

# DVIP'S CO-LOCATION IN HACKNEY CHILDREN'S SERVICES: A PROCESS EVALUATION

**Ruth Phillips**

Child & Woman Abuse Studies Unit  
London Metropolitan University

**cwasu**

CHILD & WOMAN ABUSE STUDIES UNIT



### OVERVIEW

The report presented here is based on research undertaken between April and December 2012, examining the processes of embedding and delivering the Domestic Violence Intervention Project's (DVIP) co-location project within Hackney Children's Services. Through non-participant observations, questionnaires, and interviews, the aim of the research has been to focus on the mechanics of such an endeavour: how it has worked, what has worked well, and what the challenges have been. In this way it is hoped that the research will inform future co-location projects and integrated working.

### DVIP AND HACKNEY CHILDREN'S SERVICES

Mirroring the rest of the UK, domestic violence is a pressing issue in the London borough of Hackney, with "one of the highest rates of domestic violence in London (when compared to our family of most similar boroughs) and it accounts for nearly 20% of all recorded violent crime" (Hackney CSSI, 2011). The CSSI report, alongside a number of others (Cross, Hubbard, & Munro, 2010; Richardson et al., 2002; Stanko et al., 1998) focussing on domestic violence and child protection have highlighted these issues within Hackney. They are not, however, the only reason that DVIP's co-location in Hackney Children's Services should be so timely and relevant.

A few years ago, Hackney Children's Services underwent a radical change in structure and practice through the Reclaiming Social Work initiative, also known as the Hackney Model (Cross et al., 2010). This initiative involved a number of organisational and structural changes, including the creation of social work 'units' whereby social workers are organised into small multi-skilled teams which take a more combined responsibility for each case. Cross, Hubbard and Munro evaluated the initiative in Hackney in 2010 and stated that:

*We have assessed the value of these changes through a study of the culture within which the changes have been made, the processes influencing outcomes and outcome measures. In each of these three areas we have identified significant positive changes. These changes are evidenced by strong numerical indicators, significant differences between traditional practice and new social work units, and positive changes in the underlying organisational culture (Cross et al., 2010:50-51).*

The restructuring of Hackney Children's Services has provided a supportive framework for the Domestic Violence Intervention Project's (DVIP) co-location within Hackney Children's Services. The co-location project involves three DVIP practitioners – two Violence Prevention Programme (VPP) workers and a Women's Support Service (WSS) worker – being based in Hackney Children's Services three days per week. The aims of DVIP's co-location in Hackney Children's Services, which launched in March 2012, are:

- To provide in house expert services in cases where domestic violence is a feature, including:
  - case consultation;
  - referral and risk assessment of male perpetrators;
  - referral and identification of support needs for female victim/survivors.
- To provide a Violence Prevention Programme for Hackney men assessed as suitable for group or one-to-one intervention.
- To provide proactive support and safety planning, including a support group, for Hackney women whose partners are referred to the Violence Prevention Programme.
- To provide relevant training for Children’s Services staff.
- To improve joint working and influence cultural and structural practices.

These services are fulfilled by the DVIP practitioners, supported by a senior manager and in collaboration with Hackney Children’s Services managers.

---

## EVALUATION

The purpose of this evaluation has been to scrutinise the processes through which DVIP workers have embedded their work practices within Hackney Children’s Services. That is to say, this evaluation is not concerned with the outcomes of the men and women supported by DVIP – this will be covered by DVIP’s own monitoring as well as the Mirabel Project which is currently examining perpetrator programmes throughout the UK – but rather to focus on the processes of joint working between DVIP and Children’s Services. The aim has been to capture this at the practitioner, managerial and strategic levels, through a variety of methods including:

- observation of interactions between DVIP staff and Hackney Children’s Services staff;
- observation of Practice Development meetings, Service Review meetings and Strategic Review meetings;
- observation and evaluation of training provided by DVIP;
- questionnaire evaluation of Case Consultations;
- interviews with key staff from DVIP and Hackney Children’s Services.

These methods have allowed for three different strands of analysis which each highlight specific points, as well as drawing together to present a more rounded picture. A straightforward analysis of meeting observations, training and consultation evaluations provides some measures and feedback of different areas of work; thematic analysis picks out and explores recurring themes and concepts; and an analysis of issues which have arisen throughout the course of the project cut across a variety of themes.

---

## SUMMARY OF FINDINGS

The processes of embedding DVIP's co-location project within Hackney Children's Services has, thus far, been highly productive. Social workers have repeatedly acknowledged the value of having DVIP's expertise on hand, being able to consult with DVIP practitioners face-to-face, and receiving ongoing feedback.

Even more crucially, there is clear evidence that the knowledge and skills brought by DVIP are being circulated and applied in different areas and cases, making inroads to cultural change within the organisation such that the possibility of perpetrators routinely being visible and held accountable in child protection cases could become a reality.

Furthermore, this innovative project is, as expected, bringing to light certain issues which arise at the intersections of work by different organisations with similar aims but differing priorities. The dialogue which has been created and the opportunity for both organisations to alter, where possible, their processes and procedures, and to adjust their perceptions of one another, is an ongoing piece of work. Thus, a number of recommendations are presented:

- DVIP's co-location project to continue to be funded within the borough.
- Continuation of dialogue to work through the ongoing challenges and issues to achieve integrated working.
- DVIP to monitor and address pressures on staff working 'remotely' in co-located projects.
- Hackney Children's Services to implement ongoing domestic violence training for social workers.
- Ensure attention is paid to the particular responsibilities of supporting women whose partners are on a Violence Prevention Programme.
- Monitor the implementation of new knowledge and skill regarding perpetrator accountability to ensure this becomes embedded in practice.

## INTRODUCTION

Domestic violence is now recognised as a major social issue in the UK, costing the economy up to £6 billion per year with nearly 5% of that figure in costs to Children's Services (Walby, 2009). In Hackney alone, the cost of domestic violence was estimated to be up to £7.5 million in 1996, affecting "the lives of at least one in nine women in Hackney" (Stanko, Crisp, Hale, & Lucraft, 1998:6). Whilst these figures give some indication of the scale of the problem, it is at the level of the individual that the real price is paid. For social workers, whose case load is likely to feature domestic violence in anything between 50% and 75% of cases (City of Westminster, 2012; Humphreys et al., 2000; NSPCC, 2009), the human cost is all too clear.

Much has been written about the impact of domestic violence on children (Hester & Pearson, 1998; Hester, Pearson, & Harwin, 2006; Holt, Buckley, & Whelan, 2008; Humphreys et al., 2000; Kelly, 1996; Stanley, Miller, Richardson Foster, & Thomson, 2011). Subsequent legislation, whilst welcomed, has also brought logistical and resource-related difficulties. The introduction of s.120 of the 2002 Adoption and Children Act which "identified 'impairment suffered from seeing or hearing the ill treatment of another' as a form of significant harm ... also had the effect of drawing a new and potentially vast group of children and families into the auspices of children's social services" (Stanley et al., 2011:297). Research in the UK has shown that the capacity of Children's Service to respond to this issue has been somewhat limited, and "that social workers tend to be uncomfortable working with domestic violence and may have no policies or guidelines on domestic violence to which they can refer" (Hester et al., 2006:170). This can only have been exacerbated by the influx of referrals since the Adoption and Children Act was fully implemented in December 2005 (DoE, 2012).

