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Developing an effective model for IFST to reduce interpersonal conflict and abuse in families with children

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March 2020



ACKNOWLEDGEMENTS

We would like to thank the IFST for opening their practice for review, for giving their time to the study, and in particular, in anonymising all of the case file notes, which was a lengthy and time-consuming process. We would also like to acknowledge Dr Tom Slater and Charlotte Pitt for their contribution to the narrative literature review (2018).

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TERMINOLOGY

There are many different terms used to describe the wide spectrum of behaviours involved in conflict between intimate partners, ranging from couple conflict to domestic violence and abuse. For this study we use the term interpersonal conflict and abuse (IPCA) to cover the full spectrum and range of behaviours.

We use the term substance misuse to cover both parental alcohol and drug misuse.

EXECUTIVE SUMMARY

This study was commissioned to support the skill development of an Integrated Family Support Team (IFST) when working with families where there is both parental substance misuse and interpersonal conflict and abuse (IPCA). The study examines the team's work as it applies to substance misuse and IPCA in South Wales. During the period of the study, like many social work teams in the UK, the IFST team underwent huge changes in staffing and subsequent restructuring (Allen, 2014). This led to refinement of the original research proposal and resulted in a phased approach to data collection. Hence the study consisted of four phases with a pause between phases two and three while the restructuring took place. The study was conducted over a three-year period.

Method

Phase one: Issue identification and context analysis

Following action research principles, two whole team events were attended in order to set the agenda, context and direction of the study.

Phase two: Narrative practice-focussed literature review

A literature search was conducted between July and August 2018 and included three academic databases: Applied Social Sciences Indexes and Abstracts (ASSIA), International Bibliography of Social Sciences (IBSS), and PsychInfo databases. In addition, NSPCC Library, OpenGrey (System for Information on Grey Literature in Europe), Research in Practice, Research Register for Social Care, Social Care Online and Google Scholar were used to identify Internet-based 'grey literature' (i.e. empirical research commissioned by governmental and non-governmental bodies published online) as well as journal papers not picked up by other databases. The aim of the review was to identify:

- Whole family approaches to working with inter-parental conflict and or domestic abuse;
- Child protection and effective inter-parental conflict or domestic abuse work;

- What works in engaging men and improving workers' practice

Phase three: Documentary case file analysis

Case files were selected based on the following criteria:

1. cases which involved allegations (at least) of co-occurring substance misuse and domestic abuse/family conflict
2. cases that had been undertaken in the preceding past 12 months.

Due to the comprehensive nature of IFST case file data, the process of anonymisation limited the number of files that could be analysed. Therefore, four complete cases were analysed using a coding frame which was based on findings from the narrative literature review. Data were analysed using a coding frame which was developed with reference to findings from the narrative literature review. From the four sets of case notes reviewed, four case studies were developed, one for each family.

Phase four: Qualitative semi-structured interviews with practitioners

Semi-structured interviews were informed by findings from phases two and three (the narrative review and documentary analysis). Due to IFST service restructuring and representing the smaller team, the final sample included four interviews. The aim of the interview was to:

- present some of the emerging themes (from the documentary analysis) to practitioners for further explanation/discussion/refinement
- gather the views of the practitioners as to whether what is presented in case files constitutes what they would view as 'best practice' and what additional factors might influence practice that are not evident from looking at case-notes or literature alone.

Findings

- IPCA typology is useful but the nature of IPCA is complex and shifting, particularly in relation to coercive control, so care should be taken that typology is not used prescriptively.
- In terms of optimal target group for the IFST, ongoing work sits largely within the 'situational' type of IPCA although flexibility within the typology needs consideration as some aspects of conflict (for example 'control') can have a dynamic, fluctuating nature.
- The IFST model, operated by a very experienced group of professionals promotes engagement serving to broaden the opportunities for families to articulate their wishes with an orientation towards enabling mutually agreed upon change to emerge from skilled dialogue.
- Many of the skill sets of IFST work well with IPCA, such as strength based and motivational approaches.
- The IFST model may provide scope for ongoing IPCA work beyond the intensive period, albeit that this would need discussion on a case-by case basis and would have significant staffing implications.
- IFST are providing education on healthy relationships.
- IFST proactively address IPCA related behaviour. IFST staff manage to maintain a therapeutic perspective even when working with IPCA.
- IPCA sometimes only emerges once engagement with IFST begins.


Recommendations

1. Improved information sharing between agencies

- Information sharing from Children's Services is needed? should use aide memoire/checklist related to IPCA
- Information sharing protocols with outside agencies, especially criminal justice should be reviewed and clarified, especially in light of General Data Protection Regulation (GDPR, 2018) which may have made agencies more cautious. Multi-agency training around this area would be helpful.

2. Risk assessment tools and processes

- Information gathering should be supplemented by more formal risk assessment procedures at the beginning of engagement and at specific points



of review. This would involve regular collecting data from outside organisations, especially criminal justice.

- The team should trial use of a risk assessment tool such as CAADA DASH. As part of this, the team could develop a more nuanced dynamic risk assessment tool
- Safety plans should be introduced for the more vulnerable partner or victim.

3. Staff development and on-going work

- The team to refine and trial working with a transrelational model of change when working with IPCA and substance misuse.
- Skills audit of staff to review:
Potential training regarding couples work,
Potential training regarding working with involuntary and aggressive clients
- Reinstating the key worker role for IFST staff.

Parental trauma and attachment


- Requires longer term therapeutic input- consider trauma-informed training for all staff to ensure IPCA work is sensitive to these issues and to aid when referring on to relevant agencies, to ensure quality of inter-agency work.

Feedback loops for on-going monitoring

- Should the team wish to continue to review and monitor its progress, staff could undertake further case file analysis utilising the coding frame devised for this project


BACKGROUND

The Integrated Family Support Team (IFST) was originally set up with the aim of extending work with parents or carers with a drug or alcohol issue to include parents with domestic abuse difficulties (Integrated Family Support Services Practice manual: Supporting the Pioneer Areas in Wales, 2012). Alcohol, cocaine and methamphetamine use are strongly and consistently associated with intimate partner



violence; 40% of men in receipt of substance misuse treatment have perpetrated physical or sexual intimate partner violence in the previous year (Gilchrist et al., 2019). Yet despite having a promising track record of working with behaviour change issues, involving alcohol and drug misuse, the IFST has yet to devise service pathways for interpersonal conflict and abuse (IPCA), the term we use to cover the full spectrum of relational conflict.


Whilst a high proportion of families with child protection concerns involve interpersonal conflict and abuse (IPCA), the research evidence does not provide clear support for any one particular intervention (Farmer and Callan 2012; Ferraro 2017; Devaney and Lazenbatt 2018; McGinn et al. 2017; Rolling and Brossi (2009) highlighted the inadequacies of operating from a single model, focus or ideological standpoint. They suggest the need to work with multiple paradigms to account for the complexity of violence. Therefore, to provide an integrated and effective method for working with IPCA, a multi-levelled theoretical approach is needed (Rolling and Brossi, 2009). An example of how programmes do not always address the full range of presenting factors is perhaps the most widely known Duluth programme (Pence and Paymar, 1993), which has in the past been supported by the Probation Service for work with domestically abusive men, although they now favour the DRIVE programme (Driveproject.org.uk). The Duluth model was designed by practitioners and adopts cognitive-behavioural techniques aimed at challenging and modifying men's abusive behaviours. The 26-week Duluth programme includes group work where men are encouraged to review Power and Control Wheels which detail particular behaviours and their alternatives. For example, the Power Wheel includes a section entitled 'Using children' where men may seek to make their partners feel guilty, use children to relay messages, threaten to take them or use contact to harass the mother. During the programme, fathers are challenged about these cognitions and encouraged to recognise how their behaviour triggers certain responses in the mother and to empathise with her. From this understanding, fathers are expected to practise alternative behaviours from the Equality Wheel (see Appendix 1). Hence, in this example 'Responsible parenting' would include sharing parental responsibilities and being a positive non-violent role model for the children. As this example shows, the Duluth programme focuses upon the relationship between parents and as such it has been criticised for its lack of focus upon children (Rivett, 2010). It's use of the term 'batterer' has been deemed unhelpful (Bohall et al. 2016) and it has also been critiqued for being too confrontational and where the shaming of the perpetrator does not encourage open and honest disclosure



(Crockett et al., 2015) nor does it work therapeutically with past traumas that the perpetrator may have experienced (Askeland and Rakil, 2018). Nevertheless, evidence suggests that specific aspects of the model, particularly working (less confrontationally) to change the beliefs of entitlement (Bohall et al., 2016; Contrino et al., 2007) and using the wheels of power and control to help reflect on behaviour, especially the equality wheel which can be used in a strengths' based way (Bohall et al., 2016) are still found to be useful and relevant when working with IPCA. To address these limitations, adaptations of the Duluth programme have been developed within the 'Caring Dads: Helping Fathers Value Their Children' 17-week programme, based on principles drawn from batterer intervention, parenting, childtrauma, and readiness-to change literatures (Scott and Crooks, 2004). Whilst this programme is aimed at maltreating fathers, there is consensus that this is not a perpetrator programme (Maxwell et al., 2012; Labarre et al., 2016). The Caring Dads programme originated in Canada but has also been used in parts of England and Wales (McConnell et al., 2017; McCracken and Deave, 2012; Rivett, 2010; Scott and Crooks, 2007) and has four main goals. First, the programme aims to develop trust with fathers and motivate them to examine their fathering. Second, it aims to develop fathers' awareness of child-centred fathering. Third, the programme increases awareness of and responsibility for abusive and neglectful fathers. Fourth, it aims to rebuild trust between fathers and their children and help them to plan for the future (Crooks et al., 2006).

Caring Dads draws upon the therapeutic techniques of motivational interviewing, psycho-education, cognitive-behavioural approaches, confrontation and shame work (Crooks et al., 2006). In doing so, this programme requires intervention providers who are equipped with knowledge about batterer-intervention and child centredfathering, alongside the skills necessary to challenge and confront fathers about their behaviour whilst developing a trusting and supportive environment (Kelly and Wolfe, 2004). The evidence for Caring Dads is similarly mixed, although it shows some promise (Labarre et al., 2016). Whilst there have been positive results in terms of father's behaviour towards their children and reductions in aggression and hostility to those around them, results have been less positive in terms of men's attitude change and taking responsibility for their actions.

Both Duluth and Caring Dads have been criticised as being built upon confrontational strategies where workers judge fathers in a superior manner, thus displaying the behaviours they are seeking to change in their clients (Milner, 2004).



Indeed, the evidence shows that Caring Dads works for some men and not others (McConnell et al., 2017; McCracken and Deave, 2012) suggesting that such evidence-based programmes would ideally be part of a menu of services professionals can choose from when working with fathers, depending on the understanding of typology and the nature of the presenting difficulties (Maxwell et al., 2012). These approaches also fail to account for the complexities of abuse in interpersonal relationships, opting instead to adopt male-on-female models of domestic abuse (Philip et al., 2018). Yet there is an increasing awareness of abuse by women on men, although the nature of that abuse might be very different (Stith et al., 2012), and of same sex abuse, and it is recognised that abuse can be bidirectional (Babcock et al., 2007). Given that IPCA is prolific and that this is not a homogeneous population (Farmer and Callan, 2012), we should not therefore be looking for or applying universal solutions (Devaney and Lazenbatt, 2018; Ferraro 2017; Payton 2015). Some suggest that what we need is the establishment of an inclusive theory that includes typologies or models of IPCA coupled with the flexibility to address the diversity of culture, gender, race, and sexuality (Bohall et al., 2016; Devaney and Lazenbatt, 2018). Such a model of individualised, tailored approaches would not however, lend itself to manualised programmes or randomised controlled trials and also makes creating systematic evidence more difficult to collect.

The central IFST model has a degree of structure, discipline and prescription to it (Emlyn-Jones and Bremble, 2012) which is notable as compared to many other social work interventions. This is due to the evidence-base on which the model was conceived and implemented (Welsh Gov, 2012). This allows for a detailed and shared understanding of intervention strategies, and a baseline consistency of approach.

AIMS OF THE STUDY

This study was commissioned to explore how to develop IFST workers' existing skills by creating a model of working with IPCA. The objectives were to conduct collaborative research that aimed to:

- Identify risk assessment processes and service pathways based upon interparental conflict, domestic abuse, substance misuse difficulties.

- Produce a collaboratively developed model outlining a best practice approach for working with domestic abuse in an IFST.
- Consider a toolkit of effective approaches for substance misuse and IPCA.
- Gather evidence to support or further adapt the model/s, including developing feedback loops to allow the team to monitor and improve their service beyond the end of the project.

To achieve this the study aimed to deliver the following outputs:


- Practice focussed reviews of existing literature on best evidence:
 - Effective interventions and approaches for working with victims and perpetrators of domestic abuse work where there is inter-parental conflict, domestic abuse, substance misuse and/or mental health difficulties.
 - Whole family approaches to working with inter-parental conflict and or domestic abuse.
 - Child protection and effective inter-parental conflict or domestic abuse work.
 - What works in engaging men and improving workers' practice.
- A model of referral pathways through the IFST service.
- A practitioner toolkit of evidence-based approaches, which may include communication skills, anger management, couple therapy, family group conferencing and mediation.
- A model for collecting valid and useful ongoing evidence on the quality of the service being delivered and its success in working with families
- A collaboratively delivered workshop or lecture to deliver findings.

METHOD

The research has been undertaken sequentially in five phases.

Phase One: Issue identification and context analysis


The research began in 2017 and was commissioned by an IFST to review, develop and adapt the model of practice to reflect the requirement to work with children and



families affected by domestic violence. The team wanted to remain closely aligned with the original IFST model prescribed by Welsh Government (2012) but wished to devise service pathways for interpersonal conflict and abuse (IPCA).

