**Supplementary Practice Guidance for completion of Single Assessment where Domestic Abuse is suspected or confirmed.**

**Background - Why do we need a supplement?**

Recent reviews of domestic abuse practicehave identified the needfor a number of changes to the way in which we work with families affected by this issue.

In terms of assessments and work with families these have specifically highlighted the need:

* to engage more with perpetrators and involve them in the planning and taking responsibility for both their behaviour and their family.
* for more effective strengths-based support to victims who were found to be held responsible or ‘failing to protect’ rather than victims in need of support.

Reference may currently be found in many documents describing the victim’s ( usually the mother) history of non-reporting or domestically abusive relationships rather than placing responsibility on the perpetrator for the abuse and its impact.

**This document therefore attempts to redress the balance suggesting other ways of thinking about, describing and responding to domestic abuse.**

**What are the changes?**

**A.Working out what is happening**

1. Is this Parental Conflict or Domestic Abuse – use the screening tool. 
2. The outcome of the screening may need to be reviewed as information comes to light as part of the assessment work.
3. When domestic abuse is identified – use the DASH to provide specific information ( http://www.safelives.org.uk/practice-support/resources-identifying-risk-victims-face ) The DASH may need to be repeated in light of new information.

**B. The Language we use**

**In order to be clearer about responsibility for domestic abuse we should be using different language**

* e.g naming the behaviours and being specific about what happened and its impact rather than summarising it as ‘the incident’,
* Specifying who is responsible and has committed the act rather than a preoccupation with the subsequent actions and responses of the parent victim,
* Ensure that the specific **words** of the perpetrator, victim and children are recorded rather than paraphrased – they are important indicators. Repeating back the testimony of children can be much more impactful for parents than the views of professionals.

**C. Child’s Developmental Needs**

If you are unsure, please use the Child Development tool as a guide as to the child’s needs. [**https://safeguarding.calderdale.gov.uk/wp-content/uploads/2023/02/Child-Development-tool-2022.docx**](https://safeguarding.calderdale.gov.uk/wp-content/uploads/2023/02/Child-Development-tool-2022.docx)

The Communication toolkit can also assist<https://calderdalecouncil.sharepoint.com/sites/Practitionerstoolbox/SitePages/Communications-toolkit.aspx>

Socialworkerstoolbox.com has tools for use with younger children and teenagers.

<https://equation.org.uk/product/a-booklet-for-me-helping-children-explore-their-experience-of-domestic-abuse/> ( This specific resource has to be purchased)

You may wish to conduct this part of the assessment alongside a specialist service and/or an adult who has a good relationship with the child ( e.g specialist children’s DV service, key worker in school)

The information provided by the child is important in the following ways:

* Tells us about impact on their safety and wellbeing from the abuse,
* The discussion held can help the child to process what is happening and reduce/remove their sense of responsibility,
* Provides important testimony to feedback to the parents about the effects of their behaviour.

Assessment sessions will need to be adapted depending on the child’s age and understanding. The practitioner toolkit section on communicating with children can be helpful here.

The assessment should cover how the abusive behaviour of the perpetrator affects them.

What do the children say? What do they do (behaviour)? Are they aware of the signs and patterns in incidents?

Their views on the parents – strengths and weaknesses – important in terms of feedback to both. Expect contradictions, as well as changes when feelings might change during the assessment.

It is useful to gain an understanding of the **context** for the child of the abuse - direct witness/indirect witness/ knows about /hears about and who tells them. Timescales of events can be difficult for children to explain so follow their narrative rather than be too specific on this.

Discussions about feelings of safety and fear – what is it like when they feel safe/unsafe? What do they do if they feel unsafe?

Safe adults – who are they? how are they helpful to them? How do they make contact?

Social network – friends /school etc – how does it impact? There may be a number of behaviours to consider here within different social contexts.

**D. Parents capacity to respond to the child’s needs**

**Victim**

‘*You’ve got to use the best of your skills under the most arduous conditions and then still get blamed for being a bad mother.’ (Emerging Minds May 2020)*

The concept of the ‘Foxhole’ has been used in a variety of contexts, describing attempts to function effectively under terrible circumstances.

The aim is to offer support to the victim and to provide them with a voice and agency that may have been removed by the perpetrator.

Building a relationship of trust is important and can be challenging. Given previous trauma and its side-effects, this is likely to take time.

**A statement about the responsibility for the domestic abuse resting with the perpetrator is the starting point. It demonstrates that you do not hold them accountable for the abuse.**

You may wish to start by asking how they feel about you talking to the perpetrator because this allows them to decide how they respond to your questions.

You are trying to find out what they do to care for the children and mitigate the effects of the abusive behaviour of the perpetrator.

* How they cope a highly stressful environment and how it affects them
* What they do to try and keep things going – the impact of the perpetrator and their actions on this
* What do they do to help the children – knowledge of what is important to them/compensatory experiences, access to support
* What they do during and following incidents and how it affects them
* How they communicate this to others – children, friends, family what’s going on or not. What they say and do, who they trust
* Their safety planning – N.B. their safety planning based on their intimate understanding of the risks may not be to prosecute, inform the Police etc.
* What has been the effect of the abuse on their relationships with their children? – e.g. if their authority with the children has been removed
* How has the abuse affected their feelings about themselves, and what they do to try to recover/cope
* What do they hope for from their relationship in the future?
* Complicating factors and their impact – addiction, impaired mental health and wellbeing. How they have been affected by the abuse, actions taken to resolve.

You may wish to conduct this part of the assessment jointly with a specialist service and/or a practitioner who already has built a relationship with them.

