Identifying the Key Components of a ‘Whole Family’ Intervention for Families Experiencing Domestic Violence and Abuse

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Increasing Interest in Developing Whole Family Approaches to DVA in UK and Australia

- Children’s social care has increased its capacity to identify DVA but struggles to find appropriate ways of achieving change in families living with DVA.
- Acknowledgment that failing to work with perpetrators places responsibility on women for men’s violence and results in ‘mother blaming’.
- Recognition that some families do not want to separate and DVA continues beyond separation.
- Need for interventions for children to be reinforced in family setting.
- Dovetails with other ‘whole family’ approaches.
Many Forms of Whole Family Approaches:

1. One agency works with all family members who agree to be seen. They are usually seen separately and individually, perhaps with different workers for victim, perpetrator and children, sometimes together.

2. Different agencies work with different members of the same family, but co-ordinate their work.

3. Interventions are delivered to the family as a group - family are always seen together - draws on systems approaches.
Emerging Models

- Approaches vary according to underpinning theory & which sector they are located in.
- Some approaches emphasising early interventions with infants and/or parenting skills eg For Baby’s Sake
- Evidence base currently slim but some studies with control groups show positive results (Mejdoubi et al, 2013; Kan and Feinberg, 2014; Stover, 2015).
Criticisms of ‘whole family’ approaches

- Fails to recognise gendered power dynamics that inform DVA – DVA affects different family members differently.
- Safety of women and children may be compromised.
- Men resist family interventions and women & children become focus of services’ scrutiny.
- Adolescents often want support in their own right, not as part of a family.
- Organisations aiming to deliver whole family service struggle to maintain focus on all family members.
- Evidence base currently weak
Project Context

- Doncaster – former mining town – high rates of deprivation, traditional attitudes to gender roles.

- Children’s social services judged to be underperforming. 2014: Government brought in Children’s Trust.

- Project funded by Govt’s Innovations Programme – funding for 18 months.
Local Culture & DVA work prior to Implementation

- Local culture described as accepting of DVA.
- Negative attitudes towards services locally:
  ‘all they could do is threaten me with taking my kids off’ (mother)
- Silo-working rather than multi-agency collaboration.
- Non-ownership of DVA cases in social care – ‘refer it on’:
  ‘we’ve got a referral culture as opposed to a culture which says what are we collectively going to do about this because we’ve all got strengths to bring to this.’
- Limited use of DVA risk assessment by sws
- Lack of clarity among professionals with regard to referral pathways and systems
Growing Futures (GF) Aims

- To reduce the emotional harm caused by DVA to CYP
- To directly support recovery from DVA for victims and their children
- To significantly reduce repeat victimisation
- To challenge the acceptance of DVA among families and the wider community
- To break the cycle of DVA in families
Key Features of Approach

- Work with both parents and with children
- Flexible model – can offer individual and/or joint sessions and allocate different workers to different family members
- ‘Meeting families where they are at’ – accepting that some families wish to stay together tho’ others don’t
- High risk referrals from MARAC and children’s social services
- Voluntary nature of engagement
- Joint work with statutory social work
- Use of range of therapeutic tools
- No time limits on length of engagement
- Reduced case loads, emphasis on staff supervision
Growing Futures Team

- 12 Domestic Abuse Navigators (DANs) – some part-time sws

- 2 Perpetrator Workers

- Drug and Alcohol Workers within the Growing Futures team

- Parenting Co-ordinator delivering parenting programmes to families

- DANs co-located in 4 social work teams
Whole System Approach

- Early Help hub established
- DVA training, mentoring & conference for DANs and other Doncaster professionals
- Leadership coaching programme
- Development of the ‘Getting On’ programme addressing child to parent abuse
- Action research with young people
- New domestic abuse strategy for Doncaster
Multi-method Evaluation – undertaken by Opcit 2014-16

- Analysis of DANs’ learning logs & casework books
- Interviews with service users
- Interviews with DANs and managers
- Electronic survey of 160 local professionals from range of agencies
- Interviews with local professionals
- Analysis of MARAC data and structured observation of MARACs
- Analysis of social care case files
- Focus groups with public to elicit attitudes to DVA and services in Doncaster
DANs’ work with families

- DANs worked with family members together, separately and jointly with other practitioners – need for separate workers at times.
- Some victims refused to have perpetrator involved.
- One victim interviewed felt that DAN colluded with perpetrator.

Various approaches:
- Advocacy & co-ordination of services
- Therapeutic work on feelings of guilt, anger, loss
- Parenting skills
- Risk assessment and safety planning
DANs’ engagement with 102 families (April 2015-Sept 2016)

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<tr>
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<th>On caseload</th>
<th>Engaged in direct work</th>
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<tr>
<td>Children &amp; young people</td>
<td>232</td>
<td>153 (66%)</td>
</tr>
<tr>
<td>Victims</td>
<td>102</td>
<td>72 (71%)</td>
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<tr>
<td>Perpetrators</td>
<td>90</td>
<td>49 (54%)</td>
</tr>
<tr>
<td>Other Family members</td>
<td>16</td>
<td>3 (19%)</td>
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<tr>
<td>Total</td>
<td>440</td>
<td>277 (63%)</td>
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Work with Mothers