The initial phase involved liaising with the IFST and attending two whole team events (Kumar, 2019) to set the agenda, context and direction of the study. This offered an opportunity to consider the 'ways in which individuals collectively make sense of a phenomenon and construct meanings around it' (Bryman, 2016, p.504). This approach to developing the research focus is strengths-based and informed by principles of action research (Winter and Munn-Giddens, 2001). At the time, the team consisted of one consultant social worker, two community psychiatric nurses and two health visitors, two senior practitioners (social workers), and three family support workers employed within the third sector. The team was managed by a team performance and development manager and supported by one full time business support worker (a total team of 12). Initial meetings highlighted that the team felt that different workers might be taking a very different approach with families. In addition, some of the terminology currently used by professionals, for example, 'domestic violence' and 'perpetrator' were not recognised by families and were often experienced as alienating. The experience of staff in IFST was also that families did not fit neatly into typologies of domestic abuse (Johnson and Ferraro, 2000) and that more commonly couple conflict was situational and bi-directional between partners. The initial study commissioned was therefore intended to undertake an observational approach, listening to and coding recordings of practice (Forrester et al., 2019) from across the range of professionals working within the team. The aim had been to determine how closely the team were following the IFST model, and how each specific professional lens impacted on practice, to reflect on a cohesive multidisciplinary approach to IPCA. This was to be followed by a review of the literature and interviews with families involved with the service.

During the period of the study, like many social work teams in the UK, the team was undergoing huge changes in staffing and subsequent restructuring (Allen, 2014). The researchers have had to be flexible and adapt to the changing playing field. Thus, recordings of practice, whilst started, had faltered due to the changing field and so this method was abandoned. The narrative literature review thus came first and was completed in 2018. The study was then paused for the restructuring to take place. Notably, in September 2019 children's services decided to create their own



IFST. Consequently, the IFST now operates on a smaller scale. The reconfigured IFST consists of the following: one team performance and development manager, two consultant social workers, one intervention worker and two family support workers (a total team of six). There is one vacancy for a health post. The team is therefore much smaller and less multi-disciplinary.


Numerous meetings were held with members of the team during the lengthy period of flux in 2019 to discuss the findings of the review, and to consider how to take the study forward in light of team changes, again in line with an action research and coproduction approach (Winter and Mun-Giddens, 2001). The lengthy negotiations in the development of the research questions and research methods, helped with issues of identification and context analysis (Ferkins, Shilbury and MacDonald, 2009), as the first phase of the study.

Phase Two: Narrative practice-focussed literature review

The practice focussed narrative literature review adopted a narrative review approach. This approach enabled comprehensive exploration across several research areas including parenting, engaging perpetrators and IPCA. Hence the review aimed to gather evidence for each of the following areas:

- Whole family approaches to working with inter-parental conflict and or domestic abuse.
- Child protection and effective inter-parental conflict or domestic abuse work.
- What works in engaging men and improving workers' practice.

The search was conducted from between July and August 2018 and included the Applied Social Sciences Indexes and Abstracts (ASSIA), International Bibliography of Social Sciences (IBSS), and PsychInfo databases. In addition, NSPCC Library, OpenGrey (System for Information on Grey Literature in Europe), Research in Practice, Research Register for Social Care, Social Care Online and Google Scholar were used to identify Internet-based 'grey literature' (i.e. empirical research commissioned by governmental and non-governmental bodies published online) as well as journal papers not picked up by other databases. The Welsh Government: Statistics and Research was searched in order to identify Welsh policy documents. In order to maximize retrieval of relevant sources, the search was supplemented by the use of the snowballing technique whereby references to relevant publications were sought and reviewed for relevance and studies known to the research team,

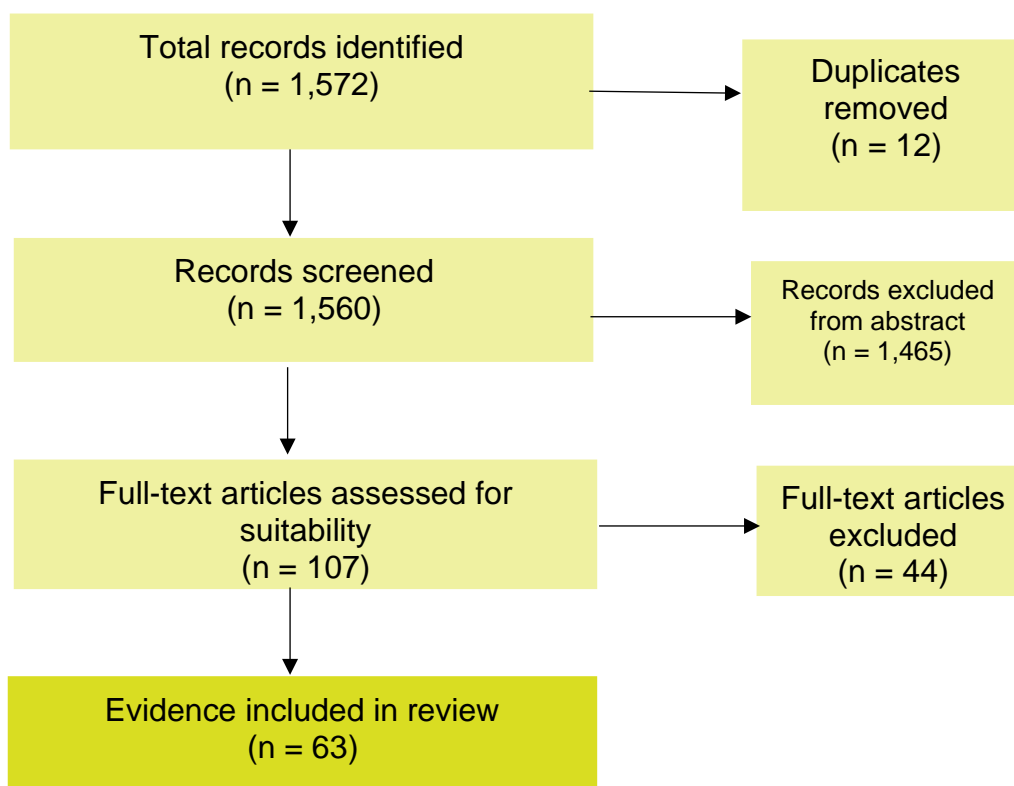


but which did not emerge from the initial searches, were also included. In addition, the review drew upon findings from a previous study conducted by one of the research team on engaging men in child protection services.

The search strategy involved multiple keyword searches using the terms ‘domestic abuse’, ‘domestic violence’, ‘intimate partner violence’, ‘interparental conflict’, and ‘interpersonal violence’ along with Boolean parameters (e.g. AND/OR, NOT) to include substance use, child welfare and father engagement. Inclusion criteria limited results to those published in the English language in 2000 or later and studies which focused upon either risk assessment, or evaluated approaches or interventions, aimed at reducing or responding to fathers in current or former relationships which involved intimate partner violence. Papers were excluded if they did not evaluate the effectiveness of an intervention or approach to reduce or respond to IPCA for fathers. This initially yielded 1,634 publications.

The abstracts and/or title of each publication were scanned to determine relevance to the research questions and publications were included if they were empirically based and focused on interventions. Papers retained at this stage were then read in more detail to determine their relevance to the research aims. Data was extracted from each source onto the data summary template and all sources were assessed for robustness of evidence. The majority of papers were excluded at this stage as they were based solely upon court-imposed perpetrator programmes, were too context specific (e.g. specific cultural groups of perpetrators outside of UK), pre-1990 or were not empirical. However, some conceptual articles were included for their contextual and theoretical content. Therefore, 113 sources were included for the narrative literature review (Figure 1). Given the diverse range of evidence discovered, a narrative review summarised findings in relation to the key themes that emerged from the identified studies.


Figure 1: Narrative literature review search results



The review was extensive reflecting the large body of literature in the field of IPCA practice.

Phase Three: Documentary case file analysis

In order to contextualise the findings from phase two, we considered current practice in light of the recommendations from the narrative literature review. Case files enable the systematic review of practice as they are a rich source of information about the interactions between families, and services (Sanders et al., 2014; Stevens, et al., 2014). Despite concerns regarding data quality, including under-recording, inconsistencies in recording practices and misrepresented information (Dixon, 2002; Stevens et al., 2014), case files are useful as they provide (1) a description of the activities undertaken and (2) a sequence and contextualisation of the activities. In doing so, case files provide insight regarding entry into, and pathways through, services, service delivery decision-making, and multi-agency interactions and their respective roles (Sanders et al., 2013).



Cases were selected according to the following selection criteria (1) cases which involved allegations (at least) of co-occurring substance misuse and domestic abuse/family conflict and (2) cases that had been undertaken in the preceding past 12 months. Four cases were identified for analysis. All files had some missing data, including the goal scoring component, although this may be because the cases were current and so goal scoring had not been finalised . Each case file, including documentation from multiple sources had to be anonymised prior to analysis in order to conform to General Data Protection Regulations (2018). This process proved laborious and time consuming, reducing the number of cases that could be included in the final sample.

A thematic coding frame was devised based on key findings from phase two (see Appendix 2) and each set of case file notes were coded using the frame. Initial analysis was conducted by one member of the research team who had practice experience of working within an IFST. Hence initial theme development was informed by specialist practice knowledge with a second member of the team verifying themes against the academic literature. Disagreements were resolved through discussion. Case file analysis included all noted from referral to completion of children's services/IFST involvement or to-date. Where available and relevant, additional documents were provided which included case recordings from other professionals' intervention, specific tools such as review notes, safety plans and goal sheets. The aim was to trace the activities and thinking of the case-workers involved. In order to track and to broaden the notion of good practice, (in addition to the thematic coding) also noted was (1) consideration of the role of gender as to the recognition of 'perpetrator' and (2) the broad categories of good practice where it may have application to this area, but not identified within the narrative literature review.

From the four sets of case notes reviewed, four case studies were developed, one for each family. Case study design enables in-depth exploration within its real-life context, relies on multiple sources of evidence, and benefits from the prior

development of theoretical propositions to guide data collection and analysis (Yin, 2017). Both phases two and three (the narrative review and documentary analysis) informed phase four, the interviews with practitioners.


Phase Four: Qualitative semi-structured interviews with practitioners

Phase four comprised semi-structured interviews (Bryman, 2012) with members of the IFST team. Following service re-structure the pool of potential interviewees was reduced and as such the final sample consisted of four staff members. Three of the four were Consultant Social Workers and one had previously been a Consultant Social Worker but had moved into a managerial role (Table 2). Historically, the role of the Consultant Social Worker has been enmeshed in the IFST model as it differentiates from (1) senior practitioners lying in the level of experience and (2) team managers lying in its emphasis on retention of the primacy of practice skills over managerial ones and (3) the role of research (albeit this function has reduced latterly). In this sense Consultant Social Workers can be viewed as highly experienced and skilled practitioners.

Table 1: The experience, measured by years, of interviewees.

Staff member	Time since social work qualification	Time specialised in substance misuse and/or IPCA	Number of years employed by the IFST
001 (CSW)	16 years	15 years	9 years
002 (CSW)	14 years	12 years	4 years
003 (Intervention staff)	12 years	16 years	2 years
004 (CSW)	13 years	8 years	8 years

The level of experience is thus at the highest end of social work practitioners.



All interviews were recorded and transcribed verbatim. Skehill, Satka and Hoikkala (2013) discuss the importance of contextualising case file information within the macro discourses of team and child welfare.


This section of the research study was adopted for two reasons:

- to present some of the emerging themes (from the documentary analysis) to practitioners for further explanation/discussion/refinement
- to gather the views of the practitioners as to whether what is presented in files constitutes what they would view as 'best practice' and what additional factors might influence practice that are not evident from looking at case-notes or literature alone.

Similar to the case file analysis, the interview phase also qualitative, as both the case-worker's world of work and their emerging narrative would fall clearly within that particular approach to research. It was hoped to capture a practice perspective regarding literature evidence, thus benefitting from both academic rigour and practice reality.

The analysis of the interviews allowed for a complementary view of some of the themes arising from phases two and three, and how they tended to play out in the thinking of practitioners. In this sense, this process was intended to be complementary to both narrative literature review and documentary analysis in an attempt to provide triangulation (Carter, 2014) and explanation.

It was also hoped that the components from the differing phases would allow the development of an understanding of the dynamics and sequencing within and between the three sets of information and thus develop a sense of reflective, informed practice as it plays out 'on the ground'.




The role of the interviewer (in this aspect of the study was important, due to previous relevant practice and academic experience, having previously worked in an IFST, but having left some years ago, the interviewer was able to retain some distance from the data. As a result, the researcher had a good understanding of the issues and model concerned allowing for an informed approach to exploration of relevant issues. A semi-structured interview guide was developed based on a combination of areas that arose from both the narrative literature review and the documentary analysis. Interviews were carried out individually to allow the space to capture the diversity of opinion and to give all respondents the opportunity to provide personalised accounts of their experiences and approach.

Ethical approval

Ethical approval for the first design of the study was submitted and granted by Cardiff University, Social Sciences' ethics committee. Given the change in the methods as the study progressed, the ethics application was amended and resubmitted as an addendum, and further agreement was granted.

PHASE ONE: ISSUE IDENTIFICATION AND CONTEXT ANALYSIS

As outlined above the consultations with staff took a strength based approach and in line with the principles of action research (Munn Giddens, 2001) responded to the changing field of study. Initial meetings highlighted that the team felt that different workers might be taking a very different approach with families and that terminology currently used by professionals, for example, 'domestic violence' and 'perpetrator' were not recognised by families and were often experienced as alienating. The initial study commissioned was therefore intended to undertake an observational approach, listening to and coding recordings of practice (Forrester et al., 2019) from across the range of professionals working within the team. Whilst this was started, the team restructuring and changing staff group meant that this was less feasible as the IFST team was much reduced. Numerous meetings were held with members of the team during the lengthy period of flux in 2019 to consider how to take the study



forward in light of team changes. It was therefore co-productively decided that the analysis of pre-existing case records (which did not rely on a static group of staff), but would still allow a view of practice was more appropriate. Following this, and after further discussions with staff, it was decided that interviews should be undertaken with the reduced staff group to test out and validate the findings from the case study analysis. The researchers have worked flexibly to co-produce the differing phases of the study whilst responding to the changing context (Ferkins, et al., 2009).

PHASE TWO: NARRATIVE PRACTICE-FOCUSSED LITERATURE REVIEW

The narrative literature review (full report is available on request) revealed eleven themes relating to IPCA.

