities. The course will be available nationwide from Spring 2011.

The training is intended for all social care staff working with families concerning decision making about their children and is particularly aimed at social workers and social work managers.

The course was initiated in the light of findings made in the first and second phases of the Fathers Matter project.¹

‘When Children’s Services are involved with the family, how and whether fathers and father figures are engaged in planning and decision making for their children is largely dependent on the skills, knowledge and attitudes of individual practitioners and their immediate line managers. The starting point for improving practice must therefore be the education and training of social workers’²

The difficulties social workers have in engaging men who are fathers or father figures³ are even more challenging when the focus of work is assessing and working with a father who is a risk to his child. It involves negotiating complex relationships and remaining focused on the welfare and protection needs of the child.

2. The aims of the training programme

The course is designed to provide participants with the opportunity to:

- Explore the challenges in engaging with risky fathers/father figures and ways to overcome them.
- Learn about examples of effective practice and hear the views of fathers who have received local authority children’s social care services.
- Consider the evidence from FRG’s Fathers Matter research concerning how social care agencies engage with fathers/father figures who pose a risk to their children.
- Reflect on how practice within their own authorities addresses these challenges and begin to develop strategies to take forward more effective working practice.

¹ Ashley et al (2006) ibid

² Ashley et al (2006) ibid

³ as evidenced in Fathers Matter Volumes 1 and 2

3. Involving fathers in the training

In developing the training, we considered that practitioners would benefit from hearing directly about fathers' experiences of social care agencies. Clearly, the nature of the subject means that this is not straightforward. However, this was partly addressed by drawing upon and sharing with participants the views expressed in focus groups (see Chapter 5) by domestically abusive fathers and abused mothers and by showing the Fathers Matter DVD produced in 2008, in which fathers speak directly about their experiences of services from Children's social care: most of these fathers felt that social care had failed to effectively listen and act in response to their views.

4. Structure of the course

4.1 Exploring local and national research and practice

The day begins with an opportunity for practitioners to exploring their agency's current practice in relation to engaging with fathers and father figures. It then considers findings from research.

4.2 Obstacles to engaging fathers who are deemed to be a risk

The focus then shifts to an examination of the challenges of engaging with risky men and strategies to overcome these. This generates shared experiential learning around specific themes:

➤ ***Engaging with reluctance and the reasons for it***

A role play exercise enables participants to examine and reflect on some strategies in dealing with fathers who are reluctant to engage with services. Part of this exercise allows participants to consider the exchange from the point of view of the father and how this encounter may be experienced by him and in turn how this will assist or inhibit his engagement. This analysis is further supported by an exercise exploring how guilt may interact to inhibit openness.

➤ ***Talking with fathers about their risk: how to open the discussion***

Practitioners often talk about difficulties in how to broach the subject of risk. Their effectiveness in doing this may be influenced by how some of their own fears impinge on their practice. The course allows participants to reflect on processes in this exchange and how questions may be posed that open up a dialogue about risk.

➤ ***Dealing with denial and developing a dialogue about his violence***

One factor that research on domestic abuse often attests to is the tendency for perpetrators and victims to deny the significance of the abuse. This poses a considerable obstacle to the social worker getting a clear picture of what has occurred and engaging the perpetrator in work to address this. The exercise explores strategies to open up this discussion and to reduce the need for the perpetrator to use denial and to minimise their violence behaviour. Participants are able to try out strategies through role play and to receive feedback from colleagues.

4.3 Assessing and managing his risk

A key responsibility of the social worker in their engagement with a risky father is to be clear about the level of risk he may pose and to whom. The training considers this and identifies where social workers can get additional support and information about strategies to manage this.

4.4 Case analysis: group exploration of a case

The training day culminates in a group exercise to explore the issues involved in a real case that tragically resulted in serious injury to the child.

4.5 Taking stock

The training concludes with an examination of what participants and their respective agencies need to do differently to incorporate their learning from the sessions.

