

Residential managers' views of the preparedness of residential workers to support children and young people where domestic abuse has featured in their backgrounds – what residential workers need to know.

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INTRODUCTION

This paper aims to demonstrate how more detailed information about the prior experience of domestic abuse in the lives of children and young people entering care could improve the future growth and development of those accommodated in Scottish residential child care units. The paper will also explore the level of preparedness residential workers have in assessing risk and supporting children and young people who have experienced domestic abuse and the scope for involving parents as a protective factor.

This paper will discuss the findings of a small-scale survey of Scottish residential unit managers and make recommendations in relation to new directions for practice interventions with accommodated children and young people affected by domestic abuse.

THE STUDY

The purpose of the study was to seek the views of a sample of senior managers of Scottish residential units on:

- whether more detailed information about the prior experience of domestic abuse in the lives of children and young people entering Scottish residential child care units could improve planning for their care, future growth and development.
- how prepared residential workers are to support children and young people who have experienced domestic abuse in their lives?
- how much does a partnership approach with parents inform work with mothers who have experienced domestic abuse?

DEFINING DOMESTIC ABUSE AS A FORM OF GENDER-BASED VIOLENCE

Domestic abuse is defined by the United Nations Declaration on the Elimination of Violence against Women as a form of gender-based violence (United Nations 1993).

The Scottish Government defines gender-based violence (GBV) as violence against women as follows:

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“...violence against women as actions which harm or cause suffering or indignity to women and children, where those carrying out the actions are mainly men and where women and children are predominantly the victims. The different forms of violence against women - including emotional, psychological, sexual and physical abuse, coercion and constraints - are interlinked. They have their roots in gender inequality and are therefore understood as gender-based violence.” (Scottish Government, 2009, p.7)

This acceptance of ‘gender inequality’, underlines a position that acknowledges violence against women, to be correctly understood, requires a context that recognises women’s vulnerability to violence is a consequence of their status as determined by social structures, gender roles and what is received as acceptable norms. Whilst the Scottish Government acknowledges that men can experience domestic abuse (Gadd, *et al*, 2002) the evidence overwhelmingly illustrates the asymmetrical nature of lethal and non-lethal intimate partner violence. Women are the most usual victims and men are the most usual perpetrators (Scottish Government, 2011c).

The term *domestic abuse* as defined by the Scottish Government was used in this research and will be used in this paper.

METHODOLOGY

Research design and sampling

The study used a qualitative research methodology with information gathered from senior Scottish childcare residential managers using an anonymous, self-completion, questionnaire. A purposive sample of 40 managers attending a one-day sector training event at the University of Strathclyde in Glasgow in 2011 was identified. Delegate packs contained a participant information sheet outlining the aims of the study, inclusion criteria, how consent would be obtained and anonymity protected and an invitation to participate. A copy of the questionnaire and a return envelope was provided for their use. Participation was voluntary and informed consent was obtained through participant self-selection. Completed questionnaires in sealed envelopes were placed in a box at the event registration desk and collected by the researcher at the end of the day. The study received approval from the University of Strathclyde’s Research Ethics Committee.

The questionnaire adopted a matrix question structure to capture participants’ views on a variety of topics. Eleven separate close-ended matrix questions were used with different rating scales to allow the standardising of responses. Each question was followed by a space inviting further comment. The questionnaire covered the following topics: information about the participant; how frequently domestic abuse featured in the backgrounds of children and young people being cared for; the quality of the information received about any domestic abuse; the extent to which knowledge of the potential impact of domestic abuse on the child or young person featured in subsequent care planning, crisis intervention and parent partnerships; views on the need for training or other staff resources in relation to children affected by domestic abuse.

Responses to the questions were collated and the variables ranked manually to permit numerical comparison and analysis – participants’ comments were then grouped and analysed thematically. This exploratory study, carried out with a purposive sample and generating twenty-five respondents may raise questions regarding its validity and how representative it was of what is a substantial sector of Scottish social care service provision. However its findings are recorded and discussed within the context of current research into the prevalence of domestic abuse and its impact on children and young people in order to form conclusions about the value, if any, of pursuing this line of enquiry further.

The aim of the survey was to find out from the residential managers how much was known about any domestic abuse which may have been present in the lives of the children and young people in their care and have them assess how well equipped they were to deal with the impact of domestic abuse in young people’s lives. Questions 1-5 in the questionnaire requested information about the participants themselves and can be summarised as follows:

Sample

In total of 40 residential managers* were invited to participate; 25 (17 women and 8 men) participated; a response rate of 62.5%.