1. Typologies of the presentation of IPCA

The review noted that there are a range of typologies which show promise (see Table 1), but these have not been consistently tested to ensure validity. Nevertheless, the systematic use of power and control should always be screened for (Ferraro, 2017).

Recommendation 1

The typologies identified here (Table 1) are designed to aid practitioners with thinking through the spectrum of behaviours that constitute IPCA. However, these typologies should be understood as a guide only; every relationship is unique, and this should be recognised by practitioners. In assessing IPCA, consideration also needs to be given to the motivation to change.

2. Risk assessment and motivation

Prochaska and Di Clemente's (1983) transtheoretical cycle of change was highlighted; although this does not entirely capture the complexity involved in change when applied to couples and families struggling with substance misuse and IPCA. In


the absence of a tool to risk assess both substance misuse and domestic abuse together, narrative literature review findings recommended that staff could use recognised risk assessments for IPCA such as SARA (<https://www.mhs.com/MHSAssessment?prodname=sara>) or CAADA DASH for all IFST referrals. The CAADA DASH risk checklist can be used for all intimate partner relationships. It aims to provide a uniform understanding of risk across professions. The DASH cannot however replace vital professional experience and judgement.

Table 2: Typologies of IPCA (adapted from Johnson, 2008)

	Coercive		Violence resistance		Situational	
Uni directional ¹	1A (Male aggressor)	1B (Female aggressor)	2A (Female aggressor)	2B (Male aggressor)	3A (Female aggressor)	3B (Male aggressor)
Bi directional	N/A ²		4		5	
Descriptions						
Uni-directional – Abuse is coming from one person. ‘A’ indicates that the male is the abuser. ‘B’ indicates that the female is the abuser. Victim could be of the same sex, however, no subdivision has been assigned this same-sex relationship.						
Bi-directional – Abuse is coming from both partners (i.e. both are partners are abusive towards each other).						
1	This ‘involves a pattern of violent coercive control in which one partner uses a variety of violent and non-violent tactics to try to take complete control over their partner (vast majority of this type of violence in heterosexual relationships perpetrated by men)’ (Tavistock relationships, undated)					
2	This is where violence is perpetrated by a victim who violently resists the act of abuse by their partner.					
3	Violence occurs due to conflict within a relationship that escalates from an argument to verbal and/or physical violence.					
4	Both partners may be aggressors and victims. Violent acts of resistance can result from either partner.					
5	Both partners may be aggressors and victims. Violence occurs due to conflict within a relationship that escalates from an argument to verbal and/or physical violence.					

¹ It is recognised that for same-sex relationships the male and female markers may not be helpful.

² The nature of coercive control means that bi-directional abuse is not possible. It is inherently unidirectional in nature.




In considering motivation for change in relation to IPCA the review identified that practitioners should consider that in cases of coercive control, manipulation and/or deception are commonplace. Practitioners should guard against attempted manipulation by perpetrators (Robinson et al., 2019). Equally, should be careful to ensure that desires to change are genuine. For fathers, it has been noted that the desire to be a better parent is a strong motivation to change (Meyer, 2017). There is some evidence to suggest that goal setting can be effective for working with male perpetrators (Lee et al. 2004). Practitioners must maintain a focus on children and young people as they are also victims of IPCA; it is easy to get caught up on the IPCA relationship and lose sight of the impact it is having on children.

Recommendation 2

The individual motivators for change must be carefully considered by practitioners using Prochaska and Di Clemente's (1983) cycle of change. In assessing IPCA, practitioners should be salient of the risk posed to the immediate safety of some victims of IPCA (in some situations safeguarding procedures may need to be implemented immediately). Some victims may not agree with assessments that they are victims of IPCA giving rise to the need for educational work. Maintaining a focus on children and young people is essential as they are also victims of IPCA; it is easy to get caught up on the IPCA relationship and lose sight of the impact it is having on children.

3. Whole Family Approaches

The feasibility of family or couples' treatments for IPCA is often deemed unethical and likely to put women and children at an increased risk of harm. Indeed, this may be the case in certain circumstances. However, given the high proportion of victims who remain in relationships or continue to share child contact, the development of whole family approaches that foster positive parenting and co-parenting may be warranted (Stover et al, 2011). The safety of the non-offending partner and children is paramount for whole family approaches. Such approaches must include separate assessments of attendees to establish suitability and safety before embarking on the intervention (Humphreys and Campo, 2017). Courts require interventions and



approaches which develop safe contact arrangements between families suggesting that interventions are required which foster better father-child relationships (McCracken and Deave, 2012). There are currently no programmes which include father-child sessions (Stover and Morgos, 2013).

Recommendation 3

Whilst the IFST aims to engage with the whole family, outcomes sit at the heart of contemporary Welsh approaches to care and support (see the Code of Practice for Part 4 of the Social Services and Well-being (Wales) Act 2014 - Welsh Government, 2016). In exploring outcomes, consideration should be given as to how outcomes relate to both the family as a whole and individuals.

4. Restorative Justice Programmes

Restorative Justice programmes fall under the whole family interventions umbrella (Humphreys and Campo 2017) and these include models of family group conferencing (FGC) and mediation. Findings from Sen et al. (2018) suggest that the current approach by children's services which is mother-centric and risk-averse provide a resistor to restorative ways of working. In addition, all local authority practitioners should be trained in restorative approaches.

Recommendation 4

Risk assessment will be vital both in determining whether and/or when it is appropriate to involve the non-offending partner and the children within the intervention. This will include ongoing monitoring throughout engagement. Further to this, to achieve a given outcome multiple issues may have to be addressed. For example, an outcome might be for a child to feel safe at home, for this to happen partner conflict would need to be stopped and alcohol reduced. Practitioners should take time to ensure that all parties are aware of an outcome and the necessary steps to achieving it (clarity should also be provided about how everyone will know when the outcome has been achieved).

5. Dedicated IPCA workers

The importance of the specialist IPCA workers was noted by numerous authors (Ball and Niven, 2007; Stanley and Humphreys, 2018), although caution is required that other workers do not defer or limit their own learning because of the specialist in the team.

Recommendation 5


Currently the IFST teams are comprised of interdisciplinary teams which include a range of professionals including those from health and social work; it may make sense given the co-morbidity of IPV and substance misuse (Stover, 2011) to consider employing workers with a specialism in IPCA. However, a note of caution should be added as Stanley and Humphreys (2018) identified that where there was a domestic violence specialist in the team other staff deferred to them rather than taking on the learning and developing their own expertise; strategies should be put in place to avoid this happening.

Recommendation 6

Where there are issues of IPCA, consideration should be given to whether coworking cases would respond more appropriately to the typology of IPCA and risk assessment. Having two workers would enable work to be conducted separately with each parent, as well as working together.

6. Training and Development

Practitioners may be biased against fathers due to their work with mothers or in a bid to protect the child. Therefore, training is needed to ensure that practitioners can manage both the risk and resource of fathers (Stover and Morgos, 2013). Effective engagement with men requires both an authoritative and empathic approach to both hold men accountable, and to directly value their parenting on its own terms (Philip et al, 2018). In particular, knowledge and training in both adult and child psychopathology, and the ability to adequately assess the impact of exposure to IPCA on the child and the family is vital. The most effective interventions adopt a



strengths-based approach (underpinning all IFST work), recognising the contribution fathers make to children's lives. Linked to this is the theme of engaging fathers within the IFST and the need for a team to be man and father friendly.

Recommendation 7

In order to work effectively with whole family approaches, IFST practitioners must be equipped with the skills necessary to identify and monitor risk for partners and children, perceive fathers as both a resource as well as a risk and to determine the suitability and timing of working with partners and children. In doing so, the evidence highlighted the need for practitioners to adopt a non-judgemental, strengths-based approach but who are also able to challenge behaviours where necessary. Specifically, knowing what to ask and how to use this information takes skill, practice and an understanding of the subject matter (Stover, 2013). In order to ensure all local authority staff are working to the same model, IFST should disseminate information once any new model or way of working is adopted.

7. Trauma-informed and therapeutic work


Askeland and Rakil (2018) outline how, for example, those who have experienced trauma and abuse in their own childhoods and may be suffering from PTSD and are more likely to 'read' situations more threateningly and may thus experience a heightened physiological arousal.

Recommendation 8

The inclusion of trauma informed work and education may benefit parents who have been abused themselves, in order to understand their own behaviour, which in turn would help them understand the impact of parental conflict and or abuse on their children (Harold et al. 2016).

8. Alcohol and substance misuse

The review highlighted the importance of dealing with IPCA and substance misuse in tandem, rather than targeting each in isolation (Easton et al. 2017; Lam et al. 2009).



It is important to recognise the interplay between substance misuse and IPCA (Easton et al., 2017).

Recommendation 9

It would seem to be important that domestic abuse and substance misuse are dealt with in tandem, in an integrated way, rather than one being targeted in isolation, or one aspect being focused on before the other. Further, there is evidence that including parenting tuition within other interventions does not reduce the primary effects of the intervention. Even where children are not directly included, there can be positive secondary benefits for them.

9. Relationship problems


The evidence highlighted the need to address the causes of inter-personal conflict in order for interventions to be effective. These often related to poor communication skills, poverty, lack of employment and poor social, community support. Many of these aspects have been negatively impacted by austerity, which have led to problems becoming entrenched with few resources available to provide support.

Recommendation 10

Frequently endorsed problems with jealousy and lack of trust between partners represent common proximal antecedents to IPV episodes. This suggests that teaching around healthy relationships and communication skills might form part of an educational and development programme for some families involved with the IFST. Empathy mapping for all members of the family could be a helpful exercise. In addition, the practical difficulties identified may best be addressed by establishing formalised links with the Citizen's Advice Bureau (CAB) other similar organisations who can provide help with income maximisation, employment initiatives and potentially with local housing associations or housing departments.

10. Groupwork

The research suggested that men respond well to groupwork and are more likely to challenge themselves and change behaviour through a groupwork approach



(McGinn et al., 2017). Peer support extends learning and challenging by peers is more effective (Rees and Rivett, 2004). Harold et al. (2016) advocate a group work model to address IPCA; this can be received as a more comfortable setting for some (Scourfield et al., 2016).

Recommendation 11

Following the initial intensive support, IFST could develop group work programmes to offer, for example, psychoeducational, healthy relationships (Rhoades and Stanley 2011), communication skills, or for parenting/fathering courses; should this be the case, there may be a requirement for some upskilling of staff. In addition, groups for children covering healthy relationships would be useful, given the impact of social learning theory and the intergenerational transmission of conflict behaviour (Langhinrichsen-Rohling 2005); this would also help to facilitate a whole family system change.

11. Parenting skills and abilities

The evidence demonstrated that many men are motivated by the opportunity to improve relationships with their children (Stover et al, 2013; Stanley et al, 2012). Introducing the concepts of child-centred and parent-centred approaches to parenting is associated with new understanding of father's behaviours (McCracken and Deave, 2012). In addition, parenting programmes which focus on attachment and attunement have shown some signs of success (Scourfield et al., 2016).

Recommendation 12

The IFST might want to consider how father-friendly they are, and whether they engage as readily with men and women, viewing men as a potential resource, who are open and able to change, and seeing them as making a significant contribution to parenting. A recognition of the importance of fathers is a motivating factor for men. The IFST might want to consider some form of fathers group which could include an activity group with children, where this is deemed safe and appropriate.

Recommendation 13

Adopting a three-pronged approach that serves to increase positive parenting and improve the co-parenting relationships while decreasing negative parenting behaviours may yield the most significant treatment outcomes for children (Stover et al, 2013). The effects of IPCA may manifest in children's behaviours making them difficult for couples to parent. Efforts to improve co-parenting, how to respond rather than react, and develop positive attachment will extend beyond the child-parent relationship having secondary effects on the couple's relationship.


Summary of findings

The narrative review identified a range of themes or areas in which the IFST could develop its work with families to respond to issues of inter-parental conflict and domestic abuse. The research findings demonstrated that IPCA interventions should be tailored to the unique circumstances of each family, and typologies should be understood in relation to the wider risks of involvement and non-involvement.

Further, consideration should be given to the intended outcomes of any work conducted. For some families, this may involve working with one parent, whilst in others, work may begin with both parents independently before offering joint sessions with later involvement of the child. At its core, IFST work must ensure that contact and inclusion is in the best interests of the child. This will require practitioners who have the skills to risk assess both at the outset and throughout service involvement. The evidence has suggested the benefits of employing workers with a specialist background in IPCA, although existing practitioners should also receive training in working with families with IPCA issues. It is also recommended that practitioners co-work cases, ideally with a male and female practitioner who can model an equitable partnership, seek to engage both partners, facilitate risk assessment and monitor change.