These shortcomings may best be explained at the systemic level. Marianne Hester's concept of 'Three Planets' (Hester, 2011) is an heuristic model which describes the challenges and contradictions inherent in the multi-agency response to domestic violence between organisations with very different priorities. The three 'planets' most closely associated with domestic violence work are: the 'domestic violence planet', including agencies which focus on supporting victim/survivors as well as the criminal justice agencies whose interventions and sanctions are focussed on perpetrators; the 'child protection planet' whose agencies are concerned with safeguarding children; and the 'child contact planet' which focusses on parents in terms of residence and contact with children. On the 'child protection' planet of Children's Services, a number of studies concur that the focus on children can manifest in ways which hold the woman responsible for protecting her children from domestic violence, or even blame the woman, whilst rendering the perpetrator invisible (Douglas & Walsh, 2010; Edleson, 1998; Hester, 2011; Hester et al., 2006; Stanley et al., 2011). Whilst Children's services are doing a great deal of positive and innovative work to address this with families and children in domestically violent situations (Hester, 2011; Stanley et al., 2011), it appears that progress remains patchy (Munro, 2011; Stanley et al., 2011), and perpetrators are seldom a focus of intervention. This is the wider context for the co-location project.

DVIP's involvement was commissioned by Hackney Children's Services to provide input on domestic violence cases, but the notion of a co-located project was put forward by DVIP itself. This innovative model of working, which is being rolled out in several London boroughs, involves DVIP practitioners working within and alongside Children's Services in order to develop and enhance integrated working. Not only does this contribute to better outcomes for families experiencing domestic violence, it also examines and confronts the intersections and disjunctions of service provision from organisations with differing priorities, procedures and legislative frameworks.

## DATA COLLECTION AND ANALYSIS

Data was collected over a period of nine months, between April and December 2012. A variety of methods were used: non-participant observation; questionnaires; and interviews. These methods were used, as applicable, in a variety of settings: in the office; meetings; training; consultation interviews; and staff interviews.

Some of the distinct areas of data collection – meetings, training, and consultation – are laid out below with specific findings. The analysis then moves on to a more holistic approach which utilises the entire data set to identify recurrent themes and issues.

### OBSERVATION OF MEETINGS

Meetings take place at a variety of levels and for different purposes. ‘Practice Development Meetings’ are held on a monthly basis with the DVIP practitioners and the overseeing DVIP senior manager. ‘Service Review Meetings’ are held on a quarterly basis with the DVIP senior managers and practitioners, and two HCS Group Managers. Every six months the Service Review members are joined by other HCS managers such as Head of Service and Head of Access & Assessment (A&A) for a ‘Strategic Review Meeting’. All of these meetings are held at Hackney Children’s Services and observation took place at a selection of these as outlined below.

#### PRACTICE DEVELOPMENT MEETINGS

Three Practice Development meetings were observed during the evaluation period: on 3rd May, 12th July, and 24th August. The purpose of these meetings is to update on current position and discuss any challenges, ideas, or progress. The meetings are fairly informal and what stood out was the trust and confidence placed in the DVIP staff co-located in Hackney Children’s Services. That is to say, it was clear that the manager looked to the staff for ideas and assessment of how best to proceed in given situations, and had a great deal of trust and respect for their views and ideas.

*You need staff with real experience [...] and confidence in their practice, so that they are able, robustly, to have a sense of “where can I make a shift here, where might I be able to do something slightly differently than I would ordinarily because we’re in a different environment here, or where do I have to say no, we can’t do it like that” (DVIP manager).*

#### SERVICE REVIEW MEETINGS

‘Service Review Meetings’ were observed on 18th May and 16th August. These meetings are slightly more formal, with DVIP giving a report on current outputs. However, it remained a forum for discussion of challenges, ideas and

progress and had a clearly solution-focussed and reflexive approach from all parties. There was, for example, a great deal of discussion about possible reasons for low identification of DV-related cases in the audits carried out by individual units, with a range of suggestions offered including issues with the definition of DV, desensitisation of social workers towards DV, screening issues, and possible anxiety about DVIP's expertise.

---

## STRATEGIC REVIEW MEETINGS

It was only possible to observe one bi-annual 'Strategic Review Meeting' on 20th September. There was some tension at this meeting, largely centred on the discussions about targeting DV within the A&A team. The very real logistical challenges inherent in such a move will be discussed further below, but suffice to say this is an area which remains unresolved at the present time. Overall there was a sense that the shifts that have occurred with regard to awareness and partnership working have not yet infiltrated all areas of HCS and that, in the wider organisation, the focus is still on throughput of men on programmes rather than a DVIP's more holistic potential.

## TRAINING EVALUATIONS

In total, three training workshops were observed and evaluated, with evaluation taking the form of a pre- and post-workshop questionnaire and, for one workshop, a follow-up questionnaire six weeks later. The evaluated workshops were:

- Working with Male Perpetrators of Domestic Violence (Full day: 19/07/2012)
- Safety Planning with Male Perpetrators of Domestic Violence (Half day: 07/11/2012)
- Why Some Women Stay in Abusive Relationships and Safety Planning (Full day: 28/11/2012)

The workshops were largely skills based and the value of this was widely remarked upon in the post-workshop questionnaires. There was clearly a good level of awareness and understanding of the DV-related issues, evidenced in the pre-workshop questionnaires, but the practical strategies outlined in the training addressed a lack of confidence in translating knowledge into practice. This was measured, for each workshop, using both quantitative and qualitative questions.

---

## WORKING WITH MALE PERPETRATORS OF DOMESTIC VIOLENCE (FULL DAY: 19/07/2012)

This workshop aimed at providing both understanding of and strategies to address the way that abusive men avoid taking responsibility for their behaviour. In pre- and post-workshop questionnaires participants were asked to rate their confidence in identifying (Figure 1) and addressing or challenging (Figure 2) the methods men use in order to

avoid taking responsibility for their abusive behaviours. This was also followed up six weeks later with a small number of participants who had agreed to this.

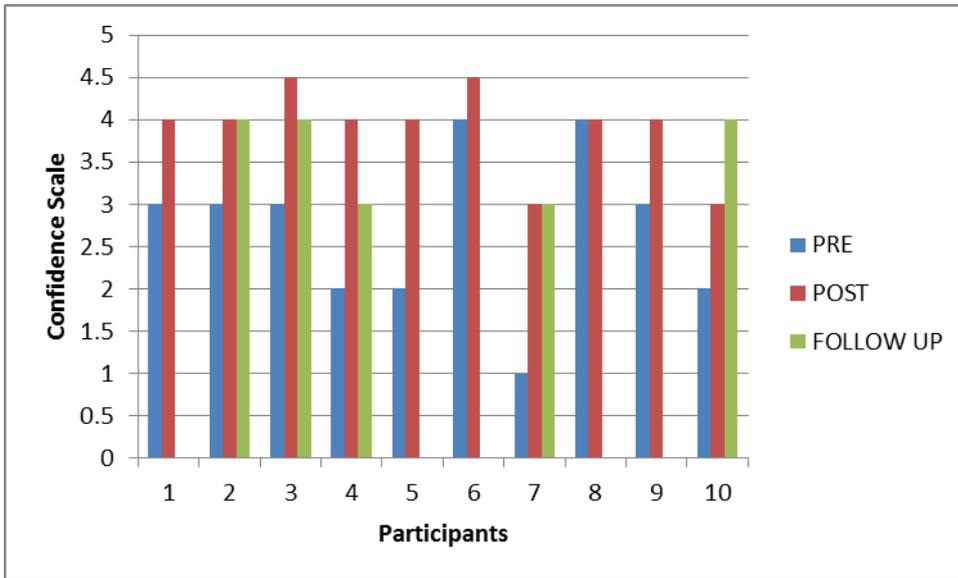


Figure 1: Confidence in identifying methods men use to avoid taking responsibility for abusive behaviours