- All of the respondents were White (92% were White-British and 8% were White-Other)
- 64% of respondents were employed by Scottish local authorities
- 24% by private organisations
- 12% by voluntary organisations
- 72% managed residential units without the provision of education
- 28% managed residential units which provided education
- 4% had been in a managerial role for just under one year
- 52% had been in a managerial role for more than 5 years

The term 'Residential manager' has been used generically to encompass all of respondents, all of whom have managerial responsibilities. This ranged from: Unit Managers (7); Depute Unit Managers (5); Managers (10); Operations Manager (1) and Depute Principal (1).

Findings from Residential managers' survey

A discussion of participants' responses and comments will be located in the context of research concerning residential child care, children's and young people's experiences of domestic abuse, including looked after away from home young people when available.

Participants' comments are written in italics. The responses of participants to Qs 6-11 in the questionnaire are summarised in Table 1.

Table 1 Residential manager's views of the preparedness of residential workers to support children and young people in residential settings where domestic abuse has featured in their backgrounds N=25

Q6. How often does domestic abuse feature in the backgrounds of the children and young people you are caring for?

Always	-	-
Frequently	23	92%
Occasionally	1	4%
Not very often	1	4%
Never	-	-
Don't know	-	-

Q7. How would you view the quality of information provided to you, if domestic abuse has featured in a child's life, when a child is received into your care?

Excellent	-	-
Very good	2	8%
Good	3	12%
Satisfactory	9	36%
Unsatisfactory	8	32%
Poor	1	4%
Very poor	2	8%

Q8. When domestic abuse has featured in a child's background, how much does it feature in subsequent care planning?

Very well	1	4%
Well	8	32%
Adequately	6	24%
Poorly	9	36%
Very poorly	1	4%

Q9. When domestic abuse has featured in a child's background, how much does it feature in individual crisis management plans?

Very well	3	12%
Well	5	20%
Adequately	8	32%
Poorly	8	32%
Very poorly	1	4%

Q10. How do you view the training or education available to you for helping your staff work with children who have experienced domestic abuse?

Excellent	-	-
Very good	4	16%
Good	3	12%
Satisfactory	3	12%
Unsatisfactory	11	44%
Poor	4	16%
Very poor	-	-

Q11. When domestic abuse has featured in a child's background, does this inform your approach to working in partnership with parents (mothers)?

Always	10	40%
Often	8	32%
Sometimes	4	16%
Not often	2	8%
Not adequately	-	-

How often does domestic abuse feature in the backgrounds of the children and young people you are caring for?

When asked how often domestic abuse featured in the background of children and young people in their care (Table 1. Q.6) – 92% indicated 'frequently'.

There are significant numbers of UK children known to services who are living with domestic abuse, a 'widespread, serious and chronic social problem' (Humphreys et al 2008, p.14). Children and young people living with domestic abuse are over-represented among those children referred to statutory children and families teams with concerns about child abuse and neglect, and represent up to two thirds of cases seen at child protection conferences (Humphreys 2006). It is also recognised that the figures are under-reported as many women are reticent about disclosing their situation, for fear of being judged negatively and what might happen to their children as a result (Humphreys and Absler 2011; Hester *et al*, 2006). Whilst there is no national incidence or prevalence data for Scotland on the numbers of children and young people living with domestic abuse, some studies indicate that numbers are high. Of the 66,785 referrals to the SCRA in 2006-7, at least 18,004 were for domestic abuse (Scottish Government, 2008 b). A domestic abuse prevalence study carried out by NHS Argyll and Clyde in a general population sample of women (n= 894) showed 30% (266) had experienced domestic abuse at some time in their lives; 52% of the sample of women who had been abused were mothers with children under 16 and 30% of them experienced domestic abuse during pregnancy (Donaldson & Marshall 2005). In the Clydebank area of West Dunbartonshire - population 45,892 – (West Dunbartonshire Council 2001), between September and March 2007, 811 individual children were involved in domestic abuse incidents reported to police in Clydebank.² In 764 of the incidents, children were subject to repeat exposure to domestic abuse (MacLaughlin, 2009). During 2005-2006, domestic abuse was recorded on the case records of 27% of all children and families cases referred to West Dunbartonshire Social Work services and one third of all children on the West Dunbartonshire Child Protection Register had parents affected by domestic abuse (Donaldson 2008). In another study in a Scottish secondary school, 32% of pupils surveyed disclosed anonymously that they were currently experiencing domestic abuse (S. Ayrshire Women's Aid 2006).

