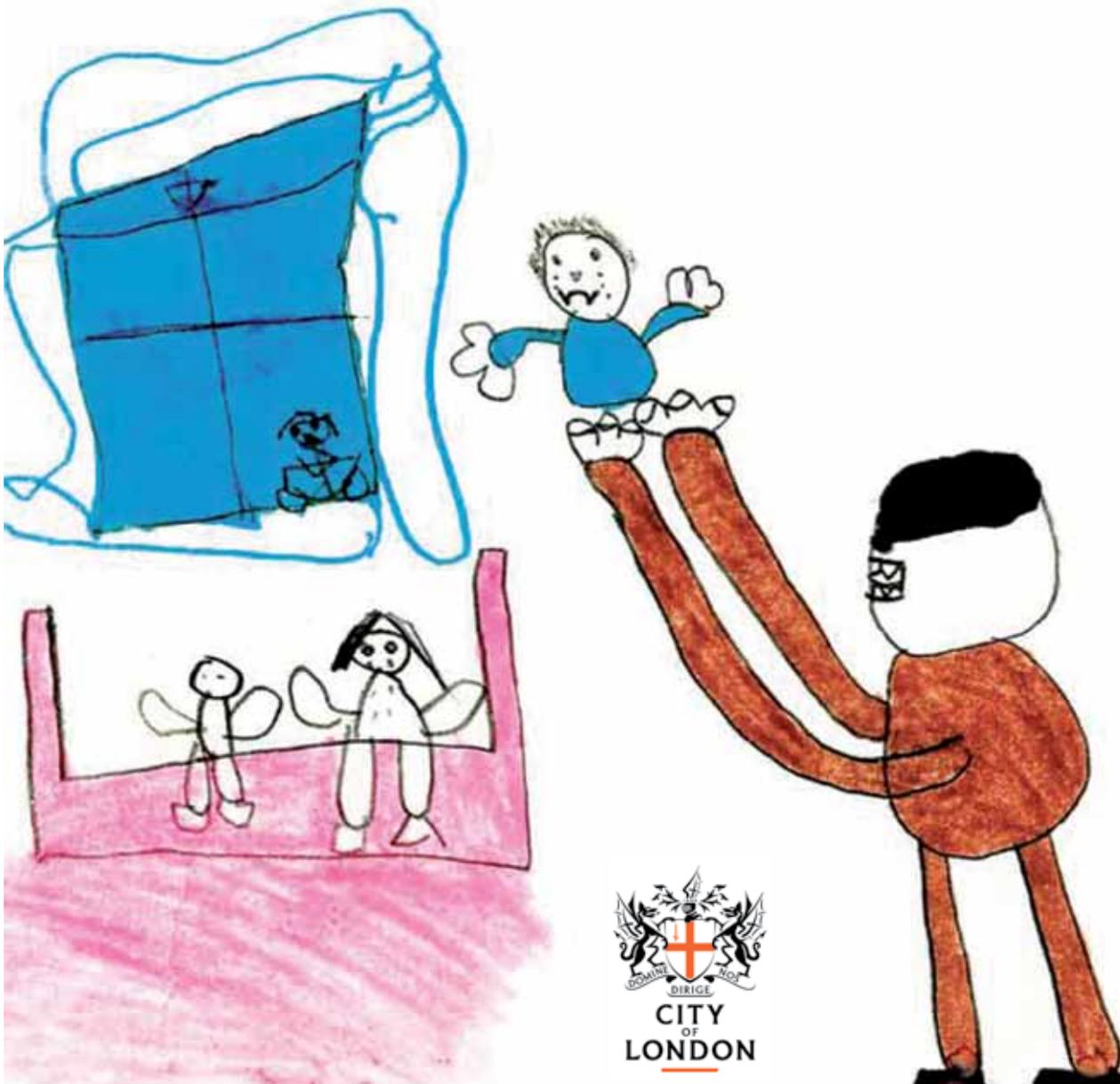


Meeting the needs of children living with domestic violence in London

Research report

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Refuge/NSPCC research project
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FOREWORD

City Bridge Trust has long been a supporter of services specifically for children and young people affected by domestic violence in London. For example, knowing there was no statutory requirement to do so, we have funded child support workers in several refuges across London. Our experience suggested that provision for children was variable, both in terms of quality and quantity.

We therefore wanted to get a clearer picture of what services children and young people who have lived with domestic violence in London had access to and better understand how the unique characteristics of London shape what services they need.

London is not, as most people assume, one area. It is 33 different local areas. Each of these has its own independent administration. Travelling across boroughs can be quick and easy, but relocating, swiftly and safely to escape domestic violence can be difficult, time consuming and fraught with risk. London's population is huge and also diverse, combining extremes of wealth and poverty and an array of languages and cultures. Ensuring abused women and children have equal access to help and support across this population is a significant task. London is a desirable place to live, which brings intense pressure upon housing with limited public housing stock and private sector rents higher than anywhere else in the country. The proposed introduction of Universal Credit together with the recent cap on housing benefit could have disastrous consequences for abused women with children who may find themselves priced out of this market and have nowhere else to go. For some, London represents opportunity and for others it represents great and seemingly insurmountable challenges. We wanted to look more closely at how the needs of children living with domestic violence were met within this unique context. As well as experiencing the trauma of domestic abuse, they are also likely to lose their friends and school in the upheaval of moving to a safe place.

We felt it was critical that this investigation be carried out by organisations with expertise in the area of domestic violence and its impact on children and so turned to Refuge and the NSPCC.

When this research project began, our intention was to identify areas of good practice where services currently existed as well as highlight gaps in services. We felt positive that our findings would identify a number of projects for children living with domestic violence and strengthen the call for more. Instead, during the research period we found ourselves entering a period of great austerity. Many services that existed at the beginning of this research have now either closed or are greatly reduced in their coverage. A comprehensive mapping of existing services has proved to be impossible, because of the continuously changing landscape.

I hope that readers realise that there are positive programmes of work supporting children who experience domestic violence in the capital, but that there are too few. We hope our report will inspire investment and support for these much needed programmes. We are calling on London local authorities to ensure the continuation of these programmes where they exist and encourage the discussion of creative ways to implement them cost effectively. Local authorities should pay particular attention to commissioning specialist services so critical to meeting these unmet needs in London. These include specialist domestic violence and specialist minority ethnic services, as well as those working jointly with abused women and their children.

After almost 30 years of research and commentary about children living with domestic violence, it was shocking to find that their voices are still not consistently heard. For many professionals, children remain an add on, a side issue to the 'more serious' problem of violence against women. It was difficult throughout this research to find examples of professionals listening to what children and young people said. Not just talking to them, but actually giving the time and space to hear their stories, listening to their hopes, fears, wants and needs. One of the biggest potential outcomes of this research would cost little to implement. Listen to children and allow them a voice – it is likely to achieve absolutely priceless results.



Billy Dove MBE JP

Chairman, City Bridge Trust



EXECUTIVE SUMMARY

1. BACKGROUND

This research, funded by the City Bridge Trust, is the result of collaborative work in London by Refuge, a national domestic violence charity, and the National Society for the Prevention of Cruelty to Children (NSPCC), a children's organisation that specialises in protecting children from abuse and neglect.

The motivation for the research was to provide knowledge that could be used to improve children's wellbeing. The aims were to explore the types of help given to children living with domestic violence in London, identify any gaps in knowledge and in services, and share learning about positive responses.

2. CHILDREN AND DOMESTIC VIOLENCE IN LONDON

In the 12 months to August 2011, the police recorded 47,297 domestic violence offences in London¹. Domestic violence accounts for 29 per cent of violent crime in London². One in seven (14.2 per cent) children and young people under the age of 18 will have lived with domestic violence at some point in their childhood³. This is equivalent to at least 260,400 of London's children and young people. Although not all will be affected in the same way, living with domestic violence can adversely affect children's healthy development, relationships, behaviour and emotional wellbeing⁴. Awareness has grown about the harm that can be caused to children in this way. Seeing or overhearing violence to another person in the home is recognised by law as potentially detrimental to children's welfare⁵. Research has shown that domestic violence is a central issue in child protection⁶, being a factor in the family backgrounds of two-thirds of the serious case reviews (SCRs) where a child has died⁷.

It is also increasingly recognised that experiences of living with domestic violence vary and, although all children need to be safe, their need for support and help will vary⁸. Over the last 10 years, changes have been made in policy and practice to cater for a continuum of children's needs, ranging from preventative measures, to protect children from having to live with domestic violence, to the care and support of children who have suffered harm⁹. Under the previous Government, 'integrated children's services' were to bring together statutory services (such as child protection, education, social housing and health) with community and voluntary sector services to provide a range of coordinated support for children and their families, especially those most vulnerable or socially excluded. More differentiated and targeted responses have developed, where levels of support are designed to fit better with varied levels of need, including:

1 Chaplin et al (2011)

2 Metropolitan Police Authority (MPA) Domestic and Sexual Violence Board (2010)

3 Radford et al (2011) This figure refers to the UK average.

4 Stanley (2011)

5 The Adoption and Children Act 2002, s.120 (implemented in 2005)

6 Hester et al (2006)

7 Brandon et al (2010)

8 Jaffe et al (2008)

9 DCSF (2010c)

- emphasis on early identification and intervention for vulnerable children
- investment in Sure Start children's centres
- services for families with the combined problems of domestic violence, drug or alcohol abuse and poor mental health
- Think Family¹⁰ approaches, which link adult and children's services.

However, Lord Laming's report¹¹ and Eileen Munro's review of the child protection system¹² both found that despite these changes, children living with domestic violence have not been given sufficient priority. Children's needs tend to be overlooked when the focus is on the needs of the parent, while a focus on child protection can result in the impact of domestic violence on the abused parent being overlooked, highlighting the need for research into what help children living with domestic violence are given and what is effective for supporting both the child and the abused parent.

The capital city presents particular challenges, but also some unique opportunities:

- It has a diverse, mobile and changing population.
- It includes areas of relative wealth as well as others of considerable deprivation.
- The diversity of the population and the tendency of families to move from area to area, crossing borough boundaries, particularly when presenting to different services, places pressure on services working together to safeguard children and raises the risk of children falling through the gaps.
- On the other hand, London has played a role in innovating and leading change, especially on coordinating approaches and on bringing together evidence and practice. Refuge and the NSPCC were each aware of examples of developing practice where knowledge could be shared.

3. METHODOLOGY

3.1 Definitions

Children and young people are those under the age of 18 years.

Domestic violence, as used in this report, is 'any violence between current and former partners in an intimate relationship, wherever the violence occurs. The violence may include physical, sexual, emotional and financial abuse. Domestic violence occurs across society regardless of age, gender, race, sexuality, wealth and geography'¹³. Although both men and women report experiencing abuse in intimate relationships, domestic violence is highly gendered. The pattern of abusive and controlling behaviour that is repeated and harmful is overwhelmingly perpetrated by males against females. Indeed the greatest risk factor for experiencing domestic violence is being female¹⁴.

¹⁰ Think Family approaches are designed to improve working together across services for adults and children. See DCSF (2009)

¹¹ Lord Laming (2009)

¹² Munro (2011b)

¹³ Home Office (2009)

¹⁴ Walby and Allen (2004)

Children living with domestic violence, in this report, refers to children and young people who currently live or have lived in a household where there is domestic violence between adults.

Services and interventions include the range of universal, preventative, targeted, specialist and therapeutic services and interventions in the voluntary and statutory sectors that aim to meet the diverse needs of children living with domestic violence.

Children's needs: These embrace the whole *continuum of needs*, including protection from exposure to domestic violence in the first place, access to advice and information, different levels of support in the family or through specialist services, multi-agency assessment for children living in high-risk domestic violence situations, risk management, and therapeutic responses.

3.2 Data and sources

Mixed, qualitative and quantitative methods were used to obtain information from a range of sources across London. The research was complex and wide ranging, involving:

- a literature review
- analysis of 608 core-planning documents
- 192 survey questionnaires
- 101 responses to Freedom of Information (FoI) requests
- 74 professional interviews
- interviews with 37 mothers
- interviews with 23 children and young people who had lived with domestic violence.

To assess whether agencies were working together in a more integrative manner, information was collected from each London local authority on domestic violence and child protection work in universal services (such as education, health, housing), services targeted at vulnerable families (i.e. family support), the police and criminal justice system, voluntary sector services, and specialist adult or child protection services working with families experiencing domestic violence.

We aimed to capture basic data on activities in each of the 33 London local authorities as well as more detailed information from a number of case study local authorities and cross-borough, pan-London agencies. It proved difficult to obtain some of the information we wanted, and consequently, the project experienced a number of setbacks and delays:

- Attempts to obtain more data from health services were frustrated by the lengthy and repetitious processes associated with applying for National Health Service (NHS) research ethical approval.
- Relatively few questionnaires were returned from key informants in each of the 33 London local authorities.
- To compensate for this, the number of in-depth interviews with professionals and service commissioners had to be increased to 74.

- It became apparent during the fieldwork (which coincided with the change of government and transition in the policy framework) that the services under consideration were volatile and rapidly changing.

As a result of these setbacks, two caveats must be made concerning the findings of this research:

- They are based mainly on qualitative rather than quantitative data.
- They give a snapshot of activities in London during the time the data was collected – from winter 2008 to spring 2011.

However, notwithstanding these caveats, we believe that the findings of the research remain valuable, and the key messages in the report are relevant in the context of the present day and for future decisions.

The ‘practice highlights’ that appear throughout the executive summary and the main report were identified either during the documentary analysis or from survey data, and span London’s 33 local authorities.

4. KEY FINDINGS

To keep the interests of children at the centre of this research, the analysis was structured around the categories of rights set out under the United Nations Convention of the Rights of the Child (UNCRC)¹⁵, namely:

- protection from harm
- non-discriminatory equal treatment
- support in overcoming harm
- the prevention of violence
- participation in decisions affecting children’s wellbeing.

The findings are summarised under these categories in subsections 4.1–4.5 below.

We highlight **three main findings** overall:

1. There are **significant gaps in services** addressing the needs of children and young people living with domestic violence in London.
2. Some of the most vulnerable children and young people are the least likely to be able to access help when they need it. There should be a stronger emphasis on **equality of access** to help for children and young people, regardless of their ethnicity, age, gender, disability or parental immigration status.
3. Children are rarely given opportunities **to express their own views**, and some professionals are reluctant to talk directly with children and young people and to involve them in decisions which affect them.

¹⁵ United Nations (1989)

4.1 Protecting children from harm

One time my dad and my mum had a fight and after my mum went over to my friend's house and after we stayed there, 'til my dad stopped getting in a mood. Nathaniel

The interviews with children themselves identified the following key themes concerning protecting children from harm:

- The importance of supporting mothers to protect children.
- Informal support as the first step.
- The role of adults (whether part of the family, in the professional services or otherwise) in doing something to stop the violence and in checking regularly that children are safe.
- The ability of children to get away and stay away from the abuser.

We explored the following key questions on the topic of protection in our interviews with mothers and with service providers:

- i. *Is there any evidence that **early identification and intervention policies** in health and children's social care are having an impact on children and young people living with domestic violence?*
- ii. *Has **domestic violence risk assessment** improved the protection of children?*
- iii. *What **services** are provided once children's needs for protection or family support have been identified?*

The findings in each case are summarised below.

i. Impact of early identification and intervention policies

It was difficult in the interviews to get professionals, other than social workers and some specialist domestic violence sector workers, to focus specifically on the needs of children. There was a generally held view that children's needs could be best met by dealing with the mother's needs. Supporting the mother to protect children is usually effective child protection practice¹⁶, but our research suggests that separate assessment of the children's needs is necessary for this to happen, particularly when the perpetrator is still living with the family or having contact with the children.

I didn't like the midwife when I met her either because, the first thing she said to me was, I'm going to have to inform social services because I've been in a violent relationship and my kids are at risk. But I said to her, I'm in a refuge, so how are they at risk, 'cause I've took them out of the situation. But that didn't matter to her. Her main thing was, oh well, you know, basically, she made me feel you're not a good enough mother, because you allowed them to live in such a situation.' Brea

¹⁶ Humphreys and Stanley (eds.) (2006); Humphreys et al. (2011)

We were unable to find any reliable quantitative evidence to show whether or not early identification policies had any impact on children living with domestic violence¹⁷.

In interviews, some professionals in voluntary and statutory services said they had seen improvements in working with children living with domestic violence, and confirmed a greater emphasis on earlier intervention in health, education and early years services and the development of a more differentiated response to children's needs, though to varying degrees in different parts of London.

Some mothers gave support to this view, but they were less confident about the positive nature of change, and some had concerns about what they considered indiscriminate referrals made to child protection services by health care workers and the police.

I was depressed but instead of picking up on it she referred me to child protection. I was devastated. I would never hurt my child. Louise

In summary, it seems that there have been changes, but the impact appears to be uneven and is still poorly monitored and evaluated.

Practice highlight

The children's centre in case study area 3 of our research offers a number of universal children's services as well as a more targeted project for mothers affected by domestic violence with children aged under 5. Families are identified through family support workers who do one-to-one work with families and through midwives in the community.

ii. Impact of domestic violence risk assessment

The three key planks of the previous Government's domestic violence policy, set out originally in the *National Domestic Violence Delivery Plan*¹⁸, were the establishment of Specialist Domestic Violence Courts (SDVCs), Multi-Agency Risk Assessment Conferences (MARACs) and Independent Domestic Violence Advisors (IDVAs). The aims were to increase prosecutions of perpetrators of domestic violence and to reduce rates of repeat victimisation for adults¹⁹. The Metropolitan Police Service (MPS) has a policy that promotes a proactive approach to domestic violence and encourages officers to take positive action when attending domestic violence incidents²⁰. Arrests have increased, and IDVAs and MARACs have helped to reduce repeat victimisation²¹.

Practice highlight: IDVAs in Hospitals

An innovative programme has been set up in Guy's and St. Thomas' Hospital, placing an IDVA in A&E. A review of this programme can be found in Coy and Kelly (2011).

¹⁷ The PROVIDE research programme will produce evidence on the impact of screening upon outcomes for adult victims. Further information is available from <http://www.bristol.ac.uk/sps/research/projects/current/rk7124/>

¹⁸ HM Government (2009a)

¹⁹ Home Affairs Committee (2008)

²⁰ Metropolitan Police Service (2009)

²¹ Howarth et al (2009)

I don't think I would have even gone through with the court and everything, I would have pulled out if (the IDVA) hadn't come on board, because ... I felt a lot under pressure, and even unsupported by the police because I felt that they just wanted to get a conviction. Bianca

Child protection activity in relation to children living with domestic violence has also increased in recent years. The introduction of s120 of the Adoption and Children Act 2002 led to an increase in notifications of domestic violence cases involving children to children's social care. As a result, some local authority child protection services struggled to cope with the volume of notifications and had difficulties sorting out cases according to their level of need²².

I don't think anyone could tell me that the children were at risk and I would believe them, because I just didn't understand what the risk meant. For me it was like – well they are not here when he is throwing the blows so they are not physically at risk, and that's how I understood it. When the police came because they wanted to check physically that the children were okay, and no one asked about their mental state. Samhita

Our research found examples of authorities responding to this challenge through 'triage systems', in which dedicated staff collated multi-agency information (including data from other boroughs), to determine the best immediate response and assessment pathway. Those systems that assessed needs and risks and had multi-agency referral pathways (including to the domestic violence voluntary sector) appeared to offer a better prospect of providing a comprehensive, differentiated response to the variety of needs faced by children living with domestic violence. Professionals we interviewed generally believed that a proactive approach to domestic violence, where children's needs were properly assessed, was more likely to deliver better protection.

Practice highlight

Tower Hamlets is developing their own risk assessment to cover children's needs.

Risk assessment has been an important element in targeting domestic violence intervention activity, but most risk assessment focuses on the risk to adults. However, we found that some agencies were also taking account of the risks of domestic violence to children, for example, using the risk assessment matrix developed by Barnardo's, though many felt that this was complicated and difficult to use. We were unable to find any evidence to show what the impact of risk assessment was on children's safety. Furthermore, our research found that child protection services were aware of children involved in high-risk cases of domestic violence prior to their review at MARAC. Overall, however, interviewees considered that the multi-agency focus on identifying and reducing risk to women and children was helpful to professionals.

iii. Services provided

We found limited evidence of support being provided for children living with domestic violence where the risk to the mother fell below the 'high-risk' threshold. Proactive responses to domestic violence by frontline services such as the police often had limited impact due to the lack of support available for

²² Stanley et al (2010)

children in the community. Interviewees indicated that support was least likely to be offered to children and young people of any age who did not fall within high-risk domestic violence or child protection categories. Such follow-up support as was available was mostly provided by the voluntary sector, but with very limited resources.

I think it's important to engage with the teachers. At my son's school they have, I can't remember what they call it now, a home, like a home-liaison officer. This lady she's there, for anything, any problems you've got, anything. Big or small. You can just go to her, speak to her, if you can't get hold of the teacher, and the one for my son, she's really good, and they can access services for you and point you in the right direction. Sangwan

In our interviews, some women said they were anxious about contact with social workers as a result of having had negative experiences where social workers had left them feeling responsible for the violence. Practice varied, however, with some professionals promoting an empowerment approach (that acknowledged the impact of domestic violence on the mother and aimed to build on her parenting strengths). A number of mothers said that being given the chance by a social worker to consider options had helped them and their children to find safety. We consider that some of the negative public attitudes that exist towards child protection service responses could be countered were more information available on how social workers can support and help women and children living with abuse. There seemed to be particular knowledge gaps around the options for effective child protection where the mother, child and perpetrator remain together in the same household.

Social services just don't help, they just scare you even more, and stop you wanting to call the police. 'Cause I've had times, like you said, you don't wanna call the police, 'cause social services are gonna get involved. Ranjana

That's something that's really, really important. Not forcing anybody to make a decision there and then. Roza

I had Social Services involved straight away, they were always 'round and so that it was quite nice really, because even though I was annoyed with them at the beginning, because I thought it was none of their business. In the end I'm glad they were there because they really did help. Hannah

An important focus of child protection is dealing with perpetrators. Twenty-five per cent of agencies replying to the questionnaire survey mentioned undertaking some work with perpetrators, most often providing information via a helpline or website. Outside the police and criminal justice system, however, there was limited evidence of work to address the behaviour of perpetrators, especially concerning their treatment of their children. The availability of voluntary perpetrator programmes was found to vary across London. Some men had to travel extensively to attend programmes, with some local authorities providing funding for men referred by social workers and others providing little or no funding.

Practice highlights

Respect has helped to establish a large independent research study on the effectiveness of domestic violence perpetrator programmes. Findings will be available in 2014. Further information is available from: thangam.debbonaire@respect.uk.net

Two of the children interviewed, siblings under the age of 9, had moved home eight times and school seven times to try to escape from their violent father. Staying safe after separation presents huge problems for women with children. Sanctuary Schemes aim to give women and children the option of staying in their own homes, but with increased security, and evidence suggests that for some families this had been helpful²³.

I got locks I did get extra locks put on my door but then the door just got kicked in. And I live in a flat and I'm supposed to have security doors you like buzz in and you let people in but I've had him climbing up on my balcony so that [Sanctuary Scheme] wouldn't really do anything for me. Sangwan

Our research discovered that for those unable to stay in the family home, finding safe refuge and alternative accommodation in London was a considerable problem. A recent court case²⁴ has broadened local authority responsibility for housing women affected by domestic violence to include emotional abuse, but some interviewees mentioned having to provide a high degree of evidence of physical violence to qualify for housing assistance.

The age limit on boys entering refuges presents mothers with the difficult choice of going into a refuge without her son if alternative accommodation cannot be found. It is difficult to find research that has explored the specific problem of access to safe accommodation for abused women with older teenage sons; nevertheless an urgent solution to this problem is clearly required. Creative partnerships between refuge service providers, housing associations and or local authorities could lead to the combination of safe community-based housing and domestic violence outreach services, meeting women's and children's needs for safety, advice and emotional support.

Some housing service interviewees believed that women ought to move well away from the abuser to ensure safety. However, moving away does not necessarily protect either mother or child if the violent father continues to have a presence in the family's life as a result of child contact arrangements. There is no research evidence to suggest any shift in family court culture away from preserving contact between children and violent parents, even when this is not what the children themselves want²⁵. Children had mixed views about contact. While some wanted to see their father, provided he stopped being abusive, others were very fearful and wanted their mother to be allowed to keep the father away. Courts and family lawyers should be more aware of the research evidence on the risks to children from abusive contact and should be more willing to stop contact from happening in circumstances where a child's safety cannot be guaranteed²⁶. Professionals interviewed reported a severe shortage of services to support safe supervised contact for children.

²³ Jones et al (2010)

²⁴ *Yemshaw (A) v. London Borough of Hounslow (R)* [2011] UKSC 3 (26 January 2011)

²⁵ Harne (2011); Hunt and Macleod (2008)

²⁶ Hunt and Macleod (2008)

4.2 Equal access and treatment in services

The research explored whether children living with domestic violence in black, Asian, minority ethnic or refugee (BAMER) families or in families where there were additional difficulties as a result of disability, mental health or drug and alcohol problems, had equal access to services.

A mixed picture emerged on the needs of children in BAMER families. Professionals interviewed had seen improvements, including the setting up of the Forced Marriage Unit in the Home Office and the Sojourner Project, which supports funded emergency accommodation for women who enter the UK on spousal visas and are subsequently abused by partners. Specialist BAMER drop-in and domestic violence outreach services for women and children, mostly run by the voluntary sector, had knowledge and understanding of the community and were helping socially-isolated families to access both universal and more targeted services. On the other hand, evidence from interviews and questionnaires indicated limited and variable access to services, poor translation services and a lack of advocacy and specialist BAMER services. A lack of resources to support children whose mothers had no recourse to public funds was also reported. As pre-school age children are only able to access services via their mothers, it is important that those services are accessible to all mothers, including those who do not have English as their first language. Furthermore, we found few services for families living with disabilities and domestic violence. Basic information on domestic violence was often not available in an accessible format for mothers with hearing, sight and learning difficulties.

The research found some positive developments in services for families living with domestic violence and mental health issues or substance misuse. However, overall, the research identified a need for better links between domestic violence and substance misuse services, a more integrated response to women experiencing both problems and an awareness of the impact on any children.

Practice highlights

In London, the Stella Project provides training and support to local agencies that are delivering services to survivors of domestic or sexual violence, their children or perpetrators of this violence. More information can be accessed on:

<http://www.avaproject.org.uk/our-projects/stella-project.aspx>

Our findings on equal access were therefore mixed, showing some improvements while identifying ongoing limitations to equal access for children from particular family backgrounds.

4.3 Support in overcoming harm

It was not possible to create a comprehensive map of services working with children and young people living with domestic violence in London owing to the continuously changing political and financial landscape. Findings from this research suggest that only a small number of children and young people participate in determining needs arising from domestic violence. Our documentary analysis showed that in planning crime, domestic violence and/or children's services, six boroughs had consulted young people specifically about domestic violence and one intended to, a further six had consulted young people generally about services for children, and domestic violence was raised as an issue in three

cases. In the documentation from 19 boroughs, no specific reference was made to consulting children. While this does not necessarily mean that such consultation does not take place, information from our interviews with commissioners supports this interpretation. It is difficult to see how services can meet needs effectively if those needs have not first been assessed.

It was evident from the documentary research, questionnaire survey and interviews that access to support was limited by location, focus and capacity. Of the 192 survey responses, 143 (76 per cent) identified gaps in domestic violence services for children, the most frequently mentioned were counselling, group work and school-based prevention activities. Mothers reported difficulties in securing timely access to children's services, in particular to Child and Adolescent Mental Health Services (CAMHS). Services were found to have developed organically, with some areas having none while others were relatively well covered. Gaps existed in the middle range level of support (i.e. between universal services and the acute specialist mental health services provided by CAMHS). Professionals also identified a gap in services for young people who had grown up living with domestic violence and were now abusive in their own relationships. Violence from older boys towards their mothers was a particular concern²⁷. Addressing these gaps has been hindered by funding difficulties, with interviewees reporting innovative services being run for a pilot period and subsequently closed due to a lack of sustainable funding. In these circumstances, it proved difficult for agencies to produce evidence of what means of support were effective. However, the questionnaire survey did find that of the 36 per cent of domestic violence services evaluated, 56 per cent were provided by the voluntary sector.

There is clearly a need for better understanding among professionals and commissioners about what 'work with children affected by domestic violence' means. There has been a tendency to focus on non-evaluated 'therapy' and group work. Conversely, meeting basic developmental needs – such as access to safe play spaces, having fun, getting into school, making friends, maintaining safe contact with the wider family and the community and having stability – seems to have received less attention. Poor funding for children's workers in refuge services has deprived children of essential advocacy services and therefore access to other resources.

The children interviewed spoke mostly about the psychological harm of living with domestic violence, and their need for emotional support to cope with their feelings. They were most likely to turn to their mothers, other family members and friends, and sometimes teachers, counsellors or refuge-based children's support staff for emotional support and help. Help to move on, make new friends, get settled in school and to have a 'normal' childhood, free from fear, were important to them.

Well my teacher called up my mum and then tried to sort out counselling for me but they didn't have any for my age because I was in Year 6 then. Jasmine

Children can access confidential online support via websites such as Women's Aid's *The Hideout* and ChildLine online. Yet fear of the consequences of disclosure, for example at school, is a significant barrier for children seeking emotional support. In 2010, only 0.2 per cent (610) of the 265,438 ChildLine counselling contacts were identified as being from children living with domestic violence. However, ChildLine are currently reviewing their coding categories as there has been reported confusion about

²⁷ It should not be assumed that children who live with domestic violence will have problems in later life. Although it is commonly believed that there is a 'cycle of violence' or that 'violence begets violence', the research evidence does not support this conclusion. Other factors, in addition to living with domestic violence as a child, influence the likelihood of a person being violent in adulthood. See main report, Chapter 5 for a further discussion of this point.

how to code calls involving domestic violence. Such calls may consequently have been coded under 'physical abuse', 'family relationships' or 'partner relationships', and 'family relationships', a coding category which includes 'parental conflict', was at the top of the list of children's reasons for counselling contact in 2010, recorded in 13 per cent (33,543) of all contacts.

I think if you tell them they'll, like even get, it will go even more worse, make more problems too. If you keep it to yourself you feel like you won't have like any problems in your head and like you don't, like you be, you keep quiet. Farai

Children living with their mother and the perpetrator are likely to have a high level of need, but are least likely to receive support. Professionals interviewed were unsure about what support could be offered beyond providing advice and safety planning under such circumstances. We believe there is scope for children's organisations and domestic violence services to share knowledge from research and practice on how children who have lived, or continue to live with abuse can learn to cope and build resilience.

4.4 The prevention of violence

Current government policy aims to shift emphasis towards the prevention of violence and abuse²⁸. Putting the policy of prevention into practice continues to prove difficult and gathering evidence of its impact even harder. While prevention is appealing, it is difficult to garner political will and action around it. This is especially so when resources are scarce, even though an economic argument for prevention has been made²⁹.

Practice highlight

London has a relatively long history of school-based initiatives beginning in the 1990s, for example the STOP programme (London Borough of Islington, 1994) and the (original) Respect pack³⁰. More recently work to roll-out the Westminster programme across London was undertaken³¹ and there have been a number of other initiatives such as, for example, work by Tender and Hounslow's Learning to Respect that have maintained a presence for several years. In addition GLDVP (now AVA) published guidance on prevention work in 2008³². There has also been a small number of public education campaigns targeted at children and young people in England, the most extensive being Teenage Relationship Abuse led by the Home Office in 2010 and re-launched again in September 2011³³.

All but 4 of the 33 London local authorities had either planned or had underway wider public education or awareness campaigns. Documentary research, surveys and interviews with professionals showed, however, that preventive work on domestic violence with children and young people in London was mostly focused in schools (and, to a lesser extent, other educational settings). The trend towards independent

28 HM Government (2011a)

29 Hogan and Murphey (2000); Allen (2011)

30 Morley, 1999

31 Thiara and Ellis, 2005

32 Debbonaire, T. & Sharpen, J. (2008)

33 See <http://thisisabuse.direct.gov.uk/>

governance for schools is a barrier to consistency in prevention work and this was acknowledged in the Mayor's Violence Against Women and Girls (VAWG) strategy as a weak link³⁴. There is a limited amount of evidence that schools work is better established where there is a dedicated professional delivering this work in a multi-agency context³⁵. Equally, the findings here support earlier research in suggesting that most of the work was receiving only short-term funding and being delivered by small numbers of voluntary sector staff³⁶. It is well recorded³⁷ that some schools are resistant to VAWG programmes, particularly to those programmes that are based on a feminist analysis that promotes gender equality.

4.5 Children's participation and involvement in decisions

Children are rarely given opportunities to express their views, and some professionals are reluctant to talk directly with children and young people and to involve them in decisions. Our interviews with children indicated that children did want to be involved in the decision-making process, and to be informed by professionals, such as the police, about what could happen. We found very limited evidence of children participating in decisions about the need for services. They were rarely asked which services they considered effective, although there were some examples of good practice in this regard.

Practice highlight

The Safer Southwark Partnership carried out a consultation with young people on crime, including domestic violence. In addition, they carried out specific research in 2006 with young people in Southwark and their experiences of domestic violence in adolescent relationships.

See: <http://www.cassandralearningcentre.org.uk/wp-content/uploads/2010/11/SouthwarkStudy.doc>

There are real challenges ahead in sustaining a focus on the needs of children living with domestic violence, when those services that do exist in London are currently still at the stage of being 'promising developments' despite decades of innovation and campaigning. Children's services are undergoing deep cuts and it is uncertain in these circumstances to what degree strategic guidance from central government will promote safe outcomes for children living with domestic violence. To date, discussions about social impact³⁸, have rarely addressed the crucial importance of demonstrating impact in terms of the safety and wellbeing of children. Commissioners and those involved in health and wellbeing boards will have a very important job locally as champions for children, to ensure that a focus on the outcomes for children living with domestic violence, as identified by those children themselves, is not lost.

³⁴ Mayor of London (2010a)

³⁵ Thiara & Ellis (2005); Ellis (2004)

³⁶ Ellis (2004)

³⁷ James-Hanman (1999); Maxwell et al (2010)

³⁸ Value for money, joint commissioning and 'social impact bonds', where the public sector only pays for positive outcomes, are key features of a new approach to commissioning that has the aim of securing sustainable funding for providers of VAWG services.

5. CONCLUSION AND KEY RECOMMENDATIONS

Detailed recommendations are made in the full research report. The discussion below focuses on key recommendations addressing the three main findings of the research, as summarised at the opening of section 4 above.

5.1 Gaps and Shortages

Above all else, children identified the need for protection and safe adults to whom they could turn to for support. ***Ensuring sufficient and varied opportunities are available for children to talk to skilled adults in confidence about the domestic violence in their lives, should be seen as a priority today and in the future.***

A key finding was a shortage of services for children living with domestic violence in London and a lack of planning and resources available to meet children's needs. In particular, we found a shortage of support for children and abused women who fall below the 'high-risk' thresholds of IDVA, MARAC or child protection intervention. ***We recommend that government guidance on joint needs assessment be developed as part of the action plan to end violence against women and girls. The guidance should include information on what is known about how effective services can meet the needs of children and young people affected by domestic violence. An updated version of the Local Government Association's 'Vision for Services'³⁹ guidance would be helpful.***

There is a need for improved and consistent data collection and collation, and the sharing of information on domestic violence and children. This data could be more effectively used for service planning. ***Professionals need clearer advice and guidance on what information to share, when to share it and how to work with abused parents to ensure that sharing the information does not further compromise their safety or their children's safety.***

In some areas of London, we found the use of risk assessment that specifically focused on the needs of children living with domestic violence. ***There is a need for further development of user-friendly, evidence-based, child-specific methods of assessing risk that overlap with the risk assessment of the mother, and to develop evidence-based, good practice for this work.***

A key consideration in domestic violence situations involving children should be in supporting the relationship between the child and the parent who is the victim and, if appropriate, support a safe relationship between the children and the parent who is the perpetrator. The harm to the mother-child relationship from domestic abuse is often underestimated. We make three recommendations in this regard:

- ***Work with children needs to develop beyond the focus on safety planning. Children need support to cope and develop strategies for resilience. There should be a concerted drive to provide support to children and the parent who is the victim of domestic violence, in a range of settings appropriate to need.***

³⁹ *Vision for Services* is the guidance for commissioners of services for children and young people affected by domestic violence. See: Local Government Association (2007).

