Partnerships for early intervention for children living with domestic abuse: experiences from research in a seaside town

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Context

- Partnerships or multi-agency collaboration required for coordinated responses to DVA
- History USA Duluth address system gaps, UK 1990s improve efficiency & share costs
- Examples partnerships in DVA strategy groups, MARACs
- What works with early help?
- Lessons from research and practice partnership on early help and children in a seaside town
Step Up Early Help Study

- Funded by ESRC/EIF
- Developed with local authority partners
- 4 year study of set up and outcomes from new early help service for children living with DVA
- All standard risk DV cases involving children identified by police/MASH/front door to be referred daily to Early Help Coordinators (EHC)
- EHCs will check eligibility for service – will not work with families already getting a service
- EHCs will re-contact eligible standard risk families – home visit/phone
- Where families engage, EHCs to conduct GIR assessment, offer 1 to 1 support and coordinate whole family response

Theory of change

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<thead>
<tr>
<th>Problem</th>
<th>Outcome</th>
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<tr>
<td>No help given until DVA or harm to child escalates</td>
<td>Improved child safety &amp; wellbeing</td>
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<tr>
<td>Early identification &amp; engagement</td>
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<tr>
<td>New method to identify</td>
<td>Increased identification &amp; engagement</td>
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<tr>
<td>Proactive engagement</td>
<td>Decline repeats</td>
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<td>Focus on lower level risk</td>
<td>Decline high risk</td>
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<td>Assess and support according to need</td>
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<td>Whole family focus</td>
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<th>Outputs</th>
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We did a lot of partnership work

- Stakeholder meetings (Early help, CSC, Police, MASH & Research Team) x 6 per year
- Senior partner meetings (EIF, Children’s Service, Early Help, Research Team) x 4 per year
- Weekly contact with EHC, Police & Research Team
- Consultations year 1 and year 4 focus groups & interviews with:
  - Strategic leads & services
  - Adult survivors
  - Young survivors aged 8 to 15 years

Two approaches to identify

DVA risk focus using DASH (adult focus)
- covers 14+ items of DV risk
- high, medium or standard grade
Screen families at ‘standard risk’ DV with any child under 16

Child vulnerability screen in children’s care
- vulnerability and harm factors on CAF model covering individual, family & environment factors
- 4 need levels L1 ‘thriving’; L2 early help; L3 CIN; L4 risk of significant harm
- Not specific to DV
Screen low risk ‘no further action’ cases
Example of standard risk case

- Dispute over money owing post separation
- No physical violence recorded
- Numerous text messages and alleged threat to ‘send people round’
- Further texts after police warning
- Not regarded as harassment, recipient also sent a threatening text in reply
- Both parties warned and told not to contact one another

MASH pilot referrals

Planned to run 3 months with 4 referrals per week expected, 48 in all to gain target of 20 in pilot.

Slow start, pilot period extended January to May 2016

- Only 6 families (10%) engaged in pilot
- 11 (20%) already in service (CIN, FIN, CPS)
- 5 (9%) receiving other support (IDVA, school, health visitor)
- 9 (17%) unsuitable (risk concerns 4, child lives elsewhere 2, family moved away 1, no children 2, child is adult 1)
- 10 (19%) family declined
- 14 (26%) unable to contact (moved, multi occupancy, would not open door, partner in house, could not phone, phone cut off, mental health concerns)
MASH data

- DASH risk assessment does not measure level of risk accurately as focus is on a single incident
- MASH data: 16,691 PVP incidents 2014 & 2015
- Screened 2,274 standard risk, 1,199 standard risk families with child
- 65% SR with children at least 1 repeat

In depth analysis of 238 cases of families with an index DV standard risk incident had 3+ repeat PVPs

- 108 fluctuated up and down risk levels
- 32 showed static in level of risk
- 48 had de-escalation pattern
- 50 – 60% cases post separation abuse!
- 43 showed escalation pattern
- Not all were really standard risk
Example case tracked

- Couple cohabiting in poor housing since age 16, male unemployed & financial problems
- 5 DV incidents Feb – June 2014 at 3 different addresses, 4 standard risk, 1 medium risk when male’s mental health, drug abuse and self harm disclosed
- 1 further DV incident medium risk 2014, male put hands round female’s throat, female 15 weeks pregnant and depressed, uninhabitable living conditions, male arrested and charged battery but case dropped, referrals to CSC, health, YOT, probation, IDVA
- 2015 medium risk DV, 5 months after separation male pushed female’s head into a wall, male arrested ABH, to keep away apart from child contact
- 2015 standard risk DVA incident of verbal abuse while living apart but NFA, CIN plan closed
- 2015 high risk incident male ‘squeezed female’s throat’ and she lost her breath, damaged house, male not taking his mental health treatment