Three UK studies found that from 38% to 55% of looked-after children had backgrounds of domestic abuse (Farmer and Pollock 2003; Farmer, Moyers and Lipscombe, 2004; Farmer and Moyers 2005). Another study examining 'disadvantaged teenagers' experiences of intimate partner violence and coercive control included

² This represents 8% of the total population of children under 16 years (N=9,175) recorded as living in Clydebank in 2001 (West Dunbartonshire Council 2001)

young people in care and care leavers. Those with experience of being in care had ‘the most complex life experiences and family backgrounds of all disadvantaged groups’ and girls (sic) were especially vulnerable to sexual abuse from partners. Those in care were twice as likely to report experience of violence in their family as other ‘disadvantaged teenagers’ and the majority had experienced domestic violence towards their mothers (Wood et al 2011).

In terms of the impact on children and young people research messages are unambiguous and mirror many of the ‘difficulties’ we associate with looked after young people. Wood *et al* (2011) note that in their study young women were reluctant to talk to social workers or professionals and they believed that their past experiences negatively impacted on current relationships making it especially difficult for them to build trust and that residential workers failed to adequately recognise or take seriously their concerns, with only a minority reporting that residential carers had approached them on the topic of domestic abuse. Hester *et al* (2007) note that children and young people who had experienced domestic abuse had elevated levels of depression and anxiety which often manifested in behavioural problems associated with aggression, absconding, low educational attainment and alcohol and drug misuse. Of note is the evidence emerging from research into risk assessments and looked after away from home young people which reveals that looked after children and young people are thought to be especially at risk across these domains (Willmot, 2007) which negatively impacts on their life chances (Audit Scotland, 2010) yet the connections with domestic violence amongst professionals are not readily enjoying the scrutiny they deserve (Cleaver *et al*, 2011).

Of the 23 respondents (92%) who believed domestic violence featured *frequently* in the lives of the children they care for, 10 respondents offered comments, and the theme of it being a recurring feature was most prominent:

Currently 4 of the 6 children we look after are known to have experiences living in a home environment where domestic abuse has been a source of concern

Most of the children we work with come with social problems and most often this is domestic abuse

Not only physical but emotional and mental abuse

Domestic abuse witnessed by the children from a young age

Some of the comments indicated that domestic violence concerns are not routinely prominent in assessments and point to a system where information sharing requires improvement:

In working in residential care for 6 years this has only been reported in 1 case history, although implied as a possibility by social workers

Only when the manager/staff probe about the child’s behaviour

Sometimes we may suspect there is domestic abuse in the family but this is hidden

Probably low levels of abuse more than high level. However it has been consistent and with various partners

How would you view the quality of information provided to you, if domestic abuse has featured in a child’s life, when a child is received into your care?

When asked about the quality of the information received about the domestic abuse in children’s backgrounds (Table 1 Q. 7), 56% of participants rated it *good*, *very good* or *satisfactory* and 44% of managers rated it *unsatisfactory*, *poor* or *very poor*. The inclusion of *satisfactory* with *good* and *very good* may serve to disguise the level of concern expressed by the respondents. The belief that the quality of information was *satisfactory*

was the highest at 36%. None of the respondents thought the level of information sharing was typically *excellent* and only 20% thought it to be *good* or *very good*.

The availability of information between those charged with the responsibility of caring for looked after children is the foundation of an inter-agency 'joint working' approach to safeguarding and promoting children's welfare. As a strategic approach it has been a key aspect of UK policy for a considerable time (DOH, 2002) and it is now well recognized and cemented as a corporate responsibility in local authorities (Scottish Executive, 2007; Scottish Government, 2008a, Scottish Government, 2008c) and successful child care planning (NRCCI, 2009).

