

Social Work Taskforce Call For Evidence

Response from Respect

1. Background

1.1 Respect is the UK membership association for domestic violence perpetrator programmes and associated support services. Our key focus is on increasing the safety and well-being of victims by promoting, supporting, delivering and developing effective interventions with perpetrators.

1.2 Our 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; providing a national voice on masculinity and violence against women; running the Respect Phonenumber, an advice and referral line for perpetrators; running the Men's Advice Line, a helpline for male victims and running Dadspace.com, a virtual child contact centre.

Respect is a UK registered charity, number 1083968. Our website is www.respect.uk.net.

1.3 We warmly welcome this Social Work Task Force call for evidence. As domestic violence is our key specialism, this response particularly focuses on domestic violence issues.

2. Responding to domestic violence

2.1 Domestic violence is a significant factor in a high percentage of a social worker's case load – with nearly three quarters of children on the at-risk register (cp plan) living in households where domestic violence occurs¹. Therefore responding effectively to children living in such households should always be a social work priority.

2.2 Social workers should have a thorough understanding of all the issues that affect children and their families; and have opportunities to develop their knowledge and expertise around finding the most appropriate ways to ensure safeguarding.

3. Identification and effective intervention

3.1 Children are profoundly affected by domestic violence in a range of ways and many social workers attempt to respond to and protect them. This effort is sometimes unsuccessful due to the extent of the violence and the difficulties of stopping it.

¹ Department of Health (2002). Women's Mental Health: Into the Mainstream - Strategic Development of Mental Health Care for Women, p16. <http://www.dh.gov.uk/assetRoot/04/07/54/87/04075487.pdf>

However, it is also sometimes unsuccessful because the organisational response focused on changing the adult victim's rather than the perpetrator's behaviour.

- 3.2 Too often the victim is identified as responsible for protecting the children from the harm done by the perpetrator. This emphasis on the victim's responsibility for her partner's behaviour demonstrates a lack of understanding of the danger and risk she is often under, fails to consider the strategies she may already be using and most importantly fails to locate responsibility for changing with the person whose behaviour needs to change for the risk to stop.
- 3.3 Consequently, the most vulnerable women, particularly those who are also struggling with poverty, substance misuse, mental health or other problems, are unlikely to be supported as well as they should be. The consequence of that for children is that they too are unprotected and unsupported.

4. Understanding risk

- 4.1 The risks of homicide, including child homicide, increases after separation. Violence continues in about 50% of cases and the likelihood that children will witness violence after separation increases in many cases. E.g. Children may be more likely to witness or get caught up in violence on handover for child contact visits than when they were at home and able to hide in their bedrooms or when their mothers were present to protect them.
- 4.2 The fact that staying in an abusive relationship may actually offer more protection than leaving is often not accepted. Social work continually focuses on separation as the solution, when what are needed are services which protect the victim and her children, hold the perpetrator accountable and legal responses to prevent them from having access to their victims.

5. Assessment

- 5.1 Children's Services need to carry out a clear and thorough assessment of who is doing what, to whom and in what circumstances, to enable a clear identification of who is the victim and who is the perpetrator.
- 5.2 In most cases, when both adults have used violence, one will have been doing so as part of a pattern of coercive control over the other and the victim may have been using force as self-defence, defending children or as a form of resistance. Failure to identify this correctly will lead to interventions which are unsafe for children, women and men.
- 5.3 Respect has prepared a position statement on categories of clients presenting or referred as involved with domestic violence, to help professionals to assess clearly who is the perpetrator and who is the victim. This includes guidance on how to do this when both have been identified as using violence and to be able to assess who has used violence in self defence or resistance and who has done so as the perpetrator. This position statement also includes guidance on how to respond to different

situations. This position statement is currently under consultation with our members, other practitioners, policy makers and researchers and will be finalised by the end of July 2009 and available for public use.

6. Placing responsibility on the perpetrator and the system – not the victim

- 6.1 More often than not, in social work practice, the woman is treated as the sole person responsible for protecting her child. As a consequence it is often the woman's behaviour that is assessed, not the man's.
- 6.2 Children in these situations are too often confronted with the very real prospect of being removed from their mother, who is often blamed for her perceived "failure to protect" the children, as opposed to blaming the father / step-father for causing the risk and danger to the children and working to eradicate or limit his abusive behaviour.
- 6.3 "Failure to protect", when applied to victims of violence against women, is a redundant phrase: if a woman who is a victim of violence was in a position to protect her children, she would do so and very often she remains in a violent relationship because she believes, often correctly, that it is safer for the children to do so.
- 6.4 If a victim is led to believe by the social worker, that they are being held solely or mainly responsible for the effects of the abuse on their children, or are at risk of losing their children, they will likely feel less able to cooperate or they will minimise the abuse as a diversion tactic.
- 6.5 Too often when services intervene, domestic abuse perpetrators are left out of the picture. However, a father / step-father has equal responsibility for ensuring children in his care are protected, and where he is using violent behaviour, it is important that he too is interviewed, the risks posed by him are thoroughly assessed, he is held to account, and opportunities are provided for him to change his behaviour. Even if the original relationship with the child's mother has ended, he may still have contact with the child and therefore the victim, and he may also have other children.
- 6.6 Placing responsibility clearly on the perpetrator importantly allows social workers to focus the need for changing behaviour and the identification of risk on the person causing the danger and disruption and is therefore more likely to result in positive outcomes for children. We understand that many social workers who are not skilled in working with perpetrators are fearful or uncertain of how to do this. Respect and our members, with skills and experience of work with perpetrators, can provide expertise for improving general front line responses as well as specialist services.
- 6.7 So, responsibility for his individual behaviour lies with the perpetrator. But ultimate responsibility for safeguarding children – and adult victims – lies with social services and other statutory agencies as part of an effective coordinated community response (the model promoted by the Home Office and the inter-ministerial group on domestic violence).