- ***There should be a focus on the importance of joint and parallel work for women and children and the provision of a range of services to sensitively address and overcome the harm domestic violence has caused to the mother-child relationship.***
- ***There should be a focus on developing social work training and practice on working with perpetrators, particularly perpetrators as parents, while ensuring children are protected.***

Children who have to leave home because of domestic violence are often further disadvantaged by not being able to attend school. Disruptions to education can impact on learning and a child's capacity to manage the curriculum at a level commensurate with peers. ***Children who have to move because of domestic violence should have priority and a fast track process into a new school.***

5.2 Equal access and non-discriminatory treatment

Our second key finding was the need for equal access and non-discriminatory treatment for children and their families. ***There needs to be more work to:***

- ***raise awareness in domestic violence specialist organisations about how to work with and protect disabled victims and their children***
- ***raise awareness within disability organisations about domestic violence.***

Currently, the support available to victims of domestic violence who have no recourse to public funds is extremely limited, with only those who meet very stringent central government requirements being eligible to apply for funding. ***All victims of domestic violence with no recourse to public funds should be eligible for the Sojourner Project and to fast track an application for indefinite leave to remain (ILR) regardless of marital/relationship status.***

5.3 Children's participation

Our final key finding was that there was limited evidence of professionals listening to children when making decisions. Effective and positive police action to secure their immediate and ongoing protection was desired by many of the children who talked to us. ***The police should have clearer responsibilities and guidance on talking directly and separately with children when attending domestic violence incidents.***

Being found by perpetrators was an area of concern for children who had fled to safe accommodation. Unsafe child contact emerged as a significant area of risk and worry. We make two recommendations in this regard:

- ***There needs to be better joined-up thinking and multi-agency work to address the abuse and fear, and to prevent stalking and harassment of children and their mothers, which often accompanies unsafe child contact.***
- ***Children should have the right to say 'no' to contact.***

Focus groups with children showed us that practical issues, such as getting settled in school, enjoying play, having fun and having someone to talk to about concerns, are important to children who are overcoming the harm of living with domestic violence:

- *As commissioning guidance in future aims to encourage payment by results, we recommend that children's views on 'what works' should also be considered.*
- *Commissioning guidance should also be developed which suggests how children who have lived in families affected by domestic violence could be involved in commissioning services locally to meet the whole continuum of children's needs.*

1. INTRODUCTION

This research, funded by the City Bridge Trust, is the result of collaborative work in London by Refuge, a national domestic violence charity, and the National Society for the Prevention of Cruelty to Children (NSPCC), a children's organisation that specialises in protecting children from abuse and neglect. The motivation for the research was to provide knowledge that could be used to improve children's wellbeing. The aims were to explore the types of help given to children living with domestic violence in London, identify any gaps in knowledge and services, and share learning about positive responses.

1.1 THE PREVALENCE OF DOMESTIC VIOLENCE

As much goes unreported, it is not possible to gauge precisely the prevalence of domestic violence in the UK population but crime survey data shows that 26.6 per cent of women and 14 per cent of men report having experienced one or more forms of partner abuse during their adult lives, and 5.8 per cent of women and 3.7 per cent of men say they have experienced partner abuse within the last 12 months¹. Although both men and women report experiencing abuse in intimate relationships, domestic violence is highly gendered. The pattern of physical, sexual, psychological, financial abuse and controlling behaviour that is repeated and harmful (resulting in injuries) is overwhelmingly perpetrated by males against females. Indeed, the greatest risk factor for experiencing domestic violence is being female².

While the British Crime Survey (BCS)³ (indicates that domestic violence⁴ is declining⁵, this trend has not been mirrored in demand for domestic violence services. Despite a growing number of local helplines (n=106)⁶ and services for victims of domestic violence, calls to the freephone national domestic violence helpline, run in partnership between Refuge and Women's Aid, increased by more than 6.5 per cent between 2006/07 and 2010/11, to 150,798 calls. Calls to the domestic abuse helpline in Wales increased by 18 per cent between 2008/09 and 2009/10. Both the BCS data and the national domestic violence helpline usage statistics are national aggregates, so it is not possible from either to infer whether domestic violence in London is increasing or decreasing.

The Metropolitan Police Service (MPS) has recorded a slight increase in the number of reported domestic violence incidents and offences in London since 2005, but they are unable to say whether this indicates an increase in domestic violence, an increase in reporting or both⁷. In 2009/10 there were 119,878 domestic violence incidents recorded in London by the MPS, an increase of 6,982 on the previous year. Out of these incidents, 51,809 (43 per cent) were recorded as offences. Croydon is the London borough with the highest number of domestic violence incidents (5,790 recorded in 2010), followed by Lewisham.

1 Chaplin et al (2011)

2 Walby and Allen (2004)

3 British Crime Survey (2011)

4 The BCS defines domestic violence as: 'Domestic violence comprises wounding and assaults which involve partners, ex-partners, other relatives or household members.'

5 The main BCS report is known to be impacted by under-reporting of domestic violence. In order to provide a more reliable estimate of incidents of domestic violence, a separate self-completion module is administered. The definition of domestic violence used in the BCS may potentially confuse intimate partner, elder, sibling and parent abuse.

6 Information from: www.ukrefugesonline.org/ (password required)

7 MPA (2010) The shared police, Crown Prosecution Service (CPS) and government definition of domestic violence refers to 'partner or family abuse', which may also potentially confuse intimate partner, elder, sibling and parent abuse.

Richmond has the lowest number (1,474) followed by Kingston. Domestic violence amounts to 29 per cent, almost a third, of all London's violent crime⁸.

Half of those who report experiences of domestic violence to the BCS have children⁹. Recent research on child maltreatment in the UK based on 6,196 interviews with parents, children and young adults found that 14.2 per cent of children and young people under the age of 18 had been exposed to domestic violence¹⁰ during childhood¹¹. This would be equivalent to 260,400 of the children and young people living in London. Of those aged under 18, 2.9 per cent had been exposed to domestic violence in the past year alone¹², equivalent to 53,180 children and young people living in London. These figures do not include incidences of abuse within young people's own intimate partner relationships¹³.

1.2 THE IMPACT OF DOMESTIC VIOLENCE ON CHILDREN

The harm that can be caused to children living with domestic violence is increasingly recognised. This harm can come from several sources:

- Children living with domestic violence face the risk of themselves being physically, sexually or emotionally abused or neglected by the perpetrator.
- They may be harmed if they try to intervene to protect the victim.
- Living within a climate of fear and controlling behaviour can have a detrimental impact on their health and development.
- The 'fall out' from domestic violence creates additional adversities for them to deal with, such as the impact on the health and wellbeing of their caregiver, social isolation, moving home, struggling on a low income, dealing with homelessness and so forth.

All children who live with domestic violence are at risk of having poor outcomes and for some the consequences can be lifelong. The impact can include a range of physical, emotional and behavioural consequences – low birth weight, low self-esteem, depression, post-traumatic stress reactions, aggression, running away from home and risk-taking behaviour in adolescence¹⁴. Different children and young people, even those living in the same family, may be affected in different ways or to a lesser or greater extent. While the impact on some children may be significant, substantial numbers of maltreated children show no apparent adverse consequences in adulthood¹⁵. Research suggests that the adverse consequences for children decline if they are safe and free from fear of further violence. Having a good, emotionally supportive relationship with an adult caregiver, most often the mother, contributes

8 MPA (2010). Further information on police responses to domestic violence in London is included in Appendix 2.

9 Povey et al (2008)

10 Here the term 'exposed to domestic violence' is used to reflect the questions asked in the earlier research. The term 'living with domestic violence' is the preferred term used in this report.

11 Radford et al (2011)

12 *ibid*

13 The NSPCC published a report in 2009 that examined abuse within young people's own intimate partner relationships. Please see Barter et al (2009).

14 Bair-Merritt et al (2006)

15 Bentovim et al (2009)

significantly to their ability to overcome the consequences of living with domestic violence¹⁶. Providing support for the mother, rather than undermining her, is generally seen to be effective child protection¹⁷.

1.3 RESPONSES TO DOMESTIC VIOLENCE

Work to counter domestic violence has been led by the voluntary sector¹⁸. This has been recognised in government policies that have aimed to build capacity in the voluntary sector¹⁹. Addressing domestic violence has been a priority in government crime control policies in recent years and there has been a rapid development of services and in policy responses, particularly within the criminal justice system. During the final stages of this research, there was a change of government with a policy priority of dealing with the challenge of national debt. The Coalition Government aims to shift emphasis away from focusing mainly on criminal justice (which had been centrally led by target setting and performance monitoring), towards a greater emphasis on prevention, early intervention and locally defined priorities²⁰. These aspects of the new and emerging policy framework will be briefly considered in the final chapter of this report. In the bulk of the report, however, it is necessary to focus principally on policy and practice at the time we conducted our research in London.

Concerns have been voiced that the specific needs of *children* living with domestic violence tend to be overlooked, or to ‘fall between the stools’ of policies directed at adults, children and families. Several policy areas and sources can come into play, including the criminal justice system, adult-focused responses to domestic violence, child protection interventions (that either provide ‘family support’, keeping the family together, or if there is domestic violence, rely on the mother leaving the perpetrator), the application of family law after separation (where mothers and children can be required to have continued contact with violent fathers), and immigration and asylum policies. The interests of the child are not held paramount across all these areas, and in some cases, may barely be considered. The child protection, criminal and family justice system approaches to children living with domestic violence have been described as having such a contradictory focus and conflicting objectives that it appears the professionals are living on different planets²¹. It is clear from the second Laming report²² and from Eileen Munro’s reports on the child protection system²³ that the needs of children living with domestic violence have not been given sufficient priority in planning services.

1.4 THE PREVIOUS GOVERNMENT’S POLICY ON DOMESTIC VIOLENCE

The key planks of the previous Government’s domestic violence policy, set out originally in the *National Domestic Violence Delivery Plan*²⁴, involved establishing Specialist Domestic Violence Courts (SDVCs), Multi-Agency Risk Assessment Conferences (MARACs), and Independent Domestic Violence Advisers

16 Hester et al (2006)

17 Radford and Hester (2006); Hester et al (2006); Morris (2009)

18 McMillan (2007)

19 HM Government (2011a)

20 Allen (2011); HM Government (2011a)

21 Radford and Hester (2006)

22 Lord Laming (2009)

23 Munro (2010, 2011a, 2011b)

24 HM Government (2009a)

(IDVAs). The introduction of these structures and services has reportedly led to more prosecutions of domestic violence offenders and lower rates of repeat victimisation for adults²⁵.

SDVCs, IDVAs and MARACs have been rolled out nationally, including in most London boroughs, and actions against domestic violence expanded with the development of the more broadly focused coordinated community response model. This model, drawing heavily on an approach developed in Tower Hamlets, sets out the relationships which people affected by domestic (and sexual) violence have with a broad range of people and organisations in their community, ranging from immediate inter-personal relationships (e.g. with family or neighbours), to direct contact with services (including police, refuges, child protection, health, children's services or courts), and considers the impact of safety planning processes in multi-agency forums (MARACs, multi-agency public protection arrangements (MAPPAs) and local safeguarding children's boards (LSCBs)). This approach can be argued to have brought about a subtle shift in emphasis from 'exit' (i.e. a focus on persuading women to leave their abusers) to 'safety' (where a more coordinated approach is intended to provide support and to help them deal with post-separation violence). The coordinated community response model proposes a 'tiered' approach, where services are targeted at the associated levels of risk. Arguably, the model is similar in focus to 'differentiated response models', where only high-risk domestic violence cases go forward to child protection services, leaving lower risk cases to be dealt with by the voluntary sector and community services²⁶.

This 'tiered' level of response, mirrored in the guidance for commissioners of services for children and young people affected by domestic violence, *Vision for Services*²⁷, drew on a public health approach which describes social care and crime prevention in terms of:

- primary prevention – taking universal action aimed at the whole population to promote conditions so that problems (such as domestic violence) do not arise
- secondary prevention – focusing on individuals or families who are vulnerable or at risk but who may not yet have experienced problems
- tertiary prevention – targeting individuals or families who have already been identified as having problems, with the aim of minimising adverse effects.

Under the previous Government, a shift to early identification of domestic violence had begun, especially in midwifery and health care.

1.5 PREVIOUS POLICY ON MEETING CHILDREN'S NEEDS

The general approach introduced under the last Government, which stressed working together, coordinating community responses, early intervention, prevention and the deployment of services targeted to different levels of need or risk, underpinned the radical programme of changes introduced in relation to children's services by the *Every Child Matters: Change for Children* programme²⁸, which were given force by the Children Act 2004. The focus of local authority child protection activities was

²⁵ Home Affairs Committee (2008); Howarth et al (2009)

²⁶ Alaggia et al (2007)

²⁷ Local Government Association (2007)

²⁸ DfES (2004a)

broadened from concentrating predominantly on children in need (s17 of the Children Act 1989) or children requiring protection (s47), towards safeguarding being everyone's responsibility.

It is necessary to outline these changes briefly to understand the context of policy and service provision relevant to children living with domestic violence at the time we began our research. The main themes were:

- A focus upon dealing with social exclusion, child poverty and anti-social behaviour by encouraging single mothers into the paid workforce.
- Early intervention and antisocial behaviour policies such as the Respect programme²⁹.
- Investment in universal and targeted children's services, with the aim of drawing in socially excluded parents and children.
- Efforts to improve joint commissioning and planning of services, especially across education, social care and health.

The Children Act 2004 set out the process for integrating services for children so that every child could achieve the five outcomes laid out in the *Every Child Matters* Green Paper: to be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic well-being³⁰. The shift in thinking to consider outcomes for all children was accompanied by a much greater emphasis on the early identification of need and the introduction of the Common Assessment Framework (CAF) to facilitate this. The Act established a children's commissioner for England, required local authorities to appoint directors of children's services and lead members, introduced LSCBs, and established a requirement for Children's Trust Boards to work with partners to produce a single children and young people's plan³¹. The Act also strengthened joint commissioning through children's trusts, bringing together health authorities, education and child protection/social care. Revised guidance for trusts was issued in 2007³² and responsibilities for working together were issued in 2006³³ and 2010³⁴.

The Act placed a statutory duty on key people and bodies such as health services, police and children's services to make arrangements to safeguard and promote the welfare of children. Schools and further education providers have an equivalent duty through the Education Act 2002, and must have regard to the statutory guidance, *Safeguarding Children in Education*, issued in 2004³⁵. The movement towards early intervention and safeguarding as the responsibility of everybody was developed further by the *Staying Safe Action Plan*³⁶ (itself based on the first ten year plan for children³⁷), which set out detailed plans for improving child safety and identified the range of services needed, from universal (i.e. for all children), to targeted (for those who are at greater risk), and responsive (for those who are in need of protection and help to overcome the harm of abuse)³⁸.

²⁹ Respect is an association that provides accreditation to domestic violence perpetrator programmes.

³⁰ DfES (2003)

³¹ The requirement for Children's Trusts Boards to produce a children & young people's plan was revoked as of 31st October 2010.

³² DCSF (2007b)

³³ DfES (2006)

³⁴ DCSF (2010a)

³⁵ DfES (2004b)

³⁶ DCSF (2008)

³⁷ DCSF (2007a)

³⁸ DCSF (2008), p.7

1.6 WIDENING THE NET OF CHILD PROTECTION?

The greater emphasis on early intervention and other changes to children's services introduced in response to the Children Act 2004 were influenced by the death of Victoria Climbié and Lord Laming's inquiry into the circumstances, which had highlighted professionals' failure to intervene early enough, and poor communication, accountability and management³⁹. Moving towards early intervention has generally been widely supported in the way that it has embedded child protection in wider activities concerning support for families, and has broadened the focus from just those children who are on child protection registers towards the safeguarding of *all* children.

The resource consequences of policy changes have not always been adequately addressed. For example, s120 of the Adoption and Children Act 2002 (introduced in 2005) extended the concept of significant harm to include impairment suffered by seeing or hearing the ill-treatment of another, introducing an additional factor to be considered when making decisions about the welfare of a child. Increased referrals to child protection services resulted but without the additional resources needed to make assessments or provide services and support to deal with them⁴⁰. This pressure on resources has been compounded by the increase in child protection activity that has occurred following the killing of baby Peter Connelly in 2007, which has seen the number of referrals, assessments and children subject to child protection plans growing at an unprecedented, sustained rate. The numbers of children in England subject to child protection plans at year end increased from 26,400 in 2006 to 39,100 in 2010⁴¹. The Children and Family Court Advisory and Support Service (CAFCASS) introduced special measures to try to cope with the increased work load in the courts in 2010.

Neglect is the most commonly recorded reason for a child being subject to a child protection plan and the numbers involved have been steadily increasing since 2001. Some researchers have noted a link between neglect registrations and domestic violence⁴². It is possible that the growth in registrations on the grounds of neglect may reflect a greater concern about the impact of domestic violence on children. A link may also be drawn between domestic violence and registrations concerning emotional abuse, which have steadily increased since 2005, when s120 of the Adoption and Children Act was introduced, as shown in Figure 1.1 (England) and Figure 1.2 (London)⁴³.

Similar upward trends in emotional abuse registrations can be seen for Birmingham and Leeds (as shown in Appendix 1)⁴⁴. Without scrutinising local authority case files we cannot be sure of the reasons for increased activity around emotional abuse, nor assess whether it indicates an increased trend to provide a child protection response to families living with domestic violence. It has been suggested that a child protection response might not be the most appropriate, and that it could have the adverse consequence of deterring women from looking for help, because of the fear that they might lose their children⁴⁵. Research is needed to explore whether or not practice has shifted in this direction as well as to consider the implications for children's safety.

39 Lord Laming (2003)

40 Stanley et al (2010)

41 DfE (2010)

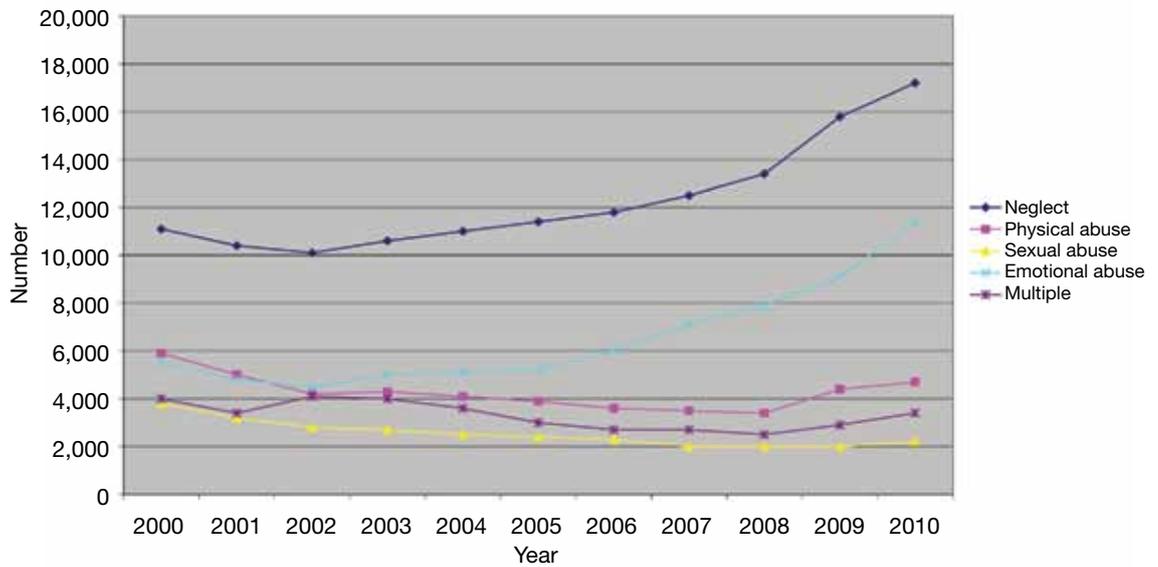
42 Lapierre (2010)

43 A decrease in registrations for neglect was reported in London in 2010.

44 Based upon analysis of statistics from: <http://www.education.gov.uk/rsgateway/>

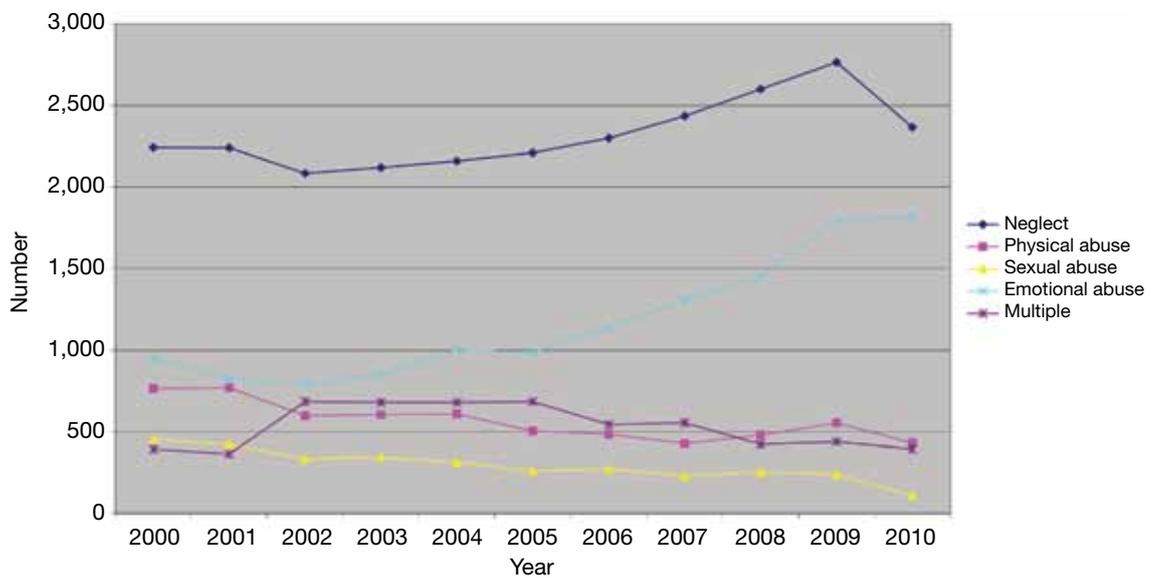
45 Humphreys and Stanley (2006)

Figure 1.1 Number of children and young people on child protection registers/subject to child protection plans at 31 March 2000–2010, by category of abuse (England)



Source: Author's calculations based upon analysis of statistics from: <http://www.education.gov.uk/rsgateway/>

Figure 1.2 Number of children and young people on child protection registers/subject to child protection plans at 31 March 2000–2010, by category of abuse (London)



Source: Author's calculations based upon analysis of statistics from: <http://www.education.gov.uk/rsgateway/>

1.7 RESPONDING TO DOMESTIC VIOLENCE IN LONDON

The challenges and opportunities in London were highlighted in the Mayor of London's strategy against gender-based violence⁴⁶. London has a diverse, mobile and changing population, presenting a particular problem for coordinated service planning. Population and deprivation data⁴⁷ shows considerable demographic and social changes in London, with areas of rapid population growth through migration and increasing birth rates, increased diversity (especially ethnic diversity for school age children), polarisation between more affluent and poorer areas within boroughs, and areas of high and increasing deprivation which will place further demands on services. In London, 24 per cent of under-15s are from ethnicities other than 'white or white British', but the proportion varies greatly between boroughs: in Havering it is 14 per cent and in Newham 70 per cent. London boroughs have areas of relative prosperity compared to the rest of the nation (i.e. Richmond-upon-Thames, Kingston-upon-Thames, Sutton) and also areas with high levels of deprivation, especially those within the inner city (i.e. Hackney, Tower Hamlets, Newham). Some boroughs have significantly higher populations of children and young people (and of children aged under 5 years) than do others, with 31.6 per cent of Bexley's population being under 19 in June 2008, compared to just 16.7 per cent in Westminster, while a relatively high proportion of Barnet's population is composed of children aged under 5-years, compared to Kensington and Chelsea, which have relatively few children in that age group. In addition to the known population of London, researchers and policy makers have recognised that undocumented or unauthorised migrants live in London and that this puts additional strain on services⁴⁸. The Greater London Authority has estimated that approximately 5 per cent of London's population, approximately 380,000, may be undocumented migrants⁴⁹.

1.8 FOR BETTER OR WORSE? SUPPORT FOR LONDON'S CHILDREN

The strategic focus for activities to address domestic violence expanded under the previous Government to cover all forms of sexual and interpersonal violence to women and girls⁵⁰. London led the way in taking a coordinated strategic approach, as reflected in the Mayor of London's strategy and action plan⁵¹. The present Government's *Call to End Violence Against Women and Girls*⁵² and *Violence Against Women and Girls Action Plan*⁵³ set out the framework for developing this work. These expressions of commitment and intent have, however, come at a time when state funding of services is being cut and services have to do more for less. The type of support a person living with domestic violence receives varies considerably geographically, so much so that some have used the term 'postcode lottery' to describe this⁵⁴. The effect of this 'lottery' on the lives of children in our capital is not known.

In recent years there has been substantial investment in universal children's services and in children's centres aimed at the most socially excluded families, to support better outcomes for children. Looking

46 Mayor of London (2010a)

47 See Appendix 8.

48 Bloch et al (2009); GLA (2007); Travers et al (2007); Trust for London (2009)

49 Trust for London (2009)

50 HM Government (2009c)

51 Mayor of London (2010a, 2010b)

52 HM Government (2010b)

53 HM Government (2011a)

54 Coy et al (2009)

at outcomes for children aged under 5, an Audit Commission report found that although the investment greatly increased the availability of universal services for children, those services were still not reaching some of the most vulnerable sections of the population, particularly those in black and ethnic minority families, and the outcomes for the health of children under five years showed only modest change and in some areas had worsened⁵⁵.

Early evaluations of safeguarding responses within Sure Start⁵⁶ programmes found that centres were successful in getting families through the door and in engaging with them, but that there were still considerable challenges in promoting collaborative working between Sure Start and child protection services⁵⁷. A specific evaluation of Sure Start programme responses to domestic violence found that progress had been made, especially on joint working, but identified a need to raise awareness about domestic violence among Sure Start staff and service users, and found little evidence of joined-up working with specialist domestic violence services⁵⁸. Sure Start services have since been changing and are being encouraged to undertake more outreach work with the most vulnerable families⁵⁹. This suggestion of promising developments in children's centres warrants further research.

The approach to meeting the needs of vulnerable children has been heavily influenced by social exclusion and anti-social behaviour policies, such as family intervention projects (FIPs), which target low income families, including those experiencing domestic violence. Evaluations of these targeted projects claim they enjoy overwhelming success with those families who remain in the programme to completion, but have found that the programmes have high drop out rates⁶⁰. These programmes warrant further investigation, specifically on their impact on women and children living with domestic violence.

1.9 THE PURPOSE AND AIMS OF THIS RESEARCH

London has been at the forefront of many innovations in work against domestic violence⁶¹. In 2007 the Government Office for London (GOL) conducted a survey and audit of how London borough Crime and Disorder Reduction Partnerships (CDRP) were responding to domestic violence. Information was collected on specialist domestic violence services, strategic activities and other efforts to improve practice across London. The survey report⁶² noted the development of varied and promising initiatives but which, at the time of starting the research, had yet to impact on the experiences of refuge service users.

The GOL survey focused on the services and plans which already existed for families living with domestic violence, but made little reference to what the *needs* for services might be and how services might, or might not, bring about improvements in children's lives. In our view, it is not helpful merely to assess how well services improve children's wellbeing, we must also assess the gaps between need and provision. This assessment should take account of the views of young people themselves and the ways in which needs vary from child to child.

55 Audit Commission (2010)

56 'Sure Start' is a government programme that provides services for pre-school children and their families.

57 Tunstall and Allnock (2007)

58 Ball and Niven (2007)

59 Hansard (2011a)

60 NatCen (2010)

61 Mayor of London (2010a)

62 Government Office for London (2007)

It was in an effort to understand what needs to be done to protect and support vulnerable women and children that the current research was undertaken. It looked closely at the extent to which services were meeting varied needs, and at the accessibility, quality and effectiveness of services for children living with domestic violence across the capital. We were careful in carrying out this research to pay attention to the views of services users as well as service providers.

In detail, the research set out to:

- i. explore responses to children living with domestic violence in London, specifically the extent to which children, young people and the abused parent have access to appropriate services at different times, according to varying levels of need
- ii. discover the views of commissioners, managers, frontline workers and service users on services which are currently available
- iii. identify good safeguarding practice and successful measures which cross the boundaries between adult and children's services
- iv. identify gaps in services and in safeguarding practices which lead to increased risk.

The next chapter of this report describes our research methodology. To keep children at the centre of the research, the analysis and presentation of findings in the remainder of the report are structured around the categories of rights set out in the United Nations Convention of the Rights of the Child (UNCRC)⁶³, covering:

- protection from harm
- non-discriminatory equal treatment
- support in overcoming harm
- the prevention of violence
- participation in decisions affecting children's wellbeing.

Chapter 3 presents our findings on child protection. Key questions explored were:

- i. What protection do children think would be helpful?
- ii. Is there any evidence that early identification and intervention policies in health and children's social care are having an impact on children and young people living with domestic violence?
- iii. Has domestic violence risk assessment improved the protection of children?
- iv. What services are provided once children's needs for protection or family support have been identified?
- v. Are children safe after the parents separate?

In Chapter 4 we explore whether children living with domestic violence in black, Asian, minority ethnic or refugee (BAMER) families or in families where there were additional difficulties as a result of disability, mental health or drug and alcohol problems have equal access to services.

63 United Nations (1989)

Chapter 5 presents our findings on supporting children and young people to overcome the harm of living with domestic violence.

Chapter 6 briefly considers findings on prevention (although limited evidence was available to the researchers).

Chapter 7 presents our findings on how services can work together effectively, addressing concerns about how to prevent children at the greatest risk of harm from ‘falling off the radar’.

In Chapter 8 we briefly review findings on children’s involvement in decisions about services. We consider this highly relevant to the vision for stronger community engagement proposed by the Coalition Government’s policy on localism. We also present findings from our research on sustaining and developing responses to children living with domestic violence, within a changing policy and financial context.

The final chapter draws together the key conclusions and recommendations from the research.

The researchers would again like to note that their research and this report would not have been possible without the funding commitment and support given by the City Bridge Trust during the past three years.

2. METHODOLOGY

Various methods were used to collect data on meeting the needs of children in London who live with domestic violence. In this chapter we define key concepts used in the research, outline our approach to exploring services and give an account of our methods of data collection and analysis. We also discuss the ethical issues raised in conducting this research.

2.1 DEFINITION OF KEY CONCEPTS

Children and young people are those under the age of 18 years.

Domestic violence, as used in this report, is ‘any violence between current and former partners in an intimate relationship, wherever the violence occurs. The violence may include physical, sexual, emotional and financial abuse. Domestic violence occurs across society regardless of age, gender, race, sexuality, wealth and geography’¹. Although both men and women report experiencing abuse in intimate relationships, domestic violence is highly gendered.

Children living with domestic violence, in this report, are children and young people who currently live, or have lived, in a household where there is domestic violence between adults.

Services and interventions include the range of universal, preventative, targeted, specialist and therapeutic services and interventions in the voluntary and statutory sectors that meet the diverse needs of children living with domestic violence.

Children’s needs: These embrace the whole *continuum of needs*, including protection from exposure to domestic violence in the first place, access to advice and information, different levels of support in the family or through specialist services, multi-agency assessment for children living in high-risk domestic violence situations, risk management and therapeutic responses.

2.2 EXPLORING SERVICES

The research sought to establish where children could find help and support. This might range from informal support given by friends through to universal services and specialist services in a range of sectors. In contrast to other mapping studies that have been carried out², our focus was not solely on specialist domestic violence services³. It was based on the ‘tiered’ prevention framework for services to children living with domestic violence which was advanced in *Vision for Services*⁴ and the approach set out in the *Staying Safe Action Plan*⁵ published by the last Labour Government (which was in power when we undertook our research). Simply put, the approach identifies services to match different levels of needs for prevention:

1 Home Office (2009)

2 Coy et al (2009)

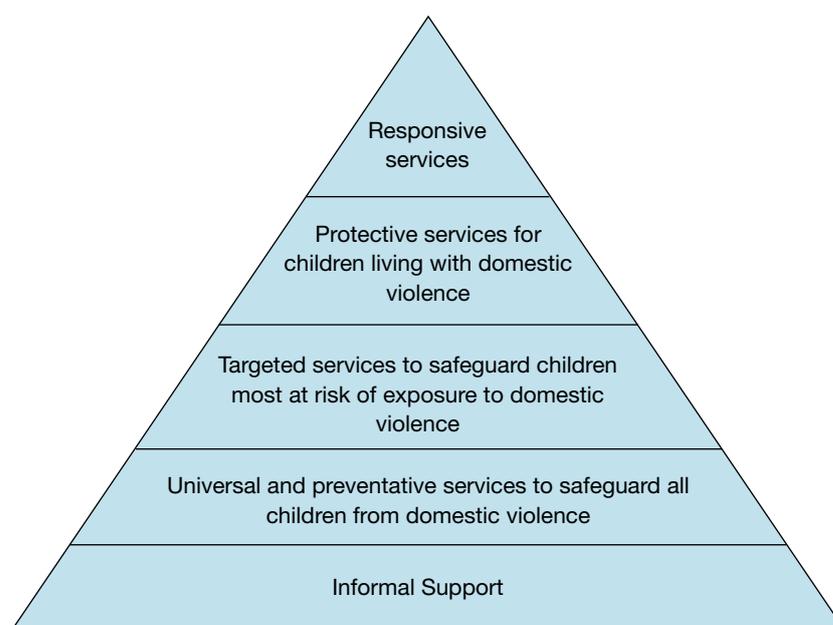
3 Figure 2.1 illustrates the model.

4 Local Government Association (2007)

5 DCSF (2008)

- *Primary prevention* – to stop domestic violence happening and provide information and support to all children in the population. Examples are public awareness campaigns about domestic violence or anti-violence education in schools.
- *Secondary prevention* – targeted services for children who are at risk of experiencing domestic violence, so that the degree of risk can be reduced and any intervention or support needs identified early on. Examples are Sure Start children’s centres, midwives asking pregnant women about abuse, and early identification through health and education services.
- *Tertiary prevention* – where children have been identified as living with domestic violence and they need to be protected from further harm and to be helped in overcoming the harm already caused. ‘Tertiary’ prevention is sometimes broken down to distinguish between protection and helping children to overcome harm, as was reflected in the model we adopted (see Figure 2.1), where the top tier of the triangle called ‘responsive services’ cover services that aim to help children overcome harm. ‘Protection’ includes both child protection responses and dealing with perpetrators. ‘Responsive’ services include responses such as CAMHS, therapeutic services, or group work for children in refuges.

Figure 2.1

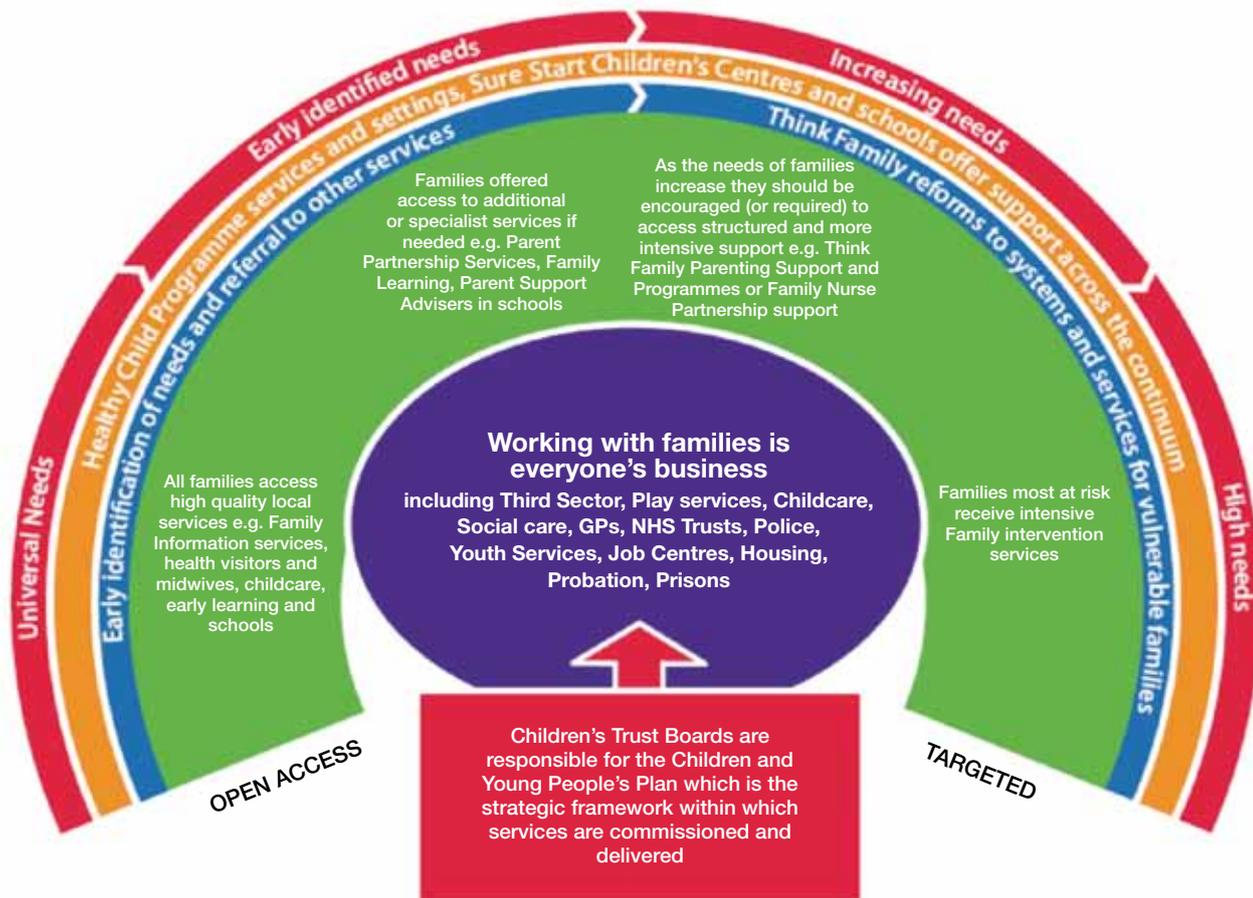


The most widely available source of support is *informal support*. However, this is often not included in research on services for children. We include it at the base of Figure 2.1, though outside the formal pyramid of support, since in a society where it is accepted that safeguarding is everyone’s responsibility, informal support has a role to play in ensuring that fewer children enter the formal child protection system.