The value of joint working as a strategic response is mandated by its inclusion in the Children's (Scotland) Act 1995.³ The guidance to the Act is comprehensive in its advocacy of professional inclusiveness. Section 24 encourages:

...communication between agencies and help develop a common understanding of concepts and language used such as "vulnerable". It could also facilitate the monitoring and evaluation of services, recommend action to be taken by specific agencies and stimulate joint training initiatives

Despite the centrality of information sharing to successful outcomes for looked after children, there are tensions which can serve to act as a barrier to efficacy (Stead *et al*, 2004). Within this study the respondents who believed that information sharing was poor (44%), tended to focus on social workers for criticism. These tensions are long standing and may in part be attributed to the belief that many social workers view residential care as a failing on their part and therefore as a 'last resort', with a consequential professional withdrawing of enthusiasm, priority or support irrespective of the likely affect on children and families who use the service (Skinner,1992). The consequences of this for residential workers are significant. Residential social workers have been documented as perceiving themselves to be marginalised by social workers whom they consider to be unwilling to share their role or power (Bullock *et al*, 1990:44), which has contributed to the maintaining of an tradition whereby residential social workers may be viewed as unqualified 'inferior' workers who lack in professional confidence (Berridge and Brodie, 1998; Crimmens, and Milligan, 2005). While more recent reports are more sanguine about the professional confidence of residential workers, gaps in knowledge and practice around information and effective collaboration were still evident across those professions charged with planning residential looked after children's care (NRCCI, 2009).

Of the 25 respondents, 13 offered comments. For those respondents who had a more sanguine, but qualified, view of the quality of information sharing, comments included:

Usually only states [reports] someone has been subject to domestic abuse

This is ongoing dependent on field social workers

Dependent on social workers carrying out the background report, also depends on how good a relationship staff have with social workers, better understanding – more information

There appeared to be a degree of confusion with the requirement to share information in the interests of the child and parents (mothers):

Domestic abuse may be referred to, but not discussed in a particularly qualitative manner

Social workers do not need to disclose this information

Social workers tend to keep information of this nature low key

³ Scottish Office (1997) *Scotland's Children – The Children (Scotland) Act 1995, Regulations and Guidance, Vol. 2, Children Looked After by Local Authorities*, Edinburgh: Stationary Office.

Unless specifically done to the young person it might not be mentioned in background information i.e. what the young person might have witnessed

These comments suggest that those providing background information are either unaware of any domestic abuse the child or young person may be experiencing, or are minimising the impact on children of witnessing their mother being abused. Seeing or overhearing domestic abuse or witnessing its aftermath can cause children to be traumatized (McGee 2000; Cleaver *et al*, 2010) and the impact can be as detrimental as that experienced by children who are also directly physically abused (Humphreys *et al* 2008). Indirect abuse - that is, the impact of living with abuse - can be as harmful as direct abuse (Mullender *et al* 2002; Humphreys & Stanley 2006). A further consideration is the potential trauma children and young people experience through their belief that disclosing domestic abuse to a statutory professional will result in them being taken into care (Humphrey's *et al* 2008).

Responses show that participants were aware of the value of having more detailed information about the domestic abuse in children's lives:

Reports often include the phrase "domestic abuse" but fail to provide enough info on the nature, frequency, impact and trauma.

Part of the problem is that information is hidden/suspected and can't be reported on due to lack of evidence

and understood the implications of not receiving a comprehensive history of the young person's family context:

Reports merely state child witnessed domestic abuse. Limited to no specific information describing actual domestic abuse witnessed, therefore difficult to support the child appropriately

When domestic abuse has featured in a child's background, how much does it feature in subsequent care planning?

When asked, for those children where domestic abuse is present in their background, how much it featured in the care planning for that child, 56 % said *well, very well or adequately*, 44% said *poorly to very poorly*. (Table 1, Q8).

The statutory mechanism to avoid children and young people 'drifting' in care is the 'Care Plan'⁴

The plan should, wherever practicable, be drawn up in consultation with the child, the child's parents, the prospective carers (if not the parents) and other important individuals and agencies in the child's life. Whenever practicable, the plan should be drawn up before a placement is made, otherwise it should be drawn up as soon as reasonably practicable after the child is placed.