5. What participants have said about the training?

All participants positively engaged with the agenda to improve practice when working with fathers. In answer to the evaluation questions, below are some of the comments and reflections that participants made about the themes of the course.

5.1 Engaging fathers/father figures and extended family

Most participants recognised the need to work to engage fathers and the wider family in their work and to do so would lead to safer plans for children

'To make a concerted effort to engage all dads who may feel excluded.' *'Looking at the family as a whole not just the perpetrator.'*

5.2 Understanding obstacles to engaging fathers/father figures

Practitioners were appreciative of the strategies that the training offered in engaging with difficult situations and felt more insightful of what the obstacles might be.

'Recognising Inhibitors to joint working/guilt openness/acceptance of issues'
'Not putting all responsibility on the mother.'

5.3 How I will use this learning

Participants were committed to taking forward the learning from the day and to sharing this with colleagues. The wider information about the Fathers Matter project was appreciated and there was a wish to keep in touch with further developments.

'Speak to social worker about a current case and review current set of plans.'
'Information from research very useful and applicable.'
'To feedback to the team the findings from the Fathers Matter work.'

5.4 Practice skills

Participants appreciated the wide range of practice strategies that were shared through the training and felt better equipped to take these forward in their direct work with fathers and father figures. They particularly felt more able to challenge these men about their behaviour.

'Ways of exploring with men the violence happening in the relationship and how to challenge their perspective effectively.'
'More direct questions to father to gain a clearer assessment.'
'More questioning and not backing of.'
'Questioning – very relevant – provided tools for tackling denial.'

Some felt they were more able to make effective assessments of fathers and consequently have a clearer focus on safety planning.

'Tenacity of questioning.'

'More formal assessment of risk.'

'Use some of the strategies suggested i.e. safety planning, challenging men, applying some of the learning today directly in my practice, will be able to do this straight away.'

Some felt there were useful resources to pass on to fathers they worked with, but also there was shared recognition of the lack of resources to assist fathers to make change.

'To give fathers the opportunity to contact the FRG advice line (signposting).'

'Help/further training re how to 'help' perpetrators/where we can access projects for them/they will engage with us but won't go to group work or go to other agencies/I get swamped and feel men don't get a fair chance to be supported in order to make positive changes even when they are asking for this.'

5.5 What additional things do I need?

'Need more skills in affecting change.'

'More info about how to access the service of FRG and Respect.'

'I will refer to your websites.'

'Access to online info.'

'Details of research findings to keep my practice up to date.'

'Would like to receive further information about further research.'

'Possible e-mail newsletters.'

5.6 Overall views of the training

Participants were largely very positive about the training and felt that it had given them useful skills in developing their practice.

'Very good overall'

'Very useful'

'Overall really useful relevant stuff ...would like more!! Thank you!'

'More confident in my approach to working with 'risky' fathers'.

CHAPTER 9

FATHERS MATTER 3

KEY RECOMMENDATIONS

These recommendations are based upon the Fathers Matter project which has been carried out over 6 years: the third stage of the project focussed on research about services for domestically violent fathers and father figures and practice by professionals working with such fathers.

The recommendations are divided between those that address:

- Actions that can be taken by local authority Children's Services including front line social workers;
- Multi-agency working including referral systems;
- Effective preventative and specialist services;
- National legislation and guidance;
- Gaps in research;
- Social work education.

1. Improving local authority Children Services' policies and practices

As demonstrated in this report, there is some excellent practice and considerable commitment amongst senior social care managers and social workers that local authorities can draw upon. However, there is also inconsistent practice within, and between local authorities and Children's Services departments therefore need to review whether the way services are structured supports fathers (particularly non-resident fathers) and father figures to be safely involved in their children's lives.

