

# Safe and Together Edinburgh

## 1. Background

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### Introduction

- 1.1 Safe and Together is a practice model that aims to improve how child welfare systems and practitioners respond to the issue of domestic abuse. It provides a common framework for practitioners to consider and discuss concerns, challenges and solutions for families experiencing domestic abuse. In 2014 and 2017, Edinburgh's Child Protection Committee funded 46 professionals each year to undertake a four-day training in the model.
- 1.2 This paper outlines the findings from the 2014 case file audit which evidenced the need for practice change; an outline of the key principles and components of the model; an outline of significant practice improvement shown in a subsequent case file audit; and a summary of the implementation in Edinburgh and beyond.

### Issues emerging from previous case file audits and research

- 1.3 In 2014, Edinburgh's Child Protection Committee agreed to undertake a case file audit to determine whether children and families social work was meeting best practice in relation to domestic abuse. The audit reviewed 26 cases where there had been three or more police call outs in a six-month period and a children and families social worker had undertaken a risk and need assessment.
- 1.4 The audit indicated that the response to domestic abuse has several characteristics:
  - an overemphasis on singular incidents of physical violence, rather than recognition of a wider pattern of abuse and control
  - an assumption that separation or removal of the perpetrator will automatically reduce risk
  - placing responsibility for care of the children and for ending the abuse primarily with the victim, whilst superficially engaging with perpetrators
  - it explicitly encouraging separation, without addressing risks around safe contact or ongoing disruption to family life
- 1.5 The findings reflected a significant and growing body of research pointing to the need for a change in the way child protection systems deal with domestic abuse.

### An assessment of risk based on relationship status or living arrangements

- 1.6 The 2014 audit demonstrated a 'stop-start' approach in the screening, assessment and allocation of many cases where domestic abuse is a feature. This can result in cases 'bouncing' around the system, until such time as an incident or episode takes place of sufficient seriousness to meet existing thresholds. This is similar to research undertaken which notes that a focus on identification, for example notifications of police call outs to social services, has not automatically resulted in improved safety or support for adult and

child victims. Cases are closed upon separation or when the perpetrator no longer resides in the family home, only to be reopened when a further incident of abuse takes place. This response not only increases the associated risks to adult and child victims, but has also been proven by research to be a time and resource intense approach to managing cases of domestic abuse and one which results in poor outcomes.

1.7 There has been a tendency in policy and practice to have an assessment of risk based on relationship status or living arrangements. This was reflected in Edinburgh's 2014 audit when case plans focused on drastic responses to domestic abuse like separation, calling the police and moving home as being the primary way to create safety for children. However, often these actions do not result in safety and can have a detrimental impact on family functioning. Domestic abuse may:

- continue or escalate following separation
- continue during children's contact with fathers
- cross geographical and spatial boundaries by, for example, abuse taking place in public spaces, workplaces or on social media

### **The 'failure to protect' narrative**

1.8 Research shows there is a tendency in practice to hold victims living with domestic abuse responsible for protecting their children rather than the perpetrator to cease being abusive. The narrative that victims are 'failing to protect' their children carries a risk that social work will not be seen as a supportive or helpful service for victims of domestic abuse. Research has shown that domestic abuse victims can engage poorly with social work services if they feel they are treated as though they have failed to protect their children or as being responsible for the abuse, and if they fear their children will be removed. Risk to the child increases if victims are reluctant to contact the police due to the subsequent referral to social work.

1.9 The majority of domestic abuse takes place within heterosexual relationships with a male perpetrator. However, women rather than men have been the enduring focus of child protection. Consequently, this policy and practice narrative disproportionately impacts on mothers as they are held to high standards of parenting, whilst the father who is perpetrating the domestic abuse remains invisible. A shift in practice is required to ensure that the perpetrator and their behaviour are seen as the primary source of the risk and safety concerns for the children, rather than the victim or their behaviour.

### **The Safe and Together model**

1.10 Research has shown that many of the current discourses around domestic abuse, which focus on single incidents of physical violence, separation or living arrangements, 'failure to protect' and the invisibility of perpetrators are not just found within social work, but are replicated within other public sectors responses. Given the correlation between lack of available training, existing discourses and a pre-determined organisational response, it is

reasonable to conclude and a significant shift in practice will only occur when there is systemic and institutional change.

- 1.11 A recent advancement in children and families social work practice in relation to domestic abuse has been the development of the Safe and Together model. Developed in the USA by David Mandel, it is a field tested promising best practice model designed to improve competencies and cross system collaboration related to the intersection of domestic abuse and child welfare. It provides a framework for partnering with domestic abuse survivors and intervening with domestic abuse perpetrators in order to enhance the safety and well-being of children. The training supports practitioners to put the principles and components of the model into practice when working with families.
- 1.12 The Safe and Together principles and components can be useful to all disciplines and systems which are involved with children. Whilst the model results in improved professional practice, the principles and components also provide a way to measure the proficiency of how systems, organisations and processes respond to domestic abuse. They allow for a common framework for discussing concerns, challenges and solutions for families experiencing domestic abuse.

### **The Safe and Together Principles**

- 1.13 The first principle is that when professionals engage with families affected by domestic abuse, they should aim to keep the child safe and together with the non-abusing parent. This comes from the understanding that this is usually the most effective way to promote children's safety, healing from trauma, stability and nurturance.
- 1.14 The second principle states that professionals should endeavour to develop a strengths based partnership with non-abusing parents. This approach is likely to be the most efficient and child centred way of assessing risk through mutual information sharing.
- 1.15 The third principle states that professionals should aim to intervene with the perpetrator to reduce risk and harm to the child. Engaging with perpetrators and holding them accountable in a variety of ways, including court processes, reduces the risks to children

### **The Safe and Together Critical Components**

- 1.16 As well as key principles, there are also critical components of the Safe and Together model (referred to herein as 'the model'). These components aim to support practical and tangible changes to practice with families affected by domestic abuse. They support practitioners to consider domestic abuse more fully in their information gathering, case planning, safety planning, assessment and the role of other adversities in children's lives.
- 1.17 The first component asks professionals to outline the perpetrator's pattern of coercive control. It aims to identify all forms of abuse and control in both current and previous relationships, rather than outlining singular incidents of physical violence. Information about the perpetrator's pattern of abuse in both previous and current relationships can be found in criminal background checks, files and case notes of all family members and in wider discussions with the client's family, friends and other professionals. Edinburgh's 2014 case

file audit found that within case files there was rich information about the perpetrator's pattern of abuse which was not easily visible and at times was not reflected in assessments or reports. The model encourages fact based, behaviourally focussed descriptions within assessments and reports so that the pattern of abuse and control is clear.