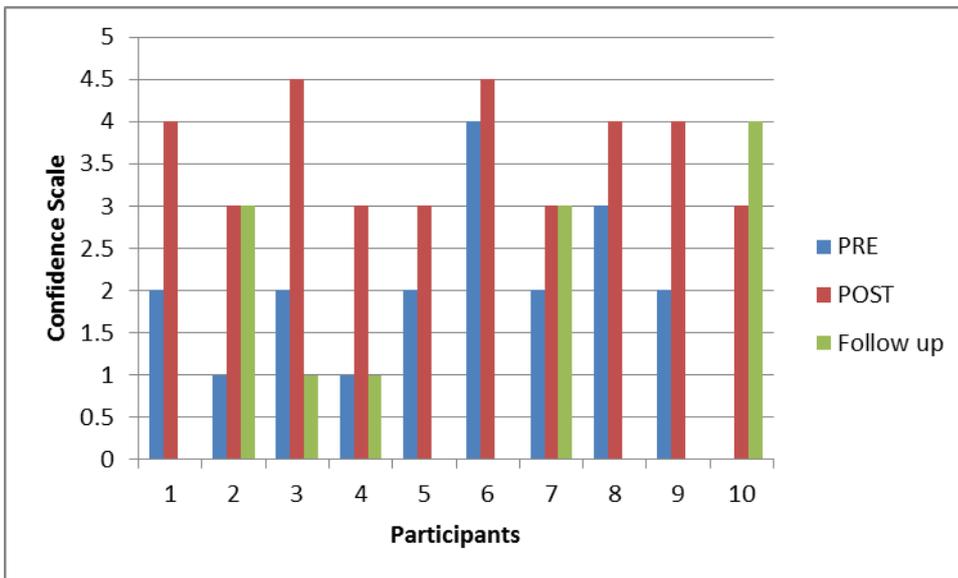


Figure 2: Confidence in addressing/challenging methods men use to avoid taking responsibility for abusive behaviours

It is clear from this data that social workers are generally more confident about their knowledge in relation to domestic violence perpetrators than they are in their practice. There is also a clear increase in confidence in both areas immediately after the workshop but more interesting is the follow-up, since this provides a realistic measure of the training's impact on practice.

It is to be expected that confidence may drop back a little from the immediate end of the training and for most participants this slight decline was within expected parameters. However, it is noticeable that for participants 3 and 4, their confidence in 'addressing/challenging' has dropped quite markedly. Turning to the qualitative data provides some explanation for this: one participant had accompanied an experienced social worker on a home visit but had felt "silenced" by the man's aggression towards Children's Services but did, however, acknowledge that this was an extreme case; the other participant had met with a female victim/survivor, but stated that she had not felt very confident to challenge the woman's denial and minimisation. Nonetheless, upon describing the situation as domestic violence her client had stated "no-one had put it like this", which suggests that some progress had been made.

The confidence issue is also highlighted in feedback about 'what could have been done differently?': although it is not uncommon for people to report that they would like the training to be longer, in this case there was an emphasis on wanting more time to practice, especially through role playing. Asked what was most useful, the feedback shows an increase in understanding and insight:

*Looking at the perpetrator as a whole and in context rather than as an isolated event/incident.*

*View the perpetrator as a whole person, the best and the worst.*

Yet the biggest factor in 'what was most useful?' was the practical aspects of the training:

*Different questions to ask when the interview becomes stuck, different strategies to use when asking questions.*

*A lovely change to have a practical approach that relates to real life rather than theory and Powerpoint!*

*The experiential parts of the course: always the best learning with me.*

---

## SAFETY PLANNING WITH MALE PERPETRATORS OF DOMESTIC VIOLENCE (HALF DAY: 07/11/2012)

This half day training, focussed on safety planning with male perpetrators, began with discussion of the ways in which men build themselves up to abusive and violent behaviour. This understanding of men's internal processes set the scene for ways of working with men to help them recognise and arrest these processes with practical strategies. Again, participants were asked to rate their confidence in terms of understanding men's internal processes (Figure 3) and carrying out safety planning work with men (Figure 4).

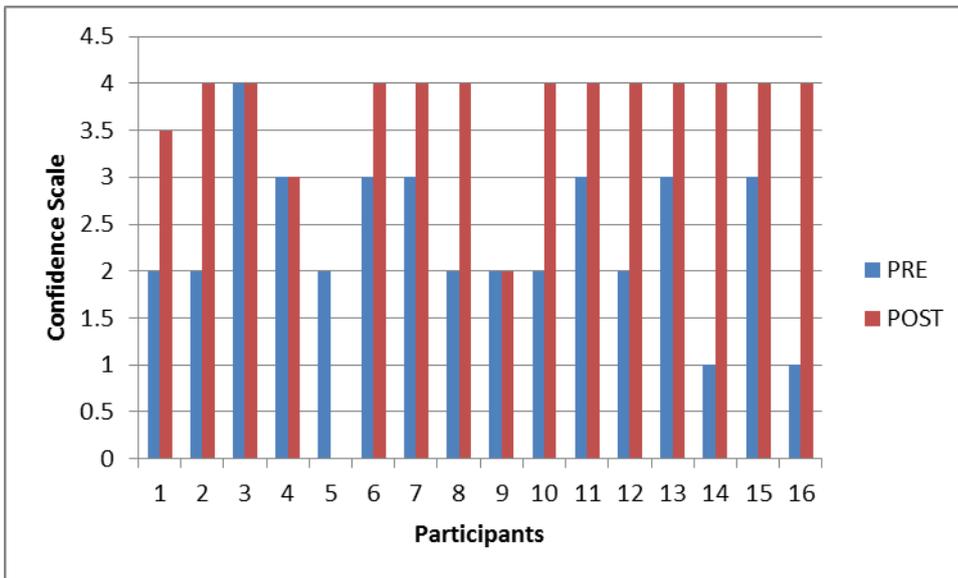


Figure 3: Confidence in understanding men's internal processes which may lead to violence/abuse in specific situations

