

No. 7

Policy and
practice briefing

*'I feel a lot more confident
now going out to visit a
family where there is
domestic violence.'*

Social worker

Assessing the risks to children from domestic violence

Julie Healy and Madeleine Bell

Findings from two pilot studies using
the Barnardo's Domestic Violence Risk
Assessment Model



Barnardo's

NORTHERN IRELAND

GIVING CHILDREN BACK THEIR FUTURE

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Policy and practice briefing

This briefing paper highlights the findings from two pilot studies conducted in 2004 by Barnardo's Northern Ireland with three Health and Social Services Trusts in the Southern Health and Social Services Board and the Ulster Community & Hospitals Trust. The two studies piloted the use of a Domestic Violence Risk Assessment Model which has been developed by Barnardo's Domestic Violence Outreach Service¹. The findings highlight the need for a specific assessment tool to assist practitioners assess the risks presented by domestic violence for children and make decisions about the types of interventions needed.

It is important to note that the model has been designed specifically with male to female violence in mind. Male to female violence provides the focus for this report, although we are aware that female to male violence and violence within same sex relationships also occurs. Our knowledge around the impact of these risks to children and methods of assessing these risks must be developed.

There has been increasing recognition of the impact of domestic violence situations on children and the need to assess these risks and plan effective interventions. (McGee, 2000; Webster, 2003). However in some Health and Social Services Trusts, social workers have identified a gap in their knowledge to assess the risks and identify supports for children in these situations. In 2004 Barnardo's was approached by the Ulster Community & Hospitals Trust (UCHT) and the Southern Health and Social

¹ The model originates from Ontario, Canada and has been adapted with their permission by Madeleine Bell, Barnardo's Northern Ireland Children's Services Manager.

Assessing the risks to children from domestic violence

Findings from two pilot studies using the Barnardo's Domestic Violence Risk Assessment Model

Services Board (SHSSB) with a request for training to facilitate decision-making in domestic violence situations where children are present. Both agencies had identified a gap in their procedures to assess the risks posed to children by domestic violence.

Domestic violence can take many different forms and no two experiences are likely to present in the same way. It is crucial that social workers – who are very likely to encounter the issue in their work – are competent in current practice and have the essential knowledge base to identify the risks and respond appropriately.

Assessment for domestic violence situations where children are present

The Department of Health, Social Services and Public Safety is in the process of establishing a multi-agency single assessment model for Northern Ireland. This is based on the 'Framework for the Assessment of Children in Need and their Families' (DoH, 2000). It provides a generic framework for collecting information about a family or situation. However, as this is a generic tool it is useful to have an additional assessment tool to provide a robust assessment for situations where there is domestic violence.

Based on extensive experience of using and training others to use the DoH framework, Calder (2004) expresses concern about the framework's robustness for domestic violence situations where children are present. As the assessment groups fathers and

mothers together when looking at parental capacity, this can lead to a description of violence as 'family violence' rather than labelling the abuse as 'domestic violence'. Jointly grouping parental capacity in this way can also detract from the very different roles parents play (or fail to play) within a family. In practice, the focus is all too often on the mother's capacity to parent and protect rather than the perpetrator's abusive behaviour. This puts the onus of the child protection procedure on the mother's ability to protect and not on the perpetrator taking responsibility for his abusive behaviour.

Current assessment frameworks in use

Research and training needs analysis within SHSSB and UCHT highlighted the need for a specific risk assessment tool for domestic violence cases.

Ulster Community & Hospitals Trust

In particular, research (Nicholl, 2001) within UCHT highlighted the following concerns:

- absence of clear policy and procedures relating to domestic violence
- evidence of inconsistencies in decision-making and recording in domestic violence cases
- lack of clear categorisation into family support or child protection cases
- need for research and training on the impact of domestic violence on children.

Issues emerging from this research led to a number of recommendations for the future management of domestic violence

cases within the trust and training was highlighted as a priority for social work staff dealing with domestic violence cases. The establishment of a set of criteria which would assist social workers in their decision making, particularly in regard to the classification of cases into family support or child protection, was also recommended. In response to this, funding was obtained from the Eastern Health and Social Services Board to facilitate training and a six month pilot study.

Southern Health and Social Services Board

The Southern Board has implemented a multi-disciplinary assessment of the needs of children and their families. This is based on the 'Framework for the Assessment of Children in Need and their Families' (DoH, 2000). In cases where there are child protection concerns the board implements a separate Risk Analysis Model². However the board felt that staff would benefit from training on a specific tool to assess risks and help inform decision-making on cases with children living in domestic violence situations.

The impact of domestic violence on children – policy and procedures

Both SHSSB and UCHT use a policy and procedure guide when presented with incidents of domestic violence in families with children. Within these policies social workers are responsible for assessing risk and making decisions about the child protection issues presented by domestic violence. However there are no explicit instructions to guide 'how' these risks are assessed. At the outset of the two pilot studies, it was hoped that the Risk

² This Risk Analysis Model is the result of a collaboration between the Southern Area Child Protection Committee and Greg Kelly at the School of Social Work, Queens University Belfast.