While the research was under way, the DCSF (under the Labour Government) further developed its approach to service provision matched to needs, from the *Staying Safe* hierarchical triangle towards a model that covered a continuum of children’s needs. The model is reproduced as Figure 2.2. It shows the

range of needs which arise and the services of family and parenting support which aim to address those needs⁶. This model, referred to by some⁷ as the ‘windscreen model’, helps conceptualise how the family’s needs can be met by different services at different points in the continuum.

Figure 2.2 Parenting and family support services in local areas



The model illustrates firstly how commissioners (children’s trusts) were to plan strategically for the range of local services to meet children’s needs, keeping in mind that if safeguarding is everybody’s business, all relevant services in the community must work together to provide the coordinated packages of support a family may need. The level of need, shown by the green semi-circle, ranges along a continuum from open access (services available to all families) to increasingly specialised, targeted services (focused on families with high support needs, as indicated by the red semi-circle). It is assumed in the model that services available to all children will be able to identify and provide at least an initial response to children at every level of need. Under this model, children with higher level needs were to have a more coordinated specialist response, linking services working with parents with services working with the child, as in the Think Family approach (indicated by the blue semicircle).

6 DCSF (2010c)
7 Frost and Parton (2009)

This model helps to conceptualise the range of different family support services discussed in this report. It illustrates not only the wide breadth of services for children we tried to capture but also the ways in which services, working together, are able (or not) to identify children living with domestic violence, assess their needs and route their support through appropriately coordinated support pathways.

2.3 OUR APPROACH

The research adopted a mixed method approach to data gathering and was designed as a two stage process. Phase one drew upon existing research evidence, demographic data, documentary materials and a questionnaire survey, to assess the needs for and availability of a range of services for children living with domestic violence in London. Phase two was designed to yield qualitative and case study materials to identify gaps in knowledge and in services, and to share learning about good practice.

Questions addressed in the research about provisions in each of our case studies areas were:

1. Has a local needs assessment been undertaken in relation to women and children living with domestic violence?
2. What sort of preventive and early intervention services exist, and what evidence is there of their impact?
3. What services are provided once children's needs for protection or family support have been identified?
4. Are services responsive to the needs of domestic violence victims in different circumstances and at different times?
5. How many services offer a range of interventions, differentiated according to need of particular children?
6. What constitutes good practice?
7. How many of the services have been evaluated? Do we know what works? How do we know?
8. To what extent are black, Asian, minority ethnic and refugee (BAMER) or excluded children and young people able to access specialist domestic violence services?
9. To what extent are hard to reach, BAMER or excluded children and young people able to make use of initiatives such as Sure Start or extended schools?
10. How do children of mothers without recourse to public funds access services? What level of service is offered to them, and who pays?
11. How do risk assessments for abused women work in practice? To what extent are they linked to borough-wide processes for safeguarding vulnerable children, young people and adults?
12. Has domestic violence risk assessment improved the protection of children?
13. What is the involvement of the specialist domestic violence sector in service provision?
14. Is there an appropriate and effective response to the perpetrator of domestic violence? To what degree is the perpetrator either absent or invisible to services providers?

The ‘practice highlights’ that appear throughout the report were identified from the documentary analysis and survey data, and span London’s 33 local authorities.

2.4 ETHICAL GOVERNANCE

An ethical protocol was drafted to cover issues such as informed consent, confidentiality, safety, minimising harm to participants, and the exercise of child protection responsibilities.

2.4.1 Phase one

Before phase one of the research began in November 2008, ethical approval was sought from the NSPCC research ethics committee, which involved independent experts rigorously scrutinising the ethical issues raised by the research. The committee gave its approval with some minor considerations about the safety of young people (see Appendix 3 for the child protection protocol that was used in both phases of the research).

Phase one also required approval from seven other bodies. As more than four local authorities were involved, ethical approval had to be obtained from the Association of Directors of Children’s Services (ADCS). This process was relatively straightforward and completed within four weeks of the application being made. Both CAFCASS and Relate had their own ethical approval processes, and these too were uncomplicated since approval was only being sought for staff, and not service users, to participate. Permission was obtained from the Metropolitan Police Authority (MPA) for management purposes rather than ethical reasons.

Repeated applications were made to the National Health Service (NHS) research ethics committee (REC) through the integrated research application system (IRAS), an online process administered through the National Research Ethics Service (NRES). This unfortunately proved to be a difficult, time-consuming and bureaucratic process, disproportionate to the level of risk the research posed to NHS staff. The research and development department for all 99 GP practices involved were also originally required to request management approval. However, after many months, the REC reached the view that the project was a ‘service evaluation’ and that ethical and management approval was not therefore necessary for staff to participate in phase one.

Six boroughs had local ethical governance processes for children’s services. One operated independently, and approval was obtained after four months. Five boroughs ostensibly operate as a consortium for granting ethical approval for research and a single application was therefore made. In practice, however, the boroughs do not function as a consortium, and a separate negotiation had to be undertaken with each. One borough would not grant approval for management reasons and three granted approval at various dates (none adhering to the timescales in the published guidance for applicants⁸). In the case of the remaining borough, a response to our application was not forthcoming despite many requests. Staff employed by the two borough authorities that had not granted approval were therefore excluded from the study.

⁸ The consortium guidance states that the authorities are committed to providing a response to researchers within 20 working days. The original application was submitted in October 2009 and in the case of two authorities it was December 2009 (after repeated approaches to staff) before a response was provided.

In the view of the researchers, while we recognise that organisations have a duty of care to service users and staff, the need to seek duplicate approval from 11 separate bodies is unduly time-consuming, and in practice appears in this case to have delivered no additional safeguards to potential participants. We believe that some system of recognising approvals already granted by other bodies could be productive, both for the organisations concerned and for researchers.

2.4.2 Phase two

The second phase of the project started on 1 April 2010. The NSPCC REC approved phase two in late June 2010. Other ethics bodies, such as the ADCS, had already approved the second phase of the project. Learning from the delays in securing approval for phase one from the NHS and local RECs, the research team took the practical decision of excluding certain professions and geographical areas from the second phase. It is therefore fair to say that the barriers created by the way in which ethical review processes operated in practice, adversely affected the scope of the research.

2.5 DATA GATHERING

2.5.1 Phase one

Phase one involved a combination of literature review, documentary research and a questionnaire survey. Information was gathered on services with a pan-London, national or cross-borough reach, and on services which existed in each of the 33 local authorities.

Literature review

A substantial literature exists on children and domestic violence and on services and support for children. Phase one included a scoping review of this research literature. The search strategy employed is detailed in Appendix 4.

Documentary analysis

At the time our research was undertaken, local authorities and their partners were obliged to produce, on a regular basis, a range of strategies and plans relating to services for children or in response to domestic violence. In addition they were, and continue to be subject to inspections and reviews by external agencies, which subsequently appear as published reports. These documents together lay out the priorities, intentions, background information and assessments of the success of services in local areas. We also analysed relevant documents from pan-London organisations, such as the Greater London Authority (GLA) and London Councils.

Information specific to each borough was obtained by gathering and analysing a range of documentation. The core local documents studied were the:

- domestic violence strategy (if current for 2009)
- crime and disorder reduction partnership strategy
- children and young people's plan (CYPP) (covering 2009)
- interim annual review of CYPP (most recent)
- LSCB business plan (for 2009)
- MPA Domestic and Sexual Violence Board report (where this exists and is recent)
- joint strategic needs assessment (JSNA)

Local authority websites were also searched to assess the information and advice available for adults and children living with domestic violence.

In total, 608 documents from the 33 local authorities were analysed.

Statistical data on London's population, including deprivation indices, domestic violence crime, homicides and child protection cases were also gathered to provide additional and comparable information on a cross-London basis.

The services and commissioners' survey

Survey research, and in particular a mapping survey, poses a number of difficulties and has its limitations. Nevertheless, the survey method provides a tool to capture and describe 'what is out there', which was the overall intention of the first phase of the project. We hoped to design a questionnaire that in addition to helping us map what services existed (applying our framework for analysis set out in Figure 2.1) would also generate comparable information from a range of organisations and services about their work on domestic violence across the London boroughs.

Two questionnaires were developed and piloted; one for service providers and one for commissioners and borough domestic violence leads. Copies of the survey questionnaire are included in Appendix 5.

The services questionnaire asked about the type of service provided by the organisation, the size and scope of the service, the extent and nature of direct work with children and young people living with domestic violence, and whether or not the organisation had any monitoring or evaluation information relevant to this work. The commissioning questionnaire asked about information available to the commissioner which is used to identify needs for services, the types and nature of services funded, any planned service developments in the borough, and information on evaluation.

The aim was to gather a breadth of information on recent and current service work in order to provide a comprehensive overview of the extent, location, context, content and potential impact of work with children living with domestic violence.

Identifying relevant professionals and services for the services survey

A number of different strategies had to be employed to identify professionals and services that were eligible for inclusion in the study. These are set out in Table 2.1 below. They were used concurrently and cross-referenced.

Table 2.1 Methods for Identifying Services and Professionals

1. The borough domestic violence lead (BDVL) in each borough was approached and asked to name key professionals in their area (see Appendix 6 for a list of services/roles requested).
2. Services were identified through the domestic violence services directory for each borough where one was available and through the Gold Book. ⁹
3. National and pan-London domestic violence, children's, family court and counselling services were approached direct and asked to provide details of relevant service managers.
4. The Greater London Domestic Violence Project ¹⁰ (GLDVP), Government Office London (GOL) and the Greater London Authority (GLA) were asked to send a link to the survey to all organisations on their contact lists which were relevant to the study. These included, for example, third sector organisations, chairs of LSCBs and teenage pregnancy coordinators.
5. The websites of larger bodies known to fund domestic violence services or initiatives in London (e.g. Comic Relief, London councils, The City Bridge Trust and the Big Lottery Fund) were searched to identify organisations that had received grants.
6. Random samples of schools, early years settings and GPs were generated from publicly available lists. The intention was for one of each service in each borough to be included in the study. We therefore over-sampled to try to ensure one response. Three early years settings and three GPs were invited to participate, while the number of schools per borough varied depending on whether a borough had special schools. The maximum number per borough was nine schools (three secondary, three primary and three special) and the minimum was six (three secondary and three primary).
7. A senior officer from every community safety unit in the Metropolitan Police Authority (MPA) was invited to participate.

As anticipated, it was challenging to identify specialist domestic violence services and responses which are embedded within generic/universal service. However, simply creating a list of relevant services and key professionals in any agency proved far more difficult than we had expected. The BDVLs were crucial to the process of accessing key staff in local authority departments and health organisations. However, some of these posts were vacant, while some post-holders worked part-time and others were for other reasons unable to help with the research.

An email was sent to 1,020 individuals or services, inviting them to complete an online survey (the questionnaires are in Appendix 5). In addition, 72 were sent individual e-mail invitations via an NSPCC email address. Of the GPs, 99 were sent a paper survey by post, as it was not possible to obtain email addresses from public sources.

⁹ The Gold Book is a directory for refuge and domestic violence services, which includes comprehensive listings for over 500 domestic and sexual violence services across the UK.

¹⁰ GLDVP is now Against Violence and Abuse (AVA).

Several organisations and individuals forwarded links for the survey to several thousand more recipients via email or electronic newsletters, including to member or partner organisations and mailing lists relating to domestic violence.

Given the number of people/organisations and their geographical spread, this was a time-efficient and relatively inexpensive method to distribute the questionnaire. A paper version would also have taken longer to read and to complete. The online questionnaire allowed us to route respondents more efficiently through the survey to the questions relevant to them. This simplified and shortened the process for respondents.

Despite these practical advantages, the survey, even after a number of email reminders, did not elicit many responses; just 192 in total. The response rate is poor but impossible to calculate accurately since the survey was distributed to an unknown number of organisations, many of which may have received it more than once. Of 37 named service commissioners, 7 completed the survey.

Table 2.2 Number of respondents by sector

Sector	number	per cent
Statutory	90	46.9
Voluntary	92	47.8
Private-independent	8	4.2
No answer	2	1
Total	192	100.0

Table 2.3 Number of respondents by type of service/area of operation

Service sector	number	per cent
Health	6	3.1
Adult mental health	2	1.0
Children and young people's mental health	9	4.7
Child protection services	15	7.8
Children's social care (other than child protection)	13	6.8
School	14	7.3
Education (other than school)	11	5.7
Criminal justice	21	10.9
Family law	1	.5
Housing	10	5.2
Specialist domestic violence services	61	31.8
Multi-agency	9	4.7
Other	17	8.9
No answer	3	1.6
Total	192	100.0

It is difficult to ascertain why there was such a low response from professionals. There were a number of technical difficulties which may have obstructed or deterred respondents (users' servers blocking emails or access to the survey, email addresses being incorrect and server crashes). Alternative ways were created for people to access the survey – hosting a link on the NSPCC and Refuge websites and emailing it direct to people who were not otherwise able to access it. The emergence of online surveying has led to a proliferation of self-complete surveys, and this may be generating fatigue which can hit response rates. Surveys are most effective when respondents are interested in the topic, so the low response rates might also indicate a lack of interest in, lack of awareness of, or unwillingness to share information about domestic violence services for children in London.

Victim, Children and Young People's Survey

One questionnaire was developed for parents who have been victims¹¹ of domestic violence. Another was developed for children and young people (over 12 but under 18). These questionnaires can be found in Appendix 5. Ethics requirements were such that the survey could only be administered through a specialist domestic violence agency or by those agencies directing respondents to the NSPCC or Refuge websites. The questionnaires asked about services the child and family had received and how helpful those services were, and what other types of help they may have needed. Organisations who took part in the services survey were contacted to see if they would administer the paper survey.

Despite efforts to obtain a significant number of responses, only ten parent and three children's surveys were returned. Feedback from many organisations suggested that the parents felt they would prefer to speak to a researcher rather than fill in a survey questionnaire, while other parents felt the questionnaire was too long. Not enough questionnaires were returned to make analysis possible. For this reason, the research team decided to increase the number of parents, children and young people who would be interviewed either individually or in focus groups during phase two. Where appropriate, the data from the surveys will be included in the analysis of the interviews.

2.5.2 Phase two

Freedom of Information requests

In an attempt to address the limited data on services and support to children in London gathered through the survey, it was decided that Freedom of Information (FoI) requests would be made to obtain further information on commissioning, funding and data monitoring. See Appendix 7 for FoI requests sent to NHS bodies and local authorities.

Seventy-one FoIs were sent to NHS organisations in London: three mental health trusts, 15 foundation trusts, 21 NHS trusts, 31 primary care trusts, and the London Ambulance Service NHS Trust. Seventy responses were received of which 60 provided full answers, two did not answer any questions (one describing itself as a 'commissioning-only PCT' and the other saying it was in the process of developing its domestic violence policy), and the remainder provided partial answers but did not respond to requests for clarification. One body did not respond at all to the original FoI request.

¹¹ We are using the term 'victim' here rather than survivor as it is the term used in the criminal justice system to refer to victims of crime.

Each of the 33 local authorities was sent a request and all responded, 21 of them providing full answers and 12 failing to respond to subsequent requests to clarify some of their answers.

Case study areas

In order to create a more robust picture of services in London, a case study approach was taken to explore responses in selected local authorities and from pan-London organisations. Six local authorities were selected systematically using nine criteria – see Appendix 8. Two of the original local authorities declined to take part, but we managed to secure approval to participate from four of our original local authorities and one back up. The approach to the local authorities coincided with their consideration of financial cuts as a result of changes in funding approved by the Coalition Government, which in some cases delayed their response. Data from the five case study local authorities and pan-London organisations are considered in this report and are referred to henceforth as case study areas (CSA) 1 to 6.

Professional and commissioner interviews and focus groups

Professionals from the five case study local authorities and staff in a number of pan-London services were invited to take part in either a telephone or face-to-face interview. These two modes of administration produced a better response rate than postal questionnaires, email or the web. The majority of professionals opted to participate in telephone interviews, as these could be scheduled for a time of their convenience and were generally considered more informal and less intimidating. Conducting telephone interviews was also both time and cost effective for the research team.

The professionals interviewed came from a variety of different specialist areas (see Table 2.4). The aim of the research team was to interview professionals who had both front-line and management experience in each of the specialist areas, in order to cover a broad range of expertise. The interviews included:

- general questions about services for children living with domestic violence
- specific questions about the professional's own area of expertise
- questions on the impact of the current financial situation on service responses.

Commissioners mostly preferred to meet face-to-face, and two interviews and two small focus groups were conducted in this way, with only one opting for a telephone interview. Commissioner interviews/focus groups included additional questions about strategy and planning issues for local domestic violence policy and practice.

In total, 63 professional interviews and five commissioner interviews were completed. There were 74 interviewees in total, as some of the interviews were conducted as focus groups. A breakdown of the number of interviews by case study area and profession type is shown in Tables 2.4 and 2.5.

Table 2.4 Interviews by case study area

Case study area	Number of interviews
CSA 1	9
CSA 2	9
CSA 3	11
CSA 4	12
CSA 5	6
CSA 6	21
Total	68

Table 2.5 Interviews by interviewee profession

Profession type	Number of interviews	Number of interviewees
Education	7	7
BAMER services	9	9
Disability services	5	5
Child protection	9	9
Housing	7	8
Police	6	6
Domestic violence specialist services	14	15
IDVAs	3	3
MARAC coordinators	3	3
Commissioner	5 (one per local authority)	9
Total	68	74

Throughout the report, professionals will be identified by case study area (CSA 1 to 6) and by a subsequent number, e.g. CSA1 Professional 1. To preserve informant confidentiality, the research team has opted in most cases not to provide more detail about the professional or the service area in which they work.

Interviews with service users: children, young people and mothers

A range of materials were developed for use in the focus groups and in interviews with adults, children and young people. Separate information sheets, consent forms and topic guides were developed for the following groups:

- 5–7 year olds
- 8–11 year olds
- 12–17 years olds
- Adult victims who are parents

Materials were piloted. Eight children and young people who have lived with domestic violence were consulted about the materials and the topic guides. In addition, five mothers who were victims

of domestic violence were consulted about the adult materials and children/young people materials. Materials were modified after the piloting to include more or less detail in the scenarios and to use language more appropriate to the ages of the participants. The materials can be found in Appendix 9.

Twelve interviews and six focus groups were held with mothers, involving a total number of 37 women. Despite contact with several organisations we were unable to recruit for interview a father who had experienced domestic violence. Fourteen mothers were recruited from a specialist BAMER domestic violence outreach service, who all lived independently in the community. The mothers in the remaining groups and interviews were women with varied experiences, including disabled mothers and mothers with complex needs. Five of the mothers recruited were from a domestic violence group that met in the community, although a few of the mothers had lived in a refuge in the past. Six mothers recruited for interview lived in the community, only one of whom had previously lived in a refuge. The remaining mothers were refuge residents.

Seven small focus groups were held with children and young people ranging in age from 4 to 13 years – a total number of 23 children. Of these, 13 children were currently living in refuges and the remaining 10 were living in safe accommodation in the community.

The children and young people were given age-appropriate scenarios and asked who could have helped the children in the scenario and what that person could have done.

Pseudonyms have been used throughout the report so as not to identify the mothers, children and young people who participated in the research.

Table 2.6 Summary of fieldwork data

Type of data	Policy	Services	Commissioners	Mothers	Children & young people	Total
Documents	608	–	–	–	–	–
Questionnaires	–	192	7	10	3	212
Fols	–	101	101	–	–	101
Focus groups ¹²	–	2 (4)	2 (6)	6 (25)	7 (23)	17 (108)
Interviews	–	61	3	12	–	77

2.6 DATA ANALYSIS

SPSS databases were created and used for the analysis of the 608 planning and strategy documents and 192 service questionnaires. Descriptive statistics were produced. The FoI results were entered on to a spreadsheet and responses for specific questions drawn out as appropriate. The interviews were recorded and transcribed, coded and entered into NVivo. A thematic analysis of the data was completed. We do not present the findings from each component of the research separately. Findings are presented where relevant to the topic under review. Figures in the report are rounded to the nearest tenth.

¹² The table shows the number of focus groups, with the number of individuals involved shown in parenthesis.

3. PROTECTING CHILDREN FROM HARM

This chapter looks at interventions and actions that have been developed in London to protect children and young people from the harm associated with living with domestic violence. No one agency is solely responsible for protecting children or adults from domestic violence. Rather, the needs of those affected fall into the areas of responsibility of a number of different services.

Key questions explored in this chapter are:

- i. What **protection** do children think would be helpful? (section 3.1)
- ii. Is there any evidence that **early identification and intervention policies** in health and children's social care are having an impact on children and young people living with domestic violence? (section 3.2)
- iii. Has **domestic violence risk assessment** improved the protection of children? (section 3.3)
- iv. What **services** are provided once children's needs for protection or family support have been identified? (section 3.4)
- v. Are **children safe** after the **parents separate**? (section 3.5)

3.1 WHAT PROTECTION DO CHILDREN THINK WOULD BE HELPFUL?

As discussed in Chapter 2, the children's focus groups explored four scenarios¹ concerning children affected by domestic violence. Mums were often the first person children said the child in the scenarios should talk to. Most felt confident about mums being able to protect, even in circumstances where it was difficult for her to do so. A few children recognised it would be difficult for their mother to protect them. For example, a brother and sister interviewed in one focus group talked about being abused by their father. These children described how he 'hated' them, beating them with a wire, leaving scars on their body. The children said the mother was not aware of the father's abuse towards them:

Kanman: It was a secret.

I: So your mum didn't know?

Kanman: My mum didn't know, and then we had to tell her.

The mother was unable to protect the children even by taking them away, as the father had a large network of friends and acquaintances who helped him track the family. Mother and children moved house several times. One of the children spoke about how mum had told her what to do if dad came and found where she was:

She told me to ... she told me to ... when he comes somewhere, hide in the other place and take your walkie talkie and your radio with you, and then when he walks in, you turn your radio on and you tell me everything that he says on your walkie talkie, so that's what I did. (Lauren)

¹ Children in the scenario were named Gavin, Parminder, Winston, Catherine and Tom. Scenarios can be found in Appendix 9.

Informal support was important to children and young people, as it is for adults. Talking to neighbours, family, aunties or friends were options suggested by the children in response to the four scenarios. However, there were mixed views about whether it was a good idea to talk to friends at school. Talking at school could make things worse:

'Cause if, I think if you tell them they'll, like even get, it will go even more worser, make more problems too. If you keep it to yourself you feel like you won't have like any problems in your head and like you don't, like you be, you keep quiet. (Farai)

Some children said that the mum could get into trouble if the child talked about the domestic violence at school, or that if the child told other children he might get bullied. In one focus group, the children said that 'Gavin' should find someone else to talk to other than his friends, preferably ChildLine, the NSPCC, the police or social services, because *'friends might like make fun of you like ha ha, you got hit by your dad.'* (Farai)

Going away was a theme in discussions in a couple of the children's focus groups. Mum could protect the child in the scenario by going to a relative's house until dad was in a 'good mood':

One time my dad and my mum had a fight and after my mum went over to my friend's house and after we stayed there, till my dad stopped getting in a mood. (Nathaniel)

If family or friends could not help, being able to get away so dad could not find them was an option proposed by children in one of the groups:

They could get the sister and the brother and the little girl, and take her to Africa ... After, their dad won't know where they were. (Nathaniel)

Being found by dad was something that understandably worried some children: one 7 year old girl had been to nine different schools, moved house eight times already and was soon to move again because the father had been 'spying' on them and had found the family:

Now we're going to like move to another place and ... he's going to find us again. (Lauren)

Some children thought teachers or other grown ups could help by being nice to them when they were upset. However some children thought telling a teacher would make mum and dad angry:

Because they might say that 'it's none of your business or anything'. Or sometimes they might feel really sad and there will be nothing they can do about it. (Kimberly)

Well, he wouldn't [tell a teacher]. Because teachers aren't really a part of your family and you don't know what they would do. You never know, they might even tell the police and then, well the police is a good thing but I don't know. (Nadia)

Children expected adults, teachers, the police and social workers to do something to sort things out. While the child above was concerned about the impact of telling a teacher, other children felt that the teacher could talk to mum and dad to help make the child feel less scared:

The teacher could tell them that Parminder doesn't like it and she is feeling really scared. (Kimberly)

She could arrange a meeting with Parminder's mum and dad, and then she would like someone to tell them something, and it will cause something to happen, like, the mum moves away with the

child and the dad stays by himself before he gets too angry. And then by the time they come back he will be ... it will be fine again. (Aran)

In another interview, a child felt that a teacher could go home with 'Gavin' and tell mum and dad it could not carry on or the police would have to be called:

I think they should say ... they should say well I'll come with you home and tell [them] why are you doing this ... why are you doing this to your kid. And then one of the teachers goes home with him, could actually phone 999 because maybe Gavin doesn't have a phone he carried, and he could ... Gavin's dad would get arrested (Lauren)

If the police came, some children said they should talk to mum, dad and the child separately:

... because if they were altogether and they all said, because they might all join in and say something and then they all start getting arguing so, you have no idea. 'No I didn't say that' and 'I didn't do that', they might all start arguing, so separate rooms is kind of a bit better. (Nadia)

For some children, the theme of finding peace from a violent father for 'Gavin' and 'Parminder' was strong. These children thought police should arrest the dad and put him in jail for 'three years' or 'forever'. Or at least they should make the dad go away and not see the children again, although they could perhaps talk on the phone:

I think she needs the NSPCC to help and the police can help both of them like to be confident and like don't get scared and the police can come in and the dad ... can get out and like go somewhere else and the police can say you can get out and get a new place and the police can say you can keep in touch with the phone but not come and see him too. (Farai)

Children should be able to get away from a violent dad, and mums should be able to put a stop to him seeing them again:

When they're getting divorced and his mum could go to them and say 'I'm not leaving you with the kids any more, I'm not leaving you with the kids any more. I'm going to never leave the kids with you any more.' (Lauren)

The possibility of being forced into contact with an abusive father is likely to be very frightening for these children given the severity of the abuse and the history of stalking some of them had experienced.

Key themes that emerged from children on the topic of protection were therefore:

- The importance of supporting mothers in protection
- Informal support as the first step
- Adults were expected to do something to stop the violence and to check regularly that children are safe
- Getting away and being able to stay away from the abuser.

These themes are echoed in findings from adult interviews but professionals rarely asked about, listened to or acted on children's views about domestic violence and how it affects them.

3.2 IMPACT OF EARLY IDENTIFICATION AND INTERVENTION

3.2.1 Protecting the child by supporting the mother

There is no doubt that there has been a concerted effort in the past 10 years to reduce the prevalence of domestic violence. Taking the longer term view, reported rates of victimisation nationally show a decline, with the BCS estimating that since 2004/05, the proportion of people who were victims of domestic violence have decreased, although rates for 2009/10 show no statistically significant changes².

Many interviews with professionals mentioned improvements that had been made in the police and child protection, in responding proactively to adults and children. A better join between adult and children's services was also mentioned, possibly as a result of 'Think Family' policies. In the main, professionals were confident that there was increased awareness about domestic violence and its impact on children. However, despite this optimistic view, only a minority of professionals we interviewed talked about child specific safety work. Supporting the mother to be safe can be a good way to protect the child as well³, although this may be so well known that it is taken for granted, and the risks to children overlooked:

I think once the adult is getting support then the children also get the support they need as well. Because normally it is somebody supporting the adult, we share information between agencies, and the children, refer the children, that is part of the package of supporting the abused adult, would be providing support for children as well. (CSA1 Professional 6)

From this perspective, reaching more adults who live with domestic violence will increase the protection of children. Information on sources of support and advice for these adults is more readily available than was previously the case, our research showing that all local authorities provide, via websites, some details on services for victims of domestic violence. Professionals interviewed noted that not all people living in London will be able to access these online resources – they may have limited access to the internet, English might not be their first language, disability may prevent them from accessing the information or the perpetrator may be monitoring and regulating their access to the internet. Other methods of providing information to adults living with domestic violence include community-wide efforts to provide discreet credit card sized information, leaflets or posters through services, places of worship and GP surgeries. Some professionals said that keeping these materials stocked and up-to-date can be time consuming. This is also an issue relevant to public awareness campaigns.

Domestic violence perpetrators often block their partner's access to services and sources of support by socially isolating her, monitoring or regulating her movements, using threats, financial abuse and emotional manipulation. The perpetrator's coercive control, threats to take or harm the children and the still widespread practice of mother-blaming can make women fearful about disclosing the abuse⁴.

The children we interviewed stressed the mother's role in protection and the importance of informal support. In these cases, supporting the mother would be a response that met the children's wishes, assuming the needs and wishes of the child and mother coincide. Child protection workers have been criticised in the past for failing to support mothers⁵. Some professionals interviewed mentioned there

2 Chaplin et al (2011). See Chapter 1 for a discussion of BCS and other statistics.

3 Humphreys and Stanley (2008), Hester et al (2006)

4 Stark (2007)

5 Douglas and Walsh (2010)

being a gap in knowledge about how to effectively protect children and young people when the mother was still living with the perpetrator and was not yet sure about her next steps.

In a recent research report on IDVAs in London⁶, attention was given to the tension that exists between giving advice, acting as an advocate and empowering women while respecting their choices. Social workers, IDVAs and police who work with high-risk domestic violence cases are often dealing with families where the women are living with the perpetrator and are not safely or consistently separated (as are families in refuges, who have been the source of much of the domestic violence research):

In these relationships, they're really ongoing, you know, it's not like it's a visit, it's very difficult to know how to intervene on that if it's ... in fact, the person keeps taking them back and we all start to go back to square one really. And that's where the children are sort of at risk 'cause it's this to-ing and fro-ing. (CSA3 Professional 10)

Women often stay, go back or leave 'for the sake of the children'. Many go to great lengths to try to shield children from the violence⁷ and are not always aware at the time how their children are being affected, as they are preoccupied with keeping safe:

I don't think anyone could tell me that the children were at risk and I would believe them, because I just didn't understand what the risk meant. For me it was like – well they are not here when he is throwing the blows so they are not physically at risk, and that's how I understood it. When the police came because they wanted to check physically that the children were okay, and no one asked about the mental state. And no-one actually said to me 'well, the children will be' ... my daughter actually did say to me that 'they need counselling', but they didn't want to go. (Samhita)

We were in the situation, we were blind. And obviously we're living in a refuge, we've got out of it. At the time we could not, mentally for ourselves ... (Ranjana)

Options to escape physically and emotionally are limited in abusive relationships. Making an assessment or providing support can be difficult if the parent is reluctant to engage with a service or fearful that getting involved will make things worse. Services need to be not only available and accessible, but also approachable, non-threatening and non-stigmatising.

3.2.2 Identification and response in frontline universal services

Identifying children in need of help and support at the level of universal services gives an opportunity for a non-stigmatising approach because women and children do not need to be labelled or singled out as being a 'problem family' before they can access the services. This means that professionals in frontline universal services need to be equipped with the knowledge and skills to identify and respond to children living with domestic violence in a respectful and appropriate way. Breckenridge and Ralfs (2006) describe features of a frontline response for universal services working direct with children living with domestic violence that acknowledges and seeks to strengthen the mother-child relationship. This involves the professional following a seven step response framework:

⁶ Coy and Kelly (2011)

⁷ Radford and Hester (2006)

1. Developing awareness of domestic violence and its impact on children by obtaining knowledge from research on domestic violence, on the dynamics of abuse and on child development.
2. Considering and noticing the needs of children – thinking about how the abuse is likely to affect the children, and hearing and understanding what children say.
3. Attending to safety – this covers the child’s physical and psychological safety, and the safety of the mother and the professional.
4. Deciding how to engage with children and/or caregivers – not ‘rushing in’, but considering what approach to engagement is appropriate, and the consequences of action or inaction, and being respectful of the child’s wishes and feelings.
5. Responding specifically and appropriately to the individual child’s family context – to do this, professionals need to know what information and support is available for the individual child, who are the key people in other agencies and where are the gaps in services.
6. Deciding on whether and how to follow up.
7. Reflecting on practice through monitoring and looking for improvement.

We found little evidence in this research of direct working with children living with domestic violence within frontline, universal services. Some evidence was obtained (from our FoI requests) that universal services, such as health, are providing an early response to, or are demonstrating awareness of, domestic violence. We asked whether trusts/PCTs or healthcare consistently recorded households affected by or incidents of domestic violence. Twenty-five NHS organisations stated that they did not consistently record the number of families or incidents of domestic violence. However, six NHS organisations confirmed that they did. When recording information about domestic violence, NHS organisations most commonly record the number of incidents. The departments or services that were listed as being responsible for consistently recording domestic violence incidents or the families involved were A&E departments, midwifery teams, health visitors and school nurses. One NHS organisation described how its child protection service received police reports where they flag domestic violence incidents. The number of recorded families or incidents of domestic violence in 2008/09 ranged from 2 to 306, indicating a wide variation in recording practices in different organisations. Thirty-three NHS organisations responded to the FoI question about domestic violence training. Sixteen did not have specific domestic violence training while 19 reported providing such training with some receiving this through the LSCB.

Practice highlight

In Hackney (as well as Bristol) an innovative GP training and support programme, IRIS, was trialled in 2008/10. This randomised, controlled trial set out to measure the cost-effectiveness of the programme, examining two outcomes – referral to a specialist domestic violence organisation, and recording of the disclosure in the patient’s medical record. The practices in the trial received training and ongoing support, and special prompts in medical records to remind the GP to ask about domestic violence, while a professional based in a specialist domestic violence agency acted as the primary link between the practice and the specialist agency. Interim results demonstrate positive results and were published in the Lancet in 2011.⁸

⁸ Feder et al. (2011)

Working sensitively with vulnerable families in a non-stigmatising way is part of the early intervention/prevention approach⁹. Interviews with some survivors showed that earlier interventions in London do seem to be made in frontline services such as schools:

I think it's important to engage with the teachers. At my son's school they have, I can't remember what they call it now, a home, like a home-liaison officer. This lady she's there, for anything, any problems you've got, anything, big or small. You can just go to her, speak to her, if you can't get hold of the teacher, and the one for my son, she's really good, and they can access services for you and point you in the right direction. (Sangwan)

Mothers did not feel in general that they had been treated sensitively by services, although it is acknowledged that a mother living with an abusive partner might have good reasons to avoid contact with statutory services and as a result not welcome their attention. One mother interviewed was upset by her midwife's automatic referral of her family to child protection:

I didn't like the midwife when I met her either because, the first thing she said to me was, I'm going to have to inform social services because I've been in a violent relationship and my kids are at risk. But I said to her, I'm in a refuge, so how are they at risk, 'cause I've took them out of the situation. But that didn't matter to her. Her main thing was, oh well, you know, basically, she made me feel you're not a good enough mother, because you allowed them to live in such a situation. When she doesn't even know what my situation was anyway, she didn't know anything. All she knew is I came from a refuge, she was very ... I didn't like her at all. (Brea)

We did find evidence that some workers were being supported in responding appropriately to the family. In case study area 3, there was a specialist education worker who liaised with professionals in frontline services to raise awareness about domestic violence and children and helped professionals to understand how to respond. The children's centre in case study area 3 offered a number of universal children's services as well as a more targeted project for mothers affected by domestic violence with children aged under 5. Families were identified through family support workers (working one-to-one with families) and community midwives. This is an example of non-stigmatising engagement by workers at the children's centre:

We had a mum who came in one day and said 'I'm just interested in the services that you have here. I'm new to the area' and we started showing her around, she was just looking at the nursery at first and we said 'Do you know about the community house? Come see what we have to offer about the community house', and we brought her up here and the woman who was showing her around, just got a feeling and said 'Oh, we have family support and we can do one-on-one work, dah dah dah dah dah'. And she disclosed actually the first day she ever walked in our door that she was new to the area because she had fled domestic violence. So we do sometimes just have spontaneous disclosures from parents, which, you know, it's always a bit amazing to us when that happens. But we do work to be really open and to try and create an environment conducive to that. We don't do any ... because we offer a universal service that, you know, is available to anybody with a child under five, we don't do a lot of intake screening when people walk through the door. You know, it's a little bit more complicated. (CSA3 Professional 9)

⁹ DCSF (2009)

Having a 'good relationship' with adult clients, however, raises the possibility of harming the trust on which the relationship is founded should a referral to child protection need to be made. While this is not such a problem in a children's centre, for GPs and teachers contact with the parent is most likely to carry on after the referral. Professionals need support from designated child protection leads or other community-based services and national child protection helplines in these circumstances. Similarly, mothers and children need better information, support and advice on what contact with a child protection service might actually mean for them, as many fear the first response will be to take the children out of the family.