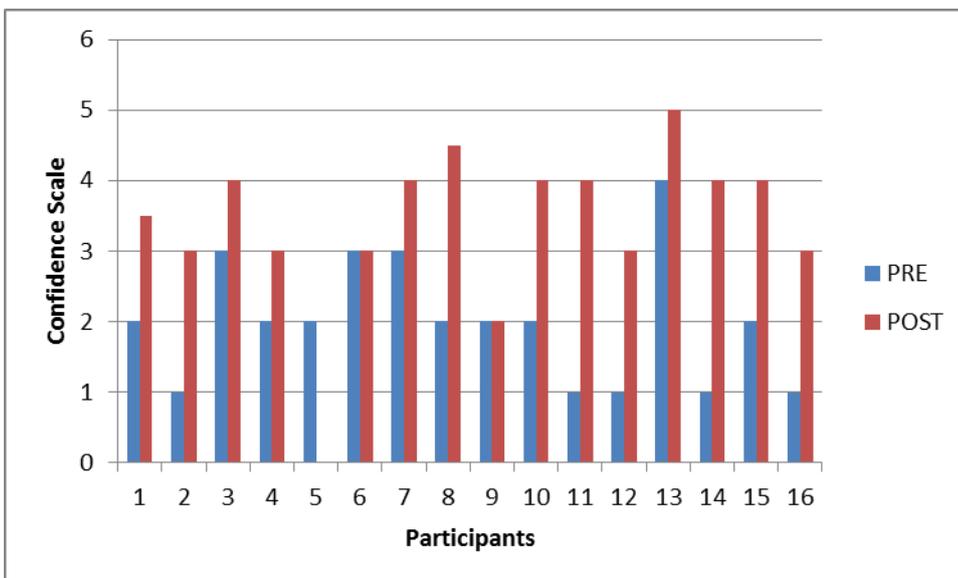


Figure 4: Confidence in safety planning with men to help them reduce levels of risk

Again, the data shows that social worker's confidence in their understanding is greater than confidence in applying this in practice – as one participant stated, “working with perpetrators is not a part of DV training courses in general or social work training”. This is reflected in qualitative feedback about what was most useful in the workshop, which highlights practical strategies:

*Iceberg tool – a practical tool to breakdown situations and make part of that to target change/understanding of internal processes.*

*Moving away from specific details about a situation and focus on conflict in general as an opener with perpetrator.*

The training also had a major impact in terms of understanding and insight, prompting a great deal of reflexivity on the part of social workers attending.

*That I'm still stuck in my old way of seeing the perpetrator as a perpetrator of violence – I forget that they are human and my approach towards them is clouded by my desire to gather factual information needed for the completion of my assessment.*

*To have empathy for the perpetrators [...] to not label them but to understand why they are abusive.*

*Understanding the internal conflict which a perpetrator experiences whilst being confrontational with his partner [...] complex emotions going through perpetrator.*

---

#### WHY SOME WOMEN STAY IN ABUSIVE RELATIONSHIPS AND SAFETY PLANNING (FULL DAY: 28/11/2012)

This workshop was delivered jointly with a worker from Hackney Council's Domestic Violence Unit and covered both theory and practice. A short film was shown to explore some of the barriers to leaving and there was discussion of the definition and prevalence of domestic violence both nationally and in the borough of Hackney. The Three Planets Model was outlined here to facilitate an understanding of the ways in which institutions and services can exacerbate women's difficulties, hold women responsible for the violence, and make the perpetrator invisible. This was followed by Risk Assessment and Safety Planning exercises, though less time was spent on practical tools and strategies than in previous workshops.

In the pre- and post-questionnaires, participants were asked to rate their confidence with regard to their understanding of why some women stay in abusive relationships (Figure 5) and working effectively with women who remain in domestically abusive relationships, in particular to help them reduce levels of risk (Figure 6).

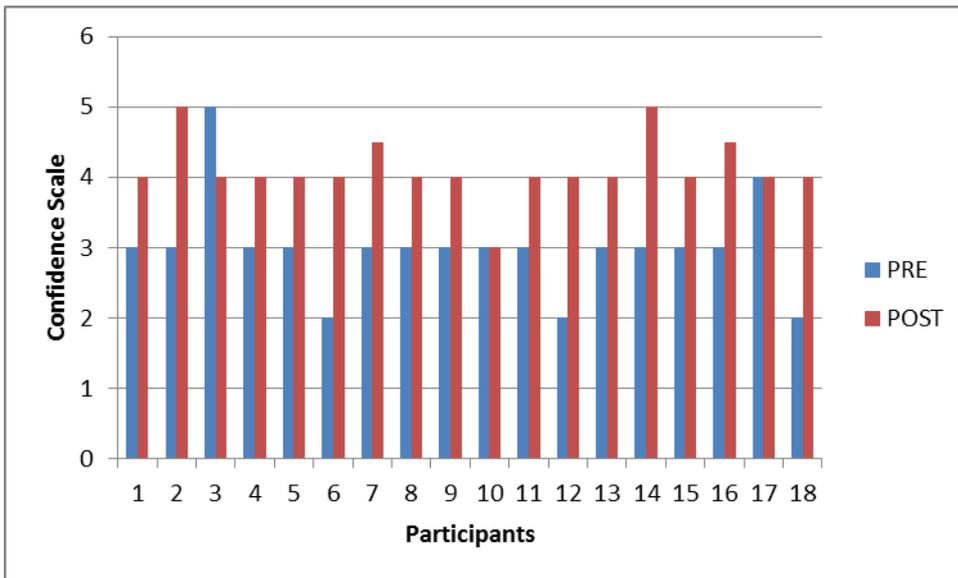


Figure 5: Confidence in understanding why some women stay in abusive relationships

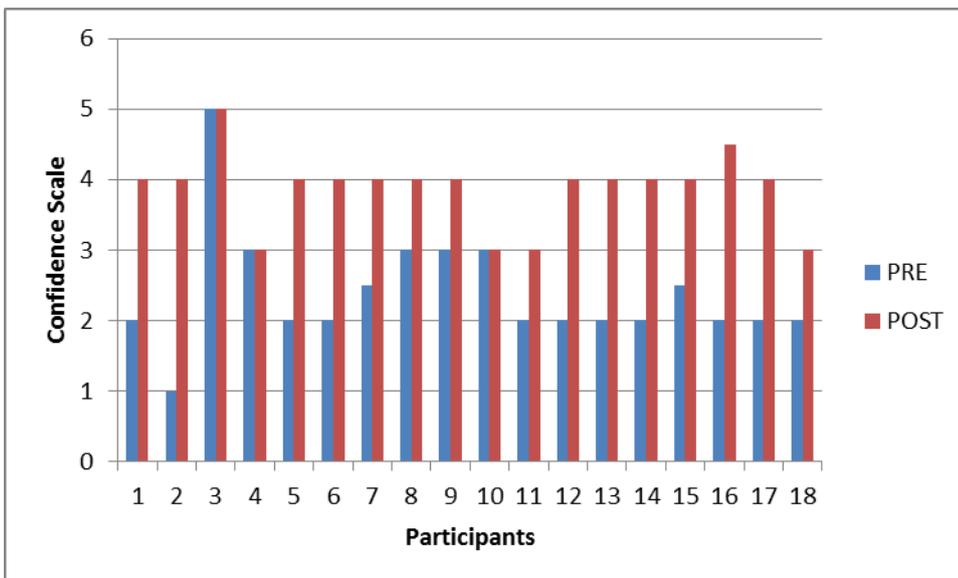


Figure 6: Confidence in working effectively with women who remain in abusive relationships, in particular to help them reduce levels of risk

Although pre-workshop confidence in understanding why some women stay in abusive relationships was not particularly high, averaging three on a scale of 0-5, social workers were very knowledgeable and insightful about this when asked to list some of the reasons. Nonetheless, it was clear from qualitative feedback that many of the facts and figures about domestic violence were new and/or surprising to many, particularly information about the cost of staying in a refuge if a woman is working and not entitled to housing benefit. This was linked to a greater understanding, through discussion of the Three Planets Model, of the ways in which services can fail to offer appropriate support, as can be seen in the feedback:

*How the current processes work against women when they're trying to flee domestic violence.*

*Impact on victim if she chooses to move to women's refuge – financial and political implications.*

*Consideration of the impact my professional interventions can have.*

There was less feedback about the practical tools, perhaps because less time was spent on them, and this was highlighted in asking 'what could be done differently?' which elicited calls for more case studies and more time to spend on risk assessment and safety planning exercises.