The lack of attention given to care planning and the marginalisation of parents within these processes has been an enduring criticism of residential care (Millham *et al*, 1986; Crimmens and Pitts, 2000; Frizzell, 2009). Within current policy and legislative edicts in Scotland, the care plan has the status of a core principle and benchmark to measure quality (Scottish Executive, 2002; Scottish Executive, 2007; Audit Scotland, 2010). Parents of looked after children are included in the decision making process by the use of parents' report forms. However, research commissioned by the Scottish Executive (2004) evidenced that these were completed in just 20% of the cases, a further 3% were completed but were not in file. It was also noted that 'Assessment and Action' records on 'family and social relationships' had been fully completed by social

⁴ The Children (Scotland) Act 1995, Regulations and Guidance, Vol. 2, Children Looked After By local Authorities, Social Work Services Group, Edinburgh: Stationary Office, Reg. 13, p.4.

workers in only 13% of cases and not completed at all in 40% of cases. More recent research findings also highlight the need for improvements in the approach to and effectiveness of care planning, with common themes being the need to set out clear objectives, ensure plans are up-to-date, and the need for the involvement of young people and their parents when appropriate (Care Commission, 2008; NRCCI, 2009; Audit Scotland, 2010). To advance these objectives the Government has accepted the recommendation for the adoption of GIRFEC as a means of ensuring consistency of assessment and planning across professionals boundaries:

All assessments should follow the principle of GIRFEC. They should be multi-professional, child centred, proportionate and timely. One assessment should cover all of the children's needs, whether education, health and well being, safety, social or development (NRCCI, p.21).

The renewed emphasis on 'integrated and holistic assessments as the key to identifying the needs of individual children and young people' (NRCCI, 2009, p.14; Scottish Government, 2010) is crucial to any informed assessment of young people who have experienced domestic abuse. The impact of domestic abuse can vary according to the age and gender of the child and can be affected by other physical, emotional, socio-economic, demographic and cultural factors in the child's life (Humphreys & Stanley 2006; Holt, *et al.* 2008). The effects of violence can also be influenced by the type, composition and quality of their relationships with friends, family members and most importantly by their relationship with their mother and to the frequency, form and length of exposure to violence in the home. Research has also shown that individual children in the same family might react in completely different ways to the abuse going on around them (Cunningham and Baker 2004). Planning for the care of children living in residential environments would necessarily have to reflect the recognition 'that there is no uniform response to living with domestic violence.' (Hester *et al* 2000:44) and individual children may be affected in different ways. In their survey of the literature on children's experiences of domestic abuse, Cunninghame and Baker conclude that the likelihood of co-occurrence of different forms of abuse in families where there is domestic abuse is great and the maltreatment of children in families is common where domestic abuse is frequent (Cunninghame & Baker 2004). Other studies indicate a high correlation between the most severe abuse of women and the physical abuse of children by a male partner, that children may be at risk of 'significant harm' where there is domestic abuse (Humphreys & Stanley, 2006: 20; McGee, 2000: 19; Cunninghame & Baker 2004; Humphreys *et al* 2008).

Of the 25 respondents, 13 offered comments. For those respondents who believed when domestic abuse was an issue it featured, *very well*, *well* or *adequately*, comments indicated the importance and also indicated aligning with policy in this area. These included:

This is very important in relation to approach in many areas of a young person's care plan

This experience can have an impact on a young person's behaviour e.g. extremely violent or submissive; it allows us to target these areas

Using GIRFEC framework trying to counter-act and putting support in place

Of the respondents who believed domestic abuse was *very poorly* or *poorly* represented in care plans their comments were very disapproving. These included:

Domestic abuse is rarely featured within the care plan

On reflection, probably poorly

Very seldom included

This far with young people I work with not included

Currently poor appreciation of the impact this has on how we deal with certain situations

Just what this absence may mean in terms of an incomplete approach to supporting young people was picked up by respondents. These included:

Workers are not trained in providing counselling on this

Care planning courses [required] on social development, risk management and trauma recovery

There could be more emphasis on assessing the impact on the young person

When domestic abuse has featured in a child's background, how much does it feature in individual crisis management plans?

When asked, for those children where domestic abuse is present in their background, over 2/3 of the respondents stated that (68%) information was incorporated into the young person's crisis management plans (Table 1 Qs. 9). At the opposite end of the scale just under a 1/3 (32%) believed crisis management plans to *poorly or very poorly* incorporate domestic abuse in plans.