Proposed service model

Based on the above findings, it was recommended that a suite of interventions could be devised and employed as appropriate. Following Mayer (2017), it is

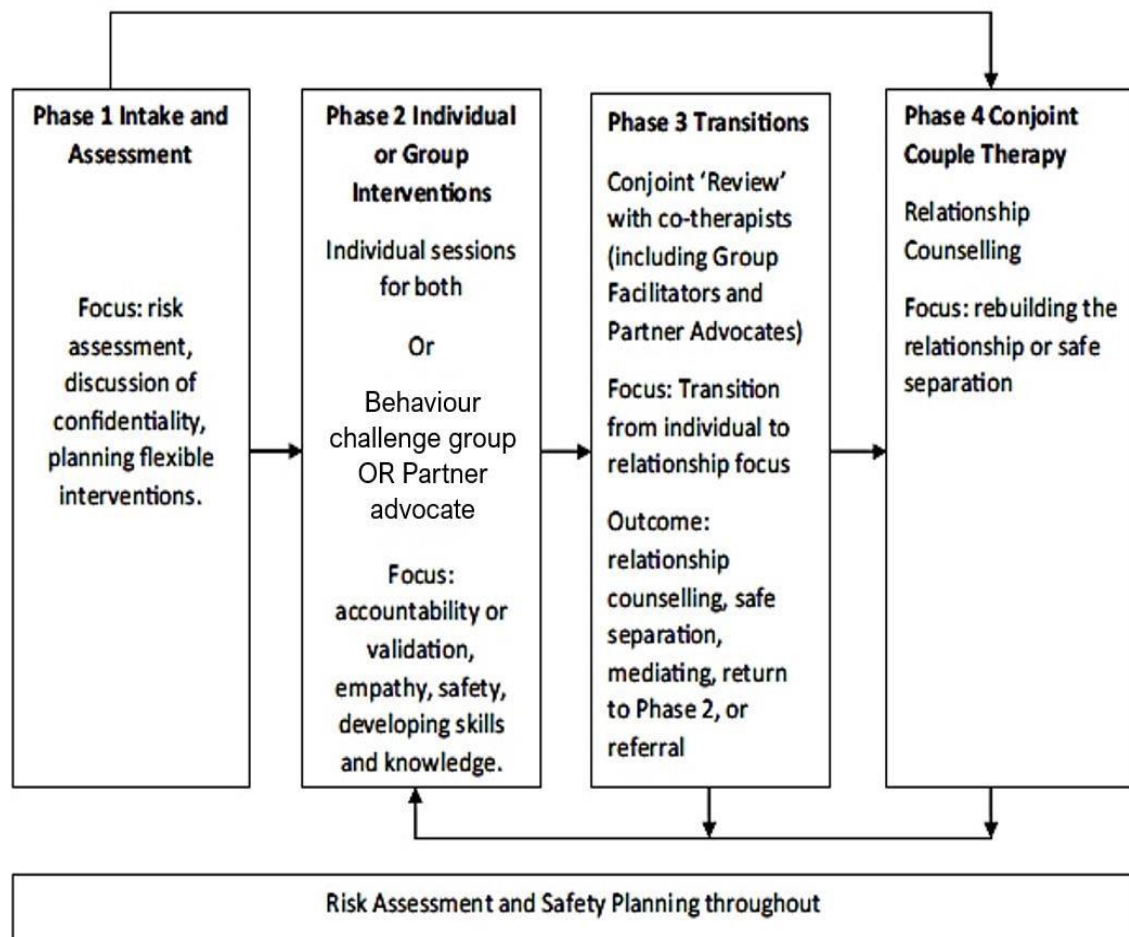


recommended that the intervention be phased so that each family progresses through different types of support (Figure 2).

Integral to Meyer's (2017) model is the constant monitoring of risk and safety planning. The model allows for individuals to move back a stage based on relapses and risks (something that fits with Prochaska and Di Clemente's (1983) cycle of change). It is also important to note that some forms of intervention are done jointly and others separately. Where interventions are done separately, practitioners must be careful to ensure that information is being shared. Notifying a colleague that a session has been challenging for one partner should be fed back in case any safety planning is needed with the other partner. Consideration also needs to be given to the appropriateness of some interventions for certain types of IPVA. For example, work with couples may not be effective, or desirable, in some instance of coercive control.


This was seen as a discussion piece for a co-produced, action research informed approach to working with families where substance misuse and IPVA are cooccurring and the programme would run alongside and/or be integrated with current strategies for drug and alcohol reduction.

Figure 2: Adapted from Meyer (2017)



PHASE THREE: DOCUMENTARY CASE FILE ANALYSIS- CASE STUDIES

The case file analysis led to the development of four case studies (Yin, 2017) (each case study being based on the set of documents analysed, relating to a specific family). Case study design enables in-depth exploration within its real-life context, relies on multiple sources of evidence, and benefits from the prior development of theoretical propositions to guide data collection and analysis (Yin, 2017).



This begins with typologies and definitions and then reviews the recommendations from the narrative literature review within a chronological practice narrative. Links will be made with specific literature recommendations. Where the term ‘model’ is used this refers to the IFST model unless otherwise stipulated. The summaries below are presented, so later comment in this chapter can be contextualised. It is noted though that case records are based only on what was perceptible to the case worker, either directly or from other evidence gleaned from different professional and family sources – i.e. it remains a subjective understanding of events from the case-workers’ point, of view albeit professionally informed.

Each section will be divided into the major themes from the narrative literature review.

Case summaries

Case study A

IFST began their involvement at the end of August 2018 and worked with the family until October 2018(two months). The researcher was supplied with WCCIS notes (112 pages including all Children’s Services notes), as well as referral form, goal sheets, safety plan, and initial case conference notes.

- Initial presenting problem on the referral from Children’s Services was concern as to conflict in the house and effect on children. One child had hit mother.
- Mother’s previous children were removed due to neglect/alcohol misuse.
- Case files showed that at least 18 agencies had been involved (including agencies to whom referred, several different parts of a single agency, universal and specific).
- Children were seen at many points by varying professionals including IFST.

- The IFST interaction involved both children being present when interacting with parents, and specific well-being sessions with the children on their own.

Main themes

- Fathers account not available (in prison for assault on the older child and thereafter seemingly in hiding until the very end of the notes) but mother's account was that there was significant conflict in the house which, when pressed, agreed was damaging to children.
- On his release (and on bail) relationship had been continuing with father in contravention of children's safety plan and arrangements with Children's Services.
- Work with IFST started with a conversation as to the desirability of the mother maintaining the relationship with the child's father.
- Much of the work, however, seemed to be overtaken by the Department's need to move to Public Law Outline as a result of the mother not abiding by the agreement that the father does not contact the children.
- Arising complications, including working around issues of housing to support mother in a changed living situation.
- Changing accounts of what was actually happening in the mother's life, including renewed alcohol use, meant that a Care Order was made.
- The real nature of the IPCA was difficult to judge (other than what can be surmised over the father's seeming ability to persuade the mother to choose the relationship with him over that of the children).
- A Care Order was eventually made.

How does Case A fit with the typology?

There is insufficient evidence to categorise satisfactorily due to the hidden ongoing relationship/non-engagement. However, it could be surmised that there is controlling behaviour from father.

Case study B


This case is within the first intensive (4 week) period. Two documents inspected – IFST notes and referral form.

- Two other agencies were involved outside Children's services.
- Referral related primarily to domestic abuse (in terms of impact on children but included cannabis use).
- Alcohol use emerging as an issue as a result of engagement.
- Major focus of work was conflict reduction/healthy relationships.
- At this stage the children had not been seen by IFST (but were part of the wider child protection process overseen by the case accountable social worker).

Main themes

- High level conflict in the home mostly around the father's behaviour when using drugs/drinking seems to move into a form of social humiliation/control in the house aimed partially at maintaining the substance misusing lifestyle.
- Two agreed incidents of physical injury (one claimed as accidental) on mother and one purposeful on father by mother
- The broad scenario would suggest some movement from situational into coercive abuse by father, coinciding with particular patterns of substance misuse.
- The IFST intervention was new, so it is possible that further information may emerge.
- To date, significant progress to reduce the conflict and improve their mutual understanding seems to have been made.

How does Case B fit with the typology?



Originally situational but moving into elements of coercive control when substanceorientating lifestyle by father was in evidence, then followed by a possible move away from this when not using. Possible situational or resistant violence from mother.

Case study C

IFST involved from October 2018 to October 2019 (12 months). Documents inspected were Welsh Community Care Information System (WCCIS) case notes (IFST only including review results), referral form and case conference report.

- Children's Services referral asked for work on mother's alcohol use with domestic conflict emerging as an issue as a result of engagement.
- Major focus of work was mother's alcohol use and resultant conflict in the home, as well as meaningful engagement from both parents.
- Children were seen purposefully at the end of the intervention, life story work by unspecified other agency and referral to Miskin re boundaries was also noted.
- Twelve agencies were involved.
- History of at least one significant violent incident from father. Perpetrator suggests precipitated by substances to the point of 'amnesia'.
- One incident of 'grabbing her throat' during IFST involvement, again, when intoxicated.

Main themes

- Issue of conflict in the home likely to upset the children; mother has selfidentified and corroborated by others (children) that when she drinks she is confrontational and volatile, and of the two parents this seems the more ongoing issue.
- Both parties have been involved independently in violent confrontations/disturbance with third parties during the currency of the intervention.
- Participation in intervention from father felt to have been more open than mother's (corroborated by children's account).

How does Case C fit with the typology?

Situational conflict tied in with alcohol use from both parties.

Case study D

IFST involvement was between April and July 2019 (3 months). Documents inspected included WCCIS case notes, referral form, initial assessment and safety plan.

- Children's Services initially asked for intervention regarding mother's alcohol use although this seemed premised on the cessation of her relationship which then became a focus of intervention as well.
- Children were present at some of the discussions with mother (where appropriate), although case accountable social worker monitored them on an ongoing basis.
- Eight agencies were involved.

Main themes

- Mother's accounts and experience of his behaviour from professionals suggested that father may be actively manipulative, demeaning and controlling.
- Actual physical violence is with one exception denied by both parties, with one very serious instrumental assault denied by him and charges not pressed by her.
- Separate professional input re IPCA (Independent domestic violence advocate - IDVA) with continued concerns as to mother's alcohol use and father's overall level of control.
- Position regarding children remains unresolved as to re-unification.

How does Case D fit with the typology?



Coercive control from father.

Findings from case file analysis


Although the case notes were anonymised as to staff identity, their roles were not, and it was evident that they were written by two consultant social workers, one intervention worker and one support worker. Both consultant social workers and support worker would be in receipt of practice supervision resulting in an organisational overview of practice.

As stated in the methodology this process has not been to identify proof of efficacy but rather a recognition of the salient strengths and limitations of the IFST model in relation to substance misuse and IPCA. The notion of outcomes in this area of work is multifarious given the range of issues which are being managed and their capacity for persistence. They may however, in relation to IPCA, be crystallised into the following ten themes. Data are presented following the ten of the eleven themes identified from the narrative literature review. It should be noted that the IFST intervention provides intensive therapeutic family work and as such it does not currently offer a maintenance groupwork stage as recommended in the literature review.

While data is presented thematically it is important to note that sequencing emerged as a key finding. Some activities had to take place before others could begin. This highlights the need for engagement before participation, buy-in and change.

Case files tended to relate to either substance misuse or direct issues of safety to the children, and therefore often did not link directly to a reduction in conflict between partners.

1. Typologies of the presentation of IPCA




From the case file analysis it can be seen that the typology is broadly helpful and that the cases under consideration can usefully be discussed using the 'types' both as descriptors and as initial thoughts for practice approaches. Typology usefulness can however be mediated by:

- 1) The availability of relevant evidence (Case study A) – where relationship is hidden, whatever the rationale of either parent.
- 2) A sense that families may move from one type to another according to particular circumstances (Case study B). And even within the coercive control category there may be a distinction between different manifestations of this (for example, comparing B and D, the former overlaps with substance misuse, and conflict whereas the latter seems more driven by beliefs and possible pathology).
- 3) Particular events (Case study B: mother assault on father) could be said to be significant, but not representative of the larger pattern.
- 4) The typology can sometimes feel comparatively clear and definitive (Case study D) and is helpful as to the nature of the risk.
- 5) Relevant evidence often arrives gradually and in those cases the typology is often most useful in hindsight (i.e. the cases where significant evidence is not available at the start of the intervention).

When considered in relation to Recommendation 1 (see Phase two: narrative literature review), reference to the typologies often suggest what actions therapeutic and protective services need to take. However, cases are characterised by their complexity, including the sometimes shifting nature of the behaviour, the availability of the evidence and the consequent issues of safety, all of which interact within, between and across the types. It is this shifting complexity that IFST practitioners work with.


2. Risk assessment and motivation



For the purposes of this section risk is being discussed in relation to IPCA. Risk related to the safety of the children is specifically dealt with by way of safety plan in the IFST although this may or may not relate to the domestic abuse.

Case files revealed an iterative process of IFST intervention and risk assessment. For example, the notion of working with ambivalence (to change) was noted in case files such as Case Study A's relationship decisional balance sheets. Even where the behavioural outcome is not realised, the process enables respectful engagement and increased agency for the individual couple, as well as improvements in the detail and complexity of the information gathered. In each of the four cases an exponential increase in understanding of the more vulnerable partner was garnered as compared to notes of other professionals studied. In Case Study D this increased knowledge highlighted the degree of manipulation and intimidation as a contra-indication for this work as a therapeutic measure. The records suggested that the professionals involved felt that the safe exchange of information about their relationship could not be achieved without increased risk to the mother. Hence if the mother shared information or views which displeased the father the risk to her would increase. However, while the IFST model enables more effective assessment it is primarily a therapeutic tool which focuses on the process of change.


The degree and detail of identifying the personal narrative of the family members seems to be a clear strength of the IFST model. The robust skills in all the cases reviewed suggested a maximisation of engagement, promoting agency, and thus positive relationship-based social work (Ruch, 2012). This is of benefit as, either, where effective it provides a setting for behaviour change (including for the victim alone) or, where ineffective as to behaviour change, it provides an increased robustness in assessment of risk. Both seem to contribute to an improved final picture. In support of Recommendations 2 and 7, the IFST model is congruent Prochaska and Di Clemente's cycle of change (1983), motivational interviewing (Miller and Rollnick, 2013) and strength-based approaches (De Shazer, 1996). The IFST model of working is premised on the engagement of the worker with the individuals concerned, with a view to gaining their account of how they have come to be where they are. In this process relevant factors will emerge over time. While certain events will provide a starting point and the views of others may or may not corroborate these accounts, where engagement is successful there is an emergent narrative. Consequently, the notion of assessing risk at the outset as a static concept does not represent the emerging narrative obtained during IFST engagement. For



example, Case study A demonstrated that over time more detail was obtained from the mother. This revealed discrepancies between what she was presenting (leaving him), and her intentions to resume relations with her partner and her actions. While explicit IPCA risk assessments are not carried out (see phase four for further details), the work can provide Children's Services with detail that allows a more thorough risk-assessment. For example, Case Study A enabled assessment relating to separation, such as assessing ambivalence towards staying in the relationship, assessing change-talk, identifying actions such as those related to housing). Given that the risk to her and the children at this point seems to have been understood as related to this relationship, then there is a salient and central focus on risk.