---

## SUMMARY OF TRAINING EVALUATION FINDINGS

It is clear that one of the most valuable aspects of the training as a whole was the opportunity for social workers to learn and practice new tools and strategies to aid their work with domestic violence perpetrators and victim/survivors. However, there was also a great deal of understanding and insight gained, particularly as a result of the focus on perpetrator accountability.

It has emerged that domestic violence training – and again, especially with a focus on perpetrators – is lacking or inconsistent in basic social work training, and that 'refresher' training was seen as desirable even for social workers who had previous training. It is recommended that Hackney Children's Services provide an ongoing, practice-orientated programme of domestic violence training for social workers and other practitioners.

## CONSULTATION EVALUATIONS

In many ways, consultations were carried out almost continually, with DVIP's co-location facilitating an ongoing discussion with social workers. However, a great effort was made to record this work as far as possible and with regard to particular case consultations. From over 100 consultations, a total of 27 were then evaluated over a period of six months. The evaluations consisted of a brief structured interview with the social worker regarding the individual cases for which a consultation was recorded. Social workers generally consulted with DVIP workers - both Violence Prevention Programme (VPP) workers and the Women's Support Service (WSS) worker – to discuss general DV dynamics; to discuss a referral to the men's programme; or to discuss a woman's referral for a needs assessment and/or support. Social workers overwhelmingly reported that the purpose of their consultation was fully achieved (78%) and, those who felt it was only partially or not achieved explained that this was due to reasons such as not meeting the criteria for the service, or the man's/woman's lack of engagement or moving away. What social workers sought from the consultations can be grouped into some distinct themes, as shown in Figure 7.

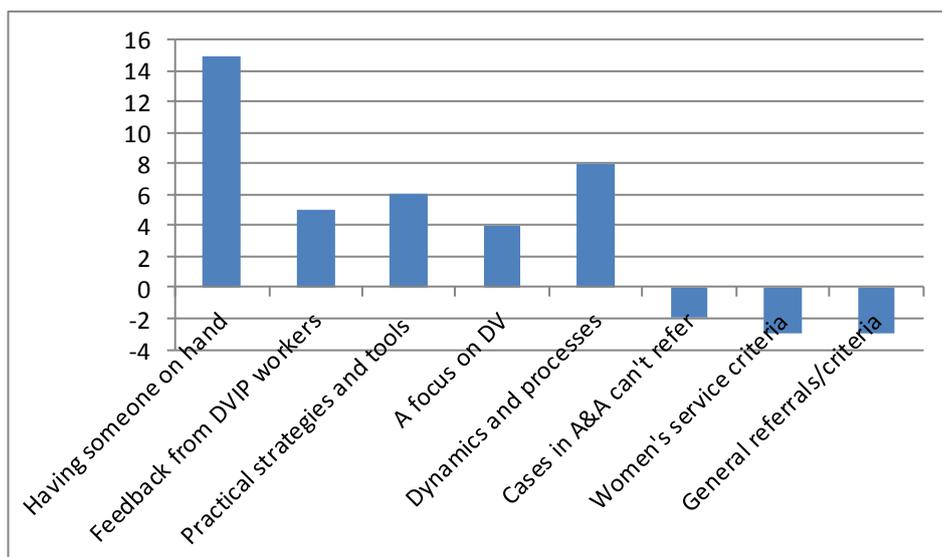
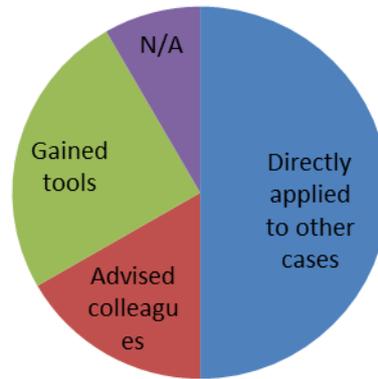


Figure 7: What social workers sought from the consultations

The feedback was generally very positive, with the availability and approachability of DVIP staff through their co-location, most often commented on. Whilst for some social workers this was mainly about being able to draw on DVIP's expertise or just having someone around to talk through the issues, it was also more explicitly related to co-location. The benefits noted here were: it was better to have face-to-face conversations than over the phone; that co-location makes it more immediate; and it cuts bureaucracy. Ongoing and timely feedback from DVIP workers was another valued aspect of co-location. Consultations also proved useful to provide: a greater understanding of the dynamics of DV; knowledge of the services available; and information about the processes of referral, for example to MARAC. The opportunity to focus on DV within complex cases which perhaps involve mental health issues and drug addiction was also found useful, and many social workers appreciated the practical tools and strategies which DVIP workers were able to suggest.

The social worker interviews also provided evidence that learning gained from consultations is being used in other cases and/or shared within Units. A specific question to elicit this was added in the second cohort of consultation evaluations. Of those to whom this question was directed (n=12) 50 per cent had applied the skills and knowledge to further DV cases, 25 per cent recognized knowledge and tools which they would be able to use again, 16 per cent had been able to advise colleagues, and only 1 person stated that they had not been able to use anything in particular from this consultation in other cases.

Figure 8: Has learning from consultation been applied in other DV cases? (n=12)



There was some frustration when social worker's clients did not fit the criteria for the service, but in particular when women could not access support if their male partners were not engaging with the service. Nonetheless, this was generally prefaced with 'I understand why ... but ...' and it was acknowledged that suggestions were made about other suitable services. However, there were some comments about the length of time a referral could take and a lack of clarity about this, as well as a comment that the DVIP referral form was difficult, in particular that it requires the signature of the client being referred. These frustrations, although relatively minor, suggest that it could be helpful to have further introductory workshops or an information leaflet to clarify some of the DVIP service criteria and assessment processes.

The other concern raised was about clients in A&A not being eligible for referral due to the short term nature of A&A cases which may or may not be referred to longer term Child In Need (CIN) teams. This, however, is one of the issues which will be discussed in more depth below.

## HOLISTIC ANALYSIS

Discussion of the points raised in the evaluation of specific areas of the study has been useful, but it is also possible to look at the data more holistically. Through examination of the entire data set – questionnaires, interviews, and observations – a number of key themes emerge, and with this can be seen specific issues arising which cut across these themes. The intention here is to provide a more rounded discussion of the processes, learnings, and remaining challenges for co-location projects.