7. Referrals to perpetrator programmes

- 7.1 It is unrealistic to expect frontline social workers to provide a specialist perpetrator intervention. They should be required to identify domestic violence, identify the perpetrator and carry out a basic risk assessment. They should be able to access specialist services to refer clients to.
- 7.2 Respect has a membership of 37 community based domestic violence perpetrator programmes (DVPPs) across England and Wales. These offer services to perpetrators not convicted by the criminal courts.
- 7.3 DVPPs are an invaluable resource to responding to and preventing further domestic violence. In 2008 Respect rolled out an accreditation system for these programmes. The development of this was part-funded by the Home Office and the Respect Accreditation Standard was supported by Cafcass, the Association of Directors of Children's Services and the Ministry of Justice among many others. 8 organisations are currently being assessed and we expect more to follow shortly.
- 7.4 The Respect Accreditation Standard explicitly requires that organisations working with perpetrators are working in the interests of victims and their children, by challenging violence and the underlying belief systems, by promoting alternative ways of thinking and behaving, by carrying out risk assessments, monitoring and management, by providing closely integrated support and safety services for victims which allow workers to do case management effectively, using information from perpetrators and victims to protect and support victims.
- 7.5 DVPPs are not counselling or anger management programmes. Neither of these are useful responses to domestic violence, although we are aware of some social workers referring perpetrators to such services.
- 7.6 Some of our members already have either formal service level agreements or ad hoc arrangements with their local social services teams, to provide specialist perpetrator interventions, such as perpetrator programmes and child protection risk assessments. However, the funding and commissioning structures are not in place in most areas, to allow such referral and there is no national advice on this (unlike Cafcass who have explicitly opened up funding for Respect accredited members to provide these services). There is great scope for expanding the capacity of these programmes to open up referral routes for social services.

8. Dads' Space 1-2-1

- 8.1 Providing a safe environment for children to have contact with an abusive parent must be considered when social workers are looking at contact arrangements. Child contact centres are in many areas, too under-resourced to offer structured supervised contact. Practitioners who supervise do not always have the adequate training to recognise an escalation of risk.

- 8.2 Dads' Space 1-2-1 is a safe contact service provided through a secure online environment for the parent and child where they can chat, send emails and photos, play games, and send e-cards or e-gifts. The site is moderated by qualified child protection professionals who are also trained by CEOP to ensure on-line safety and recognition of grooming behaviour. Dads' Space 1-2-1 provides a safe contact solution where risks are high and contact has been requested.
- 8.3 In addition to ensuring safety, the Dads' Space moderator can also alleviate some of the pressures faced by social workers who are monitoring indirect contact. Our moderators will keep a report-log, which will be sent to the social worker on a three monthly basis – or immediately if a child protection concern arises. To enable families to access Dads' Space 1-2-1, a social worker can make a referral via the moderation team: for more details contact 0207 022 1854 or info@dads-space.org

9. Training

- 9.1 In order for a social worker to intervene and safeguard effectively, there is a clear need for adequate initial and subsequent training on domestic violence. We are aware of social workers qualifying having had only one lecture on domestic violence and one day of multi-agency training – and even some who have had no training at all.
- 9.2 Stretched resources and case-load constraints result in social workers' training frequently being cancelled. It is essential that training is prioritised, in order to equip social workers to be effective. The General Social Care Council (GSCC) need to be more specific and rigorous in their requirements and monitoring of social workers' training. Without adequate education and training surrounding domestic violence, failings will continue.
- 9.3 Domestic violence training should be integral to the professional social work degree and ongoing training should be a pre-requisite once qualified and working as a child protection social worker. Working with and interviewing children, survivors and perpetrators, requires different skill sets which should all be covered.
- 9.4 Education/training should focus on:
- Domestic violence: what it is, who it affects, the impact
 - Enabling disclosure: for children, for survivors, for perpetrators
 - Initial responses: to children, to survivors, to perpetrators
 - Accurate identification of perpetrators and victims
 - Risk assessment
 - Intervention: legislation, response, services available, alleviating effects, safety planning, identifying risk factors, changing perpetrators behaviour, direct work with children
 - Safe Contact: understanding the risks of post-separation violence and the need for safe contact for the child – including knowing the services available such as Dads' Space 1-2-1
 - MARAC – roles and responsibilities

9.5 Social workers should also be made aware of the toolkits that exist for their use, particularly the 'proposed procedures for safeguarding children affected by domestic violence'. These procedures have been developed by the Greater London Domestic Violence Project (GLDVP) as a model policy for safeguarding children affected by domestic violence in partnership with key domestic violence agencies and child protection experts.

10. Conclusion and key recommendations

10.1 The problems we have highlighted are frequently institutional and written into required procedures which work against the safety of women and children affected by domestic violence. We welcome the development that this Social Work Task Force call for evidence brings and look forward to working with the government further on improving children's services and in particular responses to domestic violence.

10.2 We recommend:

- Increasing the priority level of domestic violence in order to ensure children living in such households are adequately protected and supported
- Clear guidance which focuses on safety, not separation as the primary aim
- That social workers are enabled to:
 - Identify domestic violence
 - Accurately assess who is doing what, to whom and in what circumstances, to enable a clear identification of who is the victim and who is the perpetrator
 - Place responsibility for abuse on the perpetrator– not the victim
 - Hold responsibility for protection of children – again not expecting the victim to do this
 - Carry out a basic risk assessment
 - Refer perpetrators to specialist services such as perpetrator programmes and specialist risk assessment
- Developing funding and commissioning structures to allow referral to Respect accredited perpetrator programmes and to publish national advice and guidance on this

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