The following are an important but not an exhaustive list of key practice points that emerge from the research:

1.1 Engaging with families

- Information, advice and support should be available to fathers/father figures and to mothers whose children are in need as defined by Section 17, Children Act 1989, or where there are child protection concerns. This needs to be in an accessible form for these parents and should use different media.
- The local authority should routinely invite fathers to planning meetings about their child, monitor their attendance and ensure they receive minutes and a record of decisions, including who will implement them and by when.
- Children's Services should undertake a risk assessment/safety planning where there are allegations or court findings of domestic abuse. If there are safety concerns which prevent a father's direct involvement in meetings, he should nevertheless be supported to contribute to the decision-making processes through indirect means, unless the circumstances are very exceptional and his exclusion is sanctioned by the court.
- The local authority should ensure that the letter giving notice of intention to issue care proceedings¹ is sent to fathers as well as to mothers, inviting them to attend a meeting in order to consider how concerns can be addressed and proceedings

¹ Children Act 1989 Regulations and Guidance, Volume 1 Court Orders (2008) Chapter 3 www.justice.gov.uk/guidance/careproceedings.htm2

² S.22(4)&(5) Children Act 1989

averted. Consideration should also be given to whether father figures should also be invited, particularly where they have considerable involvement with the mother's children, subject to any directions by the court and to the parties agreeing to waive confidentiality in this respect.

- In relation to looked-after children, the duty to consult with parents about any decision relating to the child applies irrespective of whether the parent has parental responsibility.² If this is not happening, the Independent Reviewing Officer should be questioning why not and taking steps themselves to ensure the views of mothers and fathers including non resident fathers are heard in the planning and reviewing process.
- The father's views, whether or not they accord with those of the department and/or of other family members, should be accurately recorded and such views should be given due consideration in relation to decision making.
- Paternal as well as maternal family members should be engaged in decision making for children, especially where the child is unable to live safely in either of the parent's home. Where family members are identified as potential carers, the assessment model³ should draw upon families' strengths and their suitability to raise the particular child and identify what support is required for the placement to work in the interests of the child.
- Complex cases should be allocated to experienced social workers, with sufficient skilled supervisory support available. Workers' fears and concerns, particularly when working with violent or threatening men, should be acknowledged and effective supervisory and safe practice structures and support should be in place.
- The timing of child protection conferences and reviews needs to take into account the distance the father and mother may have to travel to the meeting and both parents' work commitments.
- The same expectations in terms of reliability should be made of staff as are made of parents, for example, turning up on time, producing accurate information, having a clear understanding of the child's views and following through commitments given regarding actions and services.

Also see specialist service section (page 122) on the effective, safe engagement of families.

1.2 Assessments

- The initial and core assessment should record whether the father/father figure has been contacted and interviewed and where he is not actively involved in the planning process, the reason for this.
- Assessment reports for child protection case conferences must consider all adult members in the child's household, the father (whether resident or not) and all adults with significant contact with the child. The child's views, not only about their relationship with both their parents but also about any other adult whom the child views as a father figure should be identified and included in the assessment report.
- Child protection conferences should ensure that in-depth parenting assessments of those perpetrators who have contact with their children are undertaken and these should inform the child's plan. Where these are not available for the initial conference they should be commissioned for the first review conference.
- In child protection cases, where previous domestic violence has occurred, consideration should be given as to whether a referral to MARAC (Multi-agency risk assessment conference) would be of use.

² S.22(4)&(5) Children Act 1989

³ Family Rights Group is piloting a tool specifically designed for assessment of family and friends carers. For further information contact droth@frg.org.uk

1.3 Monitoring and recording

- Children's records on the electronic files held by Children's Services must be clear as to:
 - the name and contact details including phone numbers of the father and any other significant father figures;
 - whether the father and/or any other significant adult, aside from the mother, has parental responsibility; and
 - whether the father and/or any other father figure is actively involved, with the information kept up to date.
 - Where domestic violence has or continues to feature, the following information should be recorded:
 - Frequency of domestic violence incidents;
 - Duration and severity of domestic violence;
 - The attitude of the perpetrator to the domestic violence and its impact on his children;
 - Whether the children witnessed any such incidents and, if so, the impact on them;
 - The nature and quality of the relationship between the perpetrator and the children;
 - The assessment of risk including to adults (other parent/carer, family and staff) and to the children.