## THEMES

A thematic analysis was undertaken across the dataset in order to examine recurrent topics. In this way an attempt is made to allow the discussion to be led by the data, uncovering what is important and noteworthy to the participants themselves.

---

### CO-LOCATION

When Hackney Children's Services (HCS) commissioned a service from DVIP, the idea of an integrated, co-located project was put forward by DVIP. A long cherished idea, the aim of this way of working was imagined as:

*[To] work much better in partnership rather than having a conversation where we're sat over here and you send men over and we refer back if there are child protection issues [...] We don't really, necessarily have a chance to have a full communication about them [...] So, the co-location gets people a sense of 'ok, we're sitting next to you' [...] what we're trying to achieve with it, we're trying to achieve integrated working methods (DVIP manager).*

The fruits of this venture are clear to see. As discussed in the consultation evaluations, a large number of practitioners commented on the benefits of being able to speak with DVIP workers face-to-face, ask questions, and get ongoing feedback. It was noted that

*Seeing [the DVIP workers] around, people know who they are, they sit at the desk with people, they merge in. But a lot of that, I think, is just the physical, being repetitive, week in, week out, they know what days of the week they're here, and seeing them (HCS manager).*

DVIP managers and workers also felt that co-location had worked really well, especially when compared to the 'traditional' way of working.

*My work with social workers has been very different in the past, just stuff over the telephone [...] but this is a lot deeper, it's a lot more rounded and I think social workers understand what the service is a lot better (DVIP worker).*

*With our staff being in there, [social workers] getting quick decisions on things that they wouldn't do if we were over here and they had to phone (DVIP manager).*

Nonetheless, there are difficulties and challenges to working this way. Managers at DVIP were warned about the possibility of staff “going native” – that is to say, losing sight of their own principles and working practices due to immersion in a workplace culture with different priorities – but rejected this concern, primarily because of the highly experienced and DVIP-committed staff selected for this project. They are, however, acutely aware of the extra pressures that this kind of ‘remote working’ places on individual workers. One DVIP worker stated that it “takes more energy” and used the analogy of a football team playing an away game without the support of their regular fan base. What this extra burden consists of and how it might be lifted will only become clear once such projects are embedded into everyday routines. At the moment it is not possible to distinguish from the pressures of setting up a new and innovative project. It is recommended that DVIP monitor the costs of remote working to staff.

---

## PARTNERSHIP WORKING

Although partnership working is intrinsically linked to co-location, here the focus is on the way that DVIP and HCS have worked together to create and nurture this project, and is largely based on observation of meetings. As previously mentioned, the reflexivity and solution-focused approach observed in meetings was impressive. This is evidenced by a continual thoughtfulness and questioning, along the lines of ‘what works well for Hackney?’; ‘If we’re not getting the numbers on training, what’s that about?’; ‘practice-based training would work well in this setting’; and ‘what is most useful to social workers?’ These kind of queries came from both DVIP and HCS and were met with pragmatic and proactive solutions or discussions from around the table. It was also notable that managers looked to the workers for assessment of the situation ‘on the ground’ and acted on these assessments. Whilst one would hope that meetings should be this inclusive, it is sometimes the case that only lip-service is paid to this way of working and it is encouraging to see this dynamic in action.

It was suggested previously that the Hackney Model may have provided a ‘supportive framework’ for DVIP’s co-location and it seems likely that a cultural change brought about through the re-structuring of HCS would have created a more receptive atmosphere. It was alluded to in an interview with a DVIP manager, who suggested there was a “neat fit” between DVIP and HCS in terms of the direction they wanted to move in. Similarly, an HCS manager commented specifically about the culture in Hackney, suggesting that there was more understanding of perpetrators and the underlying dynamics of abuse as a result of DVIP’s work, but with recognition that the culture at HCS was already an improvement on previous workplaces.

*Some of that is cultural within the organisation, because the organisation I worked for before hated men! And I didn’t see that at the time. We never took their views, you know, the view was if they cared about their kids they wouldn’t smash their wife up (HCS manager).*

The only concern raised here was the way that the changes were very much driven by individuals. The emphasis on experienced DVIP staff and individual managers and workers is natural given that innovation is invariably driven by committed individuals. Whether they can enthuse others and find ways to embed into routines is the challenge for all organisational/system change. It is important, then, that the experience, skills and understanding being provided by DVIP become widely dispersed and taken up, as discussed next.

There has been a lot of emphasis on the need to circulate skills, knowledge and awareness across the department and to recognise and address some of the challenges suggested by the Three Planet model. That is not to say that DVIP lay claim to a monopoly on DV expertise, but rather that there is an opportunity to explore the issues and challenges which arise when different priorities, legislation and practices intersect. 'Cultural change' has been a two-way street, encouraging both organisations to re-examine their practices and procedures, and their perceptions of each other.

The sharing and application of knowledge and skills has already been evidenced in discussion of the consultation and training evaluations and plays an important part in a wider cultural change. What emerges from the analysis is a sense that, whilst social workers have a good level of insight into the context and issues of DV, they perhaps get bogged down with the inherent frustrations of practice. The opportunity to refresh their knowledge and the emphasis on practical skills and strategies which DVIP bring to the training, and which social workers have identified as the main gap in their knowledge, gives hope that DV cases may become less frustrating. In this way there is space for social workers to re-engage with their broader understanding and insight. Whilst this is not explicitly stated, it can be seen within feedback where, for example, one social worker commented on how she had gained a better understanding of her female client where previously she had just felt frustrated with the woman for not disclosing things. Other comments include

*Thinking about barriers [to leaving] changes your attitude from 'why can't she leave?'*

*How much of what I already knew applied to DV cases.*

*I will use the [power and control] wheels in my practice.*

In response to asking social workers what they wanted from training, the workshops delivered by DVIP were designed around practical skills, with one of the biggest questions from social workers being 'how do we work with perpetrators?' The desire to 'make perpetrators visible' is a clear aim of DVIP and was discussed by DVIP workers in interviews.

*The thing that's worked well has been putting on the agenda to hold the man accountable, so he's not just a ... I guess he was like an absent presence.*

*If there's one thing I want to leave with social workers it's that right from the get go [...] they need to be so 'on it' with men.*

This message was reflected in social workers comments too, with one comment about being more mindful now and seeing the perpetrator's role, and other's stating that the most useful learning was:

*More confidence in asking questions, to support perpetrators how to recognize their own behaviour.*

*Positive work may be possible!*

*Feel more comfortable addressing and asking for specifics around violence.*

*Responsibility for child protection resting with perpetrators.*

---

## PROCESSES AND ADAPTATION

In partnership work of this kind, change and adaptation should always be a two way street and again this was evident in both practice and strategy. Just as HCS need to address policies and practices which render perpetrators invisible, DVIP have also taken the opportunity to examine their own processes to consider how and why things are done and whether this could be adapted to better meet the needs of co-location and integrated working.