In all cases the issue of IPCA was addressed as a salient factor, although the speed at which it was addressed had some variability. Some of this variability came from the initial concerns of the referring social workers (Case Study D), some had come from situations where engagement (with victim) appeared to be a pre-requisite before accurate information could be gleaned (Case Study A) and some arose from the decisions some couples had already made to address the issue (Case Study B). There was a consistent willingness for staff to broach issues such as 'control' with both partners. In this way, the nature of the conversation managed to address the common first response of minimising levels of conflict ('Mum said that she and Dad do argue as every couple do' (Case Study A) and maladaptive power-seeking (Case Study B) by introducing a more sophisticated sense of the importance of potential abusive/bullying dynamics within the relationship (Case Study B).

Two areas of risk activity were notable in their absence. Firstly, there are only standard safety plans completed by IFST in relation to the children (see Phase two, Recommendation 2) and not for the more vulnerable adult in the relationship. This is addressed more in Phase Four, but it may be that this is because a static assessment is seen as less illuminating, than the more nuanced ongoing understanding, with the avoidance of strict adherence to process, and orthodox technical-rationalist approaches to assessment (Kemshall, Fish and Coles, 2000). It is notable that there were times when concern as to risk was high and that interagency work was effective and influential in relation to the perpetrator. In Case Study D inter-agency work allowed for both a decision not to work with the partners together, and a real difficulty in creating an effective safety plan as between partners.




This was identified in conversation between IFST worker and mother regarding the father's inconsistent behavioural patterns. It may be that practitioner familiarity with family defensiveness (Gibson, 2019) leads to low professional trust in formal risk assessment vehicles, in comparison to what is available to them by way of interaction.

The second area of absence that was notable came from one, perhaps emblematic instance: Case Study A. A significant criminal justice agency was not allowed to reveal the address of the perpetrator to Children's Services and subsequently the date of release could not be provided to Children's Services and crucially to the victim. This has implications regarding the protection of vulnerable individuals and practitioner ability to ensure appropriate safety measures are put into place. More generally, the lack of formalised assessment and information sharing between agencies could lead to 'unknown unknowns' (Luft and Ingham, 1961) for Children's Services and the IFST. An advantage of a formalised risk assessment, as identified in phase two is its potential to act as a safety net. In particular, certain patterns of behaviour recognisable in cases of femicide (Monckton Smith 2019), might not be discernible without a full picture of all the available information, but this would require all agencies to provide the information as and when the situation changes. It is noted though that these shortcomings in communications arise from outside the IFST.

3. Whole Family Approaches

Following Recommendation 7, IFST practitioners must be equipped with the skills necessary to identify and monitor risk for partners and children so that whole family approaches are both safe and effective. In Case Study D, coercive control seemed evident and consistent by apparent consensus of professionals-so such approaches seemed unrealistic. In other cases, such as Case Study B, where either, movement could be established in terms of the perpetrator's views, or where the conflict was more situational, whole family approaches might have been an option at some later point had the children been older.


It is perhaps a consideration that such approaches may only become viable after a degree of certainty has been established. Where there are accounts from the individuals concerned that a risky relationship has finished and these are then contradicted by other evidence, progress is sometimes stymied because of the paramountcy of the children's safety. In Case Study C such a scenario initiated a



process through which progress was made. However, Case Study A suggested that at other times it results in professional questioning whether there is another narrative going on, which they are not being told about, such as where the partners are seeing each other despite denials and which is highly likely to be an obstacle to the safe reunification of the family.

Findings from the case studies showed that other organisations and colleagues from Children's Services such as IDVAs and IFST colleagues were called on, on a regular basis, to promote safety and progress. IFST interventions have a case-accountable social worker within Children's Services– an arrangement designed to ensure that risk management balances strength-based work (Laming, 2003; Dingwall, 1983). There was some evidence that timing is significant, for example in Case Study A, intervention from the IFST support worker for the children was useful and significant, but the reason for its timing (several weeks into the maintenance period) was not clear (although it is recognised, reasons for this may not have been included in the notes – if for example, the timing was simply a question of resource).

It is perhaps noteworthy that in relation to direct work with children, this is often carried out by separate IFST support staff with a view to the children's well-being and informing a wider picture of the family. There are perhaps two organisational points to be made to contextualise this. Firstly, the referral from the caseaccountable social worker asks for intervention in relation to parental behaviour around substance misuse, because that is what the model is designed to address (although clearly the rationale for that lies in children's experiences of such environments). Secondly, the case-accountable social worker will not stop seeing the children because of the intervention, the case-accountable social worker retains the risk overview, including an assessment of the well-being of the children. The relationship between IFST staff and case-accountable staff (see also Phase Four interview findings) is intended to ensure that a child-focussed set of outcomes are the priority (pursuant to the Children Act 1989, Social Services and Wellbeing (Wales) Act 2014). From the notes available from the social worker for Case Study A it does seem to be the case that (again where appropriate) the children's accounts are collected and form part of the ongoing family context in which IFST are working. Two further points need to be made in relation to this. There is consistency across the case studies that communicating the rationale of the effect of IPCA on children is the driving force behind the intervention (Case Study A and Case Study B). In fact, it is, if anything this issue rather than substance misuse or mental health that




predominates. However, involvement of children in the specific (IPCA) issue as part of an intervention with the parents is potentially problematic. Most of the discussions noted within each of the four case studies may not be appropriate for the children to hear in terms of content. Further, using the cycle of change as a template, it is worth noting that any parental changes mooted are often tentative and shifting, so exposure of children to the emergent change is difficult. It is noted that the intervention is very much the start of the process of change, so children's participation may be deemed safer when the family situation is more settled, depending of course on age. The case studies do not suggest an environment in which such involvement might, safely, have taken place.

4. Restorative Justice Programmes

One of the particular benefits arising from the IFST model where engagement and rapport with mothers and fathers is that it sets the groundwork for a whole family approach where all parties, including children, can participate to provide more comprehensive understanding of ways forward – and in this way become more nuanced and adapted to the particular family dynamic. All the case studies revealed the significant influences of the wider family, who were regularly noted as 'strengths' including grandparents, uncles and aunts. In this sense, while there are complex interweaving themes which include particular behaviours, readiness to change and timings of interventions, the overall structure of the model suggests a way of ordering and taking forward the range of issues within a family context. The feasibility of carrying out particular forms of a whole family approach, for example, family group conferences was not discussed in case notes..

5. Dedicated IPCA workers

Regarding the provision of separate case-workers for separate family members as recommended in the narrative literature review, this does occasionally take place and is helpful, e.g. Case Study D. The IFST model is also intended to take on the experiences of the family in its interaction with child protection services (Gibson, 2019) in which there is considerable benefit for one lead professional. To this end, IFST had, at its inception, been originally intended as the main therapeutic provision for these families during. The case file analysis suggests that this is no longer evident due to the range of very pressing needs for these families. If this is the case more widely, the IFST might want to re-establish this function. It is likely that families




already have input from health visitors, substance misuse professionals, other social workers, mental health, GPs, Police, Housing, IDVAs -See Appendix 3. This may serve to restrict the formulation of clear, coherent singular plans (albeit that the overarching plan is the one formulated by the case accountable social worker not the IFST). Further, relationships with each additional professional may suffer where families are subject to endless repetition and assessment. From the case study in phase three, an average of ten team/agencies were involved with each family. Moreover, the degree of complications associated with a child protection investigation is often considerable (housing, work responsibilities, medical, childcare, prison) so the chances of seeing both parents together at the start would be the exception.

6. Training and Development

The need for practitioner training regarding the inclusion of fathers was highlighted in the narrative review, the case studies revealed a proactive approach for the involvement of fathers for the children concerned. In Case Study B and C this was successfully achieved, so that active discussion around the nature of the conflict was entered into and progress seemingly made. However, for case Study A and D Children's Services' fears regarding the children's safety served to undermine father involvement. In Case Study A, the father could not be engaged yet the relationship seemed to carry on despite the related dangers, while in Case Study D despite father engagement worries as to child safety persisted.

7. Trauma-informed and therapeutic work

The nature of IFST involvement focuses on the internal lives of families and individuals. However, families are situated within a wider context that may include issues such as benefits and housing. Case files revealed that housing in particular, was a significant issue with which practitioners became involved, especially where it affected the actions and safety of family members. This suggests that before meaningful therapeutic work can be undertaken consideration must be given to practical issues, especially where they jeopardise the personal safety of family members. Consequently, the time and logistics of addressing these practical matters can serve to stymie IFST core work. For example, Case study A had at least 18 different professionals/agencies involved, all with fluctuating involvement for different purposes, all either taking or needing information, some needing sequential



involvement, others needing parallel involvement, some providing evidence as to risk, some relating to other support, some providing crucial services such as childcare, housing, schooling or medical needs. Thus, the notion of mapping pathways through services can become complex. The original IFST model was one in which the IFST staff member would take the lead key worker role, but this was not in evidence given the many pressing matters for families. Even though other professionals are primarily responsible for more practical matters, there seems to be a tendency, perhaps as part of the trust/relationship building agenda, of IFST staff getting drawn into these matters. Clearly, Maslowian factors (housing, benefits etc) may need to be addressed in the first instance, before other issues can be addressed, and IFST would be justifiably involved in trying to resolve such situations. As a result, even where the core activity is explicitly undertaken, there can be a sense of a very strong start having been made, but its potential for long-term maintenance being perhaps more open to question. This would correlate with research findings relating to an analogous study (Option 2 in Cardiff, Holland and Forrester, 2013) which although it related to substance misuse only, suggested therapeutic value being challenged in very complex families, with multiple difficulties and challenges, and where progress was hard to maintain.

In Case Study D the problems remained intractable despite IFST involvement. The reason for this was unclear. Drawing on findings from the narrative review, long-term factors such as trauma or childhood neglect may need to be addressed before the perpetrators can understand their behaviours and its effects on their partners and children. In Case Study A the trauma was extreme and acute, (involving previous removal of children and childhood sexual abuse) while in Case Study B it was longstanding and unaddressed involving childhood neglect and the subsequent removal of the child. It is perhaps interesting however that the response to the intervention between the two was notably different (with Case Study A seen as being evasive and unaccepting of issues leading to the children's removal and Case Study B seen as being receptive and proactive in their involvement with the intervention). While the IFST intervention may bring these issues to the table, the time available to address practical issues and childhood trauma does not appear to be available within the intensive IFST period of four to six weeks but rather suggests that more continued involvement is required once the initial crisis has been addressed.


8. Alcohol and Substance Misuse

Within the case notes there does not seem to be a notable difficulty in addressing IPCA either on its own or as part of a two-pronged approach (Case Study notes A, B, C and D). Indeed where, for example, issues of control emerge from more 'situational' scenarios, practitioners are quick to adapt their focus from substance misuse to address that issue. For example, in Case Study B - a throwaway comment at the end of interview 'she's the boss' seems to have led to a resumption of the session, as it provided an opportunity to explore issues of control between the partners. However, in two of the Case Studies the alleged perpetrator was not available for initial comment so 'addressing' would have related only to decisions for their partner, usually in relation to whether the relationship can remain ongoing. Where both were available the option of seeing them separately was exercised, if not immediately, then early in the intervention (Case Study B).

The case files revealed the use of particular activities which support the use of the transtheoretical cycle of change model (Prochaska and Di Clemente, 1983) to map the process of change and an indicator of relevant discussions to achieve that change. For example, the decisional balance sheet in Case Study D reflects the contemplation stage.

However, for IFST interventions there is the added complexity of inter-relationships between mothers and fathers in addition to the substance misuse. Figure three illustrates a potential conceptual model of the complexity of change when working with IPCA.

The complexity of inter-relationships between how it applies to substance misuse and IPCA needs to be acknowledged. This is complicated by the question of which person one is discussing. See diagram, Figure 3, in which some of the complexities of one particular task (empathy work) for one partner is outlined. Despite, this, the perspective can remain a useful one, in particular, when considering sequencing.



Based on this model, the findings showed that:

Case Study B: the change patterns seemed to be synchronised between substance misuse and IPCA (and both parties seemed to be at the action stage at the same time, but in relation to different targets; one substance misuse, the other IPCA).

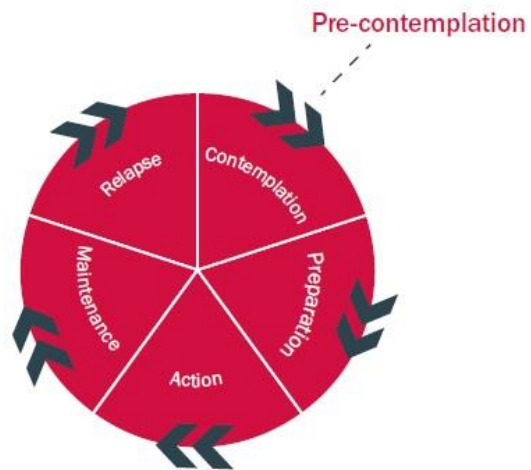
Case Study C: the partners were, at different stages (mother was at the contemplation stage while father was at the action stage) so there was a sense of clarity as to what next steps the intervention might take with each individual.

Case Study D: At the other end of the scale the risk profile did not allow the question to arise.

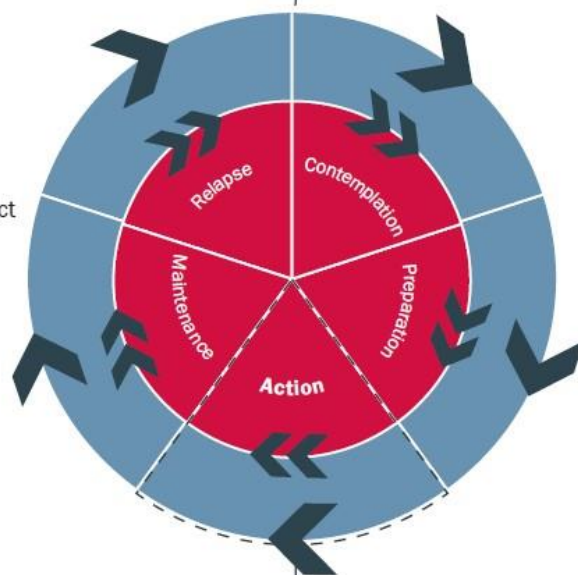
The transtheoretical model is beneficial for both IPCA and substance misuse. However, we have developed a transrelational model which considers more of their interaction – the usefulness lying in its capacity to encapsulate the complexity and interaction of both the issues and of both people concerned.