Individual Crisis Management Plans have their origins in the theoretical perspective underpinning Therapeutic Crisis Intervention (TCI) (Bell, 1997) with its philosophical tenets based on the principle that 'a child's behaviour is an expression of a child's needs' (Nunno *et al*, 2003, p.312). Research while limited into its effectiveness is largely centred on an aspect of TCI, the success of techniques employed in the physical containment of children (Nunno, *et al* 2003; Bell, 1997). Research from a Scottish perspective has not been free from these influences, but has focussed on the therapeutic potential in containment (SIRCC, 2007b). In a similar vein, Steckley (2010) notes the inadequate research and evidence base from which to inform practice, but cautions against approaches which rule out restraint as likely to harm children in exceptional circumstances. In a later work the author also puts forward the view that increasingly fewer residential workers actually consider the therapeutic context to their work with children and young people exhibiting complex needs, but this therapeutic context is essential to crisis intervention and planning (Steckley, 20011). As yet there is no research base which considers children and young people who have experiences domestic abuse within the literature on containment in residential child care.

However, research into the traumatic impact of domestic abuse on children and young people and the importance of adopting a trauma-informed approach to their care and recovery has grown substantially since the 1990s.

*Experiencing maltreatment or witnessing violent events within a child's home, school, or neighborhood may result in symptoms consistent with post-traumatic stress disorder such as persistent re-experiencing of the event, avoidance of stimuli associated with the trauma, numbing of general responsiveness, increased arousal, disorganized behavior, and repetitive traumatic play (Rivard *et al* 2004: 5; Herman, 1994).*

Trauma-informed approaches to assessment and care planning can help workers to understand how young people's traumatic experiences may influence their behaviour, explain their coping and survival strategies and design effective service and care interventions (Herman 1994; Rivard 2004; Cunninghame & Baker 2004; Humphreys *et al* 2008).

What is largely absent in these considerations is the place of domestic abuse in explanations for children's and young people's behaviour, a problem not confined to the residential sector (Journal of Social Work Education, Guest Editorial 2003).

The responses recorded on the rating scales were not always supported by the additional comments made. Nor did they point to a systemic approach to crisis management planning. Of the 7 respondents who chose to comment and who viewed the inclusion of domestic abuse in crisis management plans favourably, provided the following comments:

Most of the time it would be used in LAAC management plans as this goes to the way the children present

This is very significant in how you manage the young people and every work occasions

Workers use the 'use of self'

Ticked both well and poorly, as child usually in residence before we are aware and then planning becomes effective

Targeting specific areas workers need to work with the child e.g. why they feel they behave in certain ways – resilience, self-esteem

By way of contrast, although fewer respondents rated their inclusion *very poorly* or *poorly*, they were more vociferous in their criticisms. These included:

Domestic abuse is seen to disappear when a child comes into residential child care

Apparent lack of understanding of the impact domestic abuse has on shaping how young people deal with crisis

How do you view the training or education available to you for helping your staff work with children who have experienced domestic abuse?

When asked, how they viewed the training or education opportunities available to increase understanding of the issues for those children where domestic abuse is present in their background, none of the respondents thought them to be *excellent*. 40 % of the respondents stated *very good, good or satisfactory*. The highest category was 50% for *unsatisfactory, poor or very poor*. (Table 1, Q10).

Residential child care has attracted criticism for some time regarding the low ratio of qualified staff to undertake the complex tasks associated with caring for children and young people looked after away from home (Heron, and Chakrabarti, 2002). The current position adopted by those charged with developing the qualification levels of the residential workforce is:

Given the increasingly complex needs of children and young people and the professional tasks that require high-level academic abilities, the workforce group believes that a minimum level of education at SCQF level 9 for workers, supervisors and managers would better equip them to undertake their work more effectively (NRCCI, p.6.)

While the educational qualification levels have attracted considerable investment and progress towards more qualified staff in the sector has been steady (SIRCC, 2007) the number of staff who remain without appropriate qualifications remains high. Furthermore, there has been an absence of research interest in how qualifications as set equip residential workers to carry out the complex tasks associated with assessing risk. Barry (2007) notes the serious gaps in research into risk for this sector and research which is available points to managers and supervisors taking on the responsibility for assessing risk (Willmott, 2007), which should not enjoy strategic support. The recent FAI in to the deaths of two young women in Scottish residential child care made a number of recommendations on risk assessment with little attention to residential child care workers preparedness to carry out complex risk assessments:

Without individual risk assessments, it is impossible for there to be a care plan tailored appropriately to an individual child's needs and also makes it impossible for anyone responsible for the health, welfare and safety of a child to know what risks there actually are (Anderson, 2012)

A further dimension to risk assessments which ought to enjoy a greater research and training focus is the protective role parents can fulfil in relation to their child around care planning. There has been a general drive to improve 'corporate parenting' in response to criticisms of aspects of residential child care provision (Commissioner for Children and Young People Scotland, 2008; SWIE, 2006; Scottish Executive, 2007, Scottish Government, 2008). While parents are not absent in these strategic considerations they are very much peripheral, as they are in many of the Inquiry Reports into failings in residential child care despite it being, in many cases, parents who brought failings to light through persistent complaining (Pilkington, 2010).