Mental Health and risk of DVA

- Previous case:
  - Male directed towards Crisis Team following MH and substance misuse disclosures
  - DVA escalated to physical assault
  - Implications of separation and birth of baby on male’s MH – mum deemed able to protect and supervise child contact herself
  - Male not attending appointments with MH services
  - Implications of male’s non-compliance for partner and baby
  - Coordinated response to DVA and mental health problems
**Child vulnerability**

**Assumptions:**
- Families more likely to engage if approach via children’s services
- May get fewer ‘late help’ cases coming from police referral route
- Brief review of 191 DVA NFA cases showed 61% referred by police, remainder by other services e.g. independent 6%, health 5.6%, schools 4.5%, family 4.5%
- 112 (59%) of 191 NFA DVA primary cases had no record of any reason for NFA

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**Screening NFAs for DVA**

- 2,069 NFA referrals screened in 9 month period (Jan‐Sept 2017)
- 64% referred by police
- 34% (730) DVA identified
- 81% not eligible (63% not DVA, 18% DVA but not eligible)
- Of the 19% (394) eligible: post separation identified in 65% of cases
- Delays in making contact, 33% 10+ days to screen for eligibility, 31% 22+ days referral to follow up

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<tr>
<th>Status</th>
<th>Count</th>
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<tr>
<td>Available</td>
<td>16</td>
</tr>
<tr>
<td>Engaged</td>
<td>11</td>
</tr>
<tr>
<td>Support End</td>
<td>3</td>
</tr>
<tr>
<td>Yes - Referred to Higher Level</td>
<td>6</td>
</tr>
<tr>
<td>Declined - Receiving support</td>
<td></td>
</tr>
<tr>
<td>Declined - Receiving no support</td>
<td></td>
</tr>
<tr>
<td>Unable to Contact</td>
<td>44</td>
</tr>
<tr>
<td>Not Suitable</td>
<td>83</td>
</tr>
<tr>
<td>Closed - Time lapse</td>
<td>96</td>
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10 cases involved repeat incidents with project period: Total 384 families

- 20 agreed to take up service offer
NFA example

- Female and male couple separated, with 2 young children under the age of 5.
- 2016 – Mum calls Emergency Duty Team and alleges ex-partner has threatened her with court over kids, dragged her out of house and beat her. She does not want further CSC involvement and is signposted to Women’s Aid.
- 2016 – After cutting ex-partners contact with children due to concerns over his alcohol and drug use, incident occurs where he is verbally abusive and aggressive towards mum. Police give appropriate advice NFA.
- 2016 – Ex-Partner is verbally abusive to mum whilst at hospital with their son. NFA the couple are separated and child contact remains an issue.
- 2017 – Heated verbal exchanges via texts and social media over child contact. NFA issue of child contact, both given advice by police.
- 2017 – Ex-partner breaches Child Arrangement Order and turns up at address. NFA child contact issue and parents given advice.

Messages

- Neither adjustment to DVA risk screen nor child vulnerability screen were effective for earlier identification at the operational local level
- Repeat referrals and no tagging
- Barriers identification & engagement – transience, ‘in-service’
- Importance of timely response in context scarce resources
- Different types of need require different early help approach – e.g. for post separation, family living together, transient, ‘off grid’
- Limited engagement perpetrators and fathers
Partnerships – what next?

- Findings from recent SCRs Child CA & Child LI support findings on need for:
  - Tagging standard risk
  - Common front door
  - Improved multi agency approach to DVA risk to child
  - Transience – improved data collection families who move in
  - Escalation and de-escalation procedures
  - Post separation DVA and working with CAFCASS and DVA services

BUT

- Are our early help services what families and children want?
- Lack of perpetrator focus

Messages for Research and Practice Partnerships
### Good & bad of partnerships

- Lack of shared purpose
- Lack of resources
- Buck passing
- Time consuming
- Power struggles
- Lack of respect
- Interagency conflict
- Unfair distribution of work
- Service duplication
- Poor information sharing
- Lack of accountability

- Pathways to Prevention Partnership, Alaska, (Crooks et al, 2018) 7 step model & focus on relationships
- Policy/organisational backing
- Resources
- Clear aims/goals/outcomes
- Action planning
- Clarity of roles & responsibilities
- Diversity
- Champions & leadership
- Good relationships
- Survivor/service user participation – co-production
- Feedback/review of progress

### Examples Research Into Practice

- Collaborative Practice Framework, Australia, Healy, Connolly & Humphreys, 2018
- Integrated service focus – do we have the right services collaborating?
- Democratising practices – do we have the right expertise, shared & equal investment?
- Partnership supportive collaboration – built on more than personal relationships, authority, governance, accountability
"This really is an innovative approach, but I'm afraid we can't consider it. It's never been done before."