Local authorities should monitor and record the attendance of fathers and father figures (resident and non-resident) at child protection conferences and at all meetings that plan and make decisions about children.

1.4 Local training

Children's services social care staff should be trained to work effectively with both fathers/father figures and mothers, including where domestic abuse is or may be a factor. They need to keep an open mind as to whether or not a father is interested in his child's well being.

1.5 Understanding of the legal framework

- Staff should have a clear understanding of the law and the rights and responsibilities of fathers. Local authority children's social care services should work in partnership with the family, and the presumption should be that the child(ren's) father be involved in any assessment of, and planning for, the child's needs and welfare.

The exceptions are:

- if his involvement is assessed as unsafe (and even then alternative ways of working may be feasible); and/or
- the father does not have parental responsibility and the mother has explicitly refused to allow social care agencies to involve the father and the child is not subject to statutory state intervention. If the child is subject to child protection proceedings, the local authority should obtain the court's directions regarding the father's involvement.

1.6 Policies and procedures

- Local authorities should have widely accessible, published policies and procedures setting out how children's social care services will involve fathers, including non-resident fathers and father figures. These should cover practice under the Common Assessment Framework and children in need assessments using the Framework for Assessment, as well as safeguarding children and looked-after children procedures.

- Any forms requiring information about parents should be designed with an assumption that the father's views are required and not just those of "the parent".

All policies impacting upon Children's or Adult Services should recognise men in their fathering role and the importance of engaging fathers as well as mothers.

- The recommendations set out in this chapter are likely to have implications for, and may require changes to, Children's Services in the following areas:
 - employment policies, including flexible working patterns;
 - training strategies;
 - policies and procedures;
 - recording of key data on children; and
 - strategy development and budget provision for the commissioning of services.

However, the potential benefits of such changes to children, as well as their families, are likely to be considerable.

2. Multi-agency working with families

2.1 Multi-agency protocols

Agencies should develop a clear protocol setting out how they work together in relation to domestic violence and children's safeguarding. This should include:

- a common approach to assessing risk and sharing information between agencies including voluntary agencies and schools;
- a common threshold for referral to children's social care, which is widely disseminated;
- referral forms include space for details about the father and any father-figures, and an expectation that this is filled out;
- addressing the training needs of different staff groups;
- how the on-going use of this protocol will be monitored.

2.2 Working with young fathers and expectant fathers

- A co-ordinated approach needs to be taken between health, education and social care services, in conjunction with voluntary sector services to identify young fathers and provide appropriate support in assisting them to:
 - adjust to becoming a father;
 - be good fathers to their children; and
 - have a positive, on-going relationship with their child's mother.
- Positive images of fathers, including young fathers, should be promoted in health, maternity, social care and other services that are potentially used by parents.

2.3 Schools

- Schools should communicate concerns about children's welfare to both parents including non-resident fathers (e.g. inviting them to parents evenings or to discuss a child's absences from school) unless this is likely to place the child at greater risk. Where parents do not live together the parent who has primary care should be notified that the other parent is being informed and given an opportunity to express any concerns they may have for their or their child's safety and also to clarify when an address is to be kept confidential.
- More preventive work should take place with children and young people in schools addressing developing healthy relationships and the damaging emotional effects of domestic violence.

3. Effective preventative and specialist services

We recommend that the following gaps in provision are addressed. Clearly in the current climate, this requires significant commitment to investment from central as well as local government:

3.1 Accessible and effective family support services

- Support services need to be available to fathers/father figures, mothers and children so that they can get appropriate support when problems first emerge.
- Good quality information about local services, including eligibility criteria for accessing specialist services, should be published by statutory services and made easily accessible to parents and carers.
- When designing services, Children's Services should therefore address the following points:
 - Services should include parenting groups and courses that are welcoming to fathers, as well as children's activities that are open to non-resident fathers at weekends.
 - Supervised contact centres need to have extended opening hours to suit the needs of working parents and to enable more extensive assessments of the relationship between the father/father figure and their children. This may help address the delay that can occur when agencies agree to supervise contact and when such contact actually starts.