Of the 7 respondents who chose to provide comments, the following were offered by those who viewed the opportunities as *unsatisfactory, poor or very poor*:

I don't feel there is enough training on the effects domestic abuse has on a child's behaviour

[training] not often delivered in our local area

Better training/sharing of information would enable staff to understand and respond to impact and needs in short, medium and long term

The remaining comments points to the take up of training although the focus and quality would appear to be variable. Ranging from the very positive:

They have all been on training, therefore all have an understanding of the impact this can have on young people

To the far more common suggestions that the quality and opportunities were variable:

One course only available. It should be mandatory via the training department

...trauma training from the organisation I work but not directly domestic abuse

Can usually find stuff on-line however this is focussed on adults and not children

When domestic abuse has featured in a child's background, does this inform your approach to working in partnership with parents (mothers)?

When asked, when domestic abuse is present in the background for a child they care, how much does this inform a partnership approach with mothers, the highest category was *always* which accounted for 42%. The category of *often* accounted for a further 33%. The categories *not often* and *sometimes* combined, accounted for 25% (Table 1, Q11).

The legal mandate to work in partnership with parents whose children are looked after away from home, whenever this is in the interests of the child, is unambiguous:

Children in residential homes and schools should be looked after in ways which maximise the opportunities for parents' involvement and for services to be provided in the context of a partnership with parents, whenever this is in the interests of the child⁵

However, the benefits of this approach for parents are not evenly spread across the sector. Research indicates that negative attitudes towards parents have been enduring (Welshman, 2002; Garret, 2007; The Centre for Social Justice, 2008; Holt, *et al*, 2009; Pilkington, 2010). Children and young people are accommodated away from home for a variety of reasons, however the most prevailing factor associated with residential child care since its inception in the nineteenth century is the compelling correlation between parents unable to cope with the debilitating consequences of poverty and the increased likelihood of their children being looked after (Parker, 1990; McDonald, 1994; Humphreys, 1995; Abrams, 1999). This aspect shows no sign of abating (ATD, 2004; Katz *et al*, 2007; Action for Children Scotland, 2009).

In addition to the prevalence of poverty what requires additional emphasis is that the term 'parents of children in care' doesn't quite capture the reality of the situation as it serves to conceal that lone parents, and in particular lone mothers, have always been over represented among those using social work services and in particular residential child care (Pilkington, 2010). This poses significant challenges for service providers and both social workers and residential workers have not consistently risen to these challenges (Ofsted, 2008; Burns, 2006). While Hester *et al* (2007) urge caution, due to the few research contributions which consider

⁵ Children (Scotland) Act, 1995, Regulations and Guidance, Vol.2. Children Looked After by Local Authorities. S37. <http://www.mars.stir.ac.uk/resources/2010/12/children-scotland-act-1995-regulations-guidance-volume-2/>

socio-economic status as possible determinant or consequence of domestic abuse, what is beginning to emerge from research is the high incidence of poverty and disadvantage among women who have experienced domestic abuse, their vulnerability to ill-health and reduction in parenting capacity and their fear that disclosing abuse will lead to their children being removed (ibid, p76; Donaldson, 2008; Mullender *et al* 2002).

The concerns women have about disclosing abuse (seeking help) has featured in other studies. The non-disclosure rate within a sample of abused women (n=266) in West Dunbartonshire was 75% (Donaldson & Marshall 2005). Mothers often do not disclose or seek help for fear of separation from their children and of the expectations placed upon them by social services to protect their children from the abuser. Studies in the US, Australia and the UK confirmed these fears and found that children of women experiencing domestic violence were more likely to be placed in public care than children whose mothers were not experiencing domestic abuse (Douglas & Walsh 2010).