³ Newry & Mourne HSST, Armagh & Dungannon HSST and Craigavon & Banbridge Community HSST

⁴ Reference, *Policy and practice briefing, No.2: Supporting Children in a Domestic Violence Situation, Summary of Issues and Findings from the Domestic Violence Outreach Service (DVOS).*

Assessment Model would provide staff with the tools and a framework to carry out assessments and implement support in an informed and consistent manner.

Training and pilot programmes

In September 2003 Barnardo's Northern Ireland Domestic Violence Outreach Service provided two, two-day training sessions, one for four social work teams from three Health and Social Services Trusts³ in the Southern Board area and

another for four teams in UCHT. This was followed by a further day's training on 'Safety Work' for women and children experiencing domestic violence⁴. The main focus of the training was the use of the Domestic Violence Risk Assessment Model and to examine the complexity and dynamics involved in domestic violence situations and the impact of this on children. It was agreed that staff who had participated in the training would implement the model during a six month period to pilot its use. From the three Southern Board Trusts, seven social

Domestic Violence Risk Assessment Model

The model used by the Barnardo's Domestic Violence Outreach Scheme (DVOS) originates from Ontario, Canada. Based on experience gained from using the model in the DVOS, a system of threshold scales, risk factors, potential vulnerabilities and protective factors have been added to the model enabling comprehensive analysis of risk within the assessment process.

The model is used to assess the severity of risk posed by domestic violence within families where children are present. It aims to help practitioners make decisions about the risks presented for children and to plan effective interventions for the family.

The model is based on the following principles:

- protecting the children is the first priority
- protecting the non-abusing parent – usually the mother – helps protect the children
- providing supportive resources to the non-abusing parent will help protect and care for the children
- holding the perpetrator responsible for the abusive behaviour
- respecting non-abusing parents' right to direct her own life without placing her children at increased

risk of further abuse from domestic violence.

The Risk Assessment Model has nine assessment areas. These are the key areas to assist social workers and other childcare professionals reach decisions about when a child is 'in need' or is 'in need of protection'.

The nine assessment areas are:

- nature of the abuse
- risks to the children posed by the perpetrator
- risks of lethality
- perpetrators pattern of assault and coercive behaviours
- impact of the abuse on the women
- impact of the abuse on the children
- impact of the abuse on parenting roles
- protective factors
- the outcome of the women's past help-seeking.

Practitioners use these areas to identify and collect information on which to base their decision-making. This information can then be used to identify gaps in our knowledge about the situation and also to begin a process of assessing the risk presented.

workers, five team leaders, two professional support and service development officers and one principal social worker took part in the pilot. Four teams participated in UCHT totalling 18 social workers, four team leaders and two assistant principal social workers and one programme manager.

Threshold scales

The model rates the severity of risk using a threshold scale. This scale rates from 1 (minimum risk) to 5 (serious risk).

Threshold scale 1 – assess minimum risk from domestic violence. Usually used for families where there is verbal aggression or the care giver has experienced previous abusive relationships. Family support may be offered.

Threshold scale 2 to 3 – assesses the domestic violence risks as moderate and family support is deemed the appropriate intervention. These scales specifically address the 'grey areas' in making assessments and decisions around the risk presented by domestic violence.

Threshold scale 4 to 5 – assesses the severity, nature and impact of the domestic violence abuse as 'high risk'. A threshold of significant harm is reached and child protection procedures are implemented.

The risk assessment process clearly sets

out any risk or potential risks posed to the family as a result of domestic violence whilst taking account of other issues impacting on the family. It provides a comprehensive and consistent framework to gather, analyse and rate the level of risk presented. One of the strengths of the model is the detailed recording procedure which provides an up to date family history, highlights areas of concern and can be used by other practitioners working with the family in the future.

Feedback from staff participating in the pilot studies

Feedback from the two pilot studies indicated that social workers had found the model useful to focus on the risks presented to children by domestic violence and to facilitate their subsequent decision-making. The opportunity to take part in a pilot study, with support in the form of monthly mentoring sessions provided by Barnardo's, expanded their knowledge of the dynamics of domestic violence and enhanced confidence in their skills to deal with the issue when it arose in their case load.

The following are quotes from participants in the two pilot studies:

'I felt that the model complimented our assessment framework and can work well alongside it. An extra tool to be used.' Social worker.

'The model is good for identifying areas of concern that I would never have thought of before. It increased your own knowledge base. One of the most helpful parts of this pilot was this increase in knowledge on domestic violence.' Social worker.

'This model helps you to be very specific about the risks posed and then decisions can be made with more clarity and more specific information recorded.' Social worker.

'For other social workers coming in to take over a case it's going to save them time. This is very important.' Social worker.



'The Risk Assessment Model helped in making decisions i.e. intervention and support provided to child and family depending on severity.' Social worker.

'It was a specialist tool which takes time to complete, but I think that this could be used alongside the new assessment framework.' Social worker.