Some professionals voiced concern that mainstream or universal services were not yet as efficient or successful at protecting children and families living with domestic violence as specialist services, and that the expansion of responsibilities in universal services should not be at the expense of cuts in specialist services:

We're living in a borough with a huge rate of domestic violence that's reported and we just don't have the IDVAs there to deal with the capacity and we need other staff to have additional skills to help do that ... I know what they're saying about making it sort of mainstream, because, you know, that makes sense, but there is a lot of thinking through with that to make sure that is still safe and people understand the dynamics. Because you could have the best will in the world, be incredibly interested and well-meaning, but you may not be that well skilled and what you could end doing is, you know, not on purpose, but you could end up putting someone at risk or giving wrong messages or ... so it's a very difficult ... difficult balance. But that's what we're trying to achieve locally with like universal services particularly. (CSA5 Professional 7)

Professionals working with BAMER clients also expressed fear that a shift to universal services would mean that fewer ethnic minority domestic violence victims could easily access appropriate help and support for domestic violence:

If you're funding large generic organisations to provide community-based services, they're just not as effective. I mean they don't kind of address the needs of minority women or make it accessible ... I mean minority women want to go to the ... minority women's organisations ... and it's a way of accessing mainstream services. And it's quite ironic that the Government says they want to kind of promote the 'Big Society' and all of that, regardless of the society organisations that are closing down. (CSA6 Professional 2)

Schools and GPs were also discussed as examples of over-stretched universal services, with child protection related to domestic violence being only an aspect of their ever-expanding remit:

There's a vast number of GPs operating in the borough, some of which are better on these issues, some of which it's again, just another thing that they're being asked to do and [they have] very busy schedules. (CSA1 Professional 7)

Commitment in frontline services to be proactive in efforts to protect children living with domestic violence was not necessarily matched by the availability of support or help in the community. For example, one woman's GP tried to help her get in touch with her local refuge but found it hard and time-consuming:

When I got desperate I phoned a friend who told me about ... to ring Refuge. And then it was quite a difficult ... it was quite difficult to make contact because when my friend told me about it I

didn't. It was when my GP gave me the number and I tried to make contact, but the contact wasn't readily there. It was like an answer phone, and then, you know, they said they'll 'call you back by 4pm' and so on. And that was quite off-putting (Bianca)

This indicates capacity issues with universal services wanting to refer to specialist domestic violence services and some services in the community being overwhelmed as a result. Community services do not always feel referrals were strictly necessary. One specialist BAMER service we interviewed seemed to feel that statutory services may have been passing the buck. Referrals were coming from a wide range of agencies but sometimes the person making the referral could have dealt with the immediate issues themselves:

What we do could be done by workers in family centres, could be done by CAHMS practitioners, and I think it's about workers incorporating a particular approach to working with children around domestic violence into their existing role and not seeing as the responsibility of another worker. So we're getting inundated with referrals and there are only two staff here whereas all those other departments have a whole heap of staff. (CSA1 Professional 1)

3.2.3 The police and criminal justice role

Our research confirmed earlier findings¹⁰ that children and survivors wanted the police to do something to help them be safe – most often, to remove the perpetrator from the home. Some women we interviewed were only able to get themselves and their children away from the domestic violence when the perpetrator was in prison. A number of women in one BAMER focus group felt that their partners were not afraid of the police, so they did not see how calling the police could help them. Survivors and children interviewed experienced the police response as variable and dependent upon the individual officer's approach to the matter: '*You get some good, some bad*' (Ranjana). Some police officers were described as fantastic, but one young person (Aran) felt that the police would not help if they were called.

Police positive action policy

Positive action policies are currently promoted in the MPS. The representatives of the police who we interviewed had generally favourable views about positive action policies in cases of domestic violence and recognised that it was a critical tool in protecting victims and their children. In the past, the police were often reluctant to get involved in domestic 'disputes'¹¹, so this policy has helped to bring about a change in how the police respond.

The police we interviewed highlighted two main practice concerns related to the positive action policy – the capacity of the police to respond to the number of arrests in domestic violence cases and the impact of the policy on professional judgment. One police officer, while he supported the policy, felt that there needed to be an acknowledgement that the policy put a strain on the resources of community safety units (CSU) and that resources within the MPS should be shifted accordingly. In one borough, over 15,000 allegations of domestic violence were recorded in the last financial year and the interviewee estimated that over 80 per cent of those resulted in someone being arrested:

¹⁰ Stanley et al (2010), Mullender et al (2002)

¹¹ Edwards (1989)

Each of those arrests just takes time and with that time costs money ... Finances are a big constraint ... In this Community Safety Unit, I get probably a quarter of the budget that the main [Criminal Investigations Department] CID office get, but I deal with probably four times as many prisoners. (CSA5 Professional 4)

Another criticism of the policy¹² is that requiring police officers to take action removes their professional judgment:

And I don't think the Met have actually put the two together well. We're making the CSU arrest all these perpetrators, because it's our policy that they'll be arrested. So they kind of take your judgment out of it. (CSA5 Professional 4)

Again echoing the earlier findings¹³, some police were frustrated by victims not wanting to assist with prosecuting the perpetrator, even if they understood why this might be the case:

Yesterday, we spent most of the day with a case where we've got a victim whose partner had previously served a term of imprisonment for setting fire to the house she was in. But in the meantime, she's since his release, she's had a child by him, another child, and then sort of making allegations against him of threats to kill, but then not really giving us a statement to support that. And we spent all of yesterday trying to get her evidence other ways, as in officers going down, photographing the telephone, taking statements ... doing a statement of what they've seen. We spoke to three [Crown Prosecution Service] CPS lawyers and each declined to charge, so we've had to bail. Now, in our own minds, we're thinking this guy needs to be charged, to go before a court, but that's where I have the tie, because we can't force the victim to give that statement. And the reluctance can be, because they ... you know, it's either fear of the ... what might happen to them or fear 'cause of their experiences in court previously. (CSA3 Professional 10)

Some women do not necessarily want to 'press charges' when they call the police, they just want the violence to stop and the man to leave home. This might be because the woman is frightened of her partner's response should he be arrested or because she just needs him away from the home for long enough for her to find a safe place to stay. Using the positive action policy to protect the women and children is likely to meet most women's needs, assuming the perpetrator is at the scene and available for arrest and that plans are made to ensure the safety of all victims after he is released. Positive police action leaves the perpetrator (and his victims) in no doubt that his behaviour is criminal and will not be tolerated by society.

Outreach workers and IDVAs were viewed very positively by both survivors and professionals and can partly address the problems referred to by police about women retracting statements or refusing to give statements. IDVAs support and help women through the criminal justice process, as illustrated by one of the women interviewed:

It is quite stressful because I am thinking – oh my gosh, I have said yes, I am going to press charges, and there is no going back, and he's going to go to prison because of me. So that was really worrying. And then eventually they allowed me to make another statement and to the effect that basically, you know, 'I do think he purposely burnt me with the iron, but at the same time, it's not my wish for him to go to prison but to get help'. Which is what I did. And then when (the IDVA) came on board, because I don't think I would have even gone through with the court and everything, I would have pulled out if (the IDVA) hadn't come on board, because ... I felt a lot

12 Also found by Stanley et al (2010)

13 Stanley et al (2010)

under pressure, and even unsupported by the police because I felt that they just wanted to get a conviction. (Bianca)

The police and Crown Prosecution Service (CPS) have different and conflicting objectives regards charging:

The pressure is on the CPS to take only the most likely to be convicted whilst the pressure is on police to push for charges in as many circumstances as possible, which does create a bit of tension between the police and the Crown Prosecution Service ... Arguably, we should all be measured, and I would like to see us all measured, on the number of successful trials that we have or cautions administered. (CSA2 Professional 4)

Targets are discussed further in Chapter 8.

Police notification of children living with domestic violence

When the MPS respond to an incident of domestic violence where there are children in the household, their policy is to complete a MERLIN pre-assessment checklist (PAC)¹⁴. The PAC is then forwarded to the local borough's public protection desk (PPD). The PPDs review all PACs and check on their local systems to quality check the information and determine if there is more information they can provide on the child. The PPDs are then responsible for ensuring the correct statutory agency or agencies receive the PAC. The PPD may forward the PAC to the youth justice service, the child abuse investigation team (CAIT), other appropriate departments within the police, or children's social care. The majority of the PACs will be sent on to children's social care as a notification of a 'child coming to notice' (CTN). In some areas, police notifications go through a triage process to gather more information (discussed in section 3.3.2 below) in order to be routed appropriately.

The police create a lot of these notifications and, as a child protection interviewee in case study area 5 observed, a great deal of police effort is put into passing on a form to ensure that someone else does something. This professional felt police could sometimes respond more effectively by doing something themselves to improve the safety of the children, when they attend the scene:

It feels sometimes that the police report is written and it's almost passed over and handed over for other people to deal with, but actually the police have had the first point of contact with this family and ... had an opportunity to intervene in some way? And probably this a huge ask, but actually what the intervention comprises of is a report for someone else to deal with. (CSA5 Professional 1)

This plea for the police to do something is reflected in the children's interviews¹⁵. We also found some evidence from interviewees that the perceived practice of 'automatic' referral to child protection could deter women from calling the police:

They would always ask ... 'is she here?' ... Well she's usually asleep in bed to be honest the majority, then she'll be at my mums sometimes and things like, they'd say 'is she here?' I'd say yes, they'd check on her to see if she's alright, just pop their head in the door, right she's asleep, fine. And then

¹⁴ The MERLIN system is used to record any contact the police have with children and the PAC guides the police officers in providing information on each of the five areas in the *Every Child Matters* guidelines. The PAC is modelled on the common assessment framework (CAF) pre-assessment checklist that is used to assess children's wellbeing in children's social care.

¹⁵ Also a finding in Stanley et al (2010)

get onto social services about it. All they do is just write down social services. The next thing I'm getting calls from social services, we're doing a home visit, we need to come in and talk about the effects of domestic violence on your child. Not helpful at all. Social services just don't help, they just scare you even more, and stop you wanting to call the police. 'Cause I've had times, like you said, you don't wanna call the police, 'cause social services are gonna get involved. (Ranjana)

3.3 DOMESTIC VIOLENCE RISK ASSESSMENT

In the research we wanted to explore whether or not domestic violence risk assessment could be shown to improve the protection of children. The current practice of many services addressing domestic violence is to concentrate on identifying risk and providing a graded response, with high-risk cases attracting more resources. Further information on risk assessment is given in Appendix 10.

3.3.1 Methods of risk assessment in use

From interviews, the questionnaire survey and FoI responses, we identified three main approaches to domestic violence risk assessment in common use in London and the case study areas. However, none of these bring together the needs of the child and the needs of the adult to give an integrated adult/child approach.

Three approaches to risk assessment

- The **DASH** (domestic abuse, stalking, harassment and honour-based violence) risk identification and management tool¹⁶ is used by the police and other agencies in a multi agency context. A person scoring 14 out of a list of 24 to 27 risk indicators is considered to be at high risk. This tool is focused on assessing risk to the mother, but does incorporate some questions about children in relation to her risk.
- **SPECCS+** is the earlier police risk assessment tool that was based on six key indicators of high risk for domestic violence – separation (on the basis that the risk of homicide is greater at the point of leaving), pregnancy (there is increased risk of domestic violence during pregnancy or shortly after childbirth), escalation (i.e. the increasing frequency and severity of the abuse), cultural issues (vulnerabilities and risks linked with culture, such as honour-based violence), stalking, and sexual assault. This tool is focussed on assessing risk to the mother and touches on risk to the child.
- The **Barnardo's risk matrix** assesses risks and protective factors to children and is used mostly by children's social care. It is recommended by the London Safeguarding Children's Board¹⁷.

As a result of the limited information about specific risk assessment tools for domestic violence across each London borough, we can only provide limited insights about London as a whole. The survey of services found risk assessment was a criterion for service eligibility for 48 per cent of statutory services and 47.6 per cent of voluntary sector services. When asked how children living with domestic violence

¹⁶ CAADA (2009), Richards (2009)

¹⁷ LSCB (2008); LSCB (2011)

were identified in their service, 70 per cent noted that some type of an assessment¹⁸ would contribute to this identification. Seventy-six per cent of statutory services and 67 per cent of voluntary services who responded noted that some type of assessment would be used in their service. In some services across London, no specific domestic violence risk assessment was in use, but services reported using the common assessment framework (CAF). Some services claimed this served as their specific domestic violence risk assessment tool, although the CAF is not intended to be used specifically for this purpose. The 32 local authorities¹⁹ who responded to our FoI question about the number of CAFs recorded in children's services, reported a range from 18 to over 3,500, indicating a varying degree of use.

We wanted to find out how widespread domestic violence risk assessment is in the health care sector. GPs, midwives, community nurses and health visitors are, alongside the police, the professionals in universal services most likely to have some contact with families living with domestic violence. Of the 70 FoI responses we received from NHS organisations, 32²⁰ reported that they did not use a specific risk assessment for domestic violence. Twenty-five organisations stated that they used a specific risk assessment tool for domestic violence, with eight indicating that the tool was specifically developed to assess risk to children. Six²¹ of those organisations reported using the Barnardo's risk matrix, while two had developed their own risk assessment tool. The remaining 17 organisations which used a domestic violence specific risk assessment noted the risk assessment was focused on the adult, but included some safeguarding questions specific to children. They reported these tools to be the DASH, a 'CAADA tool' (which may also have been the DASH), and other internally adapted tools. Six organisations reported they were developing a tool for assessing risk in domestic violence cases. Most who noted where the tool was used reported that this was in maternity services, midwifery or community nursing. It appears that within the NHS, the use of domestic violence risk assessment is by no means standard.

During our analysis of each local authority's key strategy and planning documents for children's services and domestic violence, we were unable to find any evidence of domestic violence risk assessment with children and young people in 36.4 per cent (n=12) of local authorities, while 9.1 per cent (n=3) had risk assessment as a planned development and 48.5 per cent (n=16) had it in operation. Sixteen boroughs reported using a specific domestic violence risk assessment tool, with four citing the Barnardo's matrix, five the CAF, four indicated that they used both the Barnardo's matrix and the CAF as the main assessment tools, one borough cited the London risk assessment model and the CAF, and another reported using a locally-developed model risk assessment model.

The professionals interviewed in our six case study areas confirmed the regular use of these domestic violence risk assessments in some statutory agencies apart from health. DASH and the Barnardo's risk matrix were said to be working well in some areas. In case study areas 4 and 5, the professionals noted that the DASH was working well, although in case study area 5 there was sometimes confusion caused by some police using DASH and others using SPECCS+, so that the risk questions relevant for children included in DASH were not always asked consistently. In case study area 1, the police were including an additional six questions that were specifically aimed at gathering more data about the risk to children. In case study areas 2 and 4, frontline police were said to still be using SPECCS+. In Area 2 it was noted that this was because the police were still using a booklet ('124D') which contained the SPECCS+ criteria. In

18 Options included a risk assessment tool, the CAF and an intake assessment. The types of risk tools used were reported to be DASH, CAMHS risk assessment form, Barnardo's risk matrix, SPECCS+ and internally developed tools.

19 One local authority indicated it could not provide numbers of CAFs completed, but the answer did not clearly state whether this was because no CAFs were completed or whether the information could not be collated.

20 Eleven of these organisations reported they used a generic risk assessment tool which included questions about domestic violence.

21 Two NHS organisations reported that this tool was not used universally within the organisation.

Area 4 it was thought that SPECCS+ was still being used because there was not always time to carry out the DASH assessment:

They're using the 124Ds and the SPECCS[+]. We are in the process of introducing another multi-point system to make sure that everything is captured. Because sometimes, we get victims who, because we are not able to arrest the perpetrator expediently, or as expediently as we would like, their families or they themselves have a chance to get back to the victims. They realise they have done something wrong and the heat of the moment has died away. And we may have difficulty contacting our victim who wants to suddenly disengage, or she may just not answer the phone, full stop. And then it makes it difficult to do the 27 point risk assessment. So, it's not a bad system but I don't think that it can be totally perfect. (CSA4 Professional 10)

One interviewee felt that as long as the risk assessment was completed properly, the same information could be gained from either SPECCS+ or DASH. Another professional felt that the DASH assessment worked well in assessing risk to adults and young children, but that older children could be asked separately about risks.

How the risk assessment forms are used is highly relevant to the quality of assessment, as is the knowledge and skill of the professional carrying out the assessment²². Echoing earlier evaluation of SPECCS+²³, our interviews indicated that, while some police officers do the assessments well, others take an unhelpful 'tick box' approach. One police interviewee thought that risk assessment tools could undermine professional skills and judgment:

I think we should be encouraging officers to go into the scene and not necessarily ask a definitive list of questions but encourage them to actually talk to people at the scene. (CSA6 Professional 13)

One interviewee felt that the police approach to DASH was different to how some other agencies used it. Other agencies might rate a case as 'high-risk' when the police might not necessarily consider the risk to be as high:

It just becomes a bit of an issue at MARAC meetings really, where we end up looking ... you know, where we're meant to be concentrating on high risk as in high risk ... to life, and in fact, we're very often not looking at that at all, we're just looking at DV cases that obviously have risk but ... not that we'd necessarily agree would be high risk on that basis. (CSA3 Professional 10)

In case study areas 2 and 5, the Barnardo's risk matrix was said to be working well. Case study area 2 had recently finished training social care professionals in the use of the assessment and aimed to roll out training and use to the rest of the professional community. Case study area 3 wanted to roll out a standard risk assessment for children living with domestic violence, but did not want to choose the Barnardo's approach as some agencies did not want to adopt it.

22 Munro (2011b)

23 Humphreys et al (2005)

Barnardo's risk matrix – early evaluation

The Barnardo's risk matrix is recommended by the London Safeguarding Children Board²⁴. A progress evaluation was conducted in two London areas in 2009 by Martin Calder²⁵. This provided tentative indications that the matrix was regarded as useful by practitioners, especially for engaging with mothers and talking about the risks and how the children might be affected. It appeared that the matrix had an immediate impact on practice with babies and young children, because domestic violence in cases where the mother is pregnant or has a child under the age of 1 year are put into the high-risk category. Practitioners were said to be sometimes frustrated by the lack of time to work through the model with mothers. Other perceived limitations were that there was little evidence of perpetrator engagement and there were too few services available in the community to safeguard children living with domestic violence once they had been identified.

We found that professionals gave mixed, occasionally polarised, views about the value of the Barnardo's risk matrix, with some interviewees describing it as being too complex²⁶. It may be that the Barnardo's risk matrix, developed by professionals with a child protection background, is more accessible and comprehensible to social workers than to others working in children's services. In case study area 3 there were fears that the complexity of the Barnardo's risk matrix could deter professionals making referrals where there was uncertainty:

[The Barnardo's risk matrix] might be a very appropriate model for social workers but I think community members need to have a very low threshold for reporting. Because we want to over-report rather than under-report because you can be pretty sure that the parents have not given you the entire story of what's really happening. (CSA3 Professional 8)

The experience of the assessor in making a judgment about risk is important. Risk assessment can result in false positives, where high risk gets identified when the risk is actually low, and false negatives, where high risk gets missed:

What we see is some quite wildly differing assessments of risk from the frontline officers, but it becomes much more uniform as it goes through the professional ... and particularly the people that regularly deal with domestic violence And the more experienced officers in my department are much more consistent with their assessment of risk than the broad range of risk assessments we get from frontline officers. It's often too highly assessed, higher when it really isn't, but we do occasionally see risk assessments which, because they don't take account of factors which aren't part of the ... the formal risk assessment tool, they're not considered and you, thus, end up with too low a risk assessment. (CSA2 Professional 4)

This comment highlights the need for supervision and review of assessments done by frontline professionals working with domestic violence in statutory and community-based services. Risk

²⁴ LSCB (2008); LSCB (2011)

²⁵ Calder (2009)

²⁶ The Barnardo's risk matrix requires the professional to assess evidence of the domestic violence, risk factors, vulnerabilities of the child and protective factors. Unlike DASH which has an easy to use form, the four levels of risk factors, vulnerabilities and protective factors, in the Barnardo's risk matrix are all on one page which makes them difficult to read. Using the matrix requires a level of experience and training to equip the professional in making a decision about how to interpret the criteria, which include judgments as to whether 'control of the abuser is not intense', associated with scale 1, or judgments about the victim being 'resistant to engagement', associated with scale 3.

assessment is not, however, always exact; risk is not always predictable and, as suggested above, professional judgment is very important²⁷.

In the view of a professional working in case study area 2, bringing together risk assessment in the police, child protection and MARACs was helping to bring a new shared agreement about thresholds of risks for children living with domestic violence:

I also sit on the panel for MARAC ... on a monthly basis, so what I have found is that since I have been able to use the Barnardo's matrix in conjunction with the police notification, I am able to create a consistency with thresholds, so that when I go into MARAC meetings the majority of the cases are already known, social work intervention has taken place, or we are currently involved. So we are getting in there, I believe, as soon as it comes to our attention. (CSA2 Professional 1)

3.3.2 Triage of police notifications to children's services

In the first year of implementation of s120 of the Children Act, the police in case study area 4 were said to have passed on to the local authority over 5,000 domestic violence notifications. In case study area 2 in 2010, 30 to 50 notifications were being forwarded each day. A system had to be put in place to deal with this influx. Interviews with professionals in the case study areas provided insight into how each area managed these notifications. In case study area 1 the MERLIN PACs were monitored within the police service, with the police deciding along with a duty social worker which cases to pass on to child protection. Case study areas 2, 4 and 5 were operating a 'triage'²⁸ approach to deal with police notifications. In case study area 4, this had been in place for over two years, an outcome-focused evaluation was underway, and other authorities are starting to adopt similar models. The triage system was set up slightly differently in each authority; with some using co-located staff and others arranging regular meetings with multi-agency staff. The personnel involved varied: some systems being operated by frontline staff and others being led by professionals with expertise in data gathering, who then passed the information to a senior social worker to assess.

In case study area 5 the police PPDs were co-located with a multi-agency team. This team decided the pathway for each case. Clear child protection concerns were sent directly to the local child protection team. Other notifications were sent to multi-agency assessment and referral teams based in the community. The relevant team would decide whether to refer the cases for domestic violence advocacy or to proceed to a CAF assessment (with the consent of the parent, although refusal to consent would score as a risk factor on the Barnardo's risk matrix and child protection concerns would override consent).

It was felt that there was benefit in being able to consider information on risk from different sources, even if the police were not physically co-located in some of the triage arrangements:

I have also got access to the police at all times as well and I have regular dialogues with them, on a daily basis about the Merlins. Because sometimes the information that comes through is not accurate or it is incorrect, that's another good thing, that I am able to tap into them and then gather more information, if need be. (CSA2 Professional 1)

²⁷ Munro (2010, 2011b)

²⁸ Triage works differently in each local authority, but the basic concept is that a multi-agency team pools information on the child and his/her family, so that a more complete picture of that child's risk and needs can be obtained. The team then decides who is best placed to address the risk to the child and family's needs.

Triage attempts to prevent child protection services from being overwhelmed by police notifications, but it is intended to do more than operate as a sieve. Multi-agency information sharing informs the assessment and the decision about next steps for the family. A professional from case study area 4 thought triage was working well, even though it created extra work on child protection for the agencies involved:

I think it's really, really good, I mean it's created a hell of a lot of work, especially like for our children missing education officer who's had to ... they've had to employ another person, that, you know, to help him because you can't get details and you have to go round and actually, physically knock on their door. (CSA4 Professional 7)

The extent of the checking done in triage appeared to vary across boroughs, but all systems involved extra work by the agencies involved. An argument can be made that triage creates more work in the short-term but may save work in the longer term. This is a question that evaluators of these approaches may want to address.

Triage approaches would fit well with co-located multi-agency identification, assessment and referral models which aim to route cases where children are vulnerable towards earlier intervention and appropriate sources of support or help. One professional noted that across London, responses for the highest risk cases were fairly similar. For cases where children living with domestic violence fall into a lower risk category, for example those who need targeted or family support, the response varies with the service thresholds. These thresholds are often based on the local availability of services, the capacity of those services and by how the LSCB interprets the meaning of 'targeted' support:

Targeting, I think could probably be quite problematic because as I say each local authority, each local safeguarding children's board may have slightly different interpretation as to what is meant by targeted support. (CSA6 Professional 10)

3.3.3 Multi-Agency Risk Assessment Conferences (MARACs)

Thirty-two London boroughs have access to a MARAC²⁹. Some were very new developments at the time of our research. While the aim of the MARAC is to protect high-risk victims, MARACs do deal with cases involving children and it was felt by most professionals interviewed that the process did help to address children's needs for protection in cases of domestic violence. We found evidence that although MARACs are often held up as examples of how to identify high-risk children, most children and young people discussed in MARACs are already known to child protection services. One professional illustrated this point by suggesting that children who come to MARAC often already have a child protection plan put in place and the decisions made at the MARAC are often in direct response to a recent incident as opposed to considering the 'overall protection of a child': *'it is not 'necessarily working with the focus on the child'* (CSA2 Professional 9).

Very few of the survivors interviewed mentioned the MARAC process, and it is not clear if they knew if they had been discussed at a MARAC or not. Only one interviewee talked about MARACs and her experience was not positive. She was living in the community with her two sons, both of whom had

²⁹ The Corporation of the City of London was said to be in the process of organising an 'ad-hoc' MARAC, but because of the small number of residents, the Corporation had not established a permanent MARAC.

special needs, under the protection of a MARAC and the Sanctuary Scheme³⁰. Her partner had been taken into prison (not for domestic violence offences) and because she had not used the panic alarm, it had been disabled, leaving her worried about what would happen when her partner was released:

I'm thinking well, now if he does come out, what's going to happen? 'Cause you've made it clear to me already over the phone that you don't care. You'll phone me from prison and you've got an injunction never to contact me. You've made it clear that that's not going to bother you so where do I go from now? You know, how can I stop him from actually coming to my door, now that I've got the support of Victim Support or police. I mean, they even put an alarm on my house and they took it back because I never used it. I mean, I'm not going to use it if he's in prison but I know he's due out, what, how am I supposed to press that panic alarm? (Esme)

Esme had expected the MARAC process to keep her safety under review and keep her informed about plans for her safety when her partner was released.

Documentary analysis found evidence of formal links between LSCBs and MARACs in 10 local authority areas (3 were among our case study areas), with plans to create formal links in 3 boroughs. For 20 local authority areas (2 among our case study areas) we could find no evidence of formal links between their MARACs and their LSCB.

The research team requested data from Coordinated Action Against Domestic Abuse (CAADA) on MARACs in London. CAADA was able to provide data on the business of 24 London MARACs for 2009/10, when 3,878 cases were referred to them, involving 4,969 children. Fifty-five per cent of referrals to MARACs in London come from agencies other than the police, indicating that a substantial proportion of the high-risk cases are being identified outside of the criminal justice system.

Are MARACs effective?

For high-risk cases of domestic violence, MARAC data nationally shows a reduction in repeat victimisation (by which CAADA measures success), claiming that in up to 60 per cent of cases that go to MARACs and have IDVA support, the victim reports no further violence. The rate in London for repeat victimisation referrals to MARACs (16 per cent³¹) is lower than the national rate of 40 per cent.

CAADA research suggests that MARACs save money. CAADA estimates it costs £20,000 to support a high-risk domestic violence case in this way, involving police, health, housing and children's services, an average saving of £6,100 per case³².

There was a lot of discussion among professionals interviewed about the approaches MARACs take to high-risk cases and how well, in general, these seemed to be working from the service provider point of view. In case study area 5, it was noted that MARACs can also be helpful for high-risk no-recourse cases, as simply getting people together often helps to find a better solution. This was a benefit many noted even if they had some reservations about MARACs in other respects:

³⁰ Sanctuary Schemes are further discussed in sections 3.4.1 and 3.5.1

³¹ The percentage of cases going to MARACs that are repeat victimisation cases varies across the 24 MARACs from 0 to 38 per cent, the mean being 16 per cent.

³² CAADA (2010)

On the whole though, it's a very useful forum. It's enormously beneficial to sit down, face-to-face, with the agencies that you probably wouldn't have too much face-to-face contact with otherwise, along with some that you do regularly have dealings with. (CSA2 Professional 4)

Involvement in MARACs was having an impact on professionals working together outside the meetings:

The partnerships that we've built with other agencies, in dealing with domestic violence, with the National Health, with the Domestic Violence Co-ordinator and the council, with Victim Support with the IDVAs and all the other agencies that tag onto it, those partnerships, and I say partnerships, it's almost like friendships, you know these people on first name terms ... You know they're ringing me, and saying 'Look I've got this case, I really think this is urgent.' And we get things moving on the end of a phone because we know each other and we know, if she thinks it's serious then I've got to accept that and I get my people moving, and things move because of the partnerships having sort of grown. I suppose that's probably the key thing that works best, certainly in this borough. (CSA5 Professional 4)

Reducing high risk has been promoted through the belief that risk assessment and management will save women's lives and lower the domestic homicide rates. Whether the success of MARACs and multi-agency risk management could be measured by the impact on domestic violence homicides was an issue raised by police in case study area 1:

In the past year, we've had in the financial year 2009/10 ... we actually had five domestic violence murders on our borough, but none of those were known to any of the domestic violence agencies and they're not the type of ones that we could have put in any prevention about ... So I mean, I'm sort of highlighting the fact that none of our domestic violence murder victims or the perpetrators have in any way been known to the police or the other protection agencies, as a bit of a success because where we have been able to intervene, we've done things about it. (CSA1 Professional 5)

In this case, the measure of success might be having no homicides in cases that were already known to the police or MARACs, rather than eliminating all family homicides, since in many cases these cannot be predicted and some show no apparent prior risk factors³³.

Professionals interviewed noted some problems with MARACs and improvements which could be made to their methods of working. MARACs were felt not to work as well when agencies were reluctant to share information, brought information too late or did not do what was expected of them. Poor attendance was a problem for some MARACs:

There's difficulties around getting all the agencies you need together, co-ordinating, it's a huge meeting, it is in this borough anyway, which is good, but you get the issues of a service will make a referral into the MARAC and then not turn up to explain to the MARAC what the case is about and what their concerns are and you're left with quite a bland risk referral form and insufficient details really. So it's all those kind of issues of non-attendance. (CSA5 Professional 4)

There was a feeling that sometimes the MARAC process could be mechanical. By bringing a case to the MARAC, an agency might feel they had done what was expected. However, not all MARAC cases seemed to warrant discussion in a forum:

33 Brandon et al (2010)

I think it's used, to some degree, as a way for agencies to say 'We have done everything we can possibly do', it meets a checklist, if you like, of 'Have you referred it to MARAC yet?' We do get some referrals which ... we've had ... to start asking 'What is it that you want MARAC to do with this?' because somebody will tell us the circumstances of a person and then they have ... their presentation of the referral at the end and the question has to be asked 'What did you hope, as an end result, that MARAC would achieve, by bringing it to the MARAC meeting?' And sometimes, there isn't actually an answer to that; it's often just an information-sharing process. (CSA2 Professional 4)

In some MARACs in our case study areas, we found a tension existed between the police wanting action (an action plan is recommended in CAADA quality standards) and the perception that other agencies simply want to share information. Lack of structure and purpose was a problem identified in case study area 1:

It's poor. In some cases that get referred, it depends on the quality of who's doing the referrals. Some of the agencies that refer, they aren't I think referring for a good reason. And there's no real sense to it and on the other hand, some of the ones that are there are very worthy, as a result of referrals, we've had people arrested for and charged with rape. (CSA1 Professional 5)

Getting agencies to take positive steps to make someone safer could be challenging but it was generally felt that progress had been made:

The meetings went on for a long time and there was a lot of discussing and not a lot of assessing and tasking. So, we've tried to change that. We are getting there slowly but, you know, one of the main things that we need to do is make sure that we identify the risks that are posed and then get the partners, not just the police, to become involved in mitigating and minimising the risks that are identified. (CSA4 Professional 10)

Frequency of meetings was a concern when dealing with high-risk cases:

It can be very effective at reducing the risks to victims, but certainly with our MARAC meeting my main concern, where it falls down, is that it's monthly. And in terms of domestic violence, a month is a long time... And so if I referred someone to MARAC the day after the MARAC meeting, then they're not going to get considered, their case won't get considered for a whole month and in that time, another seven assaults could have taken place. (CSA5 Professional 4)

The MARAC in one of our case study areas was meeting every two weeks, but in the rest of our case study areas MARACs met monthly. Timing can be crucial in high-risk cases and monthly meetings might not match the need for prompt review. While all MARACs have provisions for emergency meetings, in practice organising more regular meetings was seen as difficult. In another of our case study areas, a separate meeting with partner organisations was held every two weeks to look at repeat domestic violence cases and see what can be done, in addition to work in the MARAC.

Possibly partly because MARAC meetings tend to take place on a monthly basis, the number of cases dealt with at MARACs can be high. However, there is significant variation between MARACs. Data provided by CAADA for London shows that in 2009/10, the MARAC with the highest number considered 311 cases (average 25 per meeting), while the least dealt with just 37 (3 per meeting)³⁴.

³⁴ The average number for all London MARACs (mean) being 161.5 cases for that year, suggesting that if all met monthly the average number of new cases considered would be 13 per meeting. H. Rudge (personal communication 30 March, 2011.)

CAADA has recommended case volume targets for MARACs which are now based on estimating the prevalence of high-risk victims as a proportion of the local authority's female population. Prior to June 2010, the calculation was made by reference to the prevalence of high-risk cases as a proportion of the national police rates of domestic violence. The population-based estimate is thought to be more accurate because police rates of recording domestic violence vary and the variations in rates probably reflect recording practices more than actual prevalence rates. Only one of the MARAC areas met, slightly exceeded, the CAADA recommended case volume target for 2009/10, so pressure is on all MARACs to increase their throughput of business. There was some confusion in our interviews about where the CAADA volume recommendations for MARACs came from:

We have just had our CAADA quality assurance stage three done, and their recommendation is that we should be increasing. So currently I think we take about 270, I can't remember the exact figure of the amount of cases referred to MARAC, and they said we should increase it to up to about 500 cases a year. Can you imagine the resources that would be required to manage that type of cases? It's a lot. (CSA2 Professional 8)

A professional in case study area 5 felt the business of MARACs could be a bit too tightly scheduled and the meetings rushed:

I don't know what the perfect solution is. There are a lot of failings with it I think. You know, the number of cases that you're expected to go through at the MARAC, sometimes it might be ten, or twelve, which is fine ... Sometimes, it could be thirty, thirty-two I think we've had and that was like a four and a half hour meeting, and so to begin with, your first ten cases get a lot of consideration and but then your last ten cases people are falling asleep, you're rushing through it because people just want to get out of there and its very difficult and time-consuming and a lot of sort of brain-work. So I think there are a lot of positives with the MARAC, but there are equally a lot of negatives as well. (CSA5 Professional 4)

Some professionals felt that some business brought to the MARAC could be dealt with outside the meeting and pressures to push up the number of cases discussed might water down the approach to high-risk cases:

There seems to be a move from the Home Office to CAADA itself to try and increase the number of cases discussed at MARACs. But really, you know, you've got to have some quality to it and some point, and if they're not careful, there's just going to be a discussion of ones that have already been dealt with, which we don't need ... we could do that outside the MARAC ... we could just send that out to all our partner agencies saying 'This one is for reference', rather than 'Let's go and talk about it now' ... I've sort of come into this fairly recently, but I've got 25 years of policing behind me and ... I know, what risk is and I know ... what high risk is. And I think sometimes we've had meetings where I've had to cut it short with people where they're trying to negotiate, let's say, for housing, and that's not really the place for that, that's outside the meeting and that should have been done already, frankly. (CSA3 Professional 10)

This finding echoes similar concerns found by Coy and Kelly (2011) where issues were raised about the ability to handle complex cases in shortened time frames, while others felt that time in the meetings was used effectively.

Most professionals we asked about the MARAC process supported having statutory backing for MARAC attendance, and having caseloads set in consultation with local authorities. A recent review of MARACs conducted for the Home Office also found wide-spread support from those involved for putting MARACs on a statutory footing, but cautioned that such a move was not without its disadvantages³⁵.

3.4 AVAILABLE SERVICE RESPONSES

This section considers what services are available to children and families once the need for protection and support has been identified.

3.4.1 Child protection responses

Child protection procedures for domestic violence are covered in the London-wide *Child Protection Procedures* guidance³⁶, and in the London Safeguarding Children's Board's: *Safeguarding children through domestic violence: supplementary procedures*³⁷. The child protection procedural guidance for London is now 550 pages long and incorporates changes introduced with the updated version of *Working together to safeguard children*³⁸. The guidance was updated in 2011 following the publication of the Munro review findings³⁹. The current guidelines recognise that children of all ages who live with domestic violence, including teenage girls who experience domestic violence from their own partners, are vulnerable to significant harm through physical, sexual, emotional abuse or neglect.

Interventions for children and young people and teenage girls living with domestic violence should:

- protect the children, including unborn children and teenage girls
- empower the mother/teenage girl to protect herself and her children
- hold the abusive partner accountable for his violence and provide him with opportunities for change⁴⁰.

The guidance advises that domestic violence can diminish the mother's capacity to parent and protect the children. The mother can become so preoccupied with her own survival in the relationship that she is unaware of the effect on the children.