Figure 3: Conceptual model of the complexity of the process of change involving inter-relationships

1 Cycle of change



2 Contextual impact of change on e.g partner



See part 3 for Action phase

● Partner A
● Partner B

3 Action

Task re empathy

'I will take an active note to think about how my actions make him/her (Partner)'

'I will check this out with him/her'.

A hopes and anxieties

Positives	Ambivalence	Negatives
First step to a better future		Fear of the unknown
Making progress		Fear that you can't live up to expectations
Reconnecting with someone I value		Fear of the others /anger and own guilt
		Fears over loss of control

B hopes and anxieties

Positives	Ambivalence	Negatives
Progress and rediscovery		Am I being manipulated?
Being heard or understood		Can I trust it to last?
Being able to articulate nuance and depth of emotion		Are you really strong enough for this?
		Anger at the new 'moral high ground'
		Fear of the unknown

A ongoing reaction

Positives	Ambivalence	Negatives
Achievement, pride self respect		Resentment/anger at efforts going unappreciated
Improved understanding		Loss of control
Improved ability to manage conflict		Shame, depression anxiety
		Increase of maladaptive coping strategies (eg substance misuse)

Ongoing dialogue




9. Relationship problems

Case file analysis revealed that many of the relationship orientated areas identified in Phase two are already being addressed (with the exception of Case Study D), and are seen as central to progress. Given the timing of IFST involvement (typically directly after child protection intervention and thus at a moment of crisis), the managing and prioritising of the various areas of work was a feature of several of the case studies. Case notes suggested that before this work can begin, IFST workers must garner understanding of the individual's narrative and demonstrate their understanding in order to achieve buy-in from the family member. Relationships emerged as key to creating an environment where sensitive issues could be discussed such as anger, empathy and intimate relationships.

10. Parenting skills and abilities

Education, in the broad context of conflict, has significance for the protection and positive parenting of children. Case file analysis suggests that the effect of parental conflict on children's wellbeing and development is a central message for parents from these practitioners and is crucial to the rationale of the IFST involvement. Case studies A and D highlighted that before the issues of parenting skills can only be addressed basic safety has been established. In turn, this can only be achieved once an honest dialogue is established. As a result of these overlapping considerations, the agenda of the intervention is often more driven by the (understandable) fears of referring services, rather than by the families. However, the structure and therapeutic rationale is one which promotes agency (and therefore self-efficacy) on the part of the family members. As a result, there may be tensions that play out in a number of ways. In some cases, the educative component regarding healthy relationships fits neatly into the intervention pathway (Case Study B) where links to Women's Aid had helped thinking around the nature of healthy relationships at a time when the individual was receptive to such ideas. In some cases IPCA and healthy relationships was specifically carried out by the case-worker with the result that the issue is successfully raised, but is a matter of proposed ongoing work e.g. through referral to the Freedom Programme (Case Study D). Sometimes it is raised without successful outcome (Case Study A – where Children's Services' case notes suggested that she was seen as prioritising her own needs over the children).



Education can therefore be helpfully understood within the cycle of change in that simple provision of information to those who are unprepared for change is unlikely to be influential, however well-informed. It follows therefore that the engagement process of motivational interviewing and the retention of the notion of agency and personal narrative remains an important precursor for 'education'.

Summary of findings


Case file analysis revealed IPCA typology is useful but complex and shifting so care should be taken that it is not used prescriptively. In terms of optimal target group for the IFST, ongoing work sits largely within the 'situational' type although flexibility within the typology needs consideration as some aspects of conflict (for example 'control') can have a dynamic, fluctuating nature.

The extent and fine grain detail of information gathered by IFST exponentially improved the knowledge base of families and informed a more dynamic understanding of risk. The analysis revealed some difficulties with information sharing from outside agencies, which could undermine a fine grain understanding of risk. Currently, where there is a more vulnerable partner or victim, there do not seem to be safety plans drawn up as a matter of course

The number of organisations/agencies involved with families was up to 18 and this could be bewildering for families.

In some case IPCA only emerged after the referral.

Practitioners move seamlessly between substance misuse and IPCA. The case files revealed the use of particular activities which support the use of the transtheoretical cycle of change model (Prochaska and Di Clemente, 1983) to map the process of change and an indicator of relevant discussions to achieve that change. However, the situation is far more complex when working with both substance misuse and IPCA and a transrelational model might be a more useful tool to consider.




Case file analysis also revealed that there was often a strong, and very frequent, sense of the presence of previous trauma remaining unresolved (Recommendation 8). This, in combination with the relapse potential of many of the patterns of behaviour under consideration, remains a concern. However, the active involvement of other agencies suggests that where necessary those agencies, such as CDAT, Women's Aid, DRIVE provide continuing support following IFST intervention although not as intensively. The importance of the availability of trauma informed provision for adults is vital (Levenson, 2017).

It is notable though that despite the complex lives of the families, what these case studies suggest is that there are some scenarios in which the intervention offers a point of difference and is actively helpful, that for all cases it offers an optimised opportunity for relationship based interventions (Ruch , 2012; Trevithick, 2012), but that a combination of factors involved in the short-term nature of the intervention (three to six months), and the sometimes ingrained nature of the personal or family issues, can present significant obstructions to progress.

Findings Phase Four: Semi-structured interviews with staff

Experience of team members

As noted in the methods phase, the staff involved have significant levels of experience of working with the IFST model. Although only one member of staff had separate experience, working solely with IPCA : the entanglement of IPCA and parental substance misuse in Children's Services' caseloads (Casserly, 2013) is such that relevant experience was extensive for all interviewees. One could conclude that this is a very experienced team committed to working with IPCA. Members of the group have also variously delivered Perpetrator's Programmes, Freedom Programme and Caring Dads programmes . They have all co-worked with a range of IPCA and domestic abuse agencies across the spectrum. In addition, the team show evidence of cross-pollination of expertise within the group, providing a rich resource base from which to draw from.



Interview data addressed seven of the ten themes identified in phase three. Because the interviews were semi-structured and fluid (Bryman, 2016), not all themes were discussed as participants focussed on issues perceived as particularly important to their daily work. The interviews therefore were not linear, nor a check list, but involved more of a reflective dialogue. In particular, risk assessment was a particular focus for much of the discussion.

1. Typologies of the presentation of IPCA

Participants supported the use of typology. However, they noted that:

1. there are overlaps and dynamic behaviour patterns between types (Interview 4) that are crucial to note
2. that different but, perhaps analogous descriptors (e.g. interviewee 3 'cold' and 'hot' abusive behaviours) are sometimes preferred


The natural area of discussion lay around areas in which progress was thought to be feasible and for whom referrals were likely to be received. Most of the discussion in these interviews related to scenarios where the couples expressed a wish to remain in the relationship (as also reflected the documentary analysis).

2. Risk assessment and motivation

All interviewees noted that the context of IFST risk assessment needs to be understood in the wider organisational context of functioning as part of Children's Services. In this context, IFST staff are very cognisant of and cautious in relation to risk,

'So I would never want to put someone at risk by meeting you know potential perpetrator and victim for the first appointment and you know increase the risk to the victim'. (Participant 2).

'I would meet with the couple separately first and then depending on what they say in those meetings really I would bring them together. And a lot of people, some people wouldn't bring them together' (Participant 4)




It would seem that most couples were seen separately at the beginning of the IFST intervention, albeit by the same worker. Risk is to be overseen by the 'caseaccountable' social worker. The interaction between the social worker and IFST staff is a central mechanism in achieving a crucial balance between optimism and realism (Care Inspectorate, 2016). This can be described as the need to incorporate both the immediate safety of the children and the prospect of families staying together with improved child well-being as the optimal outcome. Within the Children's Services' processes, IFST would expect to be appraised of IPCA known to the social worker at the referral stage. In practice, the extent to which this occurs was described as 'variable' (Participant 1).

The question of risk was a primary consideration for all interviewees and the relationship with the case-accountable social worker was central to the work,

'Those lasting relationships between workers that you can trust, where you can go, you know when someone picks up the phone and there's certain workers when they pick up the phone and you go, I've worked with them long even, though in different teams, and I just know that if they're concerned we need to be concerned and vice versa; they trust us, we trust them'.
(Participant 1)

The notion of trust emphasises the importance of accumulated, mutual understanding of risk as it applies to 'the complexity of lived professional action' (Kettle, 2017) involved in child protection scenarios.

Participants perceived the process involved in arriving at a shared understanding to the dynamic picture of risk as important for good practice, where professional expertise is pooled to balance optimism and realism. However, they perceived limitations in the risk instruments that might be seen to promote rigour in this area but I don't think sometimes a lot of the proformas have context. And I think what we do is add the context because risk, a risk statement alone could be manufactured to be worse than what it is or less than what it is. And it's only when you've got that context because when I go and I'll speak to somebody who has perpetrated violence, (Participant 4).



The importance of relationships with families (Ruch, 2012; Trevithick, 2012) emerged as essential to informing assessments of risk whilst undertaking the intervention. As seen in phase three, as a short, intensive service, staff are adept at building good relationships quickly. Participant 4 described how current IFST practice supports this process of building relationships and understanding the family perspective,


‘The beauty of what we do is in the conversation, you can get the same information with the context...more so than you can get with the tick box’.
(Participant 4)

Hence, the first step in risk assessment and intervention is to gather the family’s account of the events in question,

‘You build relationships with families or with a person quite quickly and you are able to have difficult conversations’. (Participant 4)

This degree of detail is crucial to a maximal understanding of the risk involved. For staff, this leads to tension between the need to foster a good relationship with the family, to support the families to improve things, and their child protection duties if sufficient progress has not been made, necessitating the removal of the child (Murphy et al. 2013). Children’s Services’ work is arguably not as reliant on fostering good relationships with families. The potential that conversations with the family may reveal factors that could exacerbate alarm from Children’s Services would nevertheless be included in the working agreement between IFST and the family. The IFST involvement is designed to maximise a detailed understanding of the risks, so that they can be addressed appropriately.

IFST shares the WCCIS database and as such has good access to whatever information is recorded by Children’s Services. Within the Children’s Services’ processes IFST would expect to be appraised of risks in relation to IPCA at referral stage where it has been noted or is known about by the social worker. The quality of this, however, is described as very ‘variable’ (interview 1). This is an issue of information gathering and referral rather than information sharing,



‘Some of the disadvantages that we have is the information that comes through on the referral, it’s very clear the attitudes and beliefs in them’.
(Participant 4)


Thus, it is felt that some of the information provided is very partisan, although the importance of the extensive initial consultation with the social worker will provide strong levels of communication and information transfer. It is perhaps noteworthy that this significant strategic discussion initiated by IFST staff, in an IFST referral is very different to a simple paper based exercise which is common in referrals to other agencies and where information sharing has often found to be wanting (Rees, et al. , 2019).

Participants perceived the detail, extent and underlying quality of the overall Children’s Services risk assessment as improved by the IFST intervention, by the gathering of fine grain information from families. The combination of this with the level of communication with practitioners, ‘I think our communication with practitioners is very good’ (Interview 1) suggests that the engagement strengths of the IFST results in improved internal risk assessment. This is further bolstered by the appropriate understanding of strength-based work which can have a pragmatically specific risk-orientation, in that strengths must constantly be balanced against risk,

‘Strength based work is only strength-based work when it offsets risk’
(Participant 4)

Thus, the importance of the fine balance of strengths versus risks in families risk was seen as invaluable. In this sense strength based work may usefully be distinguished from ‘the rule of optimism’.

Following Case Study A findings, where details regarding the offender’s release data and residence had not been passed to Children’s Services, participants discussed the reality of working with ‘unknown unknowns’ (Luft and Ingram 1961). Without knowledge of this, IFST staff highlighted that they would not know to ask about events relevant to escalating risk (Monckton Smith 2019), such as, a deterioration in offender behaviour, if this took place without their knowledge.



The general response was that access to such information from other organisations was patchy at best,

‘I did a call the other day and they wouldn’t give me information because the father wasn’t there’ (to give permission for the information to be shared (Participant 2)).

The assumption was that a provision of relevant information within Children’s Services more widely was good, albeit variable at handover as noted earlier. IFST access and use the same Children’s Services data base –WCCIS, but as Participant 1 noted information from criminal justice was less reliable,

‘I want to say that they (criminal justice agencies) do (share relevant information) but I can’t say with 100% confidence that they do’.


This worry that was exacerbated by a further comment from Participant 2 about criminal justice agencies’ reported increased reluctance to share information at child protection conferences,

‘The police have been again less and less willing to share things in conferences unless they are like right yes I’ll share that, I won’t share that. But yet the man has been violent potentially like down the line years and years’.

There was, in addition, an instance recounted by Participant 4 where a member of IFST staff visited a family only to find an individual who was a ‘known risk’ (to

Children’s Service staff) present ; clearly this was information that should have been passed on by Children’s Services. Even if some lack of information sharing may be explicable for legal reasons (e.g. GDPR, 2018), it is nonetheless an unhelpful contribution to the overall information picture, and stands in contrast to the usually detailed, pro-active and updated information flow between IFST and social worker.

In relation to questions about standardised risk assessment forms there were mixed views. Whilst they may serve to record basic information there was concern that reliance on pro-forma assessments might restrict the detail of information included and inhibit the importance of understanding the family narrative. In doing so, participants highlighted the potential for risk aversion to emerge as the key driver,



and the levels of certainty that social workers might look for before interventions can continue,

‘...and the social work manager is saying ‘well how do we know that this isn’t going to happen again’. How do you answer that with any level of certainty?’
(Participant 2)

Thus, IFST workers saw the information from families as being a vital aspect of risk assessment.