- 1.18 When the pattern of coercive control has been outlined, the second component asks professionals to outline how this has harmed the child. It includes describing direct physical, emotional and sexual abuse from the perpetrator to the child, as well as the way in which the domestic abuse has harmed them. For example, consideration is given to exactly what the child saw or heard, where they were when the abuse took place or how the perpetrator treated them before, during and after the incident.
- 1.19 The third component outlines the full spectrum of the non-offending parent's efforts to promote the safety and well-being of the child; a behavioural description of the various ways in which the non-offending parent will have behaved to promote safety, well-being, stability and nurturance for their children. The 2014 case file audit showed that separation, moving home or calling the police were viewed as the primary routes of safety for children, and that responsibility for carrying out these plans usually rests with the non-offending parent. Whilst these actions may provide safety in some cases, there can be a 'one size fits all' approach to case planning which becomes the definition of what constitutes a 'protective parent'. This fails to recognise the nuanced and multiple ways that non-offending parents protect their children. Domestic abuse victims are parenting in adverse circumstances, but may still display protective efforts like maintaining medical appointments or feeding and educational routines; ensuring children have extra-curricular activities or contact with friends and family; talking with their children about domestic abuse and developing safety plans; or aiming to avoid conflict by complying with the perpetrator's demands.
- 1.20 The impact of the perpetrator's pattern of abuse is outlined using the fourth component. However, rather than primarily focusing on the direct impact on the child; whether the child saw the abuse, heard it, were being held or were directly involved, it aims to describe the wide-ranging impact that the perpetrator's behaviour has on the child. Consideration is given to how the abuse adversely impacts on all aspects of wellbeing. For example, describing the impact of numerous house and school moves, loss of contact with family or friends or loss of income and stability, or the impact that domestic abuse has on the relationship between the parents or on wider family functioning.
- 1.21 Finally, the role of other adversities like substance abuse, mental health, culture and other socio-economic factors is outlined using the fifth component. It supports professionals to view the relationship of issues, like substance misuse and mental health, through the lens of the perpetrator's pattern. For example, by describing the ways in which the perpetrator may cause or exacerbate the non-offending parent's substance misuse, or prevent them from healing by interfering in their efforts to access support. It also clarifies that the perpetrator's substance misuse and mental health problems are not the cause of the domestic abuse, but may relate to their pattern of abuse in complex ways.
- 1.22 Whilst the Safe and Together model can be used with male victims of domestic abuse and outwith heterosexual relationships, it encourages consideration of how societal expectations of mothers and fathers can differ and may impact on how professionals work

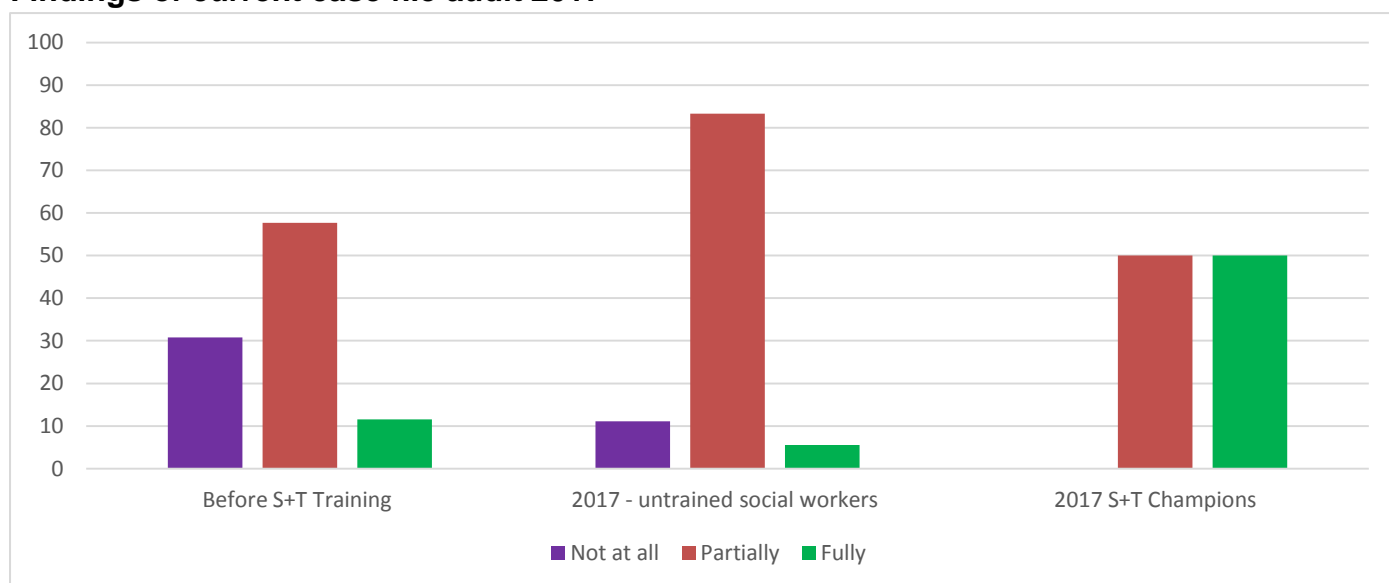
with them. There is a tendency to have high expectations of mothers and lower expectations of fathers, which contributes to a lack of recognition of the wider protective efforts of the mother. Challenging this gender double standard involves raising our expectations of fathers and seeing domestic abuse as a ‘parenting choice’ made by the perpetrator.

## 2. Domestic abuse case file audits

### The Audit Process

- 2.1 In 2014, the case file audit focused on 26 files from Children and Families. Sample parameters included cases where there had been three or more domestic abuse concern forms sent to Social Care Direct within a six month period, and where a risk and needs assessment had been carried out. In 2017, similar sample parameters resulted in 23 cases being identified. As only five of these cases were allocated to Safe and Together Champions, a further seven cases were requested from Safe and Together Champions so that a comparison of practice could be carried out.
- 2.2 The 2017 audit was made up of 18 cases allocated to social workers not trained in the model and 12 cases which had been allocated to Safe and Together Champions. The audit was undertaken by a team of 16 case file readers between 31 March and 10 October 2016. Readers were selected for their expertise in domestic abuse and child protection. 13 readers had undertaken the four day Safe and Together practice tools training.
- 2.3 Readers were paired in accordance with their specialist/professional background to allow and encourage shared learning and debate around expectations, thresholds and standards of practice. The audit was completed using a bespoke template, along with associated guidance, which offered readers examples of best practice and recent research in domestic abuse and child protection (audit tools are available on request). Results and findings were compiled using Survey Monkey software.

### Findings of current case file audit 2017



## Figure 1: Quality of the Assessment of Risk and Need in Relation to Domestic Abuse

2.4 The percentage of assessments which fully met best practice in relation to domestic abuse rose from 12% of cases audited in 2014 to 50% of the audited cases allocated to Safe and Together Champions in 2017.

The percentage of assessments which partially or fully met best practice in relation to domestic abuse rose from 69% of cases audited in 2014 to 100% of the audited cases allocated to Safe and Together Champions in 2017.

After the training there were no cases allocated to Safe and Together Champions which failed to meet best practice, in comparison to 31% of cases audited before the training.

There is evidence that those who were not trained as Champions still had an improvement in practice, with an increase of 58% to 83% of cases which partially met best practice.