Women living with domestic violence may be resistant to social work involvement, as they are fearful or because they feel they are being unjustly regarded as a 'bad parent'. As one mother said, social workers and mothers did not always agree about when intervention was necessary:

Social services, I've got no time for. To the point even when I asked them, why are you putting my kids on the at-risk list. Fair enough, I understand my son got hit by my ex-partner, I understand that, but at the end of the day I took my kids outta the situation. I could've stayed in the situation and let it carry on, I didn't. Alright, I let it go on for 18 months. But at the end of the day, I was blind, I was in love with him. (Sophia)

35 Steel et al (2011)

36 London Safeguarding Children's Board (2011)

37 London Safeguarding Children's Board (2008)

38 DCSF (2010a)

39 Munro (2010, 2011a, 2011b)

40 London Safeguarding Children Board (2011), p.155

This mother felt her efforts to protect children in the family were not recognised nor supported by social workers:

If they really had the experience of what we've actually all been through in here, they wouldn't be putting kids on the at-risk list and bringing up other things about your other kids and all that. Now I have one child in care, but he put himself there, I didn't put him there. He chose not to come home at the age of 15, then 2 weeks later, 'cause he didn't like it, he wanted to come back home, I wouldn't take him back because of a risk to the rest of the family, so why are we taking him back in. I was trying to protect my kids from him and then I had to try and protect my kids from my ex-partner. But I'm still in the wrong, but how does that work, that's what I wanna know, how does it work that way? So you're telling me, these people that abuse us, ain't in the wrong. So we're to blame for being beaten up and everything else. (Sophia)

While it is important to acknowledge that children's services should not blame the mother for the domestic violence but recognise her need for protection and attempt to support the family, there are some situations where it is important that social workers intervene to protect children. One mother spoke of how her partner did not like her son by another man, so he often 'made up' stories about bad things her son had done and encouraged her to hit him. This mother said:

One day I was there hitting him, hitting him, and he just stand up there and he never cried, he never said nothing and from then I said to myself no way I won't hit him any more. And I didn't. (Roza)

Child protection services often have to work with families facing domestic violence alongside other difficulties such as substance misuse, mental illness, disability, poverty and other stressful events including past traumatic and abusive childhood experiences. Research and practice are only just starting to explore these inter-related issues (discussed further in Chapter 4). This is bound to give rise to situations where a social worker has to act to protect a child but where the parent feels this is not necessary. Conversely, social work support can be experienced positively by a parent who is feeling isolated by domestic violence. One mother said social workers had helped her to come to terms with what was happening and how the children were affected:

I think if you feel like you're on your own, it's just so much more worse, it's just you've got no-one there. It just feels ten times worse than what it is really. But then I suppose with me because I had social services involved straight away, they were always round and so that it was quite nice really, because even though I was annoyed with them at the beginning, because I thought it was none of their business. In the end I'm glad they were there because they really did help. (Hannah)

The following mother said she was advised by the social worker that if she took the perpetrator back into the family then her children would have to be placed in foster care. She said that this took the decision about whether to have the ex-partner back, out of her hands, which in some ways was a relief. However, having advice first and time to think about the consequences was seen to be important, as demonstrated when this mother discussed what would be best for the mother described in the focus group scenario:

In that situation before she's actually made the decision to leave I think the biggest thing that she needed was somewhere that she could go to, that was confidential, and that she could get all of the advice and the information, so that she knew that if she took this route this would be the possible outcome ... And I think, you know, that's something that's really, really important. Not forcing anybody to make a decision there and then. (Roza)

One woman felt that child protection services should be prepared to make firm decisions for the children if the mother is not able to see how they are being affected. Rather than taking away the child, which so many women fear, or stigmatising the mother, child protection services could take the man out of the home to give the woman and children breathing space and time to consider options:

I will come out, because I'm think, there I go, there I stay, every time I go, go there and come back to stay They know the man is very bad. They should pull him out for us, me and my son, to some other place. (Fawn)

The woman above had been offered the Sanctuary Scheme, but did not think it would work. She wanted the police and child protection services to make sure the violent partner left and stayed away from the family home. The children interviewed also said that fathers should be taken away and stay away. Although this is recommended in the guidance from the London Safeguarding Children Board⁴¹, there was surprisingly little reference made to safety planning with children (an interviewee in case study area 4 mentioned that the child protection plan includes safety planning with the child).

A few professionals we interviewed talked about taking an empowerment approach to support women with children who were still living with the perpetrator. One argued that services need to be careful not to punish mothers but rather to take a strengths-based approach to their safety:

I think it is good that, you know, the risk to children through domestic violence, emotional harm to children and physical harm to children through domestic violence is recognised as a child protection issue. I think that is a positive step forwards. I think what local authorities need to think about carefully is ensuring that their systems don't punish the victims of that violence, the mothers generally, in that child protection process. And obviously we've thought about that in [case study area 4] and we have changed our child protection model so that it's more inclusive. And it's a strength-based model, so we are hoping to move away from criticizing parents on sometimes circumstances that are beyond their power to change and move towards a strength-based model where we empower parents to think about their children in a more safety context while also thinking about the support networks that they have in the community and mobilising their own family support networks so that we can ensure that children are safe in their home. (CSA4 Professional 8)

The professionals we interviewed felt there had been positive changes in child protection responses due to improved awareness of the impact of domestic violence on children. They provided some evidence that domestic violence cases were more likely than previously to have some assessment of risk done and referrals made sooner:

I think there is definitely more of a recognition of the impact on children, well, I don't know about five years, but it's a long time since I've been a practising social worker, but I think, previously, you know, children who were registered or who were, you know, designated child protection at the time and registered in my terms, it was generally if they got caught up in physical abuse and they were registered as with physical abuse. Whereas now, there's a large cohort of children subject to child protection plans because of the emotional abuse, so they've never actually been caught up in the physical abuse between the parents, but they're, you know, experiencing what's going on and that's considered emotional abuse, quite rightly. (CSA2 Professional 2)

41 London Safeguarding Children Board (2008)

In case study area 5 it was believed that working together in safeguarding children had improved, due to the clear referral pathway:

I think the whole way that we've put a multi-agency team on the public protection desk and how we've embedded the process into the CAF, is a change of policy which is that, actually we recognise that those referrals coming in from the domestic violence ... previously, what we would have done is all the referrals from the PPD would have gone straight into the social services teams and they would have only acted on the third referral. Where as now, unless there are clear child protection issues, which the police would have referred in immediately anyway, so that's not an issue. I'm talking about those ones coming through on the 78s⁴², where they visited the family and there was a child present and there was a domestic violence issue, so the social services teams would have acted probably on the second referral. They would have written to the family and asked them to come and see them and if they hadn't heard then on the third referral, they would have gone and intervened. Whereas now, we're picking it up at first and second referral, immediately through the multi-agency locality team, so much earlier, a much earlier intervention than we have been doing previously. (CSA5 Professional 2)

However, lack of community services for children living with domestic violence is a problem because if needs are found to exist, there may be no services available to provide a response. Survivor and professional interviews indicate a great shortage of services to cater for the needs of children, including those in the highest risk categories, as well as to those children with lower levels of need. The shortage of services to support children in the community has been highlighted by earlier researchers.⁴³

Among the services which were available, a school-based project in case study area 3 was identified as a service that worked with children currently living with domestic violence and attempted to engage with their mothers. In the children's centre in that same area, there was a range of services for families based on a broad assessment of their needs. Some were general, linked with universal and health services, and some more specific, such as counselling for domestic violence and rape crisis.

Barnet Safer Families Pilot

A new pilot project opened in the London Borough of Barnet in March 2011, designed to match support to needs in cases of domestic violence which were assessed as falling below the high-risk threshold. Barnet had a 50 per cent increase in referrals to child protection in 2009/10. Safer Families provides three domestic violence support workers to act as lead workers with families who are below the threshold for child protection services. Using the Barnardo's risk matrix, the support workers will work with families at levels 1 and 2 on the matrix, conducting a CAF, providing support to prevent problems escalating and working with a range of other agencies. Two of the support workers are based in children's centres where there are high levels of domestic violence in the community. This project is also due to be evaluated⁴⁴.

⁴² The term '78' is a commonly used term by some professionals who have been working in children's social care and/or the police in London for many years. Form 78 was previously used by the MPS to notify children's social care when they had come in to contact with a child. The PAC (see chapter 3.2.3 The police and criminal justice role) is the current form used.

⁴³ Calder (2009), Stanley et al (2010)

⁴⁴ London Borough of Barnet (2010)

3.4.2 Working with perpetrators

Child protection services have been urged to work more constructively with perpetrators and to engage with fathers⁴⁵. However, we found limited evidence of direct work with perpetrators to stop the violence beyond the work done with high-risk cases in probation and in some voluntary sector projects accredited by Respect. The Integrated Domestic Abuse Programme (IDAP) – a probation programme – touches only a minority of domestic violence cases because most perpetrators are not convicted and referred to an IDAP. Local access and funding for voluntary perpetrator programmes varies across London: some men had to travel to attend programmes, with a number of local authorities providing funding for men who are referred by social workers and others providing little or no funding. See Appendix 11 for more information on referrals to Respect-accredited programmes in London. Knowledge about what working with perpetrators actually means is still rather variable. As one programme provider pointed out:

In a lot of ways there has been a mainstreaming of the work. So some of the debates that were there ten-fifteen years ago aren't there and in most places there will be some reference to the need to hold perpetrators accountable and to have services to do that. But what we find in lots of places is that there are still significantly different levels of understanding of what that might mean: What a perpetrator programme is? How it works? How you ought to define success? So in all of those levels the fact that still nationally there's only thirty-five is an indicator that adds to the sense [that] process is not embedded. (CSA6 Professional 17)

Good practice for perpetrator programmes, as defined by Respect, is to ensure that there is parallel support for current and ex-partners of the perpetrators. We also believe that support should be extended to the children of the perpetrators.

Child protection work with fathers who are domestic violence perpetrators is something that many have proposed should be done and there are steps being taken to improve the situation. However, the challenge now is to ensure that engaging with the father does not override safety issues. This engagement needs to be thought through carefully so that fathers are involved in a safe way and women are not pressurised into giving contact details for ex partners in circumstances where they feel could put them and their children at risk.

The main area of direct child protection involvement in work with domestic violence perpetrators which arose in our interviews involved commissioning perpetrator assessments to help with court decisions. The voluntary sector organisation, Domestic Violence Intervention Programme (DVIP), runs perpetrator programmes and women's support services, and takes on risk assessment work for some London local authorities and for cases going to the family courts (for a fee). Some professionals whose organisations had purchased this type of risk assessment service noted that further funding for perpetrator programmes was not available through their organisation, leaving them with no means to help the perpetrator address his violence.

45 London Safeguarding Children Board (2008)

Practice highlight – working with violent men

In the voluntary sector there are examples of programmes working with domestic violence perpetrators who are also fathers, for example Caring Dads⁴⁶, which the NSPCC is delivering in Cardiff, Prestatyn, Belfast and Peterborough. Ninety per cent of DVIP perpetrators have children and 75 per cent have children where there are child protection issues to address⁴⁷. The Jacana Project, run by DVIP and Nia⁴⁸, was a unique service that brought together work with perpetrators and parenting support. It filled an important gap as the service was able to work with perpetrators in situations where the mother did not want to leave or where the perpetrator had not been prosecuted. Nia ran the women's support and DVIP the perpetrator part of the work. They ran two 20-week parallel group programmes with individual sessions in between. Funding for this service ended in March 2011. An evaluation of the project should be available towards the end of 2011⁴⁹.

3.5 THE SAFETY OF CHILDREN AFTER PARENTAL SEPARATION

3.5.1 Safe accommodation

Finding safe accommodation after leaving a domestic violence perpetrator is a major problem for families affected by domestic violence in London, and there is no indication this is going to improve. Children who experience parental separation because of domestic violence are likely to face being uprooted, having to move away from school, friends, and leaving behind pets, as well as a loss of parental income, increased insecurity and homelessness. Making and keeping any friends in these chaotic circumstances is very difficult, so removing one important potential source of emotional support:

I: So is it easy to make new friends in school? Or not so easy to make new friends?

Lauren: Not so easy, because when you're beautiful you get more friends, when you're ugly you don't get friends.

Kanman: That's what you think!

I: So you think it depends on what you look like whether you get some friends or not?

Lauren: Yeah and you know I used to have that many friends, now I say I don't want friends any more because they're going to make you get into trouble. And that's why I don't want friends. And any time you move houses we lose friends.

In contrast, some professionals we interviewed felt that families should be prepared to move away. One professional noted that a family's problems often persisted because they were not moving far enough:

We would say 'Look, you know, the safest thing for you to do is for you to flee from this local authority area and actually go a long way away and start afresh somewhere else in terms of safety' ... I know there's issues around dependents and emotional attachment, but my experience has been that women are quite reluctant to do that, they don't want to leave, they'll say 'All my family is here'

46 More information can be found at www.caringdads.org.

47 DVIP (2011)

48 See: http://www.niaproject.info/html_site/homepage.htm

49 Coy et al (2011)

or they'll move to the next local authority five miles away. Well, my point is that it's not really far enough, you need to go and you need to not come back, you need to not bump into his family or whoever ... you know, whatever that ... whoever the abuser is, but you need to not bump into their associates or whatever's going on. You need to just have a fresh start and get away from this, if not for your sake, for the children's sake. (CSA6 Professional 11)

Leaving might depend on finding emergency accommodation and this would be difficult if the woman could not obtain support from family or people in the community or secure access to a refuge because she had no recourse to public funds (see chapter 4 for a more detailed discussion).

The age limit for boys in refuges was a barrier for some women we interviewed. Indeed, it is difficult to find research that has explored the specific problems of access to safe accommodation for abused women and their older teenage sons. Nevertheless, it is clear that an urgent solution is required. The combination of safe community based housing and domestic violence outreach services could be prioritised for these families to ensure neither mother nor son remain at risk. Mothers who have older boys face weighing decisions about the boys' safety against their own safety and the safety of any younger children in the family. If a boy cannot be accommodated with the mother in a refuge, the options are to find him alternative accommodation, perhaps with friends or relatives, leave him behind with the perpetrator, or stay at home with the boy and the perpetrator. One woman interviewed had to leave her 15 year old son at home with the perpetrator because the refuge would not admit teenage boys:

See this is another problem, they should have refuges where you can take your sons with you. Instead you're having to leave them with family you don't even want them associating with. (Sophia)

In case study area 5, the refuge services would not admit boys over the age of 14. In case study area 3 it was reported that boys over the age of 12 could not be taken into the refuge. In case study area 1, a housing professional said that he did not refer boys over the age of 10 to the local refuges because it was his understanding that they would not accommodate the boys. A pan-London professional reported that their understanding was that refuges would not take boys over the age of 12, while another reported it was 14. Some professionals interviewed indicated that the upper age limit for boys was dependent on the current residents of the refuge and on the needs of the family. Another noted that they had some self-contained bedsits that would permit accommodation of older boys. If professionals in London are confused by the lack of clarity on accommodating older boys with their mothers, how can women and children be expected to access safe accommodation?

A recent court case has broadened local authority responsibility to house women affected by domestic violence that involves emotional abuse⁵⁰. A number of interviewees mentioned having to provide evidence a high degree of the domestic violence and referred to a lack of recognition by some professionals of emotional abuse as being relevant. One professional⁵¹ said that social housing is difficult to secure without providing a high level of medical evidence to show that the violence has led to injuries (e.g., photographs or hospital records). While, one mother without documentary evidence of her abuse was turned away by the housing office:

⁵⁰ *Yemshaw (A) v. London Borough of Hounslow (R)*, [2011] UKSC 3 (26 January 2011)

⁵¹ CSA6 Professional 23

I've got no police records, I've got no hospital records, you're basically saying that you can't prove it. So, their initial assessment of me when I went to that borough was that I didn't qualify for housing, they didn't see me as homeless, and they didn't think that if I went back that I was in any danger or risk. And I just, I sat there and I thought to myself 'How many women have you said that to that have ended up going back and you know have been killed or have ended up seriously ill in hospital?', because the moment you make that decision to leave, it makes everything 10 times worse. (Jessica)

However, a housing professional argued that evidence was not in fact required by the victim:

[Homelessness] legislation says that actually the local authority has to disprove rather than the client prove. And I think that's one of the issues we as a landlord come up against in supporting our clients making a homeless application, is that they've got a very clear mandate to try to prevent homelessness and so they do make clients jump through hoops, but I actually don't think it is appropriate. (CSA1 Professional 4)

A second housing professional⁵² said that it was a 'common myth' that a police report was needed. Sometimes women left after a single incident, so there was no report at all of the domestic violence. This professional noted that their housing organisation would accept a report from another organisation, such as a domestic violence specialist organisation.

The tendency to send women back to their local authority area was said to be a practice in some London boroughs:

We do not operate in the way that some boroughs do by saying to woman fleeing violence 'You can't apply here you can only apply in the area where you've been living'. That is unlawful and it does not happen. We have been faced with a woman from [this borough] who has tried to approach another council and that council has said 'No, you've got to approach [this borough]', and we've advocated on her behalf. (CSA1 Professional 2)

Case study area 4 used to have a reciprocal agreement with five other London boroughs to help with housing families affected by domestic violence. These reciprocal arrangements still exist in some boroughs (such as case study area 1) but funding issues have caused other boroughs to pull out of them. Consequently, inter-borough re-housing is proving more difficult:

What we used to do years ago is we used to have a reciprocal arrangement with the other London boroughs so that we would ask them to accept someone in dire circumstances and we would do similar for them in similar circumstances. Unfortunately, clearly because of the constraints that we all have now on public sector housing and the fact that we all now have an increased waiting list, that ability has kind of ... is no longer there. (CSA5 Professional 3)

Lack of a national agreement on housing from one borough to another was a challenge highlighted by professionals:

52 CSA1 Professional 2

There's no nationally recognised kind of network agreement for local authorities to support other women, you know to support women moving from authority to authority. There are examples of inter-regional schemes. I think West London has a good inter-regional scheme but there isn't anything nationally or regionally across London that's available. (CSA3 Professional 9)

Proposed changes to the local housing allowance will affect London's rented housing and will make it correspondingly harder to find affordable accommodation in the more expensive areas of London. Some boroughs, such as case study area 5, fear that lower rents in their area will lead to an influx of low income families, including an increase in families fleeing because of domestic violence. Professionals anticipate landlords will not reduce rents to meet housing benefit thresholds and families leaving refuges or needing to move away will be forced to look for housing outside the borough.

The proposed introduction of Universal Credit⁵³, which will combine all allowable benefits (including child benefit and housing benefit) under a cap of £500 per week, is likely to have a significant impact on abused women and children in the capital. Taken together with changes introduced in April 2011⁵⁴, which placed a cap of £400 per week on Local Housing Allowance (LHA), these reforms could mean that abused women and children in the capital could be left with only £100 per week for living expenses. Abused women with more than two children could have to make difficult choices about paying for essentials for their children or for shelter. These changes might also make it difficult for abused women and their children to access refuge accommodation. Firstly because rent for refuge and other supported accommodation usually carries a higher rental charge than unsupported accommodation and secondly, without the benefit of income from rents, refuges could not operate.

Where it is not possible to find alternative accommodation or where the woman does not want to move, Sanctuary Schemes can be used to make the home safer. The Sanctuary Scheme was developed to offer victims of domestic violence an alternative to moving to escape their violent partner. The scheme is tailored to the needs of the victim, but can include things such as window locks and bars, secure door locks or reinforced doors, alarms and safe rooms. The scheme is not intended to keep the victim safe indefinitely, but to protect her until police assistance can arrive. All case study areas mentioned the scheme. In case study areas 1 and 5 it was said that women are positive about the Sanctuary Scheme and believe it helped them to feel safer:

I think all of the feedback that we get is positive that it does make them feel more secure and we will do things at our end for instance if we know there is an issue we can get a mail safe letterbox delivered and fitted really quickly, and sometimes it is something as simple as that that they feel that something isn't, something ignited isn't going to come through the door, we can put film on windows to prevent projectiles going through the window, so there are lots of ... And they do feel more secure in the property, so yeah, the feedback that we get is positive. (CSA5 Professional 3)

There were, however, views to the contrary, with some survivors interviewed feeling that the scheme had not been helpful. One said:

53 The Welfare Reform Bill 2011. Information available at: <http://services.parliament.uk/bills/2010-11/welfarereform.html>

54 HM Government (2010a)

I did get offered that actually by my the council and I got locks I did get extra locks put on my door but then the door just got kicked in. And I live in a flat and I'm supposed to have security doors you like buzz in and you let people in but I've had him climbing up on my balcony so that wouldn't really do anything for me. I don't think it's even enough, if I said to my little boy that we're going to get these solid doors on it, it's the fact that it's happened, he knows where we live and that's it. I don't think it's going to leave his head. I mean that would probably help some people but it just wouldn't for me really unless I put bars on my window and I don't really want to live like that. Well I know people who have had panic alarms fitted as well but I think they're just going to get there as quickly as if you dialled 999 anyway. (Sangwan)

How the family feels about safety is very important. Some will feel safe with stronger locks but others will not. The child's feelings of safety or continued fear were acknowledged in the interviews, but there was no discussion about what it was like for a child to live under a Sanctuary Scheme, and how this might affect their wellbeing, such as their access to play outside.

3.5.2 Child contact after parental separation

Moving away does not necessarily protect the child, if the violent father continues to have a presence in the family's life as a result of child contact arrangements. There is ample evidence from research on court outcomes that contact is almost never refused even when there are serious welfare concerns⁵⁵. The presumption that contact with both parents is 'good' for children and should nearly always happen seriously undermines the safety and wellbeing of women and children who have experienced domestic violence. Child contact difficulties were flagged up as being a major concern in the e-consultation with victims of domestic violence that was organised to inform the House of Commons Select Committee inquiry into domestic violence and forced marriage⁵⁶. Post-separation violence was found to be a factor in about half the calls to the police in one recent research study⁵⁷ and for 30 per cent in another⁵⁸.

Breaking free from domestic violence can be very difficult, especially for younger children, who are least likely to be consulted about their wishes and feelings⁵⁹ regarding contact with a violent father:

It still seems to be that 90 per cent of the time, the perpetrator will get contact with the children. That doesn't seem to have changed any in the last few years. You know, you would have hoped with magistrates' training it would have, but our experiences is — no, they're still getting contact 99 per cent of the time. (CSA2 Professional 7)

55 Hunt and Macleod (2008)

56 Home Affairs Committee (2008)

57 Stanley et al (2010)

58 Hester (2009)

59 Hunt and Macleod (2008)

Focusing on risk in family courts

The Children and Adoption Act 2006, implemented in 2008, introduced major changes for courts working on contact cases, particularly for CAFCASS. The Act further amended the Children Act 1989 to allow greater flexibility for courts facilitating contact and ensuring safety. The newly-introduced Section 16A, required CAFCASS to undertake risk assessments where there was cause to consider a child was at risk of harm. CAFCASS officers' roles shifted from writing reports for the court to more directly assisting and monitoring contact, but without the substantial additional resources needed to enable this to happen. Courts were given powers to require parents to undertake a 'contact activity', such as attending a parenting programme or information session, before a contact order is made, and these could include referral to a programme to address domestic violence. At the same time, changes were introduced to make sure that contact actually happened. New enforcement options were brought in, including scope for the family courts to order financial compensation or to impose unpaid work on a parent who prevented children having contact with the non-resident parent.

These new procedures and ways of working, and the requirement to undertake risk assessments and provide proactive support, were all introduced at the same time as new performance management measures, an unprecedented and sustained increase in applications, a loss of and demoralisation of staff and inadequate resources to cover the costs of increased work⁶⁰. Efforts to introduce triage into CAFCASS met with considerable hostility and led to a crisis in 2010⁶¹. There was limited evidence that some CAFCASS services were working hard to make sure that risk was assessed in cases where children had been living with domestic violence⁶².

Two children who had regular post-separation contact with an abusive father discussed issues around proposed contact for 'Gavin' and his dad. They described the fears children might have about expressing their wishes and feelings about contact, such as that the dad might kill the child or the mother and that these fears would make it less likely a child would express their true wishes and feelings. They suggested any contact should be brief and supervised by another person or watched on camera. One of these children was physically abused during an unsupervised contact visit with his father.

Because the perpetrator effectively never goes away unless he is taken into prison, it can appear to the professionals interviewed that the abused parent keeps taking the partner back:

It's very difficult when people are gonna have them back, through child custody matters, you know, the fathers need to see the children because there's always that contact. So where children are involved, it complicates it, true, because you're never gonna have that severance that you can probably have ... in a relationship without children where they could probably move away and you're never gonna get the contact. (CSA3 Professional 10)

Although we did not directly ask all professional and mothers about contact arrangements, there was evidence from interviews that some mothers wanted the children to have contact with the father, if this was what the children wanted. Mothers were also sometimes willing to make the arrangements informally themselves:

What I wanted was for them ... because they are old enough to be able to decide whether they want to speak to dad or see dad, and they were able to, in the initial stages, speak to dad on their

60 House of Commons (2010), NAGALRO (2010)

61 House of Commons (2010)

62 Harne (2011)

own mobile phones, and make arrangements to see him. And I was quite happy with that. Now they're still ... I speak to dad on the phone. In the order now, after court, after he was found guilty, basically, I wanted the contact, because I want to know what the children are doing, and basically, what is going on with him. Although sometimes it's not nice, you know, I can choose to listen or I can choose to hang up, and the children speak to him most days, which is good. Initially, it was quite hard because, I think, it was affecting them emotionally. My eldest didn't speak to him for quite a long time, he just wouldn't speak to him, didn't want to see him. The youngest he constantly rang dad every day, sometimes two or three times a day, and he wanted to make sure he was alright. So I think now, where it's at now, they are both, especially the youngest. He will say to me, 'Mum I want to see dad this weekend'. 'Fine, arrange it', I will say. Dad might phone me and say 'Is it okay?' Then that's fine. But it took a lot to get to this point. (Bianca)

In this case, the perpetrator had been prosecuted and the mother had IDVA support. Having time away from the perpetrator gave the mother and children a breathing space where they could safely consider options, without feeling pushed into an agreement too soon.

Some children fear fathers and just want them to go away while others have emotional ties and feelings of responsibility towards them⁶³. Some women do not see the father as abusive towards the child, even if the children are exposed to the abuse the mothers experienced. One survivor talked about how keenly aware she was of the children's feelings about leaving home and not seeing the father:

Even here they say 'I want to go back, I want to see daddy', because he's not a bad father – he doesn't beat them up or anything like that, he don't abuse them like he abused me. (Samhita)

Contact in such circumstances needs to be safe and to take into account the child's wishes and feelings, as well as the likely impact of having lived with domestic violence.

Dealing with the emotional consequences of domestic violence for children is not easy. There is an urgent need for research on the impact of contact on children's wellbeing over time, as well as a need for evidence on the effectiveness of fathering interventions such as Caring Dads⁶⁴ and the Jacana Project in preventing harm to children from emotionally abusive fathers:

I have asked for them to go to visitation to the dad because of the holidays – they miss him so much. He's been playing mind games again 'cause he knows we are not going back. He says 'Oh I wish mummy and daddy and you and M would be together back at home'. Why is he doing that? He knows we are not getting back together and my boy was so upset. He called me and he said "Oh mummy, daddy said you don't love him anymore. He was upset." He's playing mind games with my boy. I'm not happy with this, so I don't know what I'm going to do. He's still playing mind games but through my children. (Kayla)

There are very few specialist contact services for children affected by domestic violence, but one example is Stephen's Place in Hammersmith and Fulham, which offers specialist supervision of contact. According to the National Association of Child Contact Centres (NACCC), in London there are 12 centres which offer supported contact, five centres which offer supported and supervised contact and seven centres which offer supervised contact. Respect also runs *Dad's space*, an online web resource that

⁶³ Mullender et al (2002)

⁶⁴ Respect has put a statement about how *Caring dads* should be viewed, stressing that it is not a perpetrator programme – see: http://www.respect.uk.net/data/files/respect_position_statement_on_the_caring_dads_programme.pdf

enables moderated online contact between father and child in the context of domestic violence. There are several reported reasons why parents do not always want to use contact centres:

Sometimes parents, mothers are reluctant to have the contact in a contact centre. They find it cold, they find it's not good for their children to see their father in two hours at certain times, it is too designated. So they risk their own safety and allow the contact to happen in a relative's house or in their house. I have seen quite a few mothers just say 'No, I can't let my child out of my sight' and they risk themselves when they say 'I will be there when the perpetrator is there', so that's not great. Also, I have seen and heard some perpetrators are really quickly declining these contact centres when the point is suggested. They say they are not bothered and they won't go. (CSA4 Professional 5)

Lack of options for safe contact puts women and children at risk of harm and is said to have placed huge pressures on child protection services, which are expected to provide supervision when they lack the resources to do so. A major barrier to children's safety after separation is the failure of courts to protect children by stopping contact when it is unsafe and not what the children want. The Family Justice Review⁶⁵ has proposed that information be made more readily available for parents and for children on separation and divorce. There is clearly a very great need for evidence-based information on safety and contact in the context of domestic violence, particularly information that addresses the emotional wellbeing of children who are exposed to continued psychological manipulation by an abusive parent, or who are expected to carry the whole weight of responsibility to keep the peace and protect the abused parent from the perpetrator's attempts to manipulate and regain coercive control, using the child as a proxy.

3.6 SUMMARY

The differentiated response model assumes that families with low level risk will not merely be sieved out of the system but will be given a response appropriate to the level of their need⁶⁶. For lower level risk cases this is usually some form of family support or contact with a voluntary sector or community-based service.

We cannot draw general conclusions on the basis of largely qualitative findings, but these findings suggest that a more differentiated response to the protection of children living with domestic violence could be emerging in practice in parts of London. There are two issues of considerable concern regarding this approach – the lack of community services to provide a response, and the still prevalent tendency to work only with mothers, with very little attention paid to the quality and purpose of parenting by a violent father.

Concerning children's own views on how they should be protected from domestic violence, our conclusions are limited by the small sample of children whom we were able to consult, and their recruitment through specialist domestic violence services. However, issues which were raised as important to children were: supporting the mother's relationship with the child, acting to protect and support both adult and child victims, informal support, and adults taking responsibility for positive action by removing the perpetrator and stopping the violence. Clear blocks to children's safety emerged

⁶⁵ MoJ, DfE and the Welsh Government (2011).

⁶⁶ Allaggia et al (2007)

from the range of data produced in our research. The two greatest blocks to safety are dealing with the perpetrator and helping children to be safe – and stay safe – once they have been identified as being in need of protection.

Bringing offenders to justice was one of the main focuses of policy at the time of conducting the research. Taking the perpetrator away, arresting and charging him are part of the proactive approach. The research findings confirm that efforts have been made in London to take proactive approaches to domestic violence perpetrators, to assess risks, and for agencies to work together to reduce or manage the risks. Practice varies across boroughs, with more confidence about the consistency of approaches to high-risk cases than there is about approaches where the risks are considered to be lower. Addressing perpetrators of domestic violence through the criminal justice system alone overlooks those who have no contact with the police.

Once identified as being at high risk of exposure to domestic violence, the thinking about a child's safety did not seem to extend to the consideration of how to keep that child safe if there is continued contact with violent fathers after the parents have separated. We found very little evidence of direct work aimed at changing the behaviour of violent fathers towards their children, although a small number of pioneering developments were observed.

We have little information on the quantitative impact of risk assessment. In qualitative terms, however, it appears that risk assessment was (at the time of our research) a strong feature of working with domestic violence victims. This had widened in some instances to include risks to children, although the degree in which children are included as participants varied and was in many cases limited. None of the risk assessments commonly used was an integrated adult/child model. Lack of consistency in the risk assessment tools used both within and between different boroughs can be a barrier to a common understanding between professionals about the level of risk to children and to their mother. Professionals we interviewed who used risk assessment supported its use and found it generally helpful. Concerns were noted by some interviewees about how to encourage sensible risk assessment, ensuring it was not simply a 'tick box' tool and not allowing the paper exercise to undermine the interaction with service users, especially children.

High-risk cases of domestic violence are frequently being referred through routes other than the criminal justice sector. The identification of risk for children living with domestic violence has become part of this process and was formalised with MARAC and child protection activities in some areas. Our data suggests a range of approaches exist and survivors reported varied experiences of them. Our findings suggest that there are examples of 'sensible approaches' to risk within practice where professionals are trained to undertake risk assessments and where there are shared understandings about referral pathways, good working relationships between statutory sector and community-based organisations, available resources and a shared commitment across the various professionals involved.

From our findings it seems too simplistic to suggest that the recognition that domestic violence can equate to emotional abuse to children has 'widened the net' and led to an increased tendency on the part of social workers to blame mothers for failing to protect children. While there has been increased activity around high-risk cases of domestic violence, there has also been an increase in efforts to route cases more appropriately and to respond better to children's varied circumstances and needs. Triage systems have developed to ensure that high-risk cases involving children are not lost among the high number of police notifications. Triage systems are also thought to help with routing families towards services which can offer earlier intervention. We found that many of the pioneering early intervention activities had developed within the voluntary sector.

4. ANTI-DISCRIMINATION AND COMPLEX NEEDS

This chapter presents findings from the research on meeting the needs of children living with domestic violence who face additional difficulties because: they cannot access culturally appropriate services, they have limited rights to support and help because their mothers have insecure immigration status their families are affected by disability, or they are living in families where there are additional complex needs such as parental mental health, drug or alcohol problems¹.

4.1 DIVERSITY, ETHNICITY AND CULTURE

London has a diverse population with people from a wide range of ethnicities and a relatively high population of recent migrants. This diversity is reflected in the population of London's children. Figure 11.11 in Appendix 8 shows the ethnicities of school-aged children living in London overall and within each of the London boroughs. In London as a whole, 24 per cent of under-16s are from ethnicities other than 'white or white British'. In Havering, the proportion is 14 per cent, while in Newham it is 70 per cent.

London's violence against women strategy

The Mayor of London's violence against women strategy, *The Way Forward*² made recommendations to improve the provision of support and help for abused women from disadvantaged groups. The strategy acknowledges that while London is made up of very diverse communities, there is a lack of understanding of the needs within different communities. The Mayor's *Action Plan* charges the Greater London Authority (GLA) to undertake research on violence against women among young women, black and minority ethnic (BAME³), disabled, older, lesbian, bisexual and transgender women⁴. In December 2010, the GLA commissioned research from Imkaan.

The Mayor's strategy also acknowledges that the (2009) *Map of Gaps 2* research⁵ found that overall service provision for women experiencing violence in London is patchy. The strategy's second objective, '*Improving access to support*', has as a priority meeting 'the needs of London's diverse communities'. It is noted in the strategy that London must continue to build capacity in both statutory and voluntary services. The strategy also highlights the 'vital part' specialist BAME services play in responding to violence.

1 The focus groups did not provide very much information on children's views on the issues covered in this chapter. The scenarios discussed with children did not refer directly to children living with domestic violence where the parent had mental illness or drug problems. The interviews included children from black and ethnic minority families but no children who were from families with insecure immigration status. The focus groups did not include any young people who talked about forced marriage.

2 Mayor of London (2010a)

3 The Mayor's plan does not include Refugees.

4 Mayor of London (2010b)

5 Coy et al (2009)

Forced Marriage

The Home Affairs Committee has looked at women's experiences of, and policy responses towards, domestic violence, forced marriage and honour-based violence⁶. The Committee's first report referred to a 'postcode lottery' for domestic violence services across the country and highlighted that in 2008 funding for BAMER women was *'being cut because of changes to commissioning and funding processes at the local level'*. The Committee considered whether it was better to address forced marriage and honour-based violence as part of the wider domestic violence agenda or to separate these issues. While there was no agreement between BAMER groups, the Government decided it was best to address forced marriage and honour-based violence as part of the overall domestic violence strategy.

The Home Office and the Foreign and Commonwealth Office have set up a Forced Marriage Unit to provide support and advice to professionals and to victims of forced marriage. In a follow-up enquiry to the Home Affairs Committee's original report, it was found that reaching victims of forced marriage was very difficult, particularly those who enter the UK from another country. The testimony published in the follow-up report shows women and girls can become 'virtual prisoners' once they enter the country. The Committee felt that more should be done to provide information at UK entry points for victims of domestic violence and forced marriage. It was also noted that despite a comprehensive consultation, government strategy on violence against women and girls appeared to disregard the needs of many women in minority groups.

Interviews with professionals confirmed that forced marriage continues to be an area of concern. One professional discussed the plight of young women in the UK who are groomed by their family, sometimes even their wider community, to prepare for marriage. There can be physical violence if the girls rebel, intense pressure on them and control of their every move.

4.1.1 Access to information

Professionals from the case studies stressed in interviews the need for ethnic minority women and children living with domestic violence to access information in a comprehensible format. The children we spoke to did not talk about access to information, but this may be because children often saw adults, not themselves, as responsible for taking action. Poor access to interpreters and translation services was an issue repeatedly discussed by both professionals and mothers. Some mothers and professionals said that even when an interpreter was booked, there were times when the interpreter did not speak the correct dialect. One woman who had this experience was left with little understanding of what was being said during a court appearance. A general theme from a focus group of women whose first language was not English was that the women felt very isolated. They found it very hard to find help in their own language. This made it much more difficult for women and children to access services which could address their needs.

⁶ Home Affairs Committee (2008, 2010)

4.1.2 Equal and fair access to services

Mothers in this focus group discussed their fears of, and what they considered unjust treatment by, the British justice system. One woman described how a judge admonished her for being emotional at a court hearing because of her fear of losing her children. Others felt that professionals tended to believe their abusive husbands who spoke English and had funds to hire solicitors. There were feelings of being powerless in the legal system. Women described being emotionally drained and demoralised by legal processes and the complications of trying to get legal advice. A number of the mothers in this focus group spoke of their experiences of making appointments with advisers, and of taking great pains to organise child care within the community so they could attend, only to find that either the interpreter had not been booked or the wrong interpreter was sent. This happened time and again so that the process was both expensive and exhausting. Whether the language used was British Sign Language or Bengali, services failed to appreciate the critical importance of providing appropriate interpretation.