**E. Perpetrator**

**Check the records!**

**Engagement and persistence are required to ensure that there is a focus on them.**

The Change Project found that engagement with perpetrators was often more effective if there was a focus on parenting. However, it should be noted that we focus on the perpetrator and their behaviour whether or not we can engage them in discussing it.

**Focus on their aspirations as a parent**

* Current views and hopes for the future. How would they want their children to describe them? Now and in the future?
* Encouraging high standards of parenting and aspirations for their children
* Discuss child development and needs, and their understanding of it
* Discuss the link between behaviour and impact on the children and their view of it. Potential impact if children are encouraged to criticise/ignore the non-abusing parent.
* Knowledge of what is important to the children and how they promote it

Owing to ongoing Police investigations and possible ramifications for employment etc., it may be difficult to engage the perpetrator in all of this in an open and honest way. However, there is still much of it that you can cover.

**The perpetrator as an adult**

* Their hopes for their adult relationships
* How they think about themselves
* How they manage their day to day life – work, social networks etc.
* Look for examples of positive change in the past/willingness to change.

**Focus on the abusive behaviour and that it is a choice**

* The perpetrator not others is the source of risk to the children. If the behaviour is a choice, it is also a parenting choice.
* Responsibility for the difficulties that arise in the household from it are not due to the actions of the parent victim but from the abuse.

**Name the abuse**

* Identify the pattern of abuse – what it involves, how long, whether escalating or not.
* Talk about the violence/using the works of what happened – describe the action rather than paraphrase as ‘an incident’.

**F. Family and Environmental factors**

Consideration of how domestic abuse may interrupt the family’s contact with:

* Sources of potential support and safety e.g family, friends, neighbours
* Helping agencies – e.g health services, therapeutic services, addiction services, housing, schools
* Economic wellbeing – employment

**Partnership Working**

Explore the extent to which the agencies involved with the family work cooperatively together to mitigate the effects of the abuse.

This includes issues of persistence balanced with pace that does not overwhelm and place additional stress on victims.

Consider how differences of opinion are managed.

**G. Analysis**

This section is about the how we consider all of the above information has impacted on individual members of the family and the family system as a whole.

We consider the information we have and how life has been for the parent victim and the children.

**What has the experience of abuse caused up to now? What has the experience of abuse made worse?**

In light of the above, we want to explore the potential for change and identify ways to measure it.

* From your work with the children, what has been the impact on them of the abuse and what are the opportunities for them to recover?
* From your work with the victim, is there capacity to accept help and recover from the impact of the abuse? How can their identified strengths be bolstered further?
* From your work with the perpetrator, what evidence is there of willingness to change? Capacity to change?

The link below takes you to a guide on capacity to change

https://calderdalecouncil.sharepoint.com/sites/Practitionerstoolbox/Shared%20Documents/assessing-capacity-change.pdf?web=1

**H. Recommendations and Actions**

**For identified cases of domestic abuse, this must cover safety planning.**

This must be collaborative activity with the victim who is able to identify the behaviours of the perpetrator that are causing difficulties.

**1.Perpetrator**

Safety planning must include specific responsibilities for the perpetrator. This includes commitment regarding :

**Behaviours that will stop**

|  |  |
| --- | --- |
| **Behaviour examples** | **How this will be measured** |
| Violence – these should be specifically named | Reports from Police, parent victim, checks on household for damage |
| Interruption of victim’s functioning e.g harassment, constant checks | Phone checks, reports from other sources |
| Sabotage of efforts to seek help for self, victim and the children | Attendance at appointments. Information from services |
| Behaviours that interfere with effective parenting – such as dismissing the victim, encouraging children to ignore the other parent | Testimony from the parent victim and the children |
| Behaviours that isolate from family and friends | Independent checks with others in social network |

**Behaviours that will start/continue** - e.g

|  |  |
| --- | --- |
| **Behaviour examples** | **How this will be measured** |
| Active support to the family as a good parent | Evidence of encouragement of efforts to help the children from agencies and other parent. Behaviour change |
| Financial support, share financial information if previously withheld | Information provided to practitioners and triangulated with parent victim |
| Non-interference with help for the children | Children’s testimony, parent victim’s. Agencies |
| Seek help with issues such as addiction | Attendance at appointments  Independent testimony from services |
| Comply with legal orders | No evidence to suggest breaches |

**2.Safety Planning with the victim**

This must be led by them in order to identify strategies that are workable for them in their family. These strategies, sometimes appearing unusual, will already have been tested out and successfully implemented**.**

**The plan is likely to change over time depending on circumstances.**

**It is not just about whether or not to leave.**

|  |  |
| --- | --- |
| **Actions** | **Measures** |
| Identification of sources of safety in times of danger | If incidents occur, how safety is secured |
| Support accessed for self and children to manage and recover from abuse | Parent and children able to attend and successfully engage with helpful services. Signs of recovery |
| Arrangements for communication the safety plan to the children | Children understand the plan, depending on age and understanding and can articulate it |
| Taking legal action | Legal orders followed up and breaches reported |

**3.Safety Plans for the Children**

This should be child friendly and understood by them in order for them to implement it. It is useful to work alongside specialist support eg Edshift.

It should contain:

* actions children can take to protect themselves
* Who to go to
* Where to go eg leaving the room, going to a neighbour

Resources such as the Brave Box are also available for children to use. The Social Workers toolbox has free resources e.g “Fluffy finds a safe place” for younger children.

Safety plans for Teenagers [YP\_safetyplan.pdf (safelives.org.uk)](https://safelives.org.uk/sites/default/files/resources/YP_safetyplan.pdf)

See Practitioner toolbox for guidance on safety planning for children. **https://calderdalecouncil.** **sharepoint.com/sites/Practitionerstoolbox**