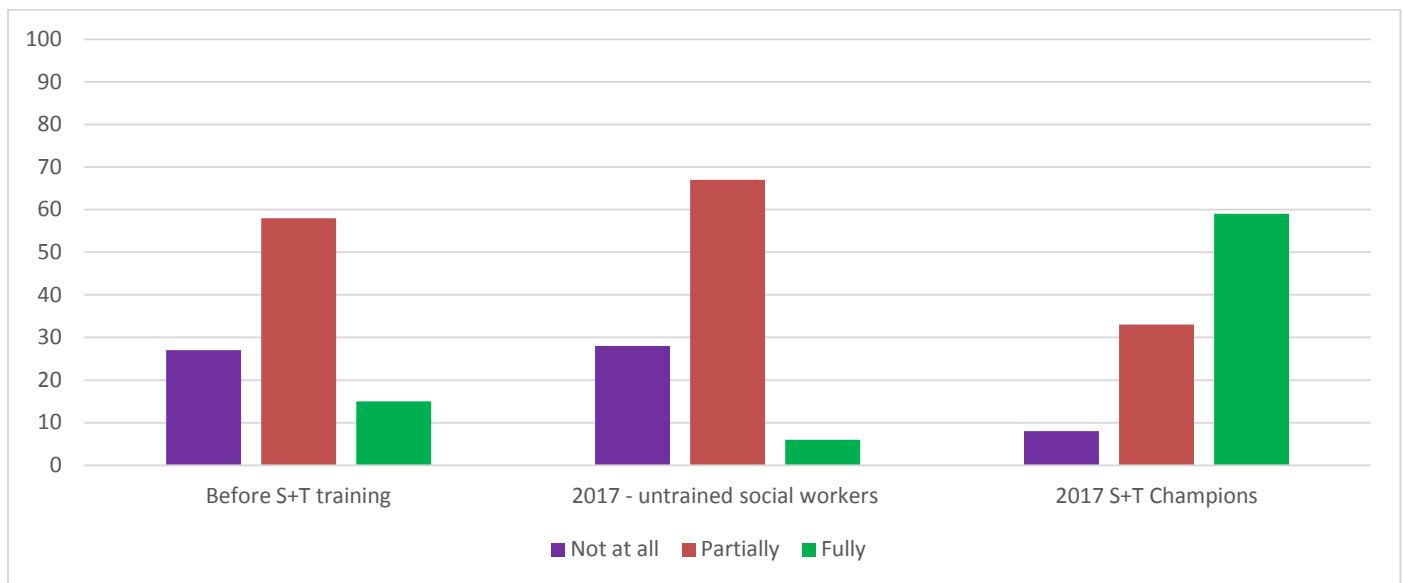
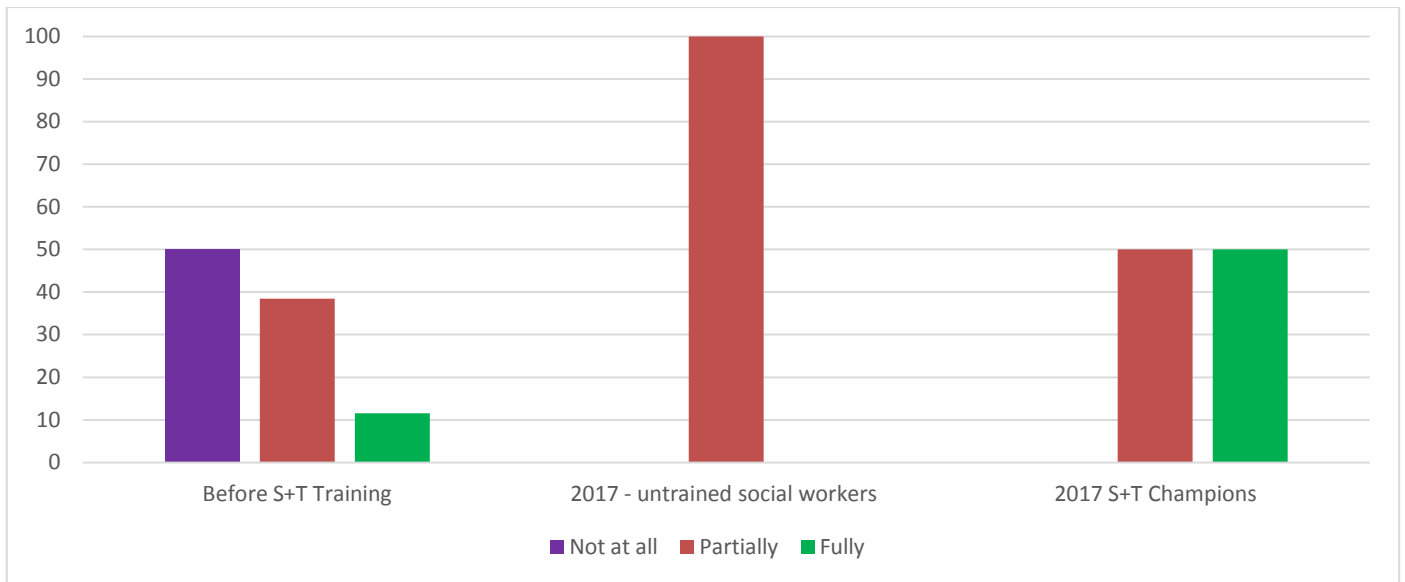


Figure 2: Quality of the assessment in recognising the wide-ranging impact of domestic abuse on the child

2.5 The percentage of child's plans which fully recognised the wide-ranging impact on the child rose from 6% of cases audited in 2014 to 58% of the audited cases allocated to Safe and Together Champions cases in 2017.

The percentage of child's plans which fully or partially recognised the wide-ranging impact on the child rose from 72% of cases audited in 2014 to 100% of the audited cases allocated to Safe and Together Champions cases in 2017.

The percentage of cases which fully or partially recognised the wide-ranging impact on the child in 2014 remained the same in those not trained as Champions in 2017.



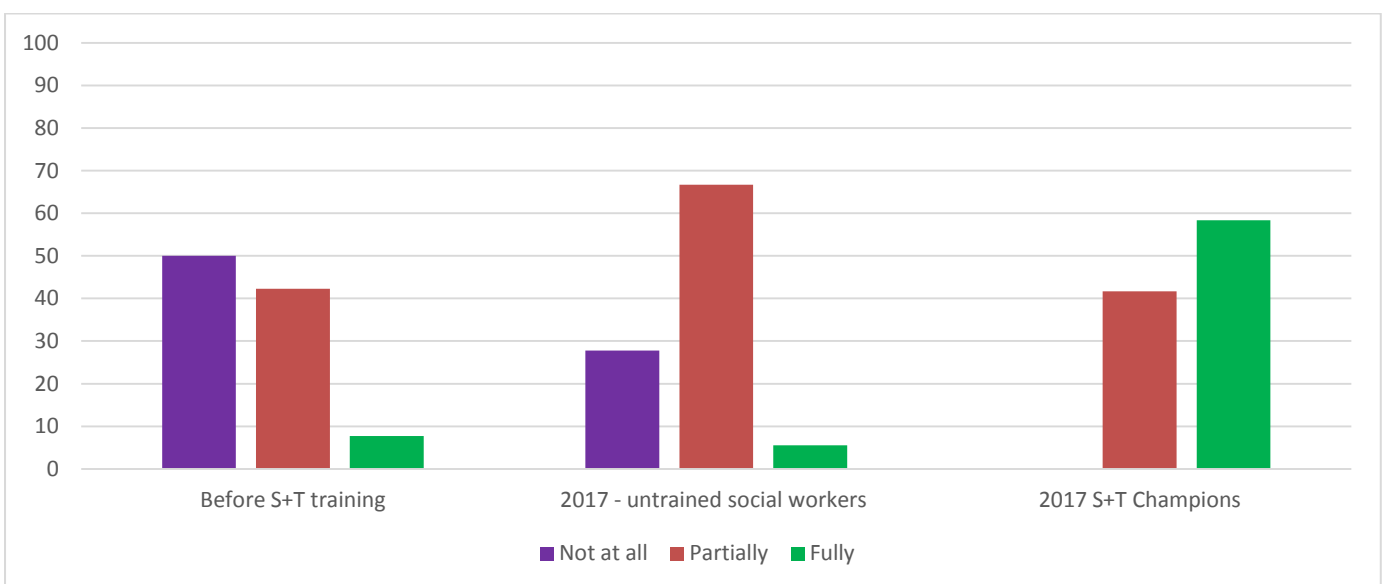
**Figure 3: Quality of the child’s plan**

2.6 The percentage of child’s plans which fully met best practice in relation to domestic abuse rose from 12% of cases audited in 2014 to 50% of the audited cases allocated to Safe and Together Champions in 2017.