One professional said that she was struggling to find English classes for young mothers, not because classes were unavailable, but because there was no crèche service alongside the classes. She felt there was the potential for this limited facility with English to have a long lasting impact on the children, particularly regarding the mother's ability to help the child with school education. Children did not want their mothers to read to them, because their English was poor, nor could mothers break through the language barrier to help with homework. In some local authorities, this has been addressed by offering some assistance with child care. For example, in Westminster, crèche facilities are offered for parents taking English language classes.

As more and more public services face funding cuts, including translation services, women living with domestic violence who do not speak English could become even more isolated and less likely to be able to seek help for themselves. This will increase the vulnerability of young children from BAMER families, who rely on their mothers for access to services.

4.1.3 The need for specialist services and specialist approaches

While services are being mainstreamed, many professionals interviewed felt specialist services for BAMER women and children should be preserved:

Any black and minority ethnic (BME) project has its own specifics and you know, there are no two BME projects that are the same – they are similar but very different. Vietnamese women, for example, face extreme social isolation and language difficulties. I can say that the social isolation and the language difficulties in the Vietnamese community are a bigger problem compared to the Eastern European community. (CSA6 Professional 3)

We were told by professionals that parents were more likely to seek help from and disclose experiences of domestic violence to a professional in an organisation that understands the family's cultural background and challenges. One professional told us that some mainstream organisations were reluctant to reach out to minority or religious communities because they did not want to be seen as 'interfering' or being insensitive towards that community's beliefs. Another professional said that culturally appropriate specialist services were provided in the area by involving specialist BAMER professionals within mainstream services.

Many professionals felt that ethnic minority women living with domestic violence were more likely to mistrust statutory services, particularly the police, if they came from a culture where those services are to be feared. Having specialised, approachable services was key to reaching women and children who are often isolated:

Because sometimes, especially victims from minority communities, whose ... the police forces overseas are looked on in fear, it is sometimes a good idea for them to have that contact so that the victim is reassured and they are able to identify their needs, probably more readily than we are, especially the ones that don't speak English very well, and do hold us in a little bit of trepidation. (CSA4 Professional 10)

Some professionals from BAMER specialist organisations said that their work included acting as a link between women and other services. While these professionals also provided services direct, for many, their primary role was ensuring that women and children had access to the statutory and voluntary sector services available elsewhere in the community.

4.2 MIGRANT WOMEN AND INSECURE IMMIGRATION STATUS

Professionals from all areas and all local authorities discussed the difficulties faced by mothers and children who have no recourse to public funds. While often spoken of as a single group, implying one solution, three classes of victims of domestic violence without recourse have been identified by the Government – those who are in the UK on a probationary spousal visa, others in the UK legally, subject to immigration control with no recourse to public funds, and those who are in the UK illegally, either overstaying their visas or as illegal immigrants.

Pressure from women's organisations resulted in changes in 2002 when the domestic violence immigration rule came into force. This rule allows a woman admitted to the UK on a probationary spousal visa to seek an expedited review of an application for indefinite leave to remain (ILR), if she can prove that the relationship has permanently broken down as a result of domestic violence. Recent changes in the immigration law have been used to further limit who is eligible for this rule. The woman must now prove that she is free from unspent convictions, no matter how minor. Should this application be granted, the woman would be able to seek assistance from public resources. There are many women living with domestic violence in the UK under immigration control with no recourse to public funds, but not on a probationary spousal visa⁷. In the past, women who had recently come into the UK and were abused by their UK citizen partners were able to apply for assistance, but it often took a very long time for the Home Office to make a decision. One woman we interviewed described having to stay with her abusive partner, facing the risk of further violence to herself and her children, while she waited to get her residency application approved:

It took a long time when I was trying to put together the residency application under DV category [police reports and my statement of evidence]. Only then could I access public funds. At the time of the worst violence/abuse I was asked to pay £800 to a refuge because I wasn't resident in my own right. I did not have this money. The children then witnessed further violence. (Melissa)

⁷ Amnesty International and Southall Black Sisters (2008)

The Sojourner Project

The coordinated effort of many groups who supported women without recourse to public funds resulted in the establishment of the Sojourner Project. This project, funded by the Home Office, helps fund refuge spaces for families in this position anywhere in the UK. Funding lasts 40 working days, the second half of the period depending on the victim submitting an application to the Home Office for ILR.

Since the beginning of the project, over 1,025 referrals have been made (2 men and 1,023 women), with 530 (52 per cent) of women being accepted. Of these, 179 (17 per cent) of women were granted ILR⁸.

Of the 83 local authorities (27 in London) that were asked to provide information on people who had no recourse to public funds whom they had supported, 51 (25 in London) said that in 2009/10 they had supported (in aggregate) approximately 6,500 people at a cost of £46.5 million, the majority being families who had overstayed their visas⁹.

In total, 530 referrals were approved for accommodation and received the full service from the *Sojourner Project*. Referrals have come from all over the UK. The *Sojourner Project* has 107 signed service level agreements with refuge services providing support to women through the pilot. The referrals that were not accepted did not meet the criteria for the following reasons:

- The applicant had already submitted an application for ILR.
- The applicant had not entered the UK on a spousal visa but on visitor or student visa, or they were an EEA National or married to an EEA National. These referrals received advice of other possible sources of funding.
- The applicant had already had exceptional leave to remain but with no recourse to public funds. These referrals received advice of other possible sources of funding.

The NRPf research concluded that practices surrounding support of people with no recourse to public funds is improving but there are still inconsistencies in local authority approaches.

Since March 2010, Eaves Housing, in conjunction with Southall Black Sisters, have delivered training sessions on dealing with the issue of no recourse to public funds and the *Sojourner Project*, in London, Bradford, Nottingham, Chelmsford, Ipswich, Wrexham and Basingstoke.

In some cases, a decision from the Home Office about immigration status can take longer than the specified 40 days. Interviews suggested that some refugees were reluctant to take on the families with insecure immigration status, as once the *Sojourner Project* funding runs out, the refuge must find some other method of supporting the family's housing needs. Some professionals did say, however, that the Home Office had been making strides to process these applications within the project time frame. When the project ends in March 2012, an evaluation is planned, which should show whether the timescales were being met. After the evaluation, a permanent solution is expected to be put in place.

For women with no recourse to public funds who are in the UK legally, s21 of the National Assistance Act 1948 places a duty on local authorities to provide support if the person can show a need for such support. There must be difficulties in addition to domestic violence for a person to receive this assistance; for example, a mental health problem resulting from the domestic violence that means the person has additional care support needs. Women with children who do not qualify for the *Sojourner Project* or

8 NRPf Network (2011b)

9 NRPf Network (2011a)

whose funding has run out, can apply for support for their children from the local authority under s17 of the Children Act 1989. Some local authorities will offer to place a child in foster care while the parent tries to resolve the family's immigration status, rather than provide assistance to the entire family. The Home Office does not provide a grant to local authorities supporting individuals with no recourse to public funds¹⁰.

The difficulty of protecting children whose mothers have no recourse to public funds, who are not on a spousal visa and who do not qualify under the National Assistance Act was a concern for many professionals we interviewed across London. An interviewee in case study area 2 said that in many cases, since there was nowhere else to go, the options came down to finding ways to help the women and children cope and stay with the perpetrator. There can be even greater difficulties accessing protection or support if the perpetrator has threatened to take action which will lead to the woman being deported. Fear of the authorities can be particularly marked in women who have fled from war zones or who have suffered additional abuses such as sexual exploitation or domestic servitude. Kayla, a woman without recourse to public funds, told us of her attempts to escape a man (with European citizenship) who physically assaulted her in front of her two young children. She told us her ex-partner had threatened to kill her and she believed he would do so. Nevertheless, her immigration solicitor advised her to stay in the relationship in order to secure her ILR in the UK. Carolina, who now has her right to remain, underlined the additional pressures faced by abused women without recourse when she told us how her previous insecure immigration status prevented her from calling the police following an assault:

... he came back early morning and attacked me and I didn't know where to go. Because of the status I had at that time I was scared that if I call the police maybe it will end up going to the immigration and maybe it will go on my records and I won't get my status. (Carolina)

At best, those with no recourse may get temporary accommodation, often many miles away from where they are currently living, and limited to a period of six to eight weeks. At worst, the women may be deported to their home country. Protecting children can be more complicated if escaping the abusive parent also involves loss of an extended family, a community and the network of support and shared sense of identity that this brings.

Besides the most obvious issue of not being able to access housing support, some other challenges these families face include not being able to claim income support, child benefit and attendance allowance. While all children in England qualify for a free early years education placement, children with no recourse to public funds are ineligible for free school meals. The cumulative effect of poverty and no recourse to public funds for these children means that they are even further disadvantaged.

4.3 DOMESTIC VIOLENCE, DISABILITY AND CHILDREN'S NEEDS

Hague et al (2008) conducted the first national research in the UK on the needs of disabled women who experience domestic violence. While the full extent of the prevalence of domestic violence towards disabled women is unknown, the research suggests that disabled women are at least twice as likely to be raped or assaulted as women without a disability, and that more than half of disabled women will

¹⁰ Fellas and Wilkins (2008), Amnesty International and Southall Black Sisters (2008)

experience domestic violence during their lifetime. The research was based on a social model, rather than a medical model, of disability, which focuses on society's role in responding to the individual and how a response that does not take into account a person's impairments, is what is disabling. It is within this context that the current research also analysed the interviews with disabled women and professionals.

Hague et al (2008) found that perpetrators used the woman's impairment as part of their abuse. Being disabled 'significantly amplified' the common challenges (fear, stigma) of all women who are victims of domestic violence. Disabled women often had difficulties accessing help for domestic violence. Ninety-four per cent of specialist domestic violence organisations were making attempts to meet the requirements of the Disability Discrimination Act 1995, but 76 per cent reported that they were not compliant.

Our research had similar findings to Hague et al (2008). One professional noted that for her clients with visual impairments, the police tended to ignore many reported acts of abuse because they were unable to recognise that certain acts were abusive. For example, one interviewee told us about the partner of a blind woman who would switch around the position of knives in the kitchen drawers so that when she opened the drawer to take a knife she would grab the blade rather than the handle.

Interviewees also reported poor access to services for disabled women. A woman with a sight impairment or learning difficulties might telephone for help, only to be asked to phone yet another number, with little thought given to how difficult it might be for her to write the number down. Accessing assistance via the internet is also difficult. One woman told us:

Because I'm dyslexic I can't go on the internet to find out who to speak to or a website to go to – I have limits to what I can do. (Ella)

Interviewees pointed out that parents with a hearing loss might be unable to make initial contact with services that do not use a minicom, SMS, video or email service. It was said that some specialist domestic violence services were reluctant to provide assistance via email, as they do not know who they are emailing, even though this may be the only way some disabled parents could access that service.

Disabling attitudes and practices in services deny women and children with physical disabilities, learning difficulties and mental health problems information in appropriate formats that would enable them to access sources of support.

Available and accessible online information for women and/or children with disabilities who are living with domestic violence, is scarce. Website searches for 'domestic violence and disability' were run on a number of organisation websites that have the core business of domestic violence, child protection and / or disability¹¹, with limited or no results.

Professionals from disability organisations and those women with disabilities whom we interviewed described how disabled women are often unable to access safe accommodation, because the refuge space has not been designed to meet their needs. In London, there is one refuge, the Beverley Lewis House, that is specifically designed to meet the needs of women with learning disabilities who might also have complex needs, but they have no facilities for children at this refuge.

¹¹ Websites searched were: the NSPCC, ChildLine, WAFE, Refuge, Mencap, The Royal National Institute for Deaf People (RNID – now renamed Action on Hearing Loss), The Disability Alliance and the Royal National Institute for the Blind (RNIB).

Like many women living with domestic violence, disabled women had different experiences and some felt that having children caused them to either stay or leave the relationship. Disabled mothers felt that professionals used their disabilities against them and they often felt under pressure from social services.

Our interviews with disabled women and professionals from disability organisations supporting women living with domestic violence highlighted the difficulties women face if the abusive partner or the child is responsible for meeting the woman's care needs. If the abusive partner is seen to be the carer, he has first contact with services and the disabled woman is further isolated by this. Disabled women living with domestic violence felt more vulnerable to pressure from child protection services to relinquish care of their children. The impact of domestic violence upon children with a disabled parent can be aggravated because the child who has responsibility for providing some care will be more exposed to and more aware of the abuse. For example, mothers with a hearing impairment whose main communication is through sign language often found that, when the police were called, their children were expected to act as interpreters for the mother and to give details of incidents that gave rise to the call.

Overall, our findings show a clear need for improved accessibility of advice, information and service provision for disabled women and children living with domestic violence, and better advocacy and appropriate training for professionals working in frontline services. Our findings support Hague et al's (2008) recommendations for:

- the allocation of dedicated resources to improve safety for disabled women and children
- interaction between women with and without disabilities, as both service providers and service users, and the involvement of disabled women in service and policy development
- the domestic violence and disability sectors to engage and learn from each other.

4.4 FAMILIES WITH COMPLEX AND MULTIPLE NEEDS

Research into serious case reviews held between 2007 and 2009 found that domestic violence, substance misuse, mental health problems and neglect were frequent factors in the family backgrounds where children had been killed or seriously harmed by parents. Domestic violence was mentioned in 34 per cent of serious case reviews, neglect affected 25 per cent, parental mental health problems, drug and alcohol misuse were factors in 22 per cent of cases, and child mental health problems was an aspect in 6 per cent. A combination of these factors was 'particularly toxic' for children¹². Children living with domestic violence and the additional difficulties of parental mental health problems, drug or alcohol misuse or neglect are particularly vulnerable and need additional targeted support.

¹² Brandon et al (2010)

Think family and family intervention projects

The last Government encouraged local authorities to develop parenting support that catered for a continuum of need, from information in universal services such as health and education to intensive support for those with additional needs¹³ (DCSF, 2010c). The *Think Family* approach and family intervention projects (FIPs) were part of this continuum of service provision aimed at families with complex needs in the 'high-risk' category. *Think Family* and FIPs were not, however, designed specifically to cater for the needs of families living with domestic violence. FIPs were set up in 2006 under the *Respect* programme to deal with antisocial and problem family behaviour. *Think Family* was designed to improve working together between adult services and services for children to give a more holistic, whole family approach. *Think family* and FIPs were aimed at families experiencing a range of problems such as substance misuse, mental health problems, learning difficulties, housing problems, unemployment, poor school attendance and domestic violence. In 2009 all local authorities were given access to funding to implement *Think Family* approaches and provide the more intensive form of support offered by FIPs.

Think Family targets and provides a coordinated package of support for families with high levels of need where existing interventions have been unsuccessful or where the family falls below the thresholds for other interventions, such as child protection proceedings¹⁴. Through *Think Family*, professionals have access to expert parenting advisers who encourage local authorities to use evidence-based parenting support programmes. A three-year evaluation of *Think family* pilots was set up in 2007 but the findings are not yet available¹⁵.

A FIP provides more intensive support that involves a key worker being allocated to work with a family mostly on an outreach basis for just over a year, providing a range of services including access to advice, support and parenting programming to respond to the family's difficulties. FIPs 'incentivise' parents by combining sanctions with the support given. Failure to cooperate with the FIPs team can result in sanctions such as loss of tenancy if in social housing or taking the children into care. Parents can be ordered to take part via a parenting order. FIPs can also be provided through a 'dispersed service' where the family are put into temporary accommodation while involved in the project or as a 'core unit service' where the family is accommodated and supervised for 24 hours a day.

There have been a number of evaluations of FIPs including outcome evaluation results produced in 2009¹⁶. The results have been criticised as '*a classic case of policy based evidence*'¹⁷, as the research statistics are presented in a somewhat misleading manner in the DCSF executive summary, failing to include the caveats that explain the drop out rates, the limited service user perspectives on outcomes, and the lack of a control or comparison group. The evaluation claimed 'overwhelming success' on a range of outcome indicators. These included families living with domestic violence, which according to the evaluators, declined from 22 per cent to 9 per cent by the end of the programme¹⁸. Recent data published on FIPs by the Department of Education, with the same shortcomings, claims a reduction of domestic violence among families from 26 per cent to 12 per cent (a 54 per cent decline) and a reduction in child protection concerns from 27 per cent to 17 per cent (a 37 per cent reduction) by the end of the programme¹⁹. It is not clear whether the changes for families are sustained over time. Measures of domestic violence are poorly explained and the definition used by the evaluators covers any abuse in the family, potentially confusing intimate partner abuse, elder, sibling and parent abuse.

13 DCSF (2010c)

14 Cabinet Office (2007)

15 See: DCSF (2010b)

16 NATCEN (2010)

17 Gregg (2010)

18 NATCEN (2010)

19 DfE (2011)

Cost savings have been calculated for FIPs. It is estimated that £350 million could be saved if 2,900 children aged 10–15 in families with complex needs are diverted to a FIP rather than taken into care²⁰.

FIPs had relatively limited coverage at the time we undertook this research. Across England, there was a cumulative FIPs service capacity of 8,841 and a service capacity of 5,461 in the year ending 31 March 2011. DfE data²¹ shows that 85 per cent (n=2,569) of the families left the programme ‘successfully’, 10 per cent (n=316) for reasons that are considered neither a success or failure and 5 per cent (n=142) left for an unsuccessful reason. Across 18 local authority areas in London, a total of 813 families were accepted into FIPs programmes from 2006 to 31 March 2011. None of the professionals or the women we interviewed who had lived with domestic violence mentioned experience of contact with a FIP, but this is not surprising given the limited reach of these projects. Twenty-six representatives of services who replied to the survey said that they offered a FIP, but only seventeen said they worked with children and their families, and of these, eight said they did not work with domestic violence perpetrators. Hammersmith and Fulham have published early findings on the FIPs in the borough. Twelve families were involved in 2010 and of these, three had domestic violence identified among the family’s problems. Only two of these families are discussed in the progress report. The discussion of one family’s outcomes describes the mother’s participation in a parenting programme but makes no mention of work done with the perpetrator. The second family were currently involved in a ‘family star outcome’ approach but no details are given about the approach to domestic violence²².

The current Government is investing in prevention, early intervention and parenting support, and this is discussed further in Chapters 5 and 6. Whole family approaches have been viewed with concern by specialist domestic violence services because they imply working with a perpetrator who is still in the family, with the implication that the safety of women and children may be considered of secondary importance²³. The evaluations published so far indicate that women involved in FIPs are a very vulnerable group with multiple concerns including debt, housing problems, domestic violence, mental health problems and children with problem behaviour and truancy²⁴. Better evidence needs to be gathered and presented on the specific impact that intensive family support and parenting interventions have on families living with domestic violence.

Our findings on *Think Family* approaches are discussed further in the next two sub-sections, on domestic violence and mental health, and on drug and alcohol problems.

20 DfE (2011)

21 Dixon et al (2011)

22 London Borough of Hammersmith and Fulham (2010)

23 Morris et al (2008)

24 NATCEN (2010)

4.4.1 Parental mental health and domestic violence

A number of the mothers we interviewed spoke of depression, suicidal feelings, isolation and low self-esteem caused by living with domestic violence:

I'm just hungry, I'm just depressed, I can't see people to speak to. You know you isolate yourself from different people. Before I used to like have a friend to say hello, hello, but now I don't really have much, because I don't want them to judge me. I don't want ... they are all married, I don't want to be going to their house and they look at me say 'Listen, she doesn't have husband or she doesn't have anybody.' I always stay in my house, you know. Sometimes my friends they will come 'We're going on holiday'. They will still come back and hit me in the same spot – I can't even take my kids outside London, because I always feel scared like – where are we going to get the money? This thing is so hard. (Ella)

Some women were particularly anxious about being prescribed anti-depressants to deal with the consequences of the abuse. There was a fear that they would be judged by professionals as incapable of looking after their children and this could put them at a disadvantage in child protection or post-separation child residency decisions. One mother told us how she immediately stopped drinking and taking anti-depressants on discovering she was pregnant so that her child would not be removed from her. Another mother told us how a psychotherapist had failed to identify her postnatal depression and instead referred her to child protection services:

I was depressed but instead of picking up on it she referred me to child protection. I was devastated. I would never hurt my child. I would kill myself before I'd kill my child and I wouldn't even kill myself, no matter how bad things got. And I lost my faith in the mental health services at that point. (Louise)

These difficulties in accessing help for women with complex needs were verified by a professional we spoke to who worked in a woman's refuge in London.

Another professional spoke of the difficulties that a woman will face if she presents to the criminal justice system or refuges with complex needs or mental illness:

We know it's terrible for domestic violence victims, and sexual offence victims generally, the criminal justice system's response, but when you compound that with, perhaps, a mental health illness or a learning disability, the likelihood of a possible positive prosecution is even slimmer, because they don't make credible witnesses unfortunately ... Equally a vulnerable adult who has got a drug and alcohol misuse issue, again a lot of refuges will not give access to a victim and their children, if they've got a drug and alcohol problem or a mental health problem. (CSA5 Professional 9)

Practice Highlight

Bede House in Southwark has a specialist mental health worker working with women living with domestic violence, but such specialist projects in the voluntary sector are rare. There is a clear need for outreach, advocacy and support for women living with domestic violence who have mental health problems.

Although professionals generally thought awareness of adult mental health issues and domestic violence was improving, and partnership working with mental health services or specialist mental health workers was generally successful (possibly influenced by the *Think Family* approach), there was a general consensus that there is still a lot to learn and that more training is required in this area so that more professionals are aware of the safeguarding issues. A number of serious case reviews are currently underway in London, one of which includes a parent with complex needs, including domestic violence and mental health, who did not accept the help offered by professionals and a child was subsequently fatally injured. The outcome of these reviews is likely to impact on the way boroughs deal with mental health issues in relation to domestic violence.

4.4.2 Drug and alcohol issues and domestic violence

Children living with domestic violence and parental substance misuse

Comic Relief funded a research project²⁵ looking at substance misuse in families experiencing domestic violence. This research is one of the few research projects that have looked at how children in the family view the interventions for substance misuse. The researchers found that one of the 'clearest messages' from children and young people was that 'getting help for alcohol and drug problems does not necessarily improve relationships', leading the researchers to highlight that professionals should not assume that 'all will be well' if the parent(s) reduced or stopped their substance misuse. The researchers also found that many family support groups were not following or understanding good practice with respect to routine 'questioning' or assessment for domestic violence, so many of these individuals' needs were unmet by the groups.

Some women living with domestic violence may use alcohol as a 'coping mechanism':

I was actually drinking because of the violence. (Josephine)

Identifying drug or alcohol problems at an early stage can be difficult, as women are likely to be reluctant to disclose. Some professionals interviewed said that they would look for problems with drugs and/or alcohol and refer women to relevant services if necessary. There was a feeling that women with drug and alcohol problems were under-represented in the work of the MARACs:

Women with chaotic lives (drugs and alcohol / sexual abuse) are not being seen at MARAC. This could be linked to consent, or victims slipping through the net, or simply because they are not being identified in the first place. (CSA3 Professional 2)

²⁵ Galvani (2010)

MARACs

Recent research²⁶ has found that engagement by drug and alcohol agencies with MARACs in London is varied. The researchers found that of those MARACs that did have some level of participation, the drug and alcohol agencies that attended the MARAC were generally from the statutory sector (71 per cent). One-third of the London MARAC chairs surveyed reported that the substance misuse representative 'rarely' or 'sometimes' attended the MARAC. Barriers to engagement included difficulties with obtaining consent from victims (if they were engaged in illegal activities), pressure of time (the MARAC was considered too time consuming), and a belief by some voluntary drug and alcohol services that the MARAC process excluded voluntary agencies. The 'strongest theme' from both MARAC chairs and drug and alcohol agency staff was 'the need for good communication between MARAC and the substance misuse sector'. The researchers reported that within drug and alcohol agencies surveyed, 85 per cent were conducting some type of routine enquiry or assessment to identify survivors of domestic violence. The researchers highlighted a common theme, that drug and alcohol staff need to feel confident when working with both survivors and perpetrators. They reported that staff who had received training on high-risk domestic violence cases or who had regular contact with their local MARAC were more confident and more likely to refer cases to MARAC.

A professional in case study area 3 talked about how women in the very high-risk group with histories of domestic violence, substance abuse, selling sex and imprisonment, were in need of services at the time of crisis. To inform commissioning work in that area, women with those high needs were contacted through refuges and took part in a consultation to look at what support they most needed.

Professionals felt that there needed to be better links between domestic violence and substance misuse services as well a more integrated response to women who were experiencing both problems. In this respect, the London-wide coordinating organisation, AVA (formerly GLDVP) provides training on domestic violence and drug and alcohol issues to professionals. One professional commented that drug and alcohol services are more likely to see the 'hidden harm' to children from exposure to adult problems:

And one of the things that I think that would really be why the substance misuse field is more advanced is because they've managed to bridge that adult and child need, you see. They understand it as a package. Whereas I do think there has been this tendency to really work the two things separately in the domestic violence world, which at this point in time, with commissioning the way it is, has not actually been a helpful stance to take really. (CS3 Professional 2)

Finding safe accommodation for mothers who misuse substances is difficult, as the women may be in a chaotic state, which can pose safety problems for other women and children in shared accommodation such as refuges (e.g. from discarded needles). Nevertheless, we learned of one specialist refuge for women with substance misuse issues, and several refuge services talked about being able to house women with drug or alcohol problems, depending on their current needs and substance usage:

Usually, when we get referrals from there, support workers will ask in terms of how chaotic they are ... if they can handle independent living. They don't have to be in any specific rehab programme to come to us, because we know that a lot of women see that as a barrier to accessing help, but it's ... all about whether they can ... whatever they're using, if they can use it safely and not on the

26 Harvey and Rowlands (2011)

premises. And then we kind of work with them and their support worker from the drug and alcohol agency or the mental health agency, around making sure that they keep to their appointments, kind of monitoring them and reporting back to their specialist support worker in case kind of actual intervention is needed. So yeah, we ... we work with them, but it depends on how they are within the refuge setting. (CSA6 Professional 23)

One of our interviewees told us how her children had been taken away because of her problems with domestic violence, depression and alcohol abuse. She described one incident where she called the police for help and, in the four hours it took for them to arrive, she drank a large quantity of alcohol. Both she and the police were aware that her alcoholism would prevent access to a refuge, so she was given a place in short-term emergency bed and breakfast (B&B) accommodation instead. It was here, in a vulnerable state, that she conceived another child:

I waited four hours and here we go again as a coping mechanism I went and hit the drink. By the time they actually got to me I was absolutely paralytic, very drunk. Obviously four hours later he's not going to be on the scene so they didn't know where he was and for safety, which I think actually is a little bit horrendous, they put me into a B&B, and that's the actual night that I conceived [my little boy]. So I met someone in the B&B. (Josephine)

This interviewee described how, later, she was able to access parallel services for domestic violence and alcohol difficulties, where the agencies worked together.

Women we interviewed who had substance misuse problems generally seemed to support a whole family approach to domestic violence. One woman²⁷ said that services dealing with domestic violence needed to take into consideration the needs of the whole family, including issues relating to alcohol misuse. Professionals thought that speaking to family members, and visiting them at home, might encourage women who are feeling fearful and isolated to 'open up' more. Outreach and home visiting were also considered to be positive approaches by one woman who said:

The child protection team were involved. That was serious enough for them to then come and visit us on a regular basis so I would have felt that, yeah, they come to me and I could feel comfortable talking to them. You know, when my partner is at work, if they could come and talk to me, I would have opened up to them and they probably would have told me about services available. And they should get more, they should get more people to ... or, allow people to visit, you know, people meaning workers, social workers, or the ch ... to get them to visit, you know the children and the parent at home who's more at risk." (Grace)

27 Josephine

The *Stella* Project

In London, AVA's²⁸ the *Stella* Project provides training and support to local agencies who are delivering services to survivors of domestic or sexual violence, their children or the perpetrators. Research projects also aim to provide evidence on the development of best practice for agencies working in this area. Two promising research projects are currently being undertaken. The first is looking at young women's experiences of domestic and sexual violence, where problematic substance use is also identified as a factor. The second is seeking to 'develop, implement and evaluate a model of integrated partnership working' to address domestic violence and sexual violence, and the impacts this violence can have in terms of substance misuse and mental health²⁹.

The *Stella* project also offers a good practice guide and toolkit for domestic violence specialist services working with women who are struggling with substance misuse.

Embrace

The *Embrace* Project³⁰, recently piloted in nine areas of England, is an approach aimed at raising the awareness and responsiveness of alcohol and drug programmes to domestic violence. The researchers found it to be a 'useful and safe' model. One service in the London Borough of Lambeth was involved in the *Embrace* study, but it closed down before the end of the evaluation due to lack of funding.

Eaves and Nia

Eaves used to operate a specialist refuge in Southwark for women living with domestic violence who also experience problems with substance misuse. The *Stella* Project cites this refuge as an example of good practice, highlighting among the lessons learned the need to ensure that staff are fully aware of the high intensity of the work of this refuge, the need for a specialist children's worker and the need for all staff (rather than a single dedicated worker) to understand and be able to address substance misuse problems³¹. Unfortunately, the funding for the refuge has ended, but Eaves still offers outreach support for victims with substance misuse problems.

Nia is currently operating London's only specialist accommodation (the *Emma* Project) for women who have substance misuse problems and are escaping gender-based violence.

4.5 SUMMARY

It is clear from the discussion in this chapter that there is a mixed picture regarding meeting the needs of children in London who live with domestic violence, and who are from BAMER families, or from families also affected by parental disability, mental health problems, drug or alcohol misuse, or financial difficulties. There are some examples of innovation and new developments which may in future provide evidence of impact on children's wellbeing and scope to share learning on good practice. It is likely that intensive parenting interventions with families with complex needs will continue in some form

28 Formerly GLDVP

29 See: <http://www.avaproject.org.uk/our-projects/stella-project.aspx>

30 Templeton and Galvani (2011)

31 *Stella* Project (2007)

under the present Government. The evaluations of these projects should specifically detail the impact on families living with domestic violence and include outcome measures that take into account the perspectives and views of the adult survivor and the child. At the time of this study, the reach of these projects was too limited for us to be able to draw conclusions. Service provision and practice seems to vary considerably from area to area.

Representatives of BAMER services who participated in the research were the most uncertain about future funding and sustainability of specialist service provision. A convincing argument can be made to preserve and protect specialist BAMER services for women and children living with domestic violence, in order to enable socially isolated families to access universal and more targeted services, depending on the level of need. It should be kept in mind that pre-school age children can only access services via their mothers. Our interviews highlighted problems of poor accessibility, inadequate or inappropriate translation services, limited advocacy and a lack of services for children living with domestic violence in BAMER families, families with a disabled parent or families facing the additional difficulties of mental health problems, drug or alcohol abuse.

Children in families where the mother has no recourse to public funds are also particularly disadvantaged. At best, these families may get temporary accommodation for a limited period of time (often many miles away from where they were living), or be deported to their home country. Besides access to housing, other challenges these families face include not being able to claim income support, child benefit, attendance allowance and free school meals. The cumulative effect of poverty and no recourse to public funds for these children means that they are even further disadvantaged.

5. OVERCOMING HARM

In this chapter we discuss the impact of domestic violence on the wellbeing of children – their health, development, emotional wellbeing, behaviour and the quality of their relationship with the abused parent (most often the mother).

We begin this chapter with a brief review of research literature on the short and longer term consequences of domestic violence upon children. Next we present findings from focus groups and interviews with children and young people, looking at children's views on the impact of living with domestic violence and what would help them to overcome the consequences. We then present findings from interviews, focus groups, FoI requests, the survey and documentary analysis, on the range and availability of services for children to meet the whole continuum of children's needs, as well as identified gaps in provision. Children's needs can include the need for care and support at home, advice, practical help and emotional support, and therapeutic help to overcome the harmful psychological impact of domestic violence.

This chapter concludes that there are significant gaps in services addressing the needs of children and young people living with domestic violence in London.

5.1 CONSEQUENCES OF LIVING WITH DOMESTIC VIOLENCE

5.1.1 Impact on development, mental health and behaviour

The research literature on children and domestic violence has until recently been based on clinical, convenience or known service user samples, often drawing only on the experiences of children living in domestic violence shelters/refuges from a clinical and adult-focused perspective¹. However, over the last few years, research has broadened to include children and young people in randomly selected community samples that are representative of the general population².

Research into the effects of domestic violence on children has generally focused on the risk of adverse consequences for development, mental health and behaviour, and it is this available literature which our analysis has to draw upon. Early studies and commentators took the standpoint that the cause of domestic violence lay within the individual³, and so strove to uncover 'reasons' why abused women 'sought out' or remained with violent men. Feminist commentators⁴ oppose the application of this medical 'within person' approach to what they assert is a social problem, fearing that a focus upon 'damaged individuals' and their 'poor relationship choices'⁵ has the potential to obscure more accurate causes of violence against women, such as gender inequality and discrimination⁶.

1 Overlien and Hyden (2009)

2 Hamby et al (2010), Radford et al (2011)

3 Gayford (1975), Pizzey and Shapiro (1982)

4 i.e. Fawcett (1996)

5 Gayford (1975)

6 European Union (2008)

The application of a medical model remains in force today and continues to pose a risk to children and young people living with domestic violence, particularly when psychiatric classifications are used to describe the summative impact of these experiences on functioning and behaviour, or to make predictions about the future, such as the risk of criminality, 'conduct disorder' or abuse in later relationships. Recently the British Psychological Society (BPS) registered its concern about the application of psychiatric classifications to individuals who demonstrate appropriate reactions to distressing life experiences, warning against the negative impact of defining these individuals as 'ill' as well as the potential to miss important social and relational factors underpinning such distress⁷. The authors of this report wish to echo these concerns.

The potential harm to health and mental health and the behavioural consequences of living with domestic violence will vary according to the nature, duration and severity of the violence, the extent to which the perpetrator draws in the child, the child's individual vulnerabilities (e.g. age, disability), and other factors relevant to the child's family, relationships, community and wider environment, all of which may interact to either increase the risk of harm, or mitigate it and offer some protection⁸.

It is also important to consider the independent effects of living with domestic violence and the impact of experiencing domestic violence in the context of other forms of abuse or neglect. There is an overlap between domestic violence and child abuse and neglect from a parent. Research in the USA shows 56.8 per cent of under-18s who lived with domestic violence also experienced child maltreatment⁹. Recent research on child maltreatment based on a sample representative of the population in the UK found a lower rate of correspondence: 34.4 per cent of under-18s who had lived with domestic violence had also been abused or neglected by a parent or guardian compared with 7 per cent of children and young people who were abused or neglected by a parent or guardian who had not also lived with domestic violence¹⁰. Research as to whether living with domestic violence against others and experiencing maltreatment oneself has a more adverse impact is, however, questioned by studies that suggest it may be the overlap between the domestic violence and other forms of abuse, including that which occurs outside the family, which contributes to poorer outcomes, rather than the combined impact of living with domestic violence and experiencing maltreatment within the family¹¹. These findings support a targeted response towards children who experience living with domestic violence and other forms of abuse, since such children have poorer outcomes than children who experience domestic violence without other forms of abuse¹².

Attachment research suggests that if a parent is hostile to or rejects an infant or toddler's search for affection or need for comfort, this can affect the child's security, self-worth and trust of other people¹³. Many children experience fear and distress as a result of living with domestic violence, and it is common for the child to feel that s/he is to blame for the violence or to try to protect the parent, the perpetrator or siblings¹⁴. The impact on the child's wellbeing can include a range of physical, emotional and behavioural consequences – low self-esteem, depression, post-traumatic stress and aggression. Children may suffer enuresis, experience nightmares or flashbacks, be hyper vigilant, regress developmentally with their behaviour, be clingy, or have speech and learning difficulties. In children, post-traumatic stress reactions, such as high arousal and difficulty in concentrating, can interfere with learning and development. Over

7 BPS (2011)

8 Hester et al (2006)

9 Hamby et al (2010)

10 Data drawn from analysis of the UK study Radford et al (2011)

11 Moylan et al (2010)

12 Hamby et al (2010)

13 Bowlby (1988), Howe (2005), Prior and Glaser (2006)

14 Mullender et al (2002)

time, it is argued, long term exposure to trauma or fear could lead to changes in brain development. For example, neurophysiological traumatic stress responses may bring increased risk of aggression and depression¹⁵ as well as adverse effects on cognitive development.

Older children and young people who live with domestic violence are thought to be more likely to run away from home¹⁶ and engage in risk-taking behaviour that puts them at further risk of harm¹⁷. A recent systematic review concluded that while the association between domestic violence, harm to children's health and use of health services is not straightforward, known adverse consequences include heightened risks of under-immunisation and risk-taking behaviour in adolescence¹⁸. One study suggests that witnessing severe and frequent domestic violence as a child almost triples the likelihood the child will have a 'conduct disorder'¹⁹ and, in some circumstances, may increase the likelihood of criminal or violent behaviour in adulthood²⁰. Several studies have suggested that boys are more likely to show externalising behaviour, acting out or aggression, and girls display internalising behaviour, such as anxiety or depression²¹. However, research with samples drawn from the general population, rather than from clinical or service user groups, indicate that the association between behaviour or 'conduct problems' and living with domestic violence may be even greater for girls than for boys²².