3.2 Specialist services working with perpetrators and victims of domestic abuse

- There is a scarcity of in perpetrator treatment programmes that recognise men's parenting role. In particular there are few non-mandatory perpetrator programmes for violent or abusive fathers. There is also a dearth in programmes for female perpetrators.
- There is also inconsistent support for adult victims of abuse. The research highlighted that the needs of black and ethnic minority victims are even less likely to be addressed. Their experience may include influence of cultural expectations, language barriers, isolation and dependence and the impact of asylum and immigration status on family circumstances. There is also little appropriate provision for male victims of domestic abuse.
- Worryingly the research also highlights the lack of support available to children who have been victims of domestic abuse, including those who have witnessed such abuse. There are also gaps in safe contact provision.

3.3 Advice and advocacy

There is a widespread body of research that shows that key to the successful protection of children at risk of harm is a positive working partnership between the family and the local authority. Yet many of the mothers and fathers and other family members contacting Family Rights Group's advice service are unclear about the nature of Children's Services' concerns, about what steps Children's Services intend to take, and are confused about their legal rights. Fathers, particularly non-resident fathers, sometimes only hear second-hand or late in the day that Children's Services are involved with their children and do not know how to respond or who to ask for help.

- **Access to specialist independent advice** and support can be crucial in assisting fathers, mothers, grandparents and other relatives to work with Children's Services to safeguard and protect their children effectively. Parenting helplines and specialist telephone and web advice to socially vulnerable fathers and mothers are vital.

➤ **Family Advocacy**

Families whose children are subject to child protection enquiries can often feel overwhelmed and powerless at statutory child protection meetings/reviews. The situation can feel particularly hopeless for unsupported mothers and fathers with learning difficulties and for those who have already lost a child to the care system. Family advocacy enables family members to understand what is happening and to have a voice at child protection reviews and related meetings and thus to influence the plan for the child. We therefore recommend that local authorities commission family advocacy services that adhere to national standards⁴.

3.4 Family-led decision making

➤ **Family group conferences**

Research shows that family group conferences are often more successful in involving fathers, father figures and paternal relatives than statutory decision-making mechanisms (see Fathers Matter Literature Review). As our practice review illustrates, they can produce plans for children to enable them to live safely within their family network (for example with a grandparent) when they cannot remain living with their mother or father, including in situations where there has been domestic abuse. Moreover, they are a model which enables a father's views to be represented even if it is not safe for him to be present. We therefore recommend that all authorities should provide a family group conference service to address child welfare concerns, and all families should be offered a family group conference prior to the local authority issuing care proceedings.

➤ **Professional family mediation**

This is beginning to be used in the public law field to resolve conflicts in approaches between parties, including between parents and carers, and between carers and local authorities (for example, in managing contact arrangements and in resolving disputes between significant adults in the child's life about important decisions for the child). The benefits of mediation are that the mediator is impartial; the parties engage with the proposed plan because it is an entirely voluntary process in which they find their own solutions to identified problems and the discussions are legally privileged, although mediators are subject to a reporting requirement in relation to any previously undisclosed risk of harm to the child. Mediation has an increasing role to play in helping those involved in the child's life to find solutions to tensions and disputes.

4. Proposed changes to legislation

4.1 Family group conferences

Section 22, Children Act 1989 should be amended to ensure that before, or if that is not possible then as soon as is reasonably practicable after, a child becomes looked after, their family should be offered a family group conference to address the child's welfare and safeguarding needs.