The percentage of child’s plans which partially or fully met best practice in relation to domestic abuse rose from 50% of the audited cases in 2014 to 100% of the audited cases allocated to Safe and Together Champions cases in 2017.

After the training there were no child’s plans which were allocated to Safe and Together Champions which failed to meet best practice, in comparison to half of cases audited before the training.

There is evidence that those who were not trained as Champions still had an improvement in practice, with an increase from just under 40% to 100% of child’s plans which partially met best practice.



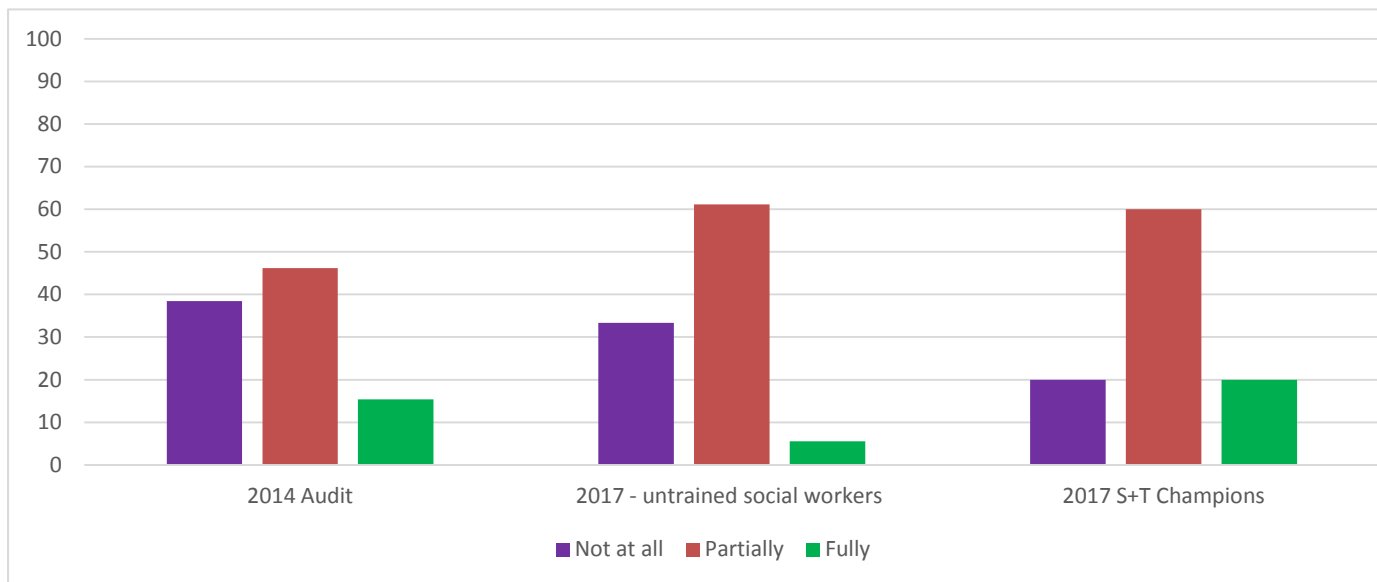
**Figure 4: Quality of the plan in making clear what parents are expected to do about the domestic abuse to improve the outcomes for children**

2.7 The percentage of child’s plans which fully made clear what parents are expected to do about the domestic abuse rose from 8% of cases audited in 2014 to 58% of the audited cases allocated to Safe and Together Champions cases in 2017.

The percentage of child’s plans which fully or partially made clear what parents are expected to do about the domestic abuse rose from 50% of cases audited in 2014 to 100% of the audited cases allocated to Safe and Together Champions cases in 2017.

After the training there were no cases allocated to Safe and Together Champions which failed to make clear expectations on parents, in comparison to half of the cases audited before the training in 2014.

There is evidence that those who were not trained as Champions also had an improvement in practice, with an increase from just under 40% to 67% of child’s plans which partially made clear what parents are expected to do about the domestic abuse.



**Figure 5: Quality of the file in relation to putting the perpetrator at the centre of interventions**

2.8 The percentage of child’s plans which fully evidenced that the perpetrator was at the centre of interventions rose from 15% of cases audited in 2014 to 20% of the audited cases allocated to Safe and Together Champions in 2017.

The percentage of child’s plans which partially or fully evidenced that the perpetrator was at the centre of interventions rose from 61% of the audited cases in 2014 to 80% of the audited cases allocated to Safe and Together Champions cases in 2017.

After the training there were no child’s plans which were allocated to Safe and Together Champions which failed to meet best practice at all, in comparison to half of cases audited before the training.



There is evidence that those who were not trained as Champions still had an improvement in practice, with an increase from 46% to 61% of cases which partially evidenced that the perpetrator was at the centre of interventions.

### 3. Key themes

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#### Key Themes for Consideration

##### Perpetrator's pattern of coercive control

- 3.1 In the 2014 audit, findings showed that some assessments did not have a broad definition of domestic abuse and tended to focus on individual incidents of violence. Readers found that there was limited analysis of other abusive and controlling behaviours (see Figure 1: Quality of the Assessment of Risk and Need in Relation to Domestic Abuse).
- 3.2 Although in 2017 there was an increase in assessments which partially met best practice, readers noted similar issues for those not trained in the Safe and Together model; there was a tendency to focus on singular incidents of violence, rather than an analysis of a pattern of coercive control. Conversely, readers noted that cases held by Safe and Together Champions demonstrated an understanding of patterns of abuse and controlling behaviour. They identified that Champions had recorded a history of abuse in previous relationships in half of the cases; one reader noted that there were 'attempts to find out the history of abuse from all avenues.' The focus on the pattern of abuse locates the source of the risk with the perpetrator's behaviour, rather than with their current relationship or residential status.

##### Assessing the wide-ranging impact on the child

- 3.7 Readers noted that there was an incomplete analysis of the wide-ranging impact of domestic abuse on the child, in both the sample of cases prior to the training and in the 2017 cases which were not allocated to a Safe and Together Champion (see Figure 2: Quality of the assessment in recognising the wide-ranging impact of domestic abuse on the child).
- 3.8 Readers noted that where the impact on the child was analysed, it tended to be in relation to physical assaults; the wider adverse impact of the perpetrator's behaviour on the child was less explored.
- 3.9 In contrast, readers found evidence in the sample that the cases allocated to Safe and Together Champions linked the perpetrators' patterns of coercive control to a wide-ranging analysis of the impact on the non-offending parent and the child.