*The other bit that's shifted for us, is our ability to say "ok, which bits of our practice, our systems and processes, are just ... you know, we do it because that's the way we do it, and are not actually fundamental and crucial, we could do them in a slightly different way" (DVIP manager 1)*

*There's definitely some of that in Hackney, talking about what's the difference ... when you're in there, and you go in there two or three days a week [...] do you need a lengthy report that tells you everything you need to know, does the social worker need that, at that point, straight away? (DVIP manager 2)*

This issue of how to format reports was an ongoing discussion with the recognition that the reports usually created by DVIP working under a 'traditional' model are based on a need to impart not only information but also a clear understanding of the implications of this information. This is not necessary in a co-located service where conversations can be of a more ongoing nature and reports are less easily misinterpreted. Given that lengthy reports were not only unnecessary but also a time-consuming task for DVIP staff on part time contracts, work was being done to look at how they could be adapted.

Processes and procedures within Children's Services have proven to be less flexible, though perhaps this is hardly surprising with an institution of this size and procedures which are often applied nationally being therefore difficult to adapt at a local level. Nonetheless, as will be seen, there are ongoing conversations and DVIP's co-location has placed them in a position to have greater insight and understanding of the challenges involved and a place at the table to explore workable solutions.

---

## RESOURCES AND CAPACITY

A key element for any project is the issue of resources and capacity, since these will always be finite. As this is a temporary contract, albeit under review for extension, the aim is to up-skill social workers so that the capacity to work

effectively with domestic violence perpetrators is not lost if or when DVIP's co-location is withdrawn. There are also issues around thresholds that dictate which families and men are able to receive a service and affect the funding of perpetrator services if a case is closed with HCS.

Perhaps one of the most pressing points to make here regards the capacity of DVIP's Women's Support Service within the co-located project. With only one Women's Support Worker (WSW) to take on referrals from two men's workers, capacity was always going to be an issue, further exacerbated when one considers that some men will have more than one partner or ex-partner. Potentially, then, the WSW's case load could be up to four times that of her colleagues. A partial solution to this was for group work to be offered to women, but discussion of resources for a crèche highlighted the fact this was not built in to the contract and funding would not necessarily be forthcoming. In the event, a venue was found for group work which enabled women to bring very young babies along and childcare costs were met for older children. However, as the WSW commented, the group work solution did not address the fact that some women were unable to attend at a fixed time and some women would have benefitted from more one to one work.

An attitude expressed by managers at two different meetings was that 'women do have social workers too', meaning that this could take some of the burden off the WSW. However, this does not pay heed to the particular responsibilities of a WSW with regards to providing women with realistic expectations and a good understanding of the men's programme. Of course, practical skills for working with women is another area in which social workers are being up-skilled but it is unclear if enough is being done to help social workers understand the realities of perpetrator work in a way that can inform realistic expectations for women.

## ISSUES ARISING

Thematic analysis of the data highlighted some issues which cut across themes and serve to highlight the complexities of such partnership working, particularly in terms of the intersections between differing priorities and procedures. These issues are at different stages of consideration and/or resolution in the current project and, whilst challenging, also represent the value of co-location in terms of the opportunities to recognize these issues, and to collaborate on finding workable solutions.

---

## TARGETING OF DVIP INTERVENTIONS

The co-location project in Hackney was set up in such a way that consultations would take place across both Advice and Assessment (A&A) and Children In Need (CIN) teams but that referrals for the perpetrator programme would come only from CIN teams. To put this in context both physically and procedurally: A&A and CIN both occupy the same open-space floor of Hackney Service Centre with each team occupying a particular area of this floor and both operating a hot-desking system. Referrals come in to A&A, screened initially by the First Response team which is located elsewhere, and cases are held for between four and twelve weeks before either being closed or, if necessary, referred on to CIN for longer term work.

The DVIP team were often described as 'sitting' in either A&A or CIN and this sometimes referred to their physical location within the office and at other times to their primary focus for interventions with perpetrators. Their physical location was simply to do with making themselves as visible as possible to facilitate consultation and the dissemination of knowledge and skills. The real issue which arose in relation to this was underpinned by consideration of where DVIP interventions would be more effective. It became clear that there was a strong feeling that focusing interventions primarily in A&A could help to address the 'revolving door' of cases which regularly turn up in A&A but do not meet thresholds for referral to CIN. Not only that but it would also change the culture so that perpetrators are challenged to take responsibility for the outcome of social work interventions.

*I would've had it sat in front door services, in A&A ... some of my reasons for that could be quite punitive: we would want to assess that perpetrator immediately to see if there was any mileage in the fact that he wanted to do anything about it and if not we'd take it to Child Protection conference. (HCS manager)*

*Right from the get-go, when it comes in to First Response or Access and Assessment, they need to be so 'on it' with the men [...] really make the focus on him, so he knows the eyes are on him. (DVIP worker)*

Nonetheless, there are inherent difficulties with taking referrals from within A&A due to funding, thresholds, resources and capacity. A&A cases are rarely open long enough for DVIP to complete an assessment and keeping them open would create an unworkable backlog. Not only that but the pressures of caseloads in A&A are such that, as the A&A manager expressed, it would be almost impossible to refer all DV cases to DVIP since she estimated that about 90 per cent of the thirty to sixty referrals they receive each week probably have a DV component.

DVIP were mindful of these issues, whilst seeing lost opportunities:

*When we were having a discussion about what we could do in the front end of the service, one of the dangers is if we improve risk assessment, if we improve people's ability to identify risk and think more broadly about risk, one of the consequences of that is they know more about domestic violence than they did before [...] therefore there's a greater body of cases that previously they might have been closing that they say 'actually, we can't close'. (DVIP manager 1)*

*That's the difficulty that we're going to have, to then start thinking about that process without just becoming 'well, everything has to come through'. (DVIP manager 2)*

The reality is that many cases are not going to reach the threshold for referral to CIN which would then ensure funding for the man's engagement in the perpetrator programme and there will always be times when referral to a programme is seen as an adequate response to a case thereby leading it to be closed. Thus a circular problem is created and cases end up in the 'revolving door' of short term services. There is yet to be a resolution here, though the issue is firmly on the agenda. This example demonstrates how institutional cultures, resources, capacity and adaptation of processes can all impact upon particular areas of service. In this way, co-location highlights how current structures and policy prevent the intended consequences being realised whilst also providing a crucial opportunity to come to a detailed understanding of the issues and practicalities involved for both parties which is the only basis for a workable solution.

Another as yet unresolved issue concerns differing knowledges about ways of working with domestic violence. This is highlighted in concerns around 'couples work' being carried out by some clinicians working with DV clients. Again, some context is useful here: the social work units within the Hackney Model are made up of a consultant social worker, a qualified social worker, a child practitioner, and an administrator or unit coordinator and a clinician who works across two units. The consultant social worker takes overall responsibility for all cases within the unit but each case is known to and shared across all members (Cross et al., 2010).

On the whole, workers who were interviewed and gave feedback were working closely with DVIP and taking on board new approaches and practices. However, some units engaged more fully with DVIP than others, both in terms of consultations and attendance on training workshops, and thus it is unclear whether all units were open to DVIP's presence. What became apparent was that some clinicians held differing knowledges about working with DV clients based on their backgrounds in systemic models of working which are, to some degree, at odds with a gender-based perspective.