'Greatly assisted decision-making process. Clearly outlines risk and reasons for assessment made. In the case conference where I used the model, the Risk Assessment Model clearly outlined 'high risk.' Social worker.

Implementing this model was an addition to an already busy case load. In their feedback social workers and other staff stressed the workload pressures, but indicated that it had been worth the extra time:

'If I had cases involving domestic violence I would apply the model and take the extra time required.' Social worker.

'Absolutely, it informs practice and means incidents/risks are detailed. However in practice this has been extremely difficult due to workload/staffing pressures.' Team leader.

Participants in the pilot studies were also keen that other agencies were informed about the model to enhance a multi-agency approach:



'[...]Domestic violence isn't particular to family and childcare...I'm not exactly sure about what level of training other agencies should get on this but I don't see any harm in the model being shared. It is about multi-disciplinary working so people know where we are coming from and what we're basing our decision-making on.' Team leader.

The Risk Assessment Model was applied for one court report during the period of the pilot. The threshold scales were used within the report to clearly set out the risks posed to the child and the judge referred to these risks in his judgement:

'It is therefore necessary for the court to apply the welfare checklist to the circumstances of the case – to ask whether the fundamental emotional need of this child to have an enduring relationship with her father is outweighed by the depth of harm the child would be at risk from suffering.'

The judge found the nine assessment areas 'very useful and thought provoking' and stated that it informed his judgement. He was very positive about the benefits of the Domestic Violence Risk Assessment Model in Court.



Key findings from the pilot studies:

- monthly mentoring sessions provided the opportunity to discuss and share experiences and research findings with other team members and was instrumental to the pilot success
- training and information about the dynamics of domestic violence enhanced staff knowledge and confidence to address domestic violence when they encountered it within their work
- use of the model assisted practitioners identify the risks presented to children and adult victims from domestic violence whilst maintaining a holistic view of other factors affecting the family
- the model encouraged practitioners to identify the protective strategies employed by the non-abusive parent and helped provide a focus on the abusive behaviour of the perpetrator
- the threshold scales within the model offered a consistent framework to assess and rate the level of risk
- the model aided decision-making about whether a child is 'in need' or is 'in need of protection' by clarifying the risks presented
- the model assisted practitioners identify the types of intervention suitable for children and their families
- the model was particularly useful for child protection cases where there is domestic violence, especially to inform decision-making at case conference
- the model facilitates a coherent record of case history to be maintained, this proved extremely useful to inform and provide a structure for court reports clearly illustrating the risks present
- this recording system holds information which should prove useful for any future work undertaken with the family
- the model takes extra time to complete but with practice becomes more routine. Practitioners felt the extra time needed was worthwhile.

Staff safety messages

Visiting families suffering from domestic violence is potentially dangerous for social workers and it is important that clear guidelines and protocols are in place for staff protection. The following are some points from the Barnardo's Domestic Violence Outreach Service staff safety planning and Barnardo's general guidance for assessing and managing home visits.

Team systems and routines:

- ensure that staff never have to make potentially dangerous home visits alone. Co-work or use a police escort where necessary
- have a clear framework to assess potential risks to staff in individual cases
- routinely record the timing and details of planned home visits
- have clear protocols in place when interviewing alleged perpetrators
- systematically record incidents and threats of violence to staff from clients.

Guidance for individual staff members:

- report any incident. Not doing so can put others at risk
- always be alert, be aware of your surroundings and other people
- develop skills, behaviour and ways of working to recognise and deal with anger
- trust your intuition and act on any warning. Do not ignore it
- strike a balance between sensible caution, awareness and confidence
- keep reasonably fit. Good posture, stamina and strength aid protection
- avoid meeting aggression with aggression.



Policy and practice recommendations

Department of Health and Social Services (and other agencies working with the victims of domestic violence) should provide regular training to update staff about the dynamics of domestic violence and its impact on children.

Department of Health and Social Services should implement specific assessment procedures for domestic violence situations across boards and trusts to facilitate a consistent approach to assessing domestic violence situations.

Department of Health and Social Services should incorporate the model as an additional tool to the multi-disciplinary assessment of children in need and their families.

Agencies working directly with victims of domestic violence should provide training on and implement 'Safety Work'.

Area Child Protection Committees should consider offering training on the threshold scales to other professionals to promote a multi-disciplinary approach to tackling domestic violence.

Children and young people should be supported to participate in assessment and decision-making processes in a sensitive and appropriate manner.

Child protection procedures must provide an increased focus on the perpetrator's behaviour and implement interventions which address this.

To facilitate this we need to increase our knowledge base about 'what works' to address the abusive behaviour of perpetrators and research and develop new and more effective programmes.

Practitioners should be encouraged and supported to keep abreast of developments in research and good practice relevant to their area of work.

Policy context

A multi-agency strategy to respond to, address and monitor domestic violence is currently being developed. This is based on the Government Draft Strategy *Tackling Domestic Violence in the Home* and publication is scheduled for mid 2005.

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