##### Partnering with the non-offending parent as a default position and acknowledging their protective efforts

- 3.10 The 2014 audit noted that at times the sample showed the victim's protection and strengths were only characterised when they were seen to be 'protecting their children' by, for example, separating or telephoning the police. These limited options became what the definition was of a 'protective parent'. There was less recognition of the myriad ways that victims attempt to create stability, wellbeing, stability and nurturance, despite living in the context of abuse.

- 3.11 The 2017 audit noted that in both files held by Champions, and those not trained in Safe and Together, there were many examples of protective efforts. However, in cases allocated to workers not trained in the model the listing of protective efforts was not explicit; they were not recorded as such in reports or case notes and these positive efforts were not fed back to the parent.
- 3.12 Conversely, in cases allocated to Safe and Together Champions readers noted the following descriptions of the mother's strengths in the file.

### **The role of substance abuse, mental health, culture and other socio-economic factors**

- 3.13 In 2014, the audit noted that in some cases there was a lack of recognition of the impact of current and historic domestic abuse, and in particular trauma or fear, on the adult victim. This included a lack of understanding of how abuse can lead to substance misuse and mental health issues exacerbate existing issues or interfere with the victims efforts to recover.
- 3.14 Whilst there was some improvement in the cases held by untrained workers, the readers noted a similar trend within their case sample. There was no evidence that the interconnections between substance misuse and domestic abuse perpetration were fully explored; they were treated as a separate issue.
- 3.15 In a similar way as was evidenced in the 2014 audit, one reader noted that alcohol was described as a "trigger for the domestic abuse" and there was little analysis of the ways in which the victims' drinking could be related to trauma or may be a coping mechanism in response to being abused.
- 3.16 Conversely, readers noted that in cases held by Safe and Together Champions there were clear descriptions of the ways in which control from the perpetrator affected the adult victim's mental health and substance misuse, and connections were made between abuse, trauma, mental health and care for the children.

### **Case planning and a focus on separation and referrals to services**

- 3.17 The quality of the child's plan has increased since the training (Figure 3: Quality of the child's plan). In the 2014 audit, the largest theme emerging from the sample was that assessments and plans were often based on the assumption that separation would automatically result in safety and the cessation of violence or abuse. Findings in records suggest this assumption was maintained despite evidence to the contrary, which showed that abuse and control continued regardless of the relationship status or where the perpetrator was residing.
- 3.18 A similar theme was found in the 2017 audit in workers not trained in the model. Separation and moving home are dramatic responses to domestic abuse, which have a huge impact on day to day family functioning. Overemphasis on these strategies meant that some of the other ways in which the victim protected their children and tried to maintain stability were not recorded or valued in case files. Another theme in the 2014 audit was that the victims of the abuse were held responsible for a carrying out the plans, or were held equally responsible.

- 3.21 In both the 2014 audit and the 2017 audit workers not trained in the model, readers noted that there was an over reliance on referrals to services, with a presumption that this will result in reduced risk. Referrals to services were seen as an end in themselves, rather than measuring sustained and evidence based behavioural or attitudinal change.
- 3.23 Of the plans completed by Safe and Together Champions, five auditors have provided positive comments about the plan in relation to expectations of parents (Figure 4: Quality of the plan in making clear what parents are expected to do about the domestic abuse to improve the outcomes for children). They stated that there cases where there clear actions in relation to domestic abuse, that each parent was held accountable separately for their engagement and parenting and that there were well developed safety plans.
- 3.25 Readers noted significant increases in evidence in the files which showed that the perpetrator was at the centre of interventions (see Figure 5: Quality of the file in relation to putting the perpetrator at the centre of interventions). This was the case for *both* files held by Champions, and those who were not trained. Two readers mentioned 'extensive' and 'multi-faceted' interventions with the perpetrator and noted the way in which perpetrators were being held as 'equally responsible for parenting'.

## 4. Conclusions

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- 4.1 A change in domestic abuse practice can occur at many levels. Improved assessment and information gathering regarding abuse creates a more nuanced response, which is proportional to risk and need, and is centred on the wellbeing of the child. As important as any structural change, is a shift in the way practitioners approach both victims and perpetrators, from their values and understanding, to the language and terminology they use and the interventions they provide.
- 4.2 The Safe and Together continuum can be used to map the progress in practice since the initial training which has been evidenced in the two audits (Appendix One). It characterises the progression of practice which has been from domestic abuse neglectful, to domestic abuse pre-competent to domestic abuse competent.
- 4.3 At the time the audits took place, 10% of the Children and Families Social Work staff had undertaken the training in the model. Those workers have showed a significant improvement in their practice across a range of activities; from assessment and planning, to engagement with families and recording. Though not to the same extent, there is also evidence that practice has improved in workers who did not receive the training. This is a result of training team leaders and senior practitioners who can pass on their learning to those they supervise. This provides evidence that if more workers are trained in the model, more cases will partially or fully meet best practice and become 'domestic abuse competent'.
- 4.4 However, the audit only related to children and families risk and needs assessments. Whilst the training, conferences and briefings included staff from a wide variety of agencies, the scope of this audit did not include practice change in other organisations. Going forward, Edinburgh should aim to become domestic abuse proficient and ensure that

domestic abuse policies and practices are consistent, dependable, and used throughout the child welfare system.

- 4.5 Shifts in practice need to be evidenced throughout public protection, child protection and welfare systems. Whilst this level of change may be challenging, Edinburgh is well placed to lead on this revolutionary innovation.

## 5. Next Steps

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### Changing systems: The Safe and Together Action Plan

- 5.1 The Safe and Together Action Plan (Appendix Two) outlines the extensive work that has been done by the Champions in Edinburgh since the training and the practice improvements evidenced outwith those who received the training is testament to their effectiveness. Next steps within the action plan include:

- Continued delivery of local and city wide practitioner forums
- Continued delivery of Safe and Together briefings
- Delivery of Safe and Together Supervisor training
- Formalisation of the case mapping process, including referrals from MARAC
- Inclusion of principles and components within existing systems and paperwork

### Edinburgh Safe and Together and wider systems change nationally

- 5.5 Further evidence of the impact of Safe and Together is required. Whilst the audit evidenced practice change within case files, it did not include interviews with family members or staff, look at long term outcomes or analyse the financial impact of the model on, for example, the number of children removed from families due to domestic abuse. Going forward, the action plan recommends:

- Outcome evaluation – interviews with service users
- Multi-agency practice evaluations
- Cost benefit analysis

- 5.6 Edinburgh has led the way in the development of the Safe and Together model outside the USA. Training has been delivered in the following Scottish Authorities:

- North Lanarkshire
- West Lothian
- Stirling
- Fife
- Angus
- Scottish Borders

- 5.7 The Army Welfare Service and Barnardos have adopted the model and plans are underway for training to be delivered in East and Mid Lothian, Manchester and Devon.

- 5.8 Edinburgh Council staff have supported these areas to get strategic buy-in for the model and advised them on implementation. However, individual local authority changes and small scale training can only take domestic abuse practice improvement so far. Local changes will always come up against national systems, like the Children's Hearing System,

GIRFEC implementation, the NHS, Police Scotland and the criminal and family court systems.