The concern of all interviewees was voiced in terms of past events, which can never ‘unhappen’ and can be taken as an unchanging indicator of likely future behaviour. Thus, presenting a challenge to the notion of therapeutic interventions and the belief in possibilities for change. For clarity, rather than dismissing the importance of previous behaviour, though, it was clear in interview that practitioners were seeking to identify a degree of balance between this aspiration for change and the importance of understanding past behaviour. As Participant 4 expressed when recalling a conversation with their previous Children’s Services manager, a failure to work in a way which is open to change means ,

‘We’re making these children more unsafe, we’ve separated them and they (parents) are lying, they’re going back together and we can’t control that because we’re penalising her for their lives rather than working with them as a family’.

The point here is that using risk as the only driver is ineffective both for the task of bringing about change and, ironically, for the task of protecting children, when families feel they cannot be honest and open.

3. Whole family approaches

The findings from the narrative review suggested that in exploring outcomes, consideration should be given as to how outcomes relate to both the family as a whole and individuals. Firstly, most interviewees reiterated the IFST ‘model’ could not be understood as standing independently from immediate and broader



organisational structures of Children's Services in which it exists. This point is made earlier in this section in relation to risk assessment, but also applies to the question of intervention. So, for example the use of the 'goal scoring agreements' (the method of measuring outcomes explicitly include the family, IFST worker and the case accountable social worker= and where the family are significant in helping to measure this. In addition, professional relationships, between Children's Services and IFST are crucial to the functioning of the system. This is significant in that the differentiation between substance misuse and IPCA is that the uncertainty and nature of risk around IPCA which is reported to raise risk adversity among Children's Services staff,

'And I think there's a sense, not across all teams but there are some teams where we, where the social worker and the manager are trying to completely you know eliminate, totally eliminate risk'. (Participant 1).


5.Dedicated IPCA worker

The arrival of a colleague with recent experience of working with IPCA outside of the IFST model had helped bring the direct work skills, additional expertise and knowledge of relevant therapeutic literature to the team. This was perceived as complementary to current work,

'Myself and ... have had a lot lately where I will kind of go in and do the preliminary work and hence held over four weeks, and still have outstanding pieces of work more relationship based and I think I've done it for the last three of my families, and I will refer them onto Mark for longer term work because he hasn't got the constraints' (Participant 4).

It's utility seem to lie in the continuum of work, where therapeutic work continues after the intensive phase. This therapeutic longer term work could be developed further, but not without IFST having more resources.

It was significant as the lack of familiarity with the specific IFST model highlighted analogous thinking to colleagues, despite different background and influences



(Fonagy, 2012). Despite the differences in background there seemed to be willingness to work at new ways of thinking for all parties and learning from each other,

‘I think working with X has opened my eyes as to the complexity’.
(Participant 2).


The narrative review highlighted a risk of having a specialist IPCA worker being that other staff members deferred to that professional. None of the interviewees described deferring to the new worker with experience of specialist IPCA experience and saw them as an asset and capacity building to the IFST team.

Recommendation 6 from the narrative review suggested that partners be worked with by separate members of staff within IFST. When asked about having separate input by different members of IFST staff for different family members, participants highlighted that that families may already be working with multiple professionals. As shown, Case Study A had 18 professionals/agencies/teams working with the family, and all of the four case study families had an average of ten. Hence, participants were wary of introducing yet more professionals to the family, as this could serve to complicate things further.

There are a range of services outside the IFST providing substance misuse and IPCA but these are described as very different, with a range of well-established agencies available in substance misuse and a more limited and insecure provision relating to IPCA. This discrepancy applies more to IPCA work with couples, rather than provision for victims or survivors of which there seems to be a broader range of community resources – see Appendix 3. Participants described an active preparedness to access and collaborate with other agencies (Interview 3), i.e New Pathways and substance misuse agencies, as long it was clear that the needs and wishes of the family would be reflected in the work carried out by the agency (Interview 4). One participant (Interview 2) felt confidence in this last point was not always high.

6. Training and Development

The narrative review identified that practitioners may be biased against fathers due to their work with mothers or in a bid to protect the child. Therefore, training is needed to ensure that practitioners can manage both the risk and resource of fathers



(Stover and Morgos, 2013). Each of the participants provided an account of their work in which the lives and contributions of fathers were central,

‘I say fathers in the loosest term because obviously statistically it’s not only fathers who perpetrate, but we do work with a large group of fathers who do and what I find in my work, sometimes we’re the only person who’s asked their view’ . (Participant 4).

The implications of this were further developed by Participant 2 where note was made as to the need for both parents together in relationship work, where there is a tendency for separation,

‘...mum will attend the Freedom Programme, dad will attend the perpetrator programme’.


There was a strong sense that they worked more closely with men, appreciating their role as fathers, far more than many other professionals.

7. Trauma-informed and therapeutic work

Perhaps the strongest theme is that while the disciplines and strategies within the IFST model are useful, the structure (in terms of timing and focus) was less helpful when it came to longer term issues. In line with the findings from phase three- all participants noted that when there are,

‘patterns of a lifetime of communications, of traumas that they’ve experienced. I don’t think motivational interviewing really goes anywhere near that’.
(Participant 1)

The potential for the complex ongoing work was sometimes assessed as necessary and sometimes started, but rarely sustained because of the short time frames available within the IFST model. The timing and structure of the intervention (with use of a prescribed intensive period) may be one issue and, in the case of traumabased work expertise may be another. In relation to time available to dedicate to trauma informed work, Participant 4 pointed out that,



‘a significant proportion of the intensive ‘window’ can be taken up with logistical and access issues’

Findings from Case Studies A and C appeared to substantiate this view. Even where there was a ‘clear run’ (Participant 2), a note was made of the difference in time scale between the intensive IFST and say the Freedom Programme which runs over a longer period, usually 11-12 weeks.

8. Alcohol and Substance Misuse


The narrative review highlighted the importance of dealing with IPCA and substance misuse in tandem, rather than targeting each in isolation (Easton et al. 2017; Lam et al. 2009). The participants noted the differences between substance misuse and IPCA, when working with both together. The first distinction that was made as between substance misuse and IPCA related to clarity. Substance misuse was seen as fundamentally more measurable and individualised (i.e. that it was more related to one individual’s personal behaviour only, although related to social networks),

Substance misuse (is)attributed to a specific person...the owner of who the problem is, is easier to hold onto... there’s an element of uncertainty around substance misuse but there’s an even greater element of uncertainty of it around domestic abuse. (Interview 1).

As Participant 4 puts it, the IPCA dynamic has more variables,

there are two people with two different values...beliefs...ways of dealing with things... experiences.

One aspect of this dynamic might be the exercise of power between partners. It is notable from interviews that power is likely to form a part of the subject area for discussion. Indeed, from the case study phase of this research it seems that where the opportunity arises to address power and IPCA, the IFST worker is alert and assertive in response. The ease with which substance misuse can be raised as a specific problem was seen as a strategic means of access to more personal and




challenging conversations of which IPCA are a part (Participant 4) and so both could be addressed together.

Interviewees were asked whether there were additional hurdles relating to the ease of discussing IPCA as compared to substance misuse. The view as to comparative stigma (Goffman, 1963; 2009) of the two issues was varied, with some recognising as influential the normalisation of some substance use (like alcohol). Although the point was made that mostly ‘perpetrators’ do not see themselves as ‘abusers’ and that in any event the general social marginalisation of some of the families concerned was such that social stigma is not something they would be worried about (Interview 3).

The complexity in IPCA work centres around the fear of destabilising the relationship and causing increased volatility (Participant 4); this has often been a concern of practitioners, especially when working with couples together, in that they may make one partner more vulnerable by asking them to disclose abuse (Golner et al., 1990). This is a consideration of less concern in substance misuse. Despite these differences between substance misuse and IPCA there were some very clear strengths which practitioners felt were cross-cutting and helpful in both arenas,

‘In terms of engagement the model is pretty good’ (Interview 1).

The benefits regarding risk assessment in IFST have already been discussed, and arguably if the IPCA issues are more difficult to discuss, then the primacy of engagement skills becomes of additional value. What follows from this is a nuanced sense of what is of value to the parents in attempting to help them identify their needs. This also feeds into the comments made in interviews 3 and 4, that the separations between issues of IPCA and substance misuse are often false, as they are so intertwined – a point which one practitioner was clear that needed to be distinguished from the unsustainable notion that substance misuse, of itself, causes IPCA, although clearly there is a strong correlation. This sense of entanglement led to the suggestion that what is therapeutically helpful is for the participants to see their ‘relationship’ as something separate, that both partners can contribute to. Participants saw the cycle of change as a helpful model when working with both IPCA and substance misuse, as individuals would be moving through the different cycles of change in relation to each issue, both separately, but the impact of each person’s journey would have an impact on their relationship together. An example of



how the complexity of some of those conversations might play out is contextualised into the Cycle of Change in Figure 3.

There are therefore perceptible benefits by use of the IFST model to IPCA work, despite the increased challenge of applying any one model to such a complex area. This would seem to echo the findings of the documentary analysis. However, caution over finding a simple solution to a complex scenario was consistently expressed.

The issue of staff confidence in addressing IPCA (in tandem with substance misuse) is worthy of consideration. The documentary analysis suggested that staff were indeed pro-active as to the issue. Particular areas, such as issues of 'control' and gender, seemed to be something of an area which would be among the 'basic' considerations to be examined with the couples,

'Doing some work around domestic violence and power and control and you know the sorts of basic stuff that I would always want to have been able to do'. (Participant 3)


It is perhaps to be expected that experienced and reflective practitioners provide a degree of nuance when discussing their own confidence. The areas of confidence were significant across interviewees and they included that they,

'feel confident in building that relationship with that family...where (you are able)... to have those conversations around domestic violence'. (Participant 2)

'I am one of those people who is not as frightened due to relevant work experience'. (Participant 4)

The significant variable however lay within the families concerned. The staff confidence to bring about change may be there, but only where the configuration of strengths in the family suggest that the work might be productive,

'the best that you can hope for is that someone to be thinking yes I want things to be different'. (Participant 1)



For other families, though, this might not be the case. In addition, despite overall feelings of confidence, actual feelings of fear may arise either where intimidation may be present,

‘How do I bring up a conversation with someone who is big and intimidating?’
(Participant 3)

The challenges brought about by fear of intimidation might be addressed by further training in working with involuntary clients (Trotter, 2006) and aggression, albeit that this is a staff group with considerable experience around conflict.

There also fears over risks of the consequences of destabilisation as a result of intervention. For example, where empowering a vulnerable partner,


‘...and she becomes a little bit stronger from the conversations and starts challenging, then that’s going to like . like destabilise his, or her, values and views. And then in order to assert power ... Do they (controlling partner) up the ante then’ (Participant 2).

Motivational interviewing techniques however are specifically helpful when addressing denial (Duluth - Wheel of Power and Control, see appendix 1) in cases of IPCA and drawing out ambivalence.

Given that this issue of confidence percolated throughout the interviews in tone if not in content, perhaps a summary was best articulated by Participant 3,

‘I can never know enough as a professional...but I am 100% sure that you will get something back from having made the referral’ (to IFST).

That is to say, there is tangible value that, even in the worst-case scenario, to know that a skilled, experienced professional has tried to make a connection and failed, means that for Children’s Services relevant avenues have been explored. One might characterise this as confidence in some of the major building blocks of the area of



activity, but also as a reticence to over-claim in an area which is fraught, complex and uncertain.

Summary of findings


The interviews summarised many of the complexities of IFST work, and as staff recognised,

‘There is pressure to really find quite simple solution to a very complex issue here and I don’t think its exists: I think it is a bit of a unicorn. There is no one specific model. (Participant 1)

The major focus of the interviews was risk assessment and the importance of a more detailed, nuanced and dynamic assessment of risk within families. Participants were cautious of formal risk assessment tools, which focused solely on past events which are unchanging and cannot be undone. As Children’s Services are case accountable it is perhaps not surprising that they are far more cautious and risk averse. IFST staff all felt that rapport and honesty helped families not to hide the difficulties they were facing, and that their approach did not drive problems underground. Information sharing was seen to be problematic from some outside agencies, in particular criminal justice agencies.

Staff recognised the importance of taking a strength based and motivational approach when working with IPCA and these are transferable skills from working with substance misuse. Staff also saw value in the transtheoretical cycle of change when working with IPCA. Staff however recognised there is also a more complex dynamic when working with both substance misuse and IPCA, in that the focus and impact of the work would have a knock-on for both partners. This is illustrated in the development of the transrelational model of change. Many of the tools and exercises utilised within IFST are valuable and helpful for working with IPCA. Staff benefitted from having a team member with specialist IPCA skills, although they were not tempted to defer to their knowledge. All team members felt confident in addressing IPCA, although not overly so, and were still able to recognise feeling intimidated on occasion.

As with the findings from the case file analysis, participants noted that a combination of factors involved in the short-term nature of the intervention (three to six months),



and the nature of the personal or family issues, can present obstructions to progress and that not all referrals would end in success. They also noted how much time can be taken up with the logistical and access issues, which often left little time for issues outside of substance misuse and IPCA.


CONCLUSIONS AND RECOMMENDATIONS

Some of the recommendations from the narrative review are already being implemented by IFST.

It is important to recognise that IFST operate in an organisational context in which they actively provide the opportunities for families to re-establish safe and healthy relationships while managing risk.

IPCA typology is useful but complex and shifting so care should be taken that it is not used prescriptively. In terms of optimal target group for the IFST, ongoing work sits largely within the 'situational' type, i.e. without obvious coercive control, although flexibility within the typology needs consideration, as some aspects of conflict, including control can have a dynamic, fluctuating nature.

Organisational influences come to bear on who the IFST may work with. The degree to which a balance between risk and the potential for change within the relationship is influenced by the referrers (Children's Services) and thus what can be achieved is



strongly influenced by these professional relationships, contexts and understandings. When considering this balance (risk v potential for change) there is a need for all to incorporate the understanding of the down-side of simple risk averse practice (i.e. that the actual risk may over time increase as a result of becoming hidden and persistent).


The IFST model is operated by a very experienced group of professionals who promote engagement and thereby increased the opportunities for the families in question to articulate their wishes. This would be with an orientation towards allowing agreed change to emerge from skilled dialogue. In this it seems to provide a powerful tool whether applying to substance misuse or IPCA.