Social work managers were clearly aware of the dangers of 'couples counselling' in cases of ongoing domestic abuse, although they also argued that in some cases couples work could be appropriate. An example was given of a case in which work with a couple had been very successful but details of the case revealed that this was not a relationship based on a pattern of coercive control perpetrated by the male, but rather a volatile couple who had loud arguments. These are difficult distinctions to make but, in fact, this was also recognized by DVIP when this issue came up in the strategic review meeting. It was suggested that in the DV field it has become somewhat of a 'mantra' that couples counselling is not appropriate but that in practice it may be necessary to be clearer about the parameters, for example when there is no ongoing pattern of coercive control.

The resolution to this issue, or at least the plan to progress it and enter into dialogue, is seen to be about engaging with clinicians through a workshop focusing on risk assessment which is due to take place in late January 2013. However, it was pointed out at the strategic review that it is the consultant social workers who have ultimate responsibility for work carried out with individual cases within their units and this raises the possibility that there is another area for dialogue to be opened up regarding this issue.

## CONCLUSION

Overall, it can be seen that the processes of embedding and progressing DVIP's co-location project within Hackney Children's Services have been highly productive. A 'good fit' between the aims and approach of both services has resulted in a reflexive, pragmatic and solution-focussed collaborative effort. The process has, as would be expected, raised complex issues such as the debate about where best to target DVIP interventions. All innovative practice models raise new challenges, the signature of a positive partnership in organisations, as in relationships, is that respectful dialogue continues.

DVIP's co-location has provided a valuable opportunity to open up such discussions and this is crucial to integrated working. Both services have been able to examine their own processes and procedures, and to look at ways to adapt these to facilitate integrated working. Whilst this may often be a more straight-forward task for a smaller organisation like DVIP, there is evidence that DVIP's 'place at the table' is impacting positively upon the culture at Hackney Children's Services. Co-location has been widely appreciated by social work staff, particularly in terms of the physical availability of DVIP workers and the opportunities to have ongoing and face-to-face conversations. Nonetheless, it is important to recognise the extra pressures that 'remote working' places on DVIP staff, and steps are being taken to address this.

Even more important than the availability of DVIP staff is the opportunity provided by co-location to pass on knowledge, understanding and skills. Consultation evaluations highlight the extent to which learning in one case is being applied to further cases as well as being shared with colleagues. Training has also provided a forum to disseminate skills and knowledge, addressing a gap identified by social workers between knowledge and the confidence to apply this in practice. Although a good level of DV awareness has been observed amongst social workers, it has been suggested that domestic violence training, especially in relation to perpetrators, is currently insufficient. Many social workers have called for regular refresher training in this area.

The necessity of working with perpetrators and holding them accountable is being recognised by social work staff as a result of DVIP's co-location, satisfying one of the major aims of this project. Nonetheless, it will be important to monitor this in a way which can recognise and measure whether there are any changes in practice. It is also important that the particular responsibilities of Women's Support Work in relation to perpetrator programmes is also widely imparted to address a notion that these women require only general support.

---

## RECOMMENDATIONS

Taking into consideration the scale of domestic violence related issues within Hackney Children's Services caseloads, and social workers self-professed lack of confidence in working with perpetrators, the key recommendation from the evaluation is that DVIP's co-location project continues to be funded within the borough.

Furthermore, based on the input of DVIP and social work practitioners, the following recommendations are made:

- Continuation of dialogue to work through the ongoing challenges and issues to achieve integrated working.
- DVIP to monitor and address pressures on staff working 'remotely' in co-located projects.
- Hackney Children's Services to implement ongoing domestic violence training for social workers.
- Ensure attention is paid to the particular responsibilities of supporting women whose partners are on a Violence Prevention Programme.
- Monitor the implementation of new knowledge and skill regarding perpetrator accountability to ensure this becomes embedded in practice.

## REFERENCES

- City of Westminster. (2012, January). Westminster Council to launch flagship strategy to combat domestic violence. *City of Westminster Press Releases*. London. Retrieved from <http://www.westminster.gov.uk/press-releases/2012-01/westminster-council-to-launch-flagship-strategy-to/>
- Cross, S., Hubbard, A., & Munro, E. (2010). *Reclaiming Social Work London Borough of Hackney Children and Young People's Services Part 1 : Independent Evaluation Part 2 : Unpacking the complexity of frontline practice – an ethnographic approach*. London: Hackney Children's Services. Retrieved from <http://www.hackney.gov.uk/Assets/Documents/rsw-evaluation-report-sept-2010.pdf>
- DoE. (2012). Adoption legislation: Adoption and Children Act 2002. Retrieved from <http://www.education.gov.uk/childrenandyoungpeople/families/adoption/b0067811/adoption-legislation/adoption-and-children-act-2002>
- Douglas, H., & Walsh, T. (2010). Mothers, domestic violence, and child protection. *Violence Against Women*, 16(5), 489–508.
- Edleson, J. L. (1998). Responsible mothers and invisible men: Child protection in the case of adult domestic violence. *Journal of Interpersonal Violence*, 13(2), 294–298.
- Hackney CSSI. (2011). *Report of the Community Safety and Social Inclusion Scrutiny Committee: Domestic Violence*. London. Retrieved from <http://mginternet.hackney.gov.uk/documents/s20785/Appendix A - Report on Domestic Violence.pdf>
- Hester, M. (2011). The Three Planet Model: Towards an Understanding of Contradictions in Approaches to Women and Children's Safety in Contexts of Domestic Violence. *British Journal of Social Work*, 41(5)
- Hester, M., Pearson, C., & Harwin, N. (2006). *Making an Impact: Children and Domestic Violence: A Reader* (2nd editio.). London: Kingsley.
- Humphreys, C., Hester, M., Hague, G., Mullender, A., Abrahams, H., & Lowe, P. (2000). *From good intentions to good practice: Mapping services working with families where there is domestic violence*. Policy. Bristol: Policy Press.
- Munro, E. (2011). *The Munro Review of Child Protection Interim Report*. London: Secretary of State for Education. Retrieved from <http://www.education.gov.uk/munroreview/downloads/Munrointerimreport.pdf>
- NSPCC. (2009). *Domestic Violence – Child Protection and Impact on Children* (pp. 1–8). Northern Ireland: NSPCC. Retrieved from [http://www.nspcc.org.uk/Inform/policyandpublicaffairs/northernireland/briefings/DVbriefing\\_wdf64606.pdf](http://www.nspcc.org.uk/Inform/policyandpublicaffairs/northernireland/briefings/DVbriefing_wdf64606.pdf)
- Richardson, J., Coid, J., Petrukevitch, A., Chung, W. S., Moorey, S., & Feder, G. (2002). Identifying domestic violence: cross sectional study in primary care. *British Medical Journal*, 1–6.
- Stanko, E., Crisp, D., Hale, C., & Lucraft, H. (1998). *Counting the Costs : Estimating the Costs of Domestic Violence in the London Borough of Hackney* (pp. 1–71). London.
- Stanley, N., Miller, P., Richardson Foster, H., & Thomson, G. (2011). A Stop-Start Response: Social Services' Interventions with Children and Families Notified following Domestic Violence Incidents. *British Journal of Social Work*, 41(2), 296–313.
- Walby, S. (2009). *The Cost of Domestic Violence: Up-date 2009*. Lancaster.