- 5.9 Outcome Four of the Safe and Together Action Plan relates to development of the model across Scotland. Following the initial training in 2014 a Safe and Together National Consortium began meeting and members have met with the Scottish Government to raise awareness of the model. Equally safe: Scotland's strategy for preventing and eradicating violence against women and girls was published in 2014 (The Scottish Government, 2014). The Delivery Plan includes an action to 'Establish a Safe and Together Institute for Scotland, and support the development of a demonstration project on the Safe and Together model.' Edinburgh will be in a good position to be part of this work and support the development of the model nationally.

## 6. **Appendixes**

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Appendix One: Domestic violence informed continuum of practice

Appendix Two: Safe and Together Action Plan

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## Appendix One: Domestic violence informed continuum of practice

(<http://endingviolence.com/our-programs/responsible-fatherhood/international-center-for-innovation-in-domestic-violence-practice/codvp/domestic-violence-informed-continuum/>)

	<b>Domestic Violence Destructive</b>	<b>Domestic Violence Neglectful</b>	<b>Domestic Violence Pre-Competent</b>	<b>Domestic Violence Competent</b>	<b>Domestic Violence Proficient</b>
<b>DEFINITION</b>	Primarily defined by identifiable policies and practices that either actively increase the harm to adult and child survivors of domestic violence and/or make it harder for them to access support and assistance.	Primarily defined by identifiable policies and practices that reflect a lack of willingness or ability to intervene with domestic violence and/or fail to acknowledge how domestic violence's distinct characteristics impact children and families.	Primarily defined by an identifiable gap between the stated relevance and prevalence of domestic violence to the safety and wellbeing of families and child welfare's actual domestic violence policy, training practices, and services infrastructure.	Primarily defined by identifiable policies and practices that use a child-centered perpetrator pattern- and survivor strength-based approach to domestic violence. Domestic violence isn't perceived as an add-on, but instead as a core part of child welfare practice.	Primarily defined by identifiable policies and practices that ensure that domestic violence policies and practices are consistent, dependable, and used throughout the child welfare system.
<b>STATEMENT</b>	"Regardless of the cost, the adult domestic violence survivor must make sure that the children are protected from the violence."	"Domestic violence is only relevant to the children if they see it or hear it. If the couple separates, there are no more domestic violence-related concerns."	"We don't want to re-victimize adult survivors, but our job is child safety" or "We know we need to do a better job with domestic violence cases, but we don't know how to do it."	"The perpetrators' behavior patterns and choices are the source of the child safety and risk concerns" and "Our goal is to keep children safe and together with the domestic violence survivor."	"We cannot achieve our mission around safety, permanency, and the wellbeing of children without being informed about domestic violence throughout our child welfare system."
<b>POTENTIAL OUTCOMES</b>	<p>The risk of harm to adult and child domestic violence survivors from the domestic violence perpetrator is increased.</p> <p>The willingness of adult and child survivors to reach out for assistance, e.g. calling the police if there is a new incident of violence, is reduced.</p> <p>The power that domestic violence perpetrators have over their families is increased.</p> <p>Children may be removed unnecessarily from domestic violence survivors.</p> <p>Child welfare systems expend resources for the unnecessary placement of children.</p> <p>Poor families and Indigenous families are more likely to experience unnecessary economic and family stress due to a focus on resolving the violence by "ending the relationship."</p> <p>Children who attempt to protect one parent from another become caught in the delinquency system.</p>	<p>Assessments of families are incomplete and/or inaccurate and often focused on substance abuse and mental health issues instead of domestic violence.</p> <p>Domestic violence interventions with families do not occur until the violence escalates.</p> <p>When they do occur, these interventions are more likely to be inappropriate and/or ineffective, e.g. a referral to an anger management program when the correct referral is to a men's behavior change program.</p> <p>Decisions made in court can be based on incomplete or incorrect information.</p> <p>Partnerships with adult domestic violence survivors that focus on the safety and wellbeing of the children are weakened by poor practice.</p> <p>Poor women and Indigenous women are more likely to suffer from inadequate or incomplete legal representation or evaluation.</p>	<p>The commitment to improve current practice is weak because it is driven by outsiders encouraging/ expecting/demanding improvements.</p> <p>Token change results in no or little real change in paradigm or practice.</p> <p>Child welfare workers are made more aware of the impact of domestic violence on children, but they are not fully equipped to help, resulting in anxiety and unpredictable decisions.</p> <p>Tensions remain between domestic violence agencies and child welfare, interfering with their collaborative work to assist families.</p> <p>Domestic violence perpetrators continue to escape responsibility as parents.</p> <p>A lack of an perpetrator pattern-based approach increases the likelihood that domestic violence perpetrators with privilege will gain dangerous access to children.</p> <p>Fatherhood programming might increase the unsafe access of some domestic violence perpetrators to their children and families.</p>	<p>Child welfare interventions with domestic violence cases are based on more comprehensive and accurate assessments.</p> <p>Children are more likely to remain safe and together with adult domestic violence survivors.</p> <p>Unnecessary out-of-home placements are reduced, resulting in stronger families and communities and more costs saved by child welfare systems.</p> <p>Dependency courts may experience a reduction in domestic violence-related cases.</p> <p>Indigenous men and poor men who are domestic violence perpetrators may experience more support to improve their parenting and remain safely engaged with their children and families.</p> <p>Child welfare workers and others may experience more workplace satisfaction due to a new paradigm that allows them to practice in ways that are consistent with their social work values.</p>	<p>Cross-system collaboration is improved when stakeholders use common frameworks and languages.</p> <p>Domestic violence and child welfare agencies may experience a reduction in tension and/or improved collaboration.</p> <p>There may be a reduction in domestic violence-related child deaths.</p> <p>Initiatives such as trauma-informed practice and differential responses are more likely to be successful.</p> <p>Adult and child domestic violence survivors are more likely to see the child welfare system as a resource and a support.</p> <p>Vulnerable new parents and delinquent youths are more likely to receive support and assistance for domestic violence issues.</p> <p>The commitment to a perpetrator pattern-based approach may reduce biases in cases involving women's use of violence, same sex relationships, and vulnerable populations.</p>

## Domestic Violence-Informed Continuum of Practice

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**Outcome One: Safe and Together Champions are confident in using the model and practice tools**

Action	Progress Note	Status	Lead
Champions attend the four-day practice tool training	<p>Two four-day practice tool trainings have taken place; in 2015 and 2017. In the first training the 46 professionals included a mix of team leaders, senior practitioners and social workers from each children and families practice team; health visitors and public protection trainers from NHS Lothian; non-court mandated perpetrator programme workers, Edinburgh Women’s Aid staff; a representative from the Domestic Abuse Investigation Unit and Community Safety. In the 2017 training, another group of team leaders, senior practitioners and social workers from each of the localities children and families’ teams were trained. It also included representatives from the Family and Household Support Team, the domestic abuse court advocacy service, court and non-court mandated perpetrator programme workers, social work screening staff, a child protection trainer, and staff from substance misuse services. All those who attended the training have completed a pre-and post-test and are now registered Safe and Together practitioners. Two conferences were also held and over 200 practitioners attended.</p>	COMPLETED	Anna Mitchell
Champions attend two of the bi-monthly practitioners’ forums held in the 12 months after the training	<p>Four Practitioners’ Forums were held following the 2015 training. They covered a range of topics including:</p> <ul style="list-style-type: none"> <li>• practice of case mapping tools, including cases brought by colleagues</li> <li>• discussions with SCRA and the Child Protection Review Team</li> <li>• skype calls to Safe and Together trainers in the US</li> <li>• case studies</li> <li>• training in exercises to use with perpetrators</li> <li>• support with delivering local briefings</li> </ul> <p>Due to the larger numbers of Champions, following the 2017 training, Practitioners’ Forums will be held on a locality basis. An initial locality meeting was held in June 2017 to establish the workplan for each locality. It was agreed that it would still be useful to hold citywide forums twice a year.</p>	Ongoing	Anna Mitchell