Despite the overall very positive response to working in partnership with parents, although not necessarily reflected in the comments provided by respondents, as discussed, this has not been a feature of research in this area. Of the 8 respondents who chose to provide comments, the following were offered by those who believed they *always* or *often* worked in partnerships with mothers. Notwithstanding the difficulties associated with providing comments in a questionnaire, the emphasis provided by the respondents would suggest a supportive approach to parents, when appropriate, but not a partnership approach based on complimentary care:

We do our best to do family work where possible

Discussions take place on how we can support the young person but also the parent

Empowering young person and parent to negotiate and understand each other's points of view. Build develop mutual respect through listening

For those respondents who believed a partnership approach with parents was on offer *sometimes* or *not often* their comments suggested that there was much to be done in this area of work:

Have never worked with mothers and this idea would be helpful for social workers of our children

There have been times when decisions have been made that addressing this is the role and responsibility of social worker

Conclusion

Just over a twenty years ago a leading academic was moved to assert that research into residential child care was bedevilled by an 'unparalleled paucity' (Triseliotis, 1988:10). This is no longer the case, with residential child care having had 'considerable amount of research' in the intervening period (Hill, 2011). However, the current emphasis on research minded practice places a premium on 'practice relevance' and 'accountability' to service users and organisations (Scottish Executive, 2006) and looked after children who have experienced domestic abuse have not enjoyed the research focus or detail we might have expected (Happer *et al*, 2006). What has emerged is how domestic abuse touches the lives of some of the most vulnerable children and young people in Scotland and can be a significant contributor to that vulnerability. The purpose of this study was firstly to ascertain whether more detailed information about the prior experience of domestic abuse in the lives of children and young people entering Scottish residential child care units could improve planning for their care, future growth and development. Secondly the study was explore how prepared residential workers were to support children in this vulnerable group.

These survey findings indicate that domestic abuse features frequently in the lives of the children being cared for in the participants' units. Information about domestic abuse is not consistently recorded in social work reports provided to residential care sector workers and the quality of information, when provided, can be unsatisfactory. These findings highlight scope for improvement in the quality of information available to those undertaking care planning particularly when examined within the context of current research evidence on the

impact of domestic abuse on children and young people. This evidence demonstrates the potentially adverse impact domestic abuse can have on young people's growth, development, educational attainment and future relationships. Participants indicated that the provision of more detailed background information on domestic abuse in social work reports would be welcomed and would facilitate a more comprehensive assessment of young people's needs and a more careful tailoring of care and crisis management plans to meet those needs. Participants recognised the need to be mindful of the traumatic impact on young people and this is supported by research evidence which shows the value of trauma-informed approaches to children recovering from the impact of domestic and other forms of abuse.

Domestic abuse has historically been considered a private matter between couples, rooted as it is in the gendered power relations of family life, child care and parenting (Daniel *et al*, 2005). However, since the 1990s it has become an issue of public policy in the areas of health and social care, law enforcement, criminal justice, crime prevention and violence reduction, child protection and education, adult learning and training. Since 2000 in Scotland a great many public resources have been committed to its eradication through coordinated community responses based on effective multi-agency working (Scottish Executive 2003; Scottish Government 2009). In the lives of Scotland's most vulnerable children, those who are looked after away from home, the next stage in sustaining this progress is to ensure that the Scottish Government's priorities for tackling domestic abuse (Scottish Government, 2008c; Scottish Government, 2011a) are better integrated and aligned with the Government's priorities for children looked after in residential child care (NRCCI, 2009). Currently there is insufficient evidence of this happening in a concerted, consistent and cohesive way.

Recommendations

1. There is a need for further research to be carried into the barriers which prevent more detailed information about domestic abuse in young people's backgrounds being made available to residential units, and to recommend means of addressing this. The survey also suggests that residential unit managers would welcome more integrated working with local specialist GBV services in the support and care of looked after young people.
2. Gender-based violence prevention work with young people focused on healthy relationships and gender-based bullying should be extended to the residential child care sector. Sessions with young people explore gender-stereotyping, the pressures young people are under to conform to gendered media images, the dangers of commercial sexual exploitation and cultural stereotypes in dress, behaviour and intimate relationships would address many of the issues highlighted in these findings.
3. The integration of residential child care units into multi-agency violence against women partnerships would incorporate the needs of this vulnerable group of children and young people into existing community-based responses to domestic abuse and GBV in Scotland and is consistent with the current Scottish policy framework addressing violence against women and the needs of children and young people.

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