Advocacy:

‘Mother was frustrated about the inconsistency of agency participation… Using solution focused brief therapy, [we] formulated a plan with the Mother of how she would like to be supported in these difficult meetings by key agencies…’ (DAN)

Parenting Skills:

‘looked at different ways the Mother manages parenting challenges with her son who has Aspergers…and…is beginning to act aggressively. With further exploration, using the DASH I was able to reflect some patterns of using a token economy, and also considering some sensory adaptations’ (DAN)
Work with fathers

- 44 referrals made to GF perpetrator worker
- 20 referrals made to local 8-week perpetrator programme

- Some perpetrators worked with by other organisations:

  ‘...when I talked to him about what our service could offer him in terms of direct work I felt very unconfident ... I did however offer him support via group work which is run by another service’ (DAN)
But also joint work and work with men in custody

‘I am engaging both Mum and Dad and the split is acrimonious and they are both minimising the impacts of this on the children’. (DAN)

‘A strength based approach has helped with my therapeutic alliance with one of my perpetrators who is serving a custodial sentence’ (DAN)
Work with children

- Range of tools including Signs of Safety used to facilitate therapeutic engagement with children
- Signs of Safety emphasis on clear and child friendly language assisted communication with families.
Direct work with children

‘I visited a child in her primary school and we just ‘played’ with plasticine. This child finds it difficult to give eye contact so the plasticine gave us something to do and talk about, she moulded a house and a tree and I moulded something else, this allowed her to relax and then talk to me about her sadness when mum and dad argue.’ (DAN)

‘I am feeling confident in using 3 Houses to explore emotions and relationships with children.’ (DAN)

‘...the perpetrator is due to be released soon, and we have done a children's safety plan that will help the children feel less worried if they talk about anything that might be troubling them without feeling responsible if this results in their Dad being recalled to prison’ (DAN)
Building Trust with Families

- Non-statutory nature of engagement valued by both DANs and families:
  ‘it is a bit actually easier to speak to the DANS than it is to the social worker, because you do have that thing because it is social services. If it’s something important they're going to find out anyway, but it’s just easier to speak to someone else.’ (Victim)

- Working with families’ goals:
  ‘when she said ‘I work to keep families together.’ That's what turned it for me, because obviously me and […] didn't want to give up on being in a relationship and being a family.’ (Victim)
Impact on Children’s Social Work

- CSWs completed training on risk assessment
- DANs act as advocate for families with CSW:
  ’[the new sw] seemed to be more able to listen to mother saying that she cannot be punished (take the children away) because he continues to break his bail conditions and enter the household. I feel that I helped empower mother to speak out in a respectful way in her defence.’ (DAN)
- Examples of DANs challenging practice of SWs who threatened mothers.
- Co-location of DANs and joint work enabled DVA expertise to be shared:
  ‘I have begun a risk assessment with the perpetrator with a children’s social worker and working together is helping reflective processes’ (DAN)
And Other Professionals

- Interagency DVA training undertaken by DANs, police, health practitioners, early years staff and staff from independent sector

- Collaboration with other professionals:

‘I explained to a school teacher how mum's lack of willingness to implement bedtime routines were possibly not just due to poor parenting but also to mum's self esteem that might have been damaged by the recent domestic abuse’ (DAN)
Less change from perspective of CSWS

- 4 p-t social work DANs – struggled to free up space in their caseload for DAN work
- DANs seen as giving children’s social workers space to address other issues:

‘what’s made my job easier is [the DAN] doing all that work with the DVA... By them... doing that work with mum and that bit of therapeutic work with the kids, I’ve not had to look at that, which has freed us up to concentrate on other stuff.’ (CSC practitioner)
Views of other agencies

Consistent picture of raised awareness re whole family working and commitment to the principle:

‘Growing Futures’ve... really banged the desk on that one, you know, banged the table and said ‘We’ve got to look beyond that [victim-focussed risk management], and try and put things right so the family if they wish to stay together can stay together'. (Other professional)
Referral pathways

Mixed views re clarity:

‘now we know where to go, we’ve got that single pathway now, we’ve got the referral forms, evidencing a referral…which are shared by partners to partners, so it clarifies how this case occurred, where it’s been referred and why it’s been referred, and you know we’re all singing out of the same hymn sheet…’ (Other professional)

- Others reported little shared understanding of how standard and medium risk cases should be progressed and no clear system for progressing cases.
Communication & Collaboration

- Mixed views as to whether interagency communication had improved
- But general support for more collaborative working culture and joined-up approaches.
- A work in progress?

‘I mean Rome wasn’t built in a day, you’re going to get pockets. But now there’s more of a warmth, there’s more of an openness, in terms of being able to do effective partnership work.’

(Other professional)
Conclusions

- Whole family working contributed to building trust and engagement in context where partnership with families lacking.
- Meeting families ‘where they are at’ key to engaging families with negative experiences of social work.
- Voluntary nature of DAN service built trust and can be used creatively in joint work.
- Specialist perpetrator worker vital as not always appropriate for all family members to have same worker & confidence in working with perpetrators slower to develop.
- Small caseloads and unrestricted time limit valuable.
- ‘Whole system’ change slower to develop.