5.1.2 Impact on the child's relationship with the caregiver

Domestic violence can often involve the perpetrator carrying out direct attacks on the mother-child relationship, so making recovery for both child and mother more complicated²³. Such undermining can continue and sometimes worsen after the parents separate if there is unsafe child contact. While this undermining of mothers is recognised in research and in the specialist domestic violence sector, it is less often addressed in general practice. Some of the ways in which the mother's relationship with the child might be compromised are as follows:

- The domestic violence involves reproductive abuse (the perpetrator coercing the mother into having more children than she can cope with).
- The child was conceived through rape, resulting in the mother having ambivalent feelings towards the child.
- The mother is unavailable to the child because the perpetrator disables her or locks her away.
- The perpetrator's power and control tactics target and undermine the mother's relationship with her child. The child is drawn into the abuse and denigration of the mother, or the perpetrator insults the mother in front of the child.

15 Rutter (2007)

16 Rees (1993)

17 Hester et al (2006)

18 Holt et al (2008)

19 Meltzer et al (2009). This report also cautions that *Longitudinal studies would help to determine whether domestic violence is a predictor of conduct disorder, or a marker of families under stress that may also predict conduct disorder*. The term 'conduct disorder' is psychiatric classification used in the Meltzer study and is not endorsed by the authors of the current report.

20 Moffitt et al (2002)

21 Evans et al (2008)

22 Meltzer et al (2009), Cuevas et al (2007), Radford et al (2011)

23 Radford and Hester (2006), Humphreys et al (2011)

- The perpetrator may be jealous of the time and attention the mother gives to the child, and may restrict her reading, playing or showing affection to the child²⁴.
- The perpetrator abuses both mother and child. The child might feel angry or hostile towards the mother, feeling she should have done more to protect him or her.
- The mother is depressed or emotionally detached from the child as a consequence of the current or past abuse.
- The mother's coping mechanisms are viewed as 'maladaptive' – for example, alcohol or substance misuse.
- The boundaries of responsibility between the parent as carer and the child shift so that the mother has little authority in the relationship with the child, and the child adopts a parenting role towards the mother and siblings²⁵.
- The child has an insecure or disorganised attachment to the mother as a result of living with a frightening or frightened parent²⁶.
- The child has emotional ties to the perpetrator and feels resentful to the mother for breaking up the family.
- The child develops behavioural problems as a result of living with the abuse and the mother may struggle to cope with these.
- The perpetrator has undermined the mother by making her a servant in the family and only allowing his female relatives to parent the child²⁷.

5.1.3 Social and economic impact

There are social and economic consequences for children living with domestic violence. The social isolation imposed by the perpetrator, and reinforced by chaotic lives and by moving home after separation, affects children's friendships, relationships and social support, and disrupts their education. There may be cultural barriers that prevent talking about the violence, feelings of shame, dishonour or (on separation), loss of identity, restricted access to wider kin, and loss of belonging and being part of a community²⁸. Domestic violence impoverishes both women and their children, affecting their opportunities and life chances²⁹.

5.1.4 Coping and 'resilience'

As already stated, a great deal of attention has been given to the mental health and behavioural consequences for children growing up in violent and abusive homes, including fears that they will repeat these behaviours later in life. The intergenerational transmission of violence has been a consistent theme in both research and professional practice since the 1960s. The assumption is that those abused as

24 Mullender et al (2002)

25 Prior and Glaser (2006)

26 Howe (2005)

27 Thiara (2010)

28 Sokoloff (2005), Thiara and Gill (2010)

29 Hooper et al (2007)

children are more likely to become parents who abuse their children, and those who live with domestic violence are more likely to become perpetrators or victims within their own intimate relationships. Yet studies exploring the link between exposure to domestic violence in childhood and a domestically violent adulthood reveal mixed results, with some suggesting only a moderate to weak link between the two³⁰. Research has been hampered by a number of factors: there have been imprecise definitions of domestic violence exposure, with little or no differentiation made between those exposed to infrequent and less severe violence, those regularly exposed to life-threatening violence, and those exposed to emotional abuse only. There has been an over-reliance on research using clinical or 'welfare' populations, and a failure to control for co-occurring adverse psycho-social factors. Insufficient attention has also been paid to individual and social protective factors that might reduce the risk of violence being repeated in adulthood³¹. An interesting exception is a longitudinal study that tracked an unselected cohort of 1000 children from birth to 25 years and which found, after controlling for confounding factors, '*that the apparent association between childhood exposure to inter-parental violence and subsequent self-reported violent crime was non-causal and reflected the influence of childhood and family-related factors*'³².

Given that most research suggests that the majority of children exposed to domestic violence do not repeat this behaviour in later intimate relationships, it is surprising that children, particularly boys who live with domestic violence, are often 'targeted' for support with the aim of preventing intimate partner violence in later life. While services designed to mitigate risk of future abuse are welcome, targeted support of this type also carries a risk of stigmatising or labeling these boys as potential abusers³³. It could be argued that preventative work with all young people, aimed at reducing or eradicating violence within their own intimate relationships, would be a more appropriate and possibly more effective form of intervention.

Although there is an increased risk of behavioural consequences for children and young people growing up in violent and abusive homes, these risks need to be considered in the context of recent research findings. Almost half of all abused children show no adverse mental health effects in childhood and nearly a third show no signs of mental illness in adult life³⁴. Furthermore, some children seem to be better able to cope with traumatic experiences than are others³⁵. Resilience refers to '*positive adaptation and development in the context of significant adversity*'³⁶, and results from the interaction of individual characteristics and factors in the family and community that enable a person to adapt to and resist the negative impact of stress and adversity.

Individual factors of the child that are thought to be associated with more positive outcomes include: temperament, attractiveness, personability or talents, cognitive ability, self-esteem, active coping style, and social skills. The impact of abuse may also be mitigated by having a secure relationship or attachment with an adult carer, and practical and emotional support from the wider family, from friendships or in the wider community. It has been noted that children living with domestic violence and/or maltreatment can do poorly at school. Some children, however, excel and examples abound of highly successful confident adults who have spoken publicly about their difficult childhoods. Some view educational success as an indicator of resilience; the child being able to gain self esteem and a sense of worth and achievement through success at school. Academic success can also indicate, however, that the child has to comply

30 Stith et al (2000)

31 Renner and Shook Slack (2004)

32 Ferguson et al (2006)

33 Boyd (2001)

34 Rutter (2007)

35 Haggerty et al (1996), Rutter (2007)

36 Newman (2004), p.6

with parental pressures to work hard or that the child is internalising and trying to hide the experiences at home by escaping into educational perfectionism.

Coping mechanisms are thought to be the genesis of resilience³⁷. Children are not passive responders to negative and positive environmental stimuli but actively engage with and influence the environments in which they live. The ability to problem solve, practically and emotionally, and to reframe adversity by developing positive coping strategies and understandings of experiences do, however, play an important part in resilience³⁸. Research on adults coping with the consequences of childhood sexual abuse indicates that victims of abuse adopt different coping 'styles'. Adopting a 'survivor', rather than a 'victimised', perspective on the experiences of abuse and taking a proactive approach to keeping psychologically and physically safe, have been argued to be important in preventing revictimisation in later life³⁹. Coping styles are dynamic and cannot be considered outside the broader context of the relationships, and social and environmental factors that impact upon experiences of abuse. Gender, racism, poverty and culture all play a part in a person's ability to break free from abuse⁴⁰. Children have far more limited options to escape and mitigate the impact of abuse than do adults, because of their dependency relationship with adults⁴¹.

The degree to which individuals can shape or assert control over their own lives is of course constrained by the options open to them and the degree of choice they have. Although developmental and structural dependency restricts children's capacity to evade maltreatment and victimisation by adults, research based on the experiences of children and young people who survive abuse has shown that children are not passive victims and that they do resist, try to evade, avoid and 'manage' abusers⁴². In the family, children often take steps to protect their siblings and a parent⁴³.

To summarise this section, we can say that research suggests children affected by domestic violence may need some of the following types of practical and emotional support or intervention to help them overcome the harmful consequences of living with domestic violence:

- Emotional support, love, care and guidance from an adult caregiver who is responsive to and capable of meeting the child's needs.
- Access to alternative sources of emotional support, care or guidance if the caregiver is unavailable.
- Emotional support to help them deal with their worries, fears and feelings.
- A sense of identity and belonging to a wider family and a community support network, including safe contact with kin networks, when the child wants this.
- Social support to break down isolation, to build friendships and help the child cope with the other adversities they often face as a consequence of having lived with domestic violence.
- Play, health and/or educational services to help overcome developmental delays, speech problems or reduced educational attainment and to build social skills.
- Therapeutic assistance to overcome the adverse impact on emotional wellbeing and relationships.
- Help to deal with problem behaviour, conduct difficulties and aggression.

37 Rutter (1996)

38 Rutter (1996)

39 Macy (2007)

40 Richie (1996)

41 Finkelhor (2008)

42 McGee (2000)

43 Mullender et al (2002)

All the needs for each individual child will not necessarily be met by providing a 'service'. The informal sector, family and friends play an important and under-researched role in supporting children and young people. It is clear from what young people said in interviews and focus groups that mothers and others close to the child, including friends, are often the first people they want to turn to. Recognition that children's needs will vary is built into service planning and commissioning guidance for health⁴⁴, in the previous Government's 'tiered approach' to children's services, and in the current Government's policies on violence against women and children⁴⁵ and on early intervention⁴⁶. After considering what children themselves think about the impact that domestic abuse has on them, in section 5.2 below, we then present our findings on the general availability of services to support children and young people living with domestic violence in London (section 5.3). The rest of the chapter considers our findings on meeting children's needs for emotional, social, educational and therapeutic support, and help with problem behaviour.

5.2 CHILDREN'S VIEWS ON IMPACT

When presented with the research scenarios, the children we interviewed spoke mostly about the psychological harm associated with living with domestic violence, and the need for emotional support:

I had some of the same [problems] like Gavin – I had nightmares about my dad, because all the time he would come in my room and actually steal my clothes and put them in the rubbish, and I don't have clothes to normally wear, and he is wasting my mum's money. (Lauren)

I: What does Catherine need most of all? What would really help her?

Anthony: Something to like get the bad stuff that the people see to go away ... Like, you know, like the kids have seen what their parents have done ... like to go somewhere, like, to get it all out of their brains.

One of the girls interviewed told us how she was having difficulty with behaviour and with learning due to residual issues associated with years of exposure to violence and abuse. Another boy told us he had developed problems with anger and was attending anger management sessions. His brother confirmed he was currently taking medication to address these issues:

Philip: I've got anger problems.

I: You've got problems with getting angry?

Philip: Yeah. I've got a rage thing. I have to take – what tablets do I have to take?

John: I don't know the name, but you're taking medication.

Philip: Yeah.

I: And do you think that a lot of the problems that some children have are coming from ... living with domestic violence?

Jasmine: I got lower grades in my SATS.

I: You got lower grades in your SATS. Is this because it affects, like, your concentration and stuff?

44 Goldey and Duggal (2011)

45 HM Government (2011a)

46 Allen (2011)

Jasmine: You're thinking more about what's happening at home and if your mum's, like ... or younger brothers or sisters are safe.

Children talked about having help from mum, family or friends and sometimes a teacher, counsellor or refuge worker to address 'Gavin's' worries and his work at school. Older children were more likely to mention the benefits of talking to someone. One girl described how her teacher helped when she could not do her homework:

My teacher said if I don't do my homework properly at home she said, 'cause she knows what's going on at home, she said we could go over it in class and that will make it up. (Nicole)

Two 11-year-old girls recommended talking to teachers about domestic violence and its consequences. One said:

Jasmine: [Gavin] should tell her all of them things. I would with my best teacher, if I was in primary school, 'cause I was having breakdowns. It was bad.

I: And ... and what could teachers do about these kind of things?

Jasmine: Well my teacher called up my mum and then tried to sort out counselling for me but they didn't have any for my age because I was in Year 6 then ... I went through my school, I'm still in primary school, Year 6 but I told the teacher yesterday I'm a bit sad at home that's why I'm not getting the hang of stuff. And then she said she's going to get me a worry book so if there's something at school, someone's like rude to me or something, I can write my worry in the book and like I think weekly, she said, we can check the book and talk to the people, and talk to home.

Whilst an older girl⁴⁷ suggested talking to a therapist, others described how difficult it might be to say anything at all. Younger children suggested that refuge workers could help children cope with difficulties, find new friends and have fun. Having fun and trying to build up a new life was mentioned by a number of children as a way of helping and supporting the children we presented in our scenarios:

Bailey: Like, they get to go to fun things, stuff like that.

I: So also doing stuff like having fun, going to funfairs, enjoying yourselves.

Bailey: Like, what we're doing now with [name of child development worker]. Like going to ... like ice-skating and other places and having fun.

It is interesting to observe how having fun was an important and recurring theme in the children's discussion of overcoming harm, while policy has focused on clinically proven treatment.

5.3 AVAILABILITY OF SUPPORT AND GAPS IN SERVICES

There was a consensus among the professionals interviewed that there are far too few services for children in London living with domestic violence. The documentary research into each borough's strategy and planning documents found that 25 (75.8 per cent) of the London boroughs described domestic violence work with children that was under way. Five of these boroughs had plans to develop the work further. A

⁴⁷ Alicja

range of services were described by these boroughs, supporting the idea that services were developing to cover a spectrum of needs. Services included one-to-one therapeutic support, groups for children and their mothers, refuge-based support, facilitated self-help groups, court assessment services, advocacy, reporting all children present at a domestic violence incident on MERLIN, and ensuring information about the child is shared with relevant agencies.

Of the 192 service providers who completed the services survey, 123 said they provided services for children and young people living with domestic violence. The most common service delivered was information and advice, provided by 38.5 per cent (n=74) of service providers. This was followed by school-based prevention programmes for children and young people, provided by 26 per cent (n=50), MARAC risk management, provided by 21.4 per cent (n=41), and training for professionals, which was provided by 19.8 per cent (n=38). Work providing help direct to children and young people to overcome harm included short-term individual counselling (15.1 per cent, n=29), FIPs (13.5 per cent, n=26), home visiting, family therapy and parenting programmes (12 per cent, n=23), family support (10.1 per cent, n=20), short-term group work (9 per cent, n=18), long-term counselling (8.9 per cent, n=17), floating support (6.8 per cent, n=13) and specialist foster care (2.1 per cent, n=4).

Access to existing services is limited by location, focus and/or capacity issues. The professionals from domestic violence specialist organisations were keenly aware of this problem:

I mean, if you are a child that needs to access a service, it kind of depends on what borough you live in or what part of the country you live in and whether that service is available. So we know that in some London boroughs there really isn't anything and in others there is quite a bit. There is not an even availability of services. (CSA6 Professional 20)

I think the biggest thing is that there is a shortage of specialist services that focus on young people. I think that is the key thing. We work across four boroughs and we're quite a unique service. And our waiting lists are huge and there is nowhere else to refer these children. (CSA6 Professional 19)

One professional said that provision of services depended not only on where you lived, but on who was the provider in your area. Services had developed organically, so that some areas had none while others were well covered. Of the 192 survey responses, 143 (76 per cent) identified gaps in services for children living with domestic violence. The gaps mentioned most frequently were counselling, group work and school-based prevention activities.

Another professional said that service provision for children and young people was reasonably good in the local authority, and that gaps related more to the age of the children than to location:

But yeah, no, I would say there has been a noticeable improvement in services being available, so you don't have to enter the social services before you get support and service. I think it's particularly effective in this borough for the 0 to 5s. I think it's a big gap probably – 5 to 11. And then the youth services have done some very good work in coordinating support for the older age group, but are facing some significant cuts now as well, so I think you know we wait to see what the impact of that will be. (CSA4 Professional 3)

Gaps seemed to exist in the middle range level of support for children affected by domestic violence; the services between the most acute specialist mental health services provided by CAMHS and the universal services available for all children. Getting funding to address the gaps in children's services proved to be

difficult, with interviewees reporting innovative services being set up, run for a while and subsequently closed due to lack of funding.

Gaps in availability are aggravated by poor access to services for children and young people in disadvantaged circumstances. Getting a picture of the numbers of families affected by domestic violence who are using services such as children's centres or CAMHS proved to be difficult, as no data on domestic violence is held by these services.

Against Violence and Abuse (AVA) development work

AVA (formerly GLDVP) use ready reckoners to map needs and services in each London borough. They have set up the Community Groups Programme, funded by Comic Relief, which aims to establish community groups for children and young people aged 4 to 21 years in every London borough. The groups aim to provide a community based setting for children to talk about and share their experiences. They are based on the London Ontario model⁴⁸. Around two-thirds of boroughs have had some training on setting up the groups. However, progress in establishing groups has been slow as they require an input of local authority staff resources.

5.4 CARE AND SUPPORT AT HOME

Parents are usually best placed to cater for the needs of their children, and strengthening the relationship between the caregiver and the child is recognised as being important for building resilience and aiding recovery.

Interviews with mothers confirmed findings from other research⁴⁹ that perpetrators of domestic violence target and undermine the mother's relationship with children. Samhita described the negative impact that domestic violence had upon her as a mother:

My children listen, they sit and listen to all the names that he can think of and he tells me that I'm useless as well and that I don't do that properly or I don't do this properly and he doesn't like the way I communicate with the children, he thinks I'm too soft with them, and they always, when he calls me those names, the children, they always have something in their eyes and when I look at them I always feel ashamed. Their eyes always tell a story like they think I'm useless as well.

Samhita had wanted to find counseling for herself and had picked up a card containing the number of a local counselling agency but had never found the courage to make the call. One of the reasons Samhita cited for wanting to pursue counselling was to address her relationship with her children:

I often think like that, that I don't have a relationship with my children. It's down to how he treat me, especially with my daughter because she close to him, like they communicate a lot, like jokified, laughing, and I don't get that so I always think that the things he says to me and the names that he calls me puts a gap between me and my daughter and I always think this is not good, I can't not have a relationship with her.

48 Jaffe et al (1990)

49 Lapierre (2010), Radford and Hester (2006)

Professionals interviewed talked about the importance of breaking down barriers to aid communication between mothers and children, especially about their feelings:

The children and family worker works with the mothers, specifically, round parenting. So that would be things like, you know, helping the mothers to recognise and acknowledge the impact of domestic violence on the children, even if the children haven't experienced it themselves, just by witnessing it ... And a lot of mothers aren't aware of this, because they've said things to us like 'Oh, you know, I always made sure that the children were in their room' or 'I didn't show anything, I didn't cry in front of the children'. But they're living in the same house, they pick up on vibes, they hear what's happening, even if they don't talk about it. So the children and family worker will work around those kind of issues, helping to establish routine, kind of making it possible for the mothers and their children to discuss what's happened. Because lots of children have said things like 'Oh, I didn't want to say anything because I didn't want to upset my mum' and then when you speak to the mothers, they say similar things 'Oh, I didn't want to discuss it with the children because it would upset them' ... but because we work with both of them, we can see where it could be helpful for both parties to kind of talk about what's happened as part of a healing process. (CSA6 Professional 23)

Parenting support can mean a number of different things. According to the National Family and Parenting Institute it can include providing information and advice, leisure and learning facilities, befriending services, group work, counselling, therapeutic services, relationship support, and help with monitoring the child's wellbeing⁵⁰. From this list of possibilities it can be seen that parenting support could be delivered informally as well as through structured programmes. Little attention has been given to the informal support given to mothers and children living with domestic violence in frontline children's services and in health. A number of professionals we interviewed talked about the value of running parenting groups for abused women or sessions involving both women and young children.

Sure Start children's centres

There are currently 3,578 children's centres in England and 566 of these are in London. Initially, under the *Sure Start* programme, aimed at children in vulnerable families, children's centres have now expanded in number and shifted focus, to play a stronger role in preventive early years education and helping under-5s to achieve 'school readiness'⁵¹. Children's centres offer a universal service to meet pre-school age children's early educational development needs. They also provide more targeted support to vulnerable families. Early, and some subsequent evaluations of *Sure Start*, produced critical findings that the services were not reaching the most needy families⁵² and were failing to show any impact on children's health or wellbeing⁵³. Children's centres have tried to address the access issues by developing outreach services to work with families in the community. The Government has announced that a payment by results system will be introduced to reward the centres that are good at outreach and successfully engage disadvantaged families⁵⁴.

Our documentary research confirms that children's centres are seen as important in promoting children's welfare and are included in children and young people's plans. There is scope for specialist

50 Klett-Davies et al (2009)

51 Allen (2011)

52 Ball and Niven (2007); Tunstall and Allnock (2007)

53 Audit Commission (2010)

54 Hansard (2011b)

domestic violence services to work more closely with children's centres and to build collaboratively on the successful joint working we observed in some areas.

Family and parenting support

Family and parenting support under the previous Government aimed to empower parents by taking a strengths-based approach⁵⁵. A number of interventions have developed within the spectrum of support, as discussed in previous chapters. Informed by the Think Family approach to service planning and delivery, FIPs provide targeted support. Other approaches include more general parenting-focused services such as the parenting early intervention programme (PEIP) and the family nurse partnership (FNP), which is a health-based home visiting scheme targeted at first time and vulnerable teenage parents.

A survey of 34 local authorities in England found that the numbers of families supported by local authorities on PEIP programmes ranged from 100 to 500 per borough⁵⁶. A survey of 110 directors of children's services found that by 2008 almost all had completed a parenting needs assessment and 70 per cent had a parenting strategy, although 45 per cent had made little or no progress on costing the strategy⁵⁷. A number of evaluated parenting programmes were found to be in use, the most frequently mentioned being *Incredible Years* (57 per cent had this service) *Triple P* (41 per cent), *Strengthening Families* (23 per cent) and *Strengthening Families, Strengthening Communities* (17 per cent). Eighty-one per cent of local authorities were using at least one of the above but there were 118 other programmes also in use⁵⁸. Overseas evaluations of some of these programmes (*Triple P* and *Incredible Years* in particular) show reduced levels of parental conflict among the positive outcomes, although the focus is predominantly on children's behaviour⁵⁹.

The Government has committed to an expansion of PEIP projects and has published an approved list of recommended evidence based programmes⁶⁰.

Two FNPs, in Islington and in Tower Hamlets, had just started at the time we were conducting research, but these developments were too new to provide findings for this study. The importance of basing understanding of what works best on the needs of the local community was mostly well understood by the professionals we interviewed, as were the tensions involved in doing this and the difficulty in producing evidence of effectiveness. One of our professional interviewees summed up the dilemma very well:

We've used approaches which are said to be very successful if used in a kind of clinically pure way – well, they are. The dilemma we have is, we're not able to use them with ... those parts of the population we really need to help. So we can use things like incredible years ... with particular groups of parents, but actually, the parents who we want to work with, we're not able to. So I think there is an issue about the extent to which evidence-based approaches necessarily fully fit ... what you're doing. And, of course, a lot of the evidence base in terms of social work interventions is very, very weak ... I think we'd want to build up our own evaluation. We need to look internally at how we use our own needs analysis and an understanding of the population in (this authority) to think about what might work best in (this authority). (CSA2 Professional 9)

55 Asmussen (2011), Cabinet Office (2007)

56 Lindsay et al (2010)

57 Klett-Davies et al (2009)

58 Klett-Davies et al (2009)

59 Utting et al (2006)

60 Allen (2011)

This interviewee felt that *'things can't simply be bolted on'*.

The women we interviewed did not express a desire for parenting support, though some were aware of the damaging impact of domestic violence on their relationship with their child and wanted professional help to repair this harm. Others felt that a focus on their parenting would reinforce feelings that they had been wrong or were to blame.

Pre-school children (and often older children as well) can usually only access services through a parent or another adult. There was some evidence from our interviews that IDVAs, refuge workers and outreach workers, especially those working with specific ethnic minority groups, can play a vital role in helping the child obtain access to services by engaging with the mother:

I think some of the services are good at showing mothers how they can access services for when they move on. And I think it's important for women to learn that there are services like children's centres and health orientated services like occupational health, speech therapists, and just engaging with the women and encouraging them to take up services is a good piece of work. (CSA2 Professional 5).

The same interviewee, however, also remarked that:

Working with mothers to explain the impacts that domestic violence may have had on the children is essential and doesn't happen very often. There's not a lot of that kind of work available anywhere. So the few precious resources we've got are really valuable, and although two of the services I manage have those resources, many, many more don't. (CSA2 Professional 5)

The small number of women who had contact with early intervention teams found the experience to be helpful:

And she put me in contact with the early intervention team and I used to take the boys once a week and they used to go there and they used to play and I used to think how's this helping with his behaviour? How is this going to change his behaviour? And suddenly I started to realise, how they would speak to him, and certain things they would say to him. (Jessica)

Closer working between specialist domestic violence services and early intervention parenting services could help women in refuges to access this support and start to break down some of the barriers and fears about early intervention.

One interviewee working in a service for people with a learning disability commented:

We worked with mum as well, and that was enormously useful because mum, it turned out, she disclosed she had also been abused. Through her working on her own abuse and thinking about her partner and the domestic violence that had taken place in the relationship and the fact that her son physically resembled her partner, she started to understand what she projected onto her son and how she at times was unable to deal with his very difficult behaviour. I mean, I have got an actual quote from her – she said 'The therapy that [the service] has given us both time and space to talk about what happened to us individually and how we operate together as a family, and have been there for me when I felt at my lowest, they've given us both the strength to make some of the changes we needed to make to stay together as a family'. So that's a piece of work

that illustrates how working with the mother can really impact on the whole family system really. (CSA6 Professional 6)

A provider of a specialist service in case study area 1 talked about working with mothers to help overcome the neglect of the child's emotional needs that can occur when living with domestic violence and its aftermath:

We often encounter emotional neglect, so for the Bangladeshi families ... what we do is actually look at how we work with families to develop the parent-child relationship, because that's what's been under attack through domestic violence, and I think, you go in to some homes and there's the absence of toys, the absence of any means of playful equipment, so that whole new way of being at home and being still ... being told not to talk or to cry because if the dad comes home and the children are fighting or arguing then mum gets a beating. It's that sort of thing, and so neglect comes in as an effect really of domestic violence. But it's an emotional neglect of the child's needs and that's what our intervention is often around – developing the parent-child relationship. (CSA1 Professional 1)

Working with the mother to remove any guilt or self-blame she might feel about the impact of domestic violence on her child, as well as creating a safe space for them to talk about their experiences, have long been recognised as important in strengthening the mother-child relationship and helping both to recover from the harm caused by domestic violence.

5.5 EMOTIONAL SUPPORT AND PRACTICAL HELP FOR CHILDREN

It is generally the case that children and young people currently living with domestic violence are not considered 'safe' enough, either physically or psychologically, to engage in therapeutic work to address the impacts of domestic violence. It therefore seems that when children have a very high level of need, they are least likely to get support. One interviewee told us:

I would like to see more agencies that could work directly with children that are in violent homes. We've got an incident this week where a 15 year-old son was hurt trying to protect mum, and there's very few agencies that will work directly with him and look at his needs because he's obviously got a lot of anger against his dad. And in this particular case he's also got anger at his mum at the moment because his mum refuses to press police charges. So of course he feels a bit abandoned, he feels that nobody's bothering about his harm ... It's very difficult in that situation to get the appropriate help for the child. (CSA2 Professional 7)

There were indications that by focusing specifically on the children's needs some professional services had recognised that providing help to children currently living with domestic violence or in contact with the perpetrator was crucially important for reducing potential harm. One professional observed that a distinction could be drawn between providing therapy to a child to overcome harm and providing the emotional support a child needs to cope and build resilience:

Sometimes people get caught up in the belief that children can't be living in the environment to receive treatment around their thoughts and feelings about what's happening in their homes ...

Children who have been emotionally impacted by domestic violence should have access to services regardless of whether their parents are still in abusive relationships or not. Having a space to talk about what is happening I think is useful for children and having an opportunity to build resilience about living in some very difficult family situations is also very important. (CSA4 Professional 8)

There was very little information available on direct work with children and young people currently living with domestic violence, especially for children aged 5–11 years who may have varied but more limited opportunities to access confidential support at school. Fear of the consequences of disclosure is a significant barrier for children who may need emotional support. Our interviews support findings from other research⁶¹ that shows children are reluctant to talk to teachers or adults at school because they are worried they or their parents might get into trouble. There were some who felt that having counselling at school could single them out as different and make them vulnerable to bullying. One mother described how her child did not want to see the school counsellor:

So the school suggested the counselling, I went up to the school and they suggested it, and we managed to get him to agree to go to see the counsellor once, but he didn't want to go again. So, again, the stigma that is attached to it, and the fact that, you know, he's going to be seen as different from everybody else, he didn't want that. (Bianca)

Children need to have access to confidential support and counselling services while parents are living together, as well as after parents have separated. Children would not be denied confidential counselling support from ChildLine or from web-based resources offered by ChildLine and the Women's Aid's website, *The Hideout*. It is difficult to assess the extent of ChildLine's work with children living with domestic violence from the records of casenotes about counselling calls. In 2010, ChildLine counsellors provided 610 counselling contacts with children and young people where domestic violence was recorded as being the primary concern; this is equivalent to 0.2 per cent of all counselling contacts made by children in that year (n=265,438). Domestic violence was low on the list of children's worries recorded as the reason for a call, ranking 35 in a list of 47 main concerns prompting calls to ChildLine. However 'family relationships', a recording category which includes 'parental conflict', is at the top of the list of children's reasons for counselling contact, recorded in 13 per cent (33,543) of all contacts in 2010. ChildLine defines domestic violence (for call recording purposes) as 'physical violence between mother and father but excluding violence on child contact'. There is currently no separate category to record physical violence to a parent when facilitating contact between their child and the domestic violence perpetrator, and it is unclear where a counsellor would record this. However, ChildLine are currently reviewing their coding categories as there has been reported confusion about how to code calls involving domestic violence. Such calls may consequently have been coded under 'physical abuse', 'family relationships' or 'partner relationships'. ChildLine recently launched an online service for children and young people and the NSPCC provides information on sites such as Facebook which children and young people can access. In 2010, *The Hideout* had 40,000 hits. We do not know how many children access support confidentially themselves as it is difficult to verify this via the internet. Access to these services would depend on the child's access to a telephone or to a computer that can be used safely and privately. This would vary with the child's developmental abilities, financial circumstances and degree of parental monitoring. However, given the importance of social networking and online services in most children's lives it is likely that these resources will be highly relevant.

61 Children's Commissioner (2010)

5.6 PLAY, FEELINGS AND SOCIAL SUPPORT

Some children we interviewed talked about the importance of play and having fun. One young person told us how the activities the group took part in with the domestic violence play worker helped to replace bad thoughts about domestic violence with good thoughts.

Play is essential for child development – it is how infants and toddlers learn about themselves and the world. Play is vitally important in providing the very young with the experiences they need in order to develop the language, social and cognitive skills that will serve them throughout life. Concerns have been raised by a number of children’s organisations and researchers about the increased restrictions on the time and space available to allow children’s play, especially in inner city areas where finding safe places in which to play can be increasingly difficult⁶². Play can have therapeutic benefits for children (and probably for adults too), although play-based therapies have had less attention in evaluation research than other approaches⁶³. Finding opportunities for safe play is especially difficult for children and young people living with, or moving away from, domestic violence. As illustrated in our interview with the child whose father ruined the clothes she wore (see section 5.2 above), some domestic violence perpetrators impose control over the household and socially isolate and impoverish the family, thereby seriously restricting a child or young person’s capacity to play. To restrict an infant or toddler’s capacity to play is to restrict their cognitive and social development.

The capacity for children to access safe places to play in specialist services such as refuges, has declined nationally in recent years. Children’s workers in refuges and in specialist community-based domestic violence projects traditionally facilitated access to play facilities for children in-house. Children’s workers have roles that are larger than just providing play. They act as advocates, identify children’s needs, and help to get them back into school and to access health and other essential services. One interviewee acknowledged the importance of children’s workers in refuges and lamented the recent decline of this role due to funding limitations. She also noted that during the 30 years she worked within the domestic violence sector, services for children had never enjoyed equal status or funding with services for mothers. She commented on the *Supporting People* funding framework’s failure to recognise children as residents with status equal to their parents. This funding allows services falling within its remit to provide child care so that parents can benefit from emotional support or individual casework sessions. It does not, however, allow services to use its funding to provide therapy or counselling to those same children:

When I first came into the job getting children’s workers was, you know, there were very few. And we fought for that, we fought for proper playrooms, proper children’s workers that did therapeutic work with the children, and we got that. And now that’s becoming a rarity again, because of funding cuts and so on. There has never been proper funding for children’s workers, ‘Supporting people’ to include it in their funding. So that’s ... proper funding and an acknowledgement that children who live with domestic violence are every bit as much victims of domestic violence as their mothers. (CSA5 Professional 5)

Even though *Supporting People* funds allow for the provision of child care to enable case work sessions with the mother, some refuges did not even have this basic service in place. One interviewee told us:

62 Beundermann et al (2007)

63 Fonagy et al (2002)

I have worked in a refuge years ago where they did have children's workers and it was so much better because, you know, obviously women get very upset when they're sort of revisiting ... issues and talking about it, and if you've got a child sort of playing on the floor a couple of feet away it's not ideal. (CSA5 Professional 5)

One professional, who worked in a borough with five refuges, each of which had a play worker, and child and family support worker, stated that the local authority was expected to cut funding for these workers because it said the children's services could be accessed from children's centres. However, there are long waits to get children into these services, whereas refuge play and support work can be given immediately to residents. Some other boroughs no longer have children's workers in refuges at all.

Projects offered in children's services such as 'Stay and Play' provide opportunities to build relationships and support in the community which may aid recovery:

We have 'stay and play' groups, for parents and children to come together and play, and it can be really important for reconnecting people to their community and to their neighbours, to have the opportunity to just meet other parents in a really relaxed, sort of, natural setting where they are not being identified necessarily as survivors of domestic violence. And that we find can be really helpful to reduce the isolation and the low self-esteem that most people have experienced as a result of domestic violence. (CSA3 Professional 8)

One mother spoke about the benefit of *Stay and Play* for her and her children – it was a time she could just be another mum, not a mum in a refuge, and enjoy playing with her children:

I think [Local Authority where Jessica lives] is a very good borough when it comes to children's activities because there's ... there's so many activities and a lot of them are age-specific so you know the children are all with children their own age, and in their age-group, and in their age category, so they're all developing with children the right age. Do you see what I mean? So, but I think that all those children's groups and stuff were really helpful for the boys. (Jessica)

A range of methods were used to draw families into family support services, including creative projects. One refuge had made contact with a local musician who offered music therapy to the children. A BAMER service described forthcoming group work sessions for women and children where music would be used to strengthen the connection between them:

We are organising a family learning programme with a domestic violence background. We try to connect them with their mothers ... It is going to be an eight-week programme ... For four weeks the mother and children ... they are going to create music together. Then they are going to learn how to play, how to sing a song. (CSA3 Professional 4)

Another interviewee described a school based service which allowed parents and children who had experienced domestic violence to work together on creative projects. A maximum of six families (the mother plus two or three children) could come together in this way and participate in sessions facilitated by two artists over the course of eight weeks. Like some of the work with younger children described above, this group does not specifically address domestic violence but rather presents a context in which the abused parent and children can spend quality time and strengthen their attachments:

They do various different things. If for example they're working with the poet they might be given a sort of stimulus to write some poetry together, maybe just come up with some words or base it on a picture and kind of write it together ... They also keep scrapbooks of all the work that they do so that they can take them home, and also give them activities and things that they can do at home together as well so that it's continued outside of the workshop sessions. (CSA3 Professional 6)

5.7 EDUCATIONAL SUPPORT AND SCHOOLING

Access to and transfer between schools was a worry for the children and mothers we interviewed. According to recent figures (April 2011), London's 33 local authorities will experience a shortfall in school places of around 70,000 over the next four years⁶⁴. Children who move into a refuge or are rehoused as a result of domestic violence do not have any priority in the current education admissions policy. Mothers we interviewed from one refuge felt that there should be established agreements between refuges and local schools, so children living with domestic violence could be fast tracked into a school. Mothers in one of our focus groups said that waiting for school places was difficult for both the mother and the child, causing problems at a time when they should be working on repairing their relationship. Women reported waiting three to four months for their children to be back in school, all the while living in one room in a refuge.

Equally damaging to children and young people is moving between and attending multiple schools. One children's worker in a refuge told us she used to be able to find out if schools had places for resident children by contacting schools direct, which meant the refuge could secure places for most children within a reasonable time frame. Now, changes in national admissions policy meant that the worker had to contact the local authority, who then asked the school about the availability of places. This extra layer could add a few weeks onto each request for school availability, lengthening the time it took to find a place. This same professional said that they often had mothers in the refuge with children in schools in more than one local authority area, so the mother would spend a good deal of her day on the bus taking her children to and from various schools.

Another refuge professional told us that schools in their local authority area knew that, with their long waiting lists, children in refuges would be out of education for some time. These local schools would provide some assistance with work the children could be doing while waiting to get into school, and children's workers in the refuge ran homework clubs and focused on age-appropriate national curriculum work for the children.

The risks of domestic violence to children's social, emotional and cognitive development have already been outlined above, but if we add to this the disruption to and difficulty in securing consistent access to education, there is a higher risk that these already vulnerable children will fail to achieve their full potential.