## Safe and Together Edinburgh 2015 - 2018

Supervisors training	City of Edinburgh Council, in partnership with East and Midlothian Public Protection Committee, will be resourcing a two-day training for supervisors in the Safe and Together model. This will teach staff who supervise those who work with families directly how to encourage them to embed Safe and Together principles in their practice.	MAR 2018	Anna Mitchell Neil Whettam
<b>Outcome Two: Practitioners across Edinburgh are aware of the Safe and Together model and understand the principles</b>			
<b>Action</b>	<b>Progress Note</b>	<b>Status</b>	<b>Lead</b>
Further one day training for key decision makers	<p>A further one day training took place in January 2016 for key decision makers. It focussed on how to implement Safe and Together principles when making decisions about families, writing reports, case planning and chairing multi-agency meetings where the family may be present. There was representation from key teams including:</p> <ul style="list-style-type: none"> <li>• Children's Reporter's</li> <li>• Chairs of child protection case conferences</li> <li>• Family Group Conference Coordinators</li> <li>• Chair's of MARACs and MATACs</li> <li>• Staff who make key decisions in Emergency Social Work</li> <li>• Professional Advisors in social care direct</li> </ul>	COMPLETED	Anna Mitchell
Champions deliver briefings and case consultations in their local area	<p>Following the 2015 training, Champions delivered over 15 briefings throughout the city. This enabled staff who were not suitable for the four-day training to become familiar with the model, including voluntary sector organisations, NHS and Police Scotland. Attendance at briefings was high and verbal and written feedback has been positive.</p> <p>In Southwest, a six-week training programme which includes Safe and Together principles was developed for children and families staff, including team leaders. It included training on engaging with perpetrators and perpetrator focussed interventions.</p>	COMPLETED	Safe and Together Champions



## Safe and Together Edinburgh 2015 - 2018

	<p>Following the 2017 training, Champions felt that it would be beneficial for briefings to be centrally co-ordinated and advertised. This will be facilitated through the Child Protection Committee Learning and Development Subgroup. Champions in each locality have committed to delivering at least two briefings in the year following the 2017 training. Champions in citywide services will be available to support these briefings if required.</p>	MAR 2018	Safe and Together Champions
Champions carry out consultations and case mapping	<p>Since 2015, Champions have been utilised as consultants, usually on an informal basis. They have mentored other social workers, particularly on duty, and have provided consultation and advice. Formal case mapping sessions have taken place in cases where there have been complexities or varying views on case plans to develop a shared view of how to proceed.</p> <p>Following the 2017 training, the case mapping process is going to be more formally developed in different localities. <b>Northeast Locality</b> previously held consultations between Safer Families Edinburgh staff and social workers to offer advice on how to engage with perpetrators. This three-hour monthly slot will be reserved for formal case mapping with Safe and Together Champions. A mapping protocol will be developed outlining what is expected of those who attend, why parents are not invited and providing clarity on the decision-making process. A referral for case mapping will also be developed through MARAC.</p>	COMPLETED	Safe and Together Champions
Domestic abuse lead officer to carry out briefings to citywide services and groups about implementation in Edinburgh	<p><b>Edinburgh briefings delivered – 2015</b></p> <ul style="list-style-type: none"> <li>• Children and Young People Review Team</li> <li>• Family Group Decision Making</li> <li>• Edinburgh Lothian Practitioner Forum</li> <li>• Newly Qualified Social Workers</li> <li>• Two briefings at Child Protection Committee Toxic Trio conference</li> <li>• Prison social work team</li> <li>• Army Welfare Service (The organisation has since adopted the model)</li> </ul> <p><b>Edinburgh briefings delivered - 2016</b></p> <ul style="list-style-type: none"> <li>• Edinburgh Women’s Aid</li> <li>• Social care direct</li> <li>• Newly Qualified Social Workers</li> </ul>	COMPLETED	Anna Mitchell

## Safe and Together Edinburgh 2015 - 2018

	<ul style="list-style-type: none"> <li>Edinburgh Voluntary Organisations Council</li> </ul>		
Safe and Together principles are referred to within existing training	A review of the multi-agency Rethinking Domestic Abuse training took place following the first year of delivery, which included revising materials and holding a further training for trainers' event. Safe and Together principles were integrated throughout the training	COMPLETED	Anna Mitchell
	Information about Safe and Together has been included in the: <ul style="list-style-type: none"> <li>Level 2 training for schools</li> <li>Level 4 training for managers in schools and partner provider nurseries</li> <li>Two day interagency child protection training</li> </ul>	Ongoing	Leeanne Turner
	The Caledonian System is currently being re-accredited and all manuals revised. Safe and Together principles and components will be integrated throughout the training and manuals.	NOV 2017	Rory MacRae
<b>Outcome Three: Safe and Together principles are embedded in Edinburgh's systems and processes</b>			
<b>Action</b>	<b>Progress Note</b>	<b>Status</b>	<b>Lead</b>
Consider how Safe and Together principles can be embedded in SCRA processes	Senior practitioners and representatives from the Report, Practice and Policy Team in SCRA have been regularly meeting about developing Safe and Together since 2015. They are developing guidance for reporters to specify the information required from social work reports to include the perpetrators pattern and protective efforts of the non-offending parent. All Children's Reporters have received mandatory domestic abuse training, delivered in conjunction with Scottish Women's Aid, incorporating messages from Safe and Together. SCRA's next national internal case sampling exercise will be looking at decision-making in relation to domestic abuse referrals to evaluate how well messages from training have been integrated into practice	JUN 2018	Margaret Main
	A briefing on Safe and Together is being delivered at a 'Conversation Café' for panel members. It will provide the opportunity to consider how Safe and Together can be more integrated into training for panel members.	SEP 2017	Anna Mitchell Susan