The pathways through service suggests the importance of sequencing particularly in relation to some of the recommendations from the narrative review, and for these to be implemented at the most appropriate stage of the cycle of change. The use of the cycle of change combined with motivational interviewing can help individuals to move around the cycle of both substance misuse and IPCA. However, in the case of IPCA involving a dyad, the intervention has a particular complexity with two partners potentially changing at different rates and in different ways (see Figure 3- the trans relational model of change).

IFST are undertaking education around healthy relationships and conflict, and readily addressing IPCA behaviour, in contrast to many other workers as found in a recent study of domestic homicide reviews in Wales (Robinson et al., 2019). IFST staff manage to maintain a therapeutic perspective even when working with IPCA.

IPCA sometimes only emerges once engagement with IFST begins, for example, in Case Study C.

There was evidence of direct work with children by Children's Services in three out of the four case studies (phase three). Direct work with children by IFST was only identified in one of the case studies; where this occurs, this work is usually undertaken by the family support worker. It is important to note that Children's Services are case accountable for the child/ren and that risk assessment will be ongoing by them.



Ambivalence on the part of families, is ubiquitous, especially in cases where there is IPCA. This ambivalence fluctuates, often moving back into denial and forward again; a therapeutic and motivational approach is thus particularly helpful when engaging in IPCA.

The realisation that children's services' involvement with a family will trigger multiagency activity to an extent where the logistics for the family become difficult, more than one therapeutic input around the same theme (i.e. separate workers for different partners) could potentially be more challenging. Although it is to be noted that partners are seen separately, albeit by the same worker, at the beginning of the IFST intervention, and when the need arises (Case Study D).

It was notable how many organisations are involved with some families; in Case Study A this was as many as 18 different teams/agencies (on average ten across the four case studies). In these circumstances, it is difficult to co-ordinate and progress so many strands of work, all with potentially differing aims. The initial model placed the IFST as key worker, and the team might want to revisit or re institute this, if it is no longer in operation. The motivational/engagement work with IFST should facilitate motivation, but it is imperative that there is a clear focus and goal which does not conflict with those of other agencies.

One of the recommendations from the narrative review was for a specialist IPCA worker. The team does include such a post, and colleagues seem to benefit from the in-depth and complementary skills and knowledge brought by this post. The role involves some capacity building of other workers, who have been exposed to different influences on the topic, resulting in a sophisticated approach to practice. One limitation of such a model found in the literature was the possibility for workers to defer to the specialist worker, but this was not seen within the IFST .

A potential toolkit for IFST model when working with IPCA is comprised of individual and structural components and to include,

- Practitioner skills of motivational interviewing, cycle of change and strength based practice.
- particular exercises – preferred futures, values cards, strengths cards, decisional balance sheets , arousal traffic light exercise and therapeutic letters (all identified in case file analysis).

- Whilst we were not able to audit all tools utilised by IFST, an explicit exercise around empathy mapping might be helpful. It is clear that the team are well able to generate creative and innovative tools to address most aspects of practice.
- Planning tools, for example, safety plans, goal identification and scoring sheets (as noted in case file analysis); all of these are helpful, when working with IPCA.
- Process tools – referral in process including significant interaction with children’s services’ social worker, IFST reviews, use of goal scoring.


This is not exhaustive and does not include tools available for support workers in direct work with children.

Recommendations

1. Information sharing

Where referrals are from within children’s services, standards are variable. Extensive discussions with social workers at that point are to be recommended. It may be that this conversation may be supported by an ‘aide memoire’ specifically in relation to IPCA related risk to partner, if the child is already covered by safety plan. This would be helpful baseline (for current and new staff) as it provides consistency in information exchange.

IFST to consider the effectiveness of inter-agency information exchange particularly re Criminal Justice Agencies. In the first instance this may need to be a high-level approach to the relevant individuals. It is recognised that most of these decisions are to be made outside the IFST and are thus not within its powers – however it is also



to be recognised that IFST are in a strong strategic position to reduce risk where provided with appropriate information.

Information sharing protocols with outside agencies, should thus be reviewed and clarified, especially in light of General Data Protection Regulation (GDPR, 2018) which may have made agencies more cautious. Multi-agency training around this area of GDPR would be helpful.


2. Risk assessment

IFST is excellent at building a nuanced picture of relationships and therefore risk. This information gathering could be supplemented by more formal risk assessment procedures at the beginning of engagement and at points of review, which would involve collecting data from outside organisations, especially criminal justice. If these were regularly reviewed this would trigger more regular information sharing to ensure IFST are appraised of changes. This could be seen to be a gap in processes, but we are aware of the reservations held by practitioners regarding positive changes not being recognised and risk being based solely on historical factors. We nevertheless suggest IFST trial a risk assessment tool (for example CAADA DASH). As part of this it may be that the team could also work together on developing a risk tool to reflect a more nuanced and dynamic understanding of recent changes.

Currently, where there is a more vulnerable partner or victim, there do not seem to be safety plans drawn up as a matter of course- we suggest these should be introduced.

3. Engagement and on-going work

Engagement by IFST is seen as a strength and as a precursor to on-going work. In relation to on-going IPCA work - application of the IFST model does seem to be useful, including the transtheoretical cycle of change. The development of the transrelational model may be particularly relevant and the team could consider further developing and trialing this. Whilst significant changes can be made, IPCA may take longer to engage with and therefore may extend beyond the time frame of IFST intensive period.



The degree to which the work of IFST, particularly in relation to IPCA, extends is currently limited by among other things the structure of the intensive period. It may benefit this work to provide more flexibility in this, to allow work to continue if beneficial. If this were to be adopted it may however require further training opportunities in couple's work, as well as more resourcing of the team. The skill and value base of such training would need to be congruent with that of IFST. It is important to recognise the skilled work being undertaken by IFST and to ensure that these benefits are not displaced by any proposed changes (for example the team losing the benefits around engagement, relationship building and risk reduction by becoming overwhelmed with longer term work).

The challenges brought about by fear of intimidation might be addressed by further training in working with involuntary clients (Trotter, 2006) and aggression, albeit that this is a staff group with considerable experience around conflict. Given the level of experience within IFST a training needs analysis in relation to these particular areas may be helpful.

Given the number of agencies/ teams working with each family, and the initial model placed the IFST as key worker but this was not in evidence in the case file analysis, the team might want to revisit or re instate this, if is no longer in operation.

4. Parental trauma and attachment

The area of parental trauma/childhood neglect is significant across the narrative literature review, and in both case study and interview findings. This is an area which may require long-term therapeutic input; it is unlikely that IFST could assume this work. The relationship building that is likely to have taken place by IFST will help with engagement and may have facilitated movement around the cycle, so that readiness to address such issues might be more likely. Certainly, current service pathways are in existence and should be signposted. Understanding of personal trauma and attachment will assist with understanding parenting and the impact of conflict on children. IFST to consider trauma – informed training; this is not specifically with a view to carrying out this work – rather to be informed sufficiently to ensure that a) couples work would be sensitive to relevant issues and b) when referring to relevant agencies that the quality of inter-agency work is appropriate.

5. Feedback loops for on-going monitoring


An ambition of this project was to develop feedback loops to allow the team to monitor and improve their service beyond the end of the project. We therefore suggest that the team may want to undertake future case file analysis using the coding frame developed (based on evidence from narrative literature review), see appendix 2. Members of staff as Consultant Social Workers have well developed research skills. Should members of staff be undertaking this analysis, anonymisation of files would not be required, and the exercise would therefore be less time consuming. However, gaining distance from the data might be more difficult. Nevertheless, this would potentially allow the team to monitor on-going progress.

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APPENDIX 1: EQUALITY WHEEL



APPENDIX 2: CODING FRAME

CASE AUDIT FORM 1

AUTHOR:	
IFST	
DATE OF REFERRAL TO IFST:	
End contact date/ongoing	

Terms – Perpetrator, alleged perpetrator, Perpetrator type (see LR). Conflict, DV – these are terms used as shorthand and their shortcomings are noted. If there seem to be definitional problems during the information gathering phase this will be noted accordingly. Similarly family, carer are used as a starting point as terms.

Sources – Case recording, Ref in, initial conference report, safety plan and uncompleted goal sheets

1) FAMILY STRUCTURE: Numbers only Code A. Family together, throughout. B All children with 1/same parent throughout, C Some children with one parent D Child not w.parent E mixed over time (Add brief narrative). For parent read primary carer at start of intervention living with child

Family (1,2 parents/carers) (3,4,5,6 children) So one parent with one child would be 1,3.	Abode (See codes above – if E narrative)	FORENAME(S) Pseudonym	Gender of? M/F	Age (at referral)	RELATIONSHIP of?:	Agencies involved	Level of engagement on DV focus by perpetrator 1-3 Poor – excellent 0- denial/dispute/absence	General level of engagement by perpetrator. (NB as evidenced within SS records) 1-3	Focus DV alleged type (lit rev). Closest

2) Number of sessions with IFST As to purpose and participation see column and code at bottom of sheet.

IFST Assessment (new column) meeting	DV specific assessment – eg CAADA	Adult intervention SMisuse	Adult intervention Conflict	Adult intervention both. SM and conflict	Work with children	Referral

3) BRIEF SUMMARY OF PREVIOUS INVOLVEMENT WITH SSD (Whether been closed previously)

Brief Summary of Referral information including strengths of family, risks and expectations (assumptions of referrer)

Primary purpose seems DV/conflict – alcohol only mentioned in application form

Is there a perpetrator identified by children services.

Nature of evidence re conflict ('type', strength of evidence 1 weak, 3 strong) Father – child (independent evidence) Father – mother 1 incident admitted plus gen conflict. Child – mother. Background evidence from SW available and useful – rounded

4 BRIEF SUMMARY OF INVOLVEMENT WITH IFST :

Range of IFST staff –.

Evidence of inter-agency working.

If father not included attempts to engage whether they are perpetrator or not

Is there a chronology Y/N

RECORD OF SIGNIFICANT EVENTS RESULTING IN AN ACTION DURING THE SPECIFIED TIMEFRAME (

DATE	SIGNIFICANT EVENT	WHAT WAS THE ACTION?	WHAT WAS THE OUTCOME?

Is there a closing summary

No .

Brief synopsis or summary/outcomes. (To be transferred to final summary document)

5) Quality markers brief narrative – to add Jays contributions plus anything arising from cross reading of model and recommendations in LR

IFST Quality Index (Source – 1 to 12 Lit Rev, 2 Gender Qs, 3 IFST model, Other	Qualities description (ie descriptions of activities from case file which suggest positive input as defined by the quality index) Source	Challenges ie issues either caused by or not addressed by the qualities listed. These will be noted as related to particular qualities although in the final over view it is expected that there will be further challenges unrelated to the qualities noted.	
1 typology id			
2a Pand C motivators			
2b salience of immediate risk			
2c disagreement from victims – education			
2d focus on children of IPCA retained			
3a Outcomes re whole family and indiv			

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3

3b risk ass re IPCA (inc seen separately and other content)– narrative)			
3c re 3b – decision as to inclusion of perp in intervention			
3d Ongoing monitoring			
3e where accepted sequence (?? See typology) issues addressed in tandem)			
4a Specialist IFCA worker			
4b retention of responsibility re non IFCA staff			
5a Consideration of use of co-workers			
6a Father as resource			
6b Suitability of father involvement?			

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6c Skilled staff re whole family approach			
6d Dissemination of model of Strength based model.			
7a father friendly (see 6a)			
7b father group			
8a inclusion of trauma based work for parents too. (awareness)			
9a issues dealt with in tandem – but see 3e			
9b parenting tuition			
10a healthy relationships work			
10b communication skills			
10c empathy mapping			
10d use of orgs for housing, income employment issues			

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11a other group work in maintenance (inc groups for children – re healthy relationships)			
12a 3 prong approach (+ pos parenting, - neg parenting, parenting relationship)			
13 b formalised R.ass			
13.c address insight on effect on children by parents			
13 d anger.coping stress coping techniques.			
Gender			
G1 Initial info sufficient for ID of perp			
G2 If not strong evidence of curiosity as to nature of role of perps inc re gender assumptions			

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G3 Other gender			
I 1 Sequence of process (Engage, Focus, Evoke, Plan)			
I 2 Review-organization			
I 3 Review – sustainability			
Other – quality as per IFST standard quality			
Other 1 Referral			
Other 2 Assessment general			
Other 3 Intervention general			

ARE THERE ANY LEARNING POINTS EMERGING FROM THIS INDIVIDUAL CASE AUDIT Re Conflict? (Please list): ☐

AREAS OF EFFECTIVE PRACTICE (what worked well?):

AREAS FOR DEVELOPMENT (what could we do differently?):

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Code for question 2

SM intervention (ADD P OR N in SUB MIS section) – so eg if five sessions had been carried out with a person who was the perpetrator of DV only talking about substance misuse the code would read SAP

A, submisuser only

B non sub misuser only

C Both Substance misuser and non sub misuser

D Both Substance misusers

CONFLICT intervention

E. Perp only

F. Non perp only

G Perp and non perp

H Both Perps

Both SM and conflict intervention

I SMer and Perp

J Non SM and Perp

K Non Perp and SM

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APPENDIX 3: AGENCIES

Agencies/teams/professionals in play during IFST interventions noted during the Documentary Analysis phase of this study.

It is to be noted that this list is produced to reflect the range of agencies and teams commonly referenced in such cases as this has a bearing on the practicalities of interventions. Some of the listed agencies have been noted as being needed but not yet accessed. Where Universal services are noted this is because of specifically relevant input (eg GP where anti-depressant treatment provided).

It is to be noted that there may be additional input although it is not noted in the case files. Some of the cases in question are ongoing so this list is not exhaustive.

C/A social worker.

IFST /Safer families/Family Support staff.

Foster social workers.

Disability (children's) social worker.

Miskin Project.

FAST team.

GP.

Consultant Paediatrician.

DASPA.

CDAT.

Voluntary sector –substance misuse.

Probation Service.

Schools.

Health Visiting.

Housing Dept –

Housing Dept –

Benefits Agency.

Womens Aid/DART.

DRIVE (IDVA) Freedom Programme.

CMHT.

MIND.

Legal advisor.

Police.