4.2 Judicial training

Judicial training should address the need for magistrates and judges to take sufficient care to ensure that fathers/father figures, mothers and carers, especially if they are not legally represented in court, understand the basis for their decisions.

⁴ Professional Advocacy Principles and Standards (2009) (Family Rights Group) <http://www.frg.org.uk/pdfs/frg-advocacySTANDARDSJuly09FINAL.pdf>

4.3 Deemed consent of fathers to adoption

Currently, if the mother gives formal consent to placement for adoption under s.19 Adoption and Children Act 2002 and the father does not have parental responsibility, the father will be deemed to have given formal consent to the child's placement for adoption when the mother consents⁵. This stands even if he later acquires parental responsibility, although in those circumstances, he may be able to launch a challenge within adoption proceedings if he can successfully argue that there has a change in circumstances justifying his intervention in the proceedings to oppose the adoption application.

Thus, a non-resident father, who may not have been informed of a pregnancy or of his child being placed in care, can find later that the mother has consented for his child to be adopted and that his consent was assumed by the mother's agreement. In fact, Family Rights Group's advice service has dealt with calls from fathers in exactly such circumstances. It cannot be assumed that Children's Services or the adoption agency will seek out the father, and he may be blocked if the mother refuses to disclose the name of the child's father. It would appear to be a great injustice both to the child and the father that the child's mother alone has the power to consent to the breaking of the legal connection between a child and his/her father. We therefore recommend that this provision be repealed and that the definition of "parent" in the Adoption and Children Act 2002 should be the same as in the Children Act 1989 (i.e. it includes all parents irrespective of parental responsibility.)

5.1 Research

There remains a dearth of research in the United Kingdom on fathers' involvement in their children's welfare and the social care system.

We therefore recommend that a research programme is commissioned by the Department for Education, in conjunction with other key research commissioning bodies that addresses:

- Evaluation of the impact of specific treatment programmes, including perpetrator programmes commissioned by local authorities and criminal agencies on fathers' behaviour and relationships;
- the perspective of fathers from different minority ethnic groups, their experiences of fatherhood and their interaction with social care services;
- risk or resource? – the impact of fathers on outcomes for children in vulnerable families;
- the impact of fathers in families where children are at significant risk of neglect;
- children living in troubled families –and their perspective on their fathers;
- whether men who are or have been violent to their partners can be or become good fathers. If so, how?

We also recommend

- That the Department commissions an evaluation study on the impact of family mediation in public law related disputes and private law cases in which there are allegations of violence against the father.

⁵ s.52 (9) & (10) Adoption and Children Act 2002

6. Recommendations aimed at social work educators

The starting point for improving practice is the education and training of social work students. We believe that teaching, learning and professional development are significantly strengthened if there is service-user involvement in the design and delivery of courses, including fathers and father figures giving direct input to the course delivery.

We recommend that undergraduate social work courses teach the following:

- the changing roles and responsibilities of fathers and father figures, including the socially excluded;
- relationship work, so that social workers are equipped to engage with complexity, hostility and the difficulties of intimate relationships;
- how to carry out good quality assessments that engage with the birth father, father figures and significant adults, such as paternal relatives, who may be important to the child;
- gender and power, including conflicted and abusive relationships;
- the need for professionals to be able to engage with fathers' versions of events in an open and exploratory way as well as acknowledging the wide range of beliefs, perceptions and descriptions of fatherhood current in today's societies; and
- the legal framework for partnership working between the State, the parents and the wider family network.

This publication Fathers Matter 3 outlines the findings of a two-year action research project on working with fathers who are domestically abusive. The publication is a significant new resource for decision makers responsible for child welfare, family support and criminal justice services as well as for those directly working with risky fathers and their families including social work managers and front line social work practitioners.

The report includes new findings from research with three Children's Services authorities, and an international review of projects working with domestically abusive fathers aimed at identifying good practice that can be replicated elsewhere.

The publication complements the earlier Fathers Matter Volume 1 and Volume 2 reports on fathers and their involvement with social care services.

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