## Safe and Together Edinburgh 2015 - 2018

			Rattigan
Consider how Safe and Together principles can be embedded in Criminal Justice processes	Safe and Together practice development sessions are being delivered as part of a number of sessions being offered to all criminal justice social workers over the next 18 months. Attendance will be monitored and further targeted sessions delivered if required.	COMPLETED	Stephen Madill Vikki Kerr
Consider how Safe and Together principles can be embedded in Child Protection Case Conference processes	A working group has been formed with a Champion and reviewing officers. A list of prompt questions were agreed to assist reviewers in taking account of Safe and Together principles.	COMPLETED	Anne McTiernan Andrew Gillies
Consider how Safe and Together principles can be embedded in Children and Families duty system	<b>Northwest Locality</b> is designing a set of interview questions for use on duty phone calls and visits using the Safe and Together tools – this will be a laminate on the duty desk. This will be piloted over a number of months and then can be passed on to other localities.	MAR 2018	Andrea Davidson
Consider how Safe and Together principles can be embedded in GIRFEC paperwork	A group of 2015 Champions have met to review existing GIRFEC and domestic abuse tools. Following the 2017 training, interested Champions will be asked if they want to be involved in adapting the existing GIRFEC tools, including the tools for assessment; SHANARRI indicators, My world triangle, and Resilience Matrix.	MAR 2018	Anna Mitchell
Consider how Safe and Together principles can be embedded in health processes	Safe and Together principles have been incorporated into the ongoing Health Visitor training across Lothian. This has been delivered to 120 staff in West Lothian Health Visitor and 60 staff in Edinburgh. A further 80 Edinburgh staff will receive it by 29 Nov 2017. The Health Visitor Teams in East and Mid Lothian will receive the same training which also covers routine enquiry and completion of the Risk Indicator Checklist by Feb 2018. There are ongoing discussions regarding how Health Visitor Team Leads and Safe and Together Champions can be involved in developing local domestic abuse action plans.	Feb 2018	Champions within NHS Lothian
Consider how Safe and Together principles can be embedded in EDDACS and MARAC processes	A document developed by ASSIST which outlines prompt questions which embed Safe and Together principles has been circulated to EDDACS staff. It is particularly useful for staff who support women on the phone. An EDDACS manager was involved in the 2017 Safe and Together training.	COMPLETED	Claire Philpot Alison

## Safe and Together Edinburgh 2015 - 2018

			Roxburgh
Consider how Safe and Together principles can be embedded in Police Scotland processes	There have been ongoing discussions at the Child Protection Committee learning and development subgroup about how Champions can give a short input on the Safe and Together model to frontline police who attend domestic abuse police call outs. This will allow a specific input to the police about how the model specifically relates to their role.	MAR 2018	Anna Mitchell
Consider how Safe and Together principles can be embedded in Significant Case Reviews	Develop the use of expertise within the Safe and Together Champions staff group to improve learning and recommendations for significant case reviews where domestic abuse is a feature	JUN 2018	Anna Mitchell
e-learning	Consideration is being given to the use of a Safe and Together e-learning module. It will prioritise staff who are not suitable or unable to attend the four day training, such as Schools, Early Years Centres and Residential units	MAR 2018	
<b>Outcome Four: Safe and Together is developed nationally across Scotland</b>			
<b>Action</b>	<b>Progress Note</b>	<b>Status</b>	<b>Lead</b>
Develop Safe and Together nationally	<p>Soon after the initial training in 2015, a number of local authorities and organisations contacted Edinburgh to ask about the model and case file audit. The audit tool has been shared widely and other areas have since carried out their own audits. A National Safe and Together Consortium was developed which consisted of:</p> <ul style="list-style-type: none"> <li>• Scottish Women's Aid</li> <li>• Barnardos</li> <li>• Caledonian</li> <li>• Scottish Children's Reporter Association</li> <li>• Army Welfare</li> <li>• City of Edinburgh Council</li> </ul>	On-going	Anna Mitchell

## Safe and Together Edinburgh 2015 - 2018

	<ul style="list-style-type: none"> <li>• Relationships Scotland</li> <li>• Assist</li> </ul> <p>As local authorities delivered the model, they were invited to send a representative to the meetings. A smaller working group was established to engage with the Scottish Government. The development of Safe and Together has now been agreed as an action within the Justice Work stream of Equally Safe: Scotland's National Strategy to Eradicate Violence Against Women and Girls. A working group has been established to consider how a demonstration project can be developed in Scotland.</p>		
	<p>Edinburgh has endeavoured to spread the learning from the Safe and Together model across the UK and beyond:</p> <p><b>National briefings delivered - 2015</b></p> <ul style="list-style-type: none"> <li>• National Child Protection Committee Chairs Forum</li> <li>• National Violence Against Women Network</li> <li>• Scottish Children's Reporter Administration</li> <li>• North Lanarkshire Safe and Together event (Local Authority has since adopted the model)</li> <li>• North Yorkshire Safeguarding Board development day</li> <li>• Orkney Women's Aid conference</li> <li>• Scottish Women's Aid Member Conference</li> <li>• Scottish Women's Aid Practitioners' Forum</li> <li>• Domestic Violence Co-ordinators' Network London</li> <li>• West Lothian Safe and Together Event (Local Authority has adopted the model)</li> </ul> <p><b>National briefings delivered - 2016</b></p> <ul style="list-style-type: none"> <li>• Presentation to cross directorate representatives in Scottish Government</li> <li>• Manchester – the Cognitive Centre conference</li> <li>• Rotherham Rise Women's Centre</li> <li>• Orlando Safe and Together Symposium</li> <li>• Barnardos (Organisation has since adopted the model)</li> </ul>	On-going	Anna Mitchell

## Safe and Together Edinburgh 2015 - 2018

	<ul style="list-style-type: none"> <li>• Dundee and Fife Safe and Together Event (Organisation has since adopted the model)</li> <li>• Scottish Borders Safe and Together Event (Local Authority has since adopted the model)</li> </ul> <p><b>National briefings delivered - 2017</b></p> <ul style="list-style-type: none"> <li>• East and Mid Lothian Child Protection Committee (Local Authority has since adopted the model)</li> <li>• South Lanarkshire Development Day</li> <li>• Manchester Safe and Together Launch</li> </ul> <p><b>International events – 2016</b></p> <p>Delivery of presentation on Edinburgh’s development of Safe and Together at the Safe and Together Symposium, Orlando</p>		
Consider how Safe and Together principles can be embedded in the University, social work and violence against women curriculum	<p>Two briefings are being delivered by Champions are part of a conference being delivered by the British Association of Social Workers.</p> <p>A briefing on how Safe and Together works in practice is being delivered at the Scottish Association of Social Work’s Pride in Practice: Annual Children and Families Social Work Gathering conference.</p>	COMPLETED	<p>Anna Mitchell Catriona Grant Stephen Madill Rachael Barnes  Andrea Davidson</p>
	An interview about the development of Safe and Together in Edinburgh has been included in a web-based Violence Against Women course by Strathclyde University.	COMPLETED	Anna Mitchell
	Anna Mitchell has been approached to co-author a chapter on domestic abuse in social work for a book related to the development of domestic abuse practice in Scotland. It will relate Edinburgh’s Safe and Together journey	Mar 2018	Anna Mitchell

## Safe and Together Edinburgh 2015 - 2018

Outcome Four: Evaluate the effectiveness of Safe and Together implementation			
Action	Progress Note	Status	Lead
Evaluation of delivery and support	Evaluations have been completed for the briefings and will be collated and analysed.	Mar 2018	Anna Mitchell
Strathclyde University evaluation	Strathclyde University, City of Edinburgh and East and Mid Lothian are working in partnership to develop an evaluation of the implementation of the Supervisors Training in March 2018.	Mar 2018	Anna Mitchell
Repeat of the domestic abuse case file audit	With the domestic abuse case file audit as a baseline, a further audit has been carried out. This has included a focus on cases allocated to Champions to show practice improvements, but will also include wider cases to see if the learning has spread to those who did not attend the training	Dec 2017	Anna Mitchell