⁶⁴ London Councils (2011)

5.8 THERAPEUTIC HELP AND SUPPORT

There were varied views about what counts as a therapeutic service. In the voluntary sector the term was sometimes used to describe almost any service that gave children emotional support or involved seeing them in groups. In the voluntary sector we also found that some services were highly specialised and employed people with qualifications and training relevant to therapeutic work with children, but conversely, there were others where training and knowledge about therapeutic work was less formally acquired.

There is clearly a need for better understanding about what ‘work with children affected by domestic violence’ actually means. The previous Government was keen to mainstream domestic violence across all services. Their goal was to embed responses and provide appropriate domestic violence services to all adult and child victims who presented in health, education and social care settings. Some interviewees expressed the view that generic services such as CAMHS were insufficient to address the harm caused by domestic violence and made the case for specialist therapeutic domestic violence services to be offered instead:

Often we find that children are sent to generic services that aren't appropriate, for things like anger management counselling and those kinds of things, where they ... need specialist work around what they have experienced, the violence. Definitely teenagers are completely overlooked. There are not enough specific services for them ... services for young people who are using abuse in their relationship. (CSA6 Professional 20)

In our survey, 40 per cent (n=77) of respondents said they would refer children to CAMHS. A number of interviewees, both professionals and parents, told us that there were long waiting lists for children needing services from CAMHS. Bianca, for example, said that her children were ready to talk after the issue had been opened up by a social worker, but during the intervening months of waiting for counselling support, that willingness had evaporated and caution about using counselling to help with their difficulties had re-emerged:

And when social services did encourage them to get the counselling and so on, that didn't happen because the youth counsellor at my GP, I made appointments, and no-one contacted me. And I made another appointment and it was put in the book and eventually, I found out that the youth counsellor had left and there was no contact, there was no communication, whatsoever. So that kind of broke down where the children were concerned. I would have liked them to have help at hand almost immediately, because they were hurting, they were. (Bianca)

Getting a service for the child was sometimes very dependent on the parent's persistence. The temporary residential status of children in refuges was highlighted as a barrier to accessing services by one interviewee. She described how one CAMHS team declined to work with children who might move out of the borough at any time:

I've worked in [case study area 2] where they said 'No, the family will move soon so we won't see the children'. Yet, the children are crying out in every way possible for some kind of emotional support, but the people who should be providing it for them, they know they'll just be moving on, but you can only say that so many times before you have a child that is completely off the rails. (CSA6 Professional 24)

A representative of one voluntary sector organisation, which runs a specialist children's project, said they had been able to expand their therapeutic support for children living with domestic violence. They are now funded to provide for 96 children a year and have two chartered psychologists to work with teams of trainees not only from the children's project but also in children's services in three other London boroughs. These give one-to-one support work with mother and child and some children's group work following an adapted 'Ontario' model. This is an approach to group work with children that developed in London, Ontario, linked to the work of Peter Jaffe⁶⁵, a pioneer in research and practice developments on children and domestic violence.

5.9 HELP WITH THE IMPACT ON BEHAVIOUR

Four of the professionals we interviewed felt there was a gap in services dealing with violence by young people who have grown up living with domestic violence. The majority of children who live with domestic violence do not grow up to be abusive adults. Some, however, will have short-term and occasionally lasting difficulties with aggressive behaviour. Violence from older boys towards their mothers was a particular concern. The previous Government launched initiatives to respond to anti-social and problem behaviour among children and young people, but few of these directly addressed domestic violence and its impact on young people's behaviour.

There are other approaches aimed at aggression and behavioural difficulties in children and young people. Community safety and youth crime initiatives, including mentoring programmes, were mentioned in interviews, especially in case study area 2. The mentor schemes give one-to-one support for children at risk of gang, gun, knife crime or serious violence, including relationship violence. A pan-London voluntary sector service had also developed work with young people who used violence against partners, parents and siblings.

Overall it seems that interventions for problem behaviour targeted specifically on helping children and young people affected by domestic violence were rare to non-existent, or merged with approaches in the youth justice system that focused on delinquency.

Practice Highlight

In Lewisham, a MARAC has been established to work with high-risk violence towards children and young people. Occasionally the cases brought to MARAC have included abuse in young people's intimate partner relationships.

5.10 SUMMARY

Brandon et al (2010), reviewing lessons to be learnt from serious case reviews, noted the tendency of professionals to 'wipe the slate clean' when working with families in the child protection system. 'Wiping the slate clean' and expecting children and their families to overcome the adverse consequences of living

⁶⁵ i.e. Jaffe et al (1990)

with domestic violence, sometimes more rapidly than they are able to do so, is a difficulty that emerged from our own research findings:

You often see this with social workers, they will say 'We can close this case now because there hasn't been a domestic violence incident for the last six months', and that's not uncommon. And you often see it with the substance abuse as well, particularly alcohol misuse ... this parent hasn't been drunk for the last four months, five months, six months, problem solved, you know. ... I've read case files where ... you've seen ... a mother nearly killed. Three months later, with the father back in the home, happy families, and everybody's forgotten about this incident three months ago, and ... unless you can actually see it, it's very, very difficult for people very high in organisations to appreciate the impact on families, and particularly on children's lives. (CSA2 Professional 9)

Despite the expansion of parenting support, planned growth in health visiting and greater awareness of the impact of domestic violence on children, our research identified a huge gap between aspirations and practice. This gap exists partly because of a lack of understanding about what working with children living with domestic violence actually involves, and partly because of a lack of resources. Children currently living with the perpetrator are sometimes not given help or support, since the focus of policy and practice has been on supporting mothers to leave. Children may therefore fail to receive support at the time they most need it. The need to build resilience in children living with domestic violence, help them to cope and get set on the way towards overcoming the harm is not widely recognised because there is confusion between post-separation therapy and the more complex and practical aspects of coping and resilience while living in the situation. There has also been a tendency to focus on 'therapy' and group work for children, whereas meeting basic needs – such as access to safe play spaces, developing and having fun, getting into school, maintaining safe contact with wider kin and the community, having stability – seem to attract less attention from funders. Innovations and valiant efforts in the voluntary sector to develop the work and produce evidence of effectiveness have not been adequately supported.

This research was carried out at a time of considerable change and it seems likely the pace of change will continue. We need to be cautious about conclusions that can be drawn as, despite efforts to gather data from a range of different sources, our findings are mostly qualitative and concern services in a state of volatility. The research identified some promising developments in work with children, where specialist services and children's services have developed models of good partnership working. As a result they have started to address both the complex needs of children in different circumstances as well as making the links between living with domestic violence and other experiences of abuse and violence. There were, however, only a few such specialist schemes, due to limitations in funding.

6. PRIMARY PREVENTION

This chapter looks at primary prevention work. This is concerned with stopping violence from happening in the first place by having in place a long term strategy aimed at *changing attitudes, values and structures that sustain inequality and violence*¹. Interventions usually take the form of public education or awareness campaigns for the entire population, community development and mobilisation, and educational work for all children and young people, in schools and other educational settings, to promote respectful relationships and gender equality. All three approaches were explored in this project and findings from the services survey, documentary analysis and interviews are presented.

6.1 PREVENTION THROUGH EDUCATION – WORK IN SCHOOLS

An argument for working with children and young people to address domestic violence (and other forms of gender-based violence) comes from survey findings of young people's attitudes to gender-based violence. A study² involving 1,395 young people aged 14–18 found that a third of young men and one-sixth of young women condoned violence in intimate relationships in certain circumstances. This replicated findings from earlier studies³. In addition there has been increased recognition of violence in young people's own relationships, justifying attempts to prevent such violence⁴.

A legal imperative for educational work on domestic violence exists. Article 19 of the UNCRC⁵ stipulates that *'State Parties shall take all appropriate legislative, administrative, social and educational measures to protect children from all forms of physical and mental violence'*. The Convention contains provision on children's right to information, particularly Article 17⁶ which states that children shall have *'access to information and material, especially those aimed at the promotion of [their] social, spiritual and moral well-being and physical and mental health'*.

Under national legislation, schools are required to promote gender equality⁷, safeguard children and young people, promote their welfare⁸, and prevent all forms of bullying⁹.

The current Government narrative¹⁰ and action plan on violence against women and girls (VAWG)¹¹ places *'effective prevention work ... at the core of our strategy'*. Although schools now have a more reduced role than under the previous Government's strategy¹², the Department for Education (DfE) is tasked to lead on examining the role of schools and colleges, encourage teaching of sexual consent and reduce sexual and sexist bullying in schools. Prevention campaigns targeted at young people and

1 Hester and Westmarland (2005)

2 Burman and Cartmel (2005)

3 Burton et al (1998), Mullender et al (2002)

4 EVAW (2006), Barter et al (2009), Refuge / YouGov (2009), Radford et al (2011)

5 UN (1989)

6 UN (1989)

7 Under the Gender Equality Duty 2006, now incorporated into the Equality Act 2010

8 DCSF (2010d)

9 Education Inspections Act 2006

10 HM Government (2010b)

11 HM Government (2011a)

12 HM Government (2009c)

led by the Home Office are also planned. Similarly prevention is at ‘*the heart*’ of the Mayor of London’s VAWG strategy¹³ although ‘*to date prevention has been the weakest part of London’s response with limited investment and little coordination*’¹⁴.

London has a relatively long history of school-based prevention initiatives, beginning in the 1990s, for example the STOP programme¹⁵ and the (original) Respect pack¹⁶. More recently, work was undertaken to roll out across London the Westminster programme, aimed at promoting healthy relationships and safer communities¹⁷, and there have been a number of other initiatives, such as work by Tender and Hounslow’s *Learning to Respect* that have maintained a presence for several years. In addition GLDVP¹⁸ published guidance on prevention work in 2008¹⁹. There have also been a small number of public education campaigns targeted at children and young people in England, the most extensive being *Teenage Relationship Abuse*²⁰, led by the Home Office in 2010.

Findings from this research show that where professionals talked about prevention (n=32) this was overwhelmingly about school-based work (n=26), rather than public education or awareness-raising (though four professionals discussed both). Of the total, 14 referred only generally to the importance of prevention and more needing to be done, rather than specific preventative activities:

I think ... bits and pieces of work have been done, not in all local authorities, but school is so important that it ... that it’s a topic that is being ... should be discussed openly. (CSA3 Professional 3)

Of the remaining 18 professionals, 2 were frontline workers delivering preventative activities in the classroom who provided detail about practice, and the others were commissioners and managers in statutory and voluntary sector services who mostly discussed the difficulties of undertaking prevention work. Only one of the children interviewed talked about having had lessons on domestic violence at school. Four mothers thought that work in schools would be a good thing in helping children and young people avoid abusive relationships, but only one had a child who had received any lessons.

The findings provide some evidence that prevention work in schools was taking place in London at the time of our research, although how widespread and what it involved was less clear. School-based prevention was the second most commonly reported gap in services in the survey data, with 21 respondents identifying it as such.

Of the survey respondents, 40 per cent of those working in services for children (including children and their families) reported providing school-based prevention. A greater number of boroughs (58 per cent, n=19), reported providing schools work. Nine were intending to expand it, suggesting that work was already established, but in some boroughs only a small number of schools, fewer than six, were involved. A further eight boroughs were planning schools work. This finding that prevention work in schools is not universal is supported by the interview data: three interviewees commented that only a

13 Mayor of London (2010a), p.10

14 *ibid*, p.30

15 London Borough of Islington (1994)

16 Morley (1999)

17 Thiara and Ellis (2005)

18 GLDVP is now AVA.

19 Debbonnaire and Sharpen (2008)

20 See: <http://thisisabuse.direct.gov.uk/>

limited number of schools did such work: *'probably about two or three of our secondary schools [in the borough] at the moment'* (CSA2 Professional 11), and that delivery was *'... kind of ad-hoc still'* (CSA2 Professional 9).

The documentary analysis and interviews revealed limited information about the rationale, content or intended participants for prevention work. However, a number of interviewees discussed school-based prevention work in the context of promoting healthy relationships and reducing the use of violence or abuse in young people's own intimate relationships. On the other hand, seven professionals discussed the need for targeted early intervention to prevent children living with domestic violence from becoming perpetrators or victims themselves. This belief is based on the 'cycle of violence' theory (see Chapter 5 for a discussion of this theory).

Particular approaches to domestic violence prevention work were seen as controversial in some London schools, as two interviewees acknowledged. Rather than a direct feminist approach which overtly addressed gender and (in)equality, an indirect approach was often more acceptable:

We had two variants, the first was the Westminster model, which was about relationships and positive relationships, and the second one ... which was built ... using the power and control wheel ... which has been, I'm afraid, a bit controversial, because not everybody kind of feels that it's necessarily a kind of positive approach to ... to dealing with the issue. (CSA2 Professional 9)

This capacity for controversy led some projects to change their approach:

We actually found that schools found the words 'domestic violence' quite difficult to take on board, so we marketed them as promoting positive and safe relationships. (CSA6 Professional 6)

Similar recommendations were made by the DCSF VAWG Advisory Group²¹.

Overall, the documentary analysis showed that the focus and target age groups of the prevention work varied across boroughs. Nineteen boroughs detailed domestic violence work in schools, with nine of these indicating that they were expanding their efforts. The work mentioned in documents included domestic violence, 'dating' violence, female genital mutilation, bullying and, more generally, the knowledge and skills for healthy relationships. In terms of specific domestic violence programmes, three boroughs identified the Westminster pack, another was using the *Learning to Respect* programme, one borough referred to the MissDorothy.com project for primary children and another was using the *Playing Fair* programme, designed to promote conflict resolution. One borough described the use of drama and another had created a DVD about its domestic violence work in schools. A small number of boroughs had embedded domestic violence prevention in the PSHE curriculum and included it 'to address gender equality'.

6.2 BARRIERS TO PREVENTION WORK IN SCHOOLS

A number of barriers to making prevention work universal were identified by interviewees. Whilst the importance of prevention work was acknowledged, it was not considered a priority within limited resources, as this focus group discussion between two professionals illustrates:

²¹ DCSF (2010e)

CSA5 P7 *My view is that prevention work is just not going to happen because you're dealing with a budget and in that budget who cares, who's interested about the impact of what's happening now and how it's going to translate in the future in 5 years' time? And then as this 8 year old grows into an adult, we'll deal with it when we have to deal with it, we can't afford to deal with it now. So I kind of think the prevention work and that early intervention that we'd be looking at for children and young people – the resources are just not there. I don't think it's because people, senior managers and commissioners in this borough are evil people that they don't think that the service is needed ...*

CSA5 P8 *I don't think it's 'cause they're not committed or believe in it ...*

CSA5 P7 *It's just ...*

CSA5 P8 *... it's literally, you know, having the capacity isn't it? That is what it is, you know.*

Cuts to funding had clear implications for prevention work:

We've got a new violence against women and girls strategy, it has a section on prevention, but ... I don't know how they're going to do that work because there are so many funding problems now and cuts everywhere. (CSA3 Professional 3)

A key barrier identified by several professionals was in engaging schools. As schools increasingly become less accountable to local authorities and the number of independent academies²² grows, getting schools to agree to do curriculum work on domestic violence was viewed as increasingly difficult:

The more academies you have, the more independence there is. Actually that's sucking money out of the local authority into the schools and the local authorities can't carry on funding schools in the same way they did. So the services that we offered historically ... just understood that they'd be there, that can't happen going forward because we don't have the monies coming out of local authorities. And schools, and particularly academies, are getting ... more money. (CSA2 Professional 9)

Where schools were left to identify prevention as a priority, interviewees reported that many schools chose not to include domestic violence work, and even where work was offered at no cost to schools, some were still reluctant to incorporate it into their curriculum:

It was very difficult to get through the door of a school unless you were going as part of something they were looking to get in there, but you know you needed ... the schools seem quite happy sometimes to accept help and resources but they're not necessarily going to be prioritising funding for those sorts of things themselves. So if you come to them with a kind of 'we can offer you this' then they're usually quite happy to engage, sometimes, not always, but if you're basically expecting schools to identify this need themselves and identify the resources they need to make it happen, then I think that's going to be disappointing really. (CSA1 Professional 7)

Another barrier identified by two professional interviewees was the over-burdened curriculum, with many other issues and topics competing for time, both generally and particularly in the personal social and health education (PSHE) curriculum, where domestic violence work is mostly placed:

²² Academies are described by the government as independent state-funded schools. They have greater control than other state schools over their running. They do not have to follow the national curriculum and can choose their own curriculum, as long as it is 'broad and balanced'.

This isn't really a new thing about the independence of schools and the difficulty of getting domestic violence into the curriculum. I think the problem for schools is that they have a lot of people banging on their door about a lot of different issues ... you know they have a lot of different things that they're being asked to do and I just wonder how the priority for this works within that overall context. (CSA1 Professional 7)

Five interviewees thought the narrowing of the current Government's approach to prevention was unhelpful:

In the revised Home Office guidance they've taken out a lot of the work in schools and with children ... and simplified a lot of that as well actually. You know, that doesn't help our cause. (CSA4 Professional 2)

6.3 IMPROVING PREVENTION WORK IN SCHOOLS

Among ways of improving provision, making PSHE statutory and work on domestic violence compulsory within the curriculum, supported by statutory guidance, were suggested:

We are still struggling [to get schools engaged] and actually we regret that [the previous Government] didn't make ... one of the things that was in the old strategy that would have been helped was to make these kinds of projects a curriculum activity and then that would have already been set, and would have had a massive way in. (CSA4 Professional 2)

As one professional²³ said, 'There needs to be a way of making sure that they can't opt out so easily', since the lack of compulsion for schools to undertake prevention work results in (in the words of another²⁴) 'everyone ... kind of, passing the buck in some way, when we should be addressing it with young people'.

Anxieties that schools had about teaching the topic of domestic violence and how it might elicit disclosures, had been overcome in one borough after a number of years:

Over the period of six years, you know, [the schools] come to accept that it's not threatening and actually it's quite useful. (CSA3 Professional 2)

The borough referred to above has a dedicated post to lead on the work and to support schools.

Several interviewees reported using multi-agency groups to promote prevention:

Conversations we've been having both in the children and young people's [domestic violence partnership] subgroup and [safer young borough partnership] was that there are several organisations around who've got funding to go into schools to do healthy relationship education, but schools just aren't picking it up. So one of the things that we agreed is that the safeguarding and education team ... who supports all the maintained schools ... are going to be doing some work with those agencies ... to look at how we can ... push the offer into schools. (CSA4 Professional 1)

²³ CSA6 Professional 2

²⁴ CSA6 Professional 5

Implicit in all but one of the interviews was the notion that external voluntary sector organisations, rather than teachers, would deliver schools work. Almost all of the work mentioned by the interviewees was delivered by the voluntary sector and grant funded on a short-term basis, even where it formed part of a multi-agency plan. However, one voluntary sector worker did talk about the role of teachers:

I'm very keen on whole schools approaches and skilling up schools, and taking issues about relationships and abuse into schools and having teachers skilled up to deal with that stuff. At least there's a sort of front line on it, at least to do some of the work on a universal basis. (CSA6 Professional 25)

6.4 FOCUS AND CONTENT

A whole-school approach is one which involves addressing the needs of pupils, the staff and the wider community not only within the curriculum, but across the school and learning environment as a whole, including leadership and management, policy, curriculum planning and resourcing, teaching and learning, and school culture and environment²⁵.

Where access to schools was obtained, interviewees reported they were limited to a few lessons with particular age groups or classes. However, the interviewees leading or delivering projects attempted to take a whole-school approach:

It's a holistic approach, so that means working with staff in school to raise awareness for them ... It's also to work directly with young people, usually on a whole-class basis. (CSA3 Professional 5)

Similar topics, but no specific programmes or resources, were reported by professionals – 17 talked about preventing violence against women more broadly, rather than just domestic violence. The need to ensure ‘that violence against black and minority women and girls is included in the teaching of those issues in schools’ was highlighted by one professional (CSA6 Professional 2).

In interviews with mothers, three expressed views on what should be addressed in lessons. One mother talked at length about gender inequality as the cause of domestic violence and stressed the importance of girls growing into women who consider themselves equal to men. She²⁶ wanted ‘self-esteem classes, confidence building things for young women’ but also ‘talking with people who have been in abusive relationships’. A link with sex education was made by two mothers, who thought work on domestic violence fitted with it:

They got sex education ... in schools but they haven't got nothing in place ... when it comes to families and how families argue. (Esme).

Two frontline workers reported a number of commonalities – for example, challenges in obtaining access to schools, and work being limited to particular groups of young people. There were, however, significant differences between the experiences of the two workers. One was employed by a local authority in a dedicated post and the other by a voluntary sector organisation. While no distinction can be drawn in relation to the effectiveness of their work in facilitating children's learning, it was evident that they had

²⁵ See, for example, Maxwell et al (2010), DCSF (2010e)

²⁶ Jessica

different relationships with schools and other services. The local authority worker who had been able to build up on-going relationships with schools over a number of years, was delivering training to teachers on domestic violence and was embedded in wider services, including multi-agency working groups. This appeared to enable the worker to liaise more closely with schools, children and parents. Where child protection or safeguarding issues were raised, the worker was able to support school staff and to link with other services to support children and their mothers. It is worth noting here that neither of the workers reported that schools work had elicited a significantly high number of disclosures from children, which, as previously mentioned, is often one of the anxieties teachers report²⁷. In addition, continuation materials and resources were provided to schools for subsequent use by teachers, and schools were able to request support at any time. Conversely, the voluntary sector worker went into schools for the agreed period of time to deliver workshops (usually up to four sessions) but did not have an on-going relationship with any of the schools, although the worker did return to some schools in the following years.

6.5 EVALUATION

Two interviewees reported that their schools work was being evaluated independently. This had been a condition of their receiving the project grant from the funding body. Neither talked in great detail about the evaluation methods, but elements mentioned included a pre- and post-intervention survey of young people, focus groups with young people, and a survey of teachers and governors. The intention was to measure changes in people's attitudes and behaviour, and the impact of the work on the whole-school environment.

Two examples of the impact schools work can have on young people did emerge in the interviews. A mother (Bianca) reported that her 15-year-old son had had some PSHE lessons that had covered bullying and equality. When asked if she thought he made a connection between this and his family she commented 'No, I don't think so, well we certainly didn't discuss that'. However, she thought work in school would support what she was trying to teach him about respecting people.

A professional reported on the case of a 15-year-old girl who had entered a refuge after having taken part in a programme at school. The lessons had prompted the girl to seek help, by intentionally disclosing to her teacher:

So [the teacher] told her, gave her lots of information, she went home, said to her mum 'Look, we need to get out' her mum said 'No' and then [the girl] says 'Right, I know where I can get help, I'm going to take my brother', he's 12, 'and we're going to go, if you don't want to come with us' and, of course, she didn't want her children to just go. She came to the refuge not knowing what to expect and in the end, it turned out that it wasn't as bad as she expected. (CSA6 Professional 23)

²⁷ Ellis (2008)

6.6 PUBLIC EDUCATION OR AWARENESS-RAISING CAMPAIGNS

The documentary analysis showed that public education and/or awareness-raising was planned (n=8) or in place (n= 21) in every local authority but four. In addition 13 authorities had campaigns targeted specifically at young people, and five intended to undertake such work although very little detail was available on the content. Seven professionals mentioned public education in the interviews, again saying little about what this might consist of. One mother thought TV adverts would be an effective way to raise awareness of domestic violence because of the power of advertising and its potential widespread reach:

You know adverts are very good, they are very strong. (Kai)

6.7 SUMMARY

Our findings from this project have told us little new about work to prevent domestic violence, and largely reinforce findings from earlier research. Primary prevention has clearly emerged on the policy agenda as an important approach to eradicating domestic violence. However, putting this into practice continues to prove difficult. As our findings highlight, work with children and young people is mostly focussed in schools, and to a lesser extent in other educational settings, rather than through public education or community development activities.

While prevention is appealing, it is difficult to garner political will and action around it. It is often easier to galvanise action in response to a crisis. This is especially so when resources are scarce, even though an economic argument is often made for investing in prevention activities²⁸. However, the findings show that resources are not the only factor, and that even in times of relative wealth, schools work has not been widely implemented.

The fragmented nature of prevention work in schools replicates earlier findings²⁹ and was acknowledged in the Mayor of London's VAWG strategy: *'Education is key to eradicating violence against women in the long term ... However, greater commitment from schools across London is required'*³⁰. There is a limited amount of evidence in our findings that schools work is better established where there is a dedicated worker delivering in a multi-agency context. Equally the findings replicate earlier research in that most of the work appears to be funded only for the short term and is delivered by small numbers of voluntary sector staff³¹. The expertise of these staff and their organisations is without doubt critical to effective schools work, but working in partnership with schools and local authorities is key to sustainable interventions that become embedded in the curriculum and integrated into school culture and practice³².

Resistance to schools work, particularly where a feminist analysis, which promotes gender equality, is adopted, is also well recorded³³. Despite this, gender is a significant factor in preventive programmes³⁴,

28 Hogan and Murphey (2000), Allen (2011)

29 Ellis (2004), Thiara and Ellis (2005), Government Office for London (2007), Brunner (2010)

30 Mayor of London (2010a), p.32

31 Ellis (2004)

32 Ellis (2008), Maxwell et al (2010)

33 James-Hanman (1999), Ellis (2004), Maxwell et al (2010)

34 Stanley et al (2011)

and one study³⁵ suggests developing a ‘shared language’ between prevention education providers and schools to help overcome some of the resistance.

Only 2 of the 18 professionals who talked about prevention mentioned evaluation, again reflecting the findings of previous research, which has showed that few programmes are independently evaluated³⁶. This presents a dilemma for preventive work since without evidence to show ‘what works’, it is unlikely to be prioritised, which in turn, results in little work to evaluate. Additionally, primary prevention is a long-term strategy, so evidence of its effectiveness is difficult to establish even when it is evaluated; sophisticated short and medium term proxy indicators and outcomes are therefore needed. We do know, however, from the limited number of evaluations that exist in the UK, that the overwhelming majority of children and young people report that the lessons were positive and worthwhile³⁷.

The extent to which the needs of children living with domestic violence are met through schools work is impossible to gauge from our findings, as it is from most research on schools work. The aim is to provide support in a non-stigmatising setting³⁸ and those with experience of domestic violence are therefore not usually identified separately in the evaluations – one exception being a small study in Scotland³⁹. For children living with domestic violence, peers are an important source of support⁴⁰, so schools work offers the opportunity to equip young people to help each other in a more informed and effective way.

35 Maxwell et al (2010)

36 Ellis (2004)

37 Hester and Westmarland (2005), Thiara and Ellis (2005), Maxwell et al (2010), Stanley et al (2011)

38 Jaffe et al (1990)

39 Alexander et al (2005)

40 Mullender et al (2002)

7. WORKING TOGETHER

Protecting children from harm and promoting their welfare depends on a shared responsibility and effective joint working between different agencies. This in turn relies on constructive relationships between individual practitioners, promoted and supported by:

The commitment of senior managers to safeguard and promote the welfare of children.

Clear lines of accountability.

(from Working Together to Safeguard Children¹)

Poor working together, failure to share vital information, assuming another professional has exercised a responsibility to act, clashes of organisational priorities and mindsets, and failure to challenge or review, are some of the aspects of 'system failure' that have repeatedly been found in the many inquiries into cases where children have died as a result of abuse and chronic neglect². A persistently poor interface between services working together against domestic violence and those working together to safeguard children was highlighted by Lord Laming in his report on the protection of children in England in 2009³.

In this chapter we will discuss what children said about working together, discuss how it is working in London, in terms both of information sharing and of ensuring there is a shared purpose between organisations, and look at some driving forces behind multi-agency work in London.

7.1 WHAT CHILDREN SAID

As one would expect, the children we interviewed did not talk about 'working together' as a theme. They did, however, talk about whether some professionals might 'tell' other professionals about the violence in a family. One young person felt that a playground lady should inform the police when she sees that 'Parminder' is upset about violence in her home. Other children said that professionals should share information if the reason for sharing that information was to help the child:

Alicja: Like, they would ask you what would you want to do about it, and ask you what kind of stuff they're doing. They will ask you sort of the same questions as a social worker. But the therapist might be able to like inform someone about it and then the person they tell might be able to like do something about it.

I: Do something? Like. ... ?

Alicja: You know like getting the police or like put them in care or like get ... kick the person out of the house that's doing it.

Kashif: Yeah, to help other people and know what's going on and to help them what the, the child protection team or any work that they do

I: So they might share this information with other people in the child protection team so they can improve what they do to help children?

Kashif: Yeah.

1 DCSF (2010a), p.8

2 Munro (2010)

3 Lord Laming (2009)

In one group, a young person⁴ said that she had told her primary school teacher about the violence at home, but that information was not passed on to her secondary school.

This lack of coordinated information sharing might mean that a child has to disclose the violence time and time again to professionals. One of the children⁵ expressed concern about having to share this private information. Another child⁶ felt that once the information was shared, children should be able to remove themselves from the situation and not be involved in the resulting '*business with the court and the police and the solicitors and everything*'.

Another child felt that the violence was something that should be kept within the family, because she was concerned about how professionals might react or what they might do. This child was having regular contact with her father and she did not want her father arrested, although she had divided feelings about her loyalties between her parents:

I: No? What do you think would happen if he told his teacher?

Nadia: Well, he wouldn't. Because teachers aren't really a part of your family and you don't know what they would do. You never know, they might even tell the police and then, well the police is a good thing but I don't know.

For some children, it is quite difficult to share traumatic information with adults, so lack of coordination between professionals means that children are left to either keep their 'secret' or disclose to yet another adult when they move schools, start with a new teacher or have contact with a new professional.

7.2 HOW ARE AGENCIES DOING?

Extensive policy and procedures have been developed with a view to guiding how agencies should 'work together'. However, there is little evidence that these structures alone will result in effective joint working⁷. Professionals described the positive and negatives of their relationships with other agencies in the area, highlighting their thoughts about how the Government's focus on 'working together' was being implemented. We cannot confirm if the guidance for 'working together' has made things better or worse for children. There is no magic formula for working together effectively, but crucial factors include good communication and information sharing, commitment and shared purpose, having clarity over roles and responsibilities, and the existence of 'champions' or high level organisational support. The remainder of the section will discuss our research findings relevant to these key factors.

7.2.1 Information sharing

*'Effective information sharing underpins integrated working and is a vital element of both early intervention and safeguarding'*⁸

4 Jasmine

5 Kashif

6 Aran

7 Thoborn (2009), Hallett (1995), Glisson and Hemmelgarn (1998), Audit Commission (2008)

8 DCSF (2010a), p.43

Relevant legislation that governs the sharing of information includes the Data Protection Act 1998, the Human Rights Act 1998 (which places an obligation on public authorities to lawfully share information in order to protect people's right to life), and s115 of the Crime and Disorder Act 1998. However, in 2003, the Home Office reported that *'both statutory and voluntary agencies in the domestic violence field'* had expressed concerns about the *'uncertainty surrounding information sharing'*⁹. Consequently, the Home Office published the report *Safety and Justice: Sharing Personal Information in the Context of Domestic Violence – An Overview*¹⁰, in order to detail the benefits and principles of information sharing, and to provide guidance for developing Information Sharing Protocols (ISPs)¹¹. Despite this, in 2008 the Secretary of State presented to Parliament a reply to the *Sixth Report on Domestic Violence, Forced Marriage and Honour-Based Violence*¹², indicating that confusion still existed amongst some agencies and professionals about what data the law allows and expects them to share, *'particularly in relation to the Data Protection Act, and to patient confidentiality'*¹³.

In 2008, the Government published an information-sharing guidance package, which aimed to *'support good practice in information sharing by offering clarity on when and how information can be shared legally and professionally'*, in order to achieve *'more efficient public services that are coordinated around the needs of the individual'*¹⁴. The *'golden rules'* for information sharing included ensuring that the data shared is necessary, proportionate, relevant, accurate, timely and secure. However, professionals should also heed the warning that failing to share information can seriously *'undermine safety and the provision of the integrated services'*¹⁵.

The *Call to End Violence Against Women and Girls: Action Plan* draws attention to the fact that frontline professionals must be trained in identifying and managing risk, and must be able to share information where appropriate¹⁶. For its part, the Government said it would support information sharing and effective practice in the criminal justice system¹⁷.

Professionals we spoke to appreciated the importance of sharing (with other appropriate professionals) safeguarding information about children and young people living with domestic violence, so that everyone is *'kept in the loop'*¹⁸. Many strongly believed that a holistic approach to safeguarding children was necessary:

So it's not holding on to knowledge, because all knowledge acquired has been knowledge that's gained from somewhere else anyway, and really just sort of sharing that so that children and the effects of domestic violence on children become everyone's business in the real sense of the word.
(CSA1 Professional 1)

One professional described how protective agencies were starting to engage with the 'Think Family' approach, so looking at the bigger picture and the wider impact of domestic violence, and how positive outcomes were being achieved:

9 Home Office (2003), p.41

10 Home Office (2004)

11 An ISP is a signed agreement between two or more organisations or bodies, in relation to specified information sharing activity and/or arrangement for the outline of bulk sharing of personal information (DCSF & CaLG 2008).

12 House of Commons (2008)

13 Home Affairs Committee (2008), p.111

14 DCSF & CaLG (2008), a-2

15 Paradine and Wilkinson (2004), p.32

16 HM Government (2011a), p.18

17 HM Government (2011a), p.20

18 CSA6 Professional 23

CSA5 Professional 9: Across the country I think there has been a push, which is reaping benefits now, where people do think about the whole holistic family ...

I: So your experience is that the think family approach has had an impact on professional practice?

CSA5 Professional 9: It's starting to, I don't think its there yet. I think, we are certainly, the cross-training and cross-fertilisation of ideas is coming together, certainly locally, where we are training children safeguarding specialists around adult safeguarding and vice versa, so that they are very clear about the duty that is placed on them, to cross-refer and to coordinate safeguarding for both vulnerable adults and children.

The method in which information is shared, or could be shared in a more effective manner, was discussed by some professionals. Professionals felt that having a common local and/or national database that allowed professionals to share basic information would be very useful. In case study area 5, one professional suggested that this lack of joined-up technology contributed to professionals working in an isolated manner, and they had been championing a shared data system for years. Another professional in case study area 5 specifically stated that the Coalition Government had '*gone backwards*' by decommissioning 'ContactPoint'¹⁹ as it facilitated joined-up working.

Without a shared data system, information sharing can only occur by agency personnel making a conscious effort to share relevant data with each individual agency. This occurs in many ways, such as through attendance at a MARAC or child protection conference, the sending of a police notification or multi-agency risk form (MARF), phone calls, emails and letters. At a time when staffing capacity is stretched, these extra steps take up valuable time that most professionals do not have. In case study area 2, one professional said that social workers had great difficulty in obtaining fully completed initial assessments, because of a lack of response by other professionals. However, the professional understood that other professionals, such as school teachers, were busy during the day doing their respective jobs. It was also sometimes very difficult to free up two professionals simultaneously, for example, a teacher and a social worker, to speak about a child within the short timeframe allowed for completing initial assessments. Professionals need to have a system to quickly identify who they should be sharing information with and be given the time and capacity to do that sharing.

Evidence that sharing of information can help identify children at risk was reported by some professionals. The triage systems explored in Chapter 3, particularly those with co-located professionals, are said to have assisted all partners by ensuring they have the most up-to-date information about families. A professional in case study area 4 felt that many children who had previously been unknown to their education system, but now lived in the local authority area, were being identified. In a metropolitan area like London, families are more likely than in other parts of the country to move between local authority areas, and do not consider that they have crossed a border. This makes collaborative working even more difficult to coordinate.

Despite advocating better information sharing, professionals understood that they needed to be very careful about how, when and where that information was shared. Some professionals shared their 'horror stories' of information sharing going wrong. In one instance, a professional from case study area

¹⁹ ContactPoint was a government database that held information on all children under the age of 18 in England, in response to the death of Victoria Climbié. The database was closed by the Coalition Government in 2010, further to criticisms around security and privacy.

6 said new policies might mean that abusive fathers are invited to a child protection conference because social workers were being monitored on whether the father was attending. This in itself may not be a problem, but if professionals do not spend the time before the conference agreeing what can and cannot be disclosed at the conference, information might be disclosed to the father that could jeopardise the mother and child's safety.

Particularly in respect to MARAC meetings, professionals raised the issue of the role of individual agencies in information sharing. It was noted that some agencies were reluctant to share information, so that while they may refer a case to the MARAC, they may not then provide all the details or even attend the MARAC:

But you get the issues of, you know, a service will make a referral into the MARAC, and then not turn up to explain to the MARAC what the case is about and what their concerns are, and you're left on quite a bland, sort of, risk referral form and insufficient details really. (CSA5 Professional 4)

GPs were highlighted by professionals in several areas as being particularly reluctant to share information. One area had specific forms for all professionals to complete when they have safeguarding concerns about a child. Professionals with access to this information said that GPs sent in relatively few of these forms considering the number of victims they must see in their practices each week. Professionals from another area said that they had identified a number of issues related to child protection and GP practices in their area, and were now in the process of auditing all the local GPs regarding their child protection practices. In another area, professionals said that some individual GPs were engaging with safeguarding practices, but on the whole, the GPs remained disengaged.

One professional from a statutory domestic violence service described how the flow of information was running freely between statutory agencies, but was not shared with relevant professionals or organisations outside that sector:

And then there's always sometimes the lack of information sharing between refuge staff and social workers, and you know, social, well statutory agencies will share information very freely and then the voluntary sectors seem to be left out of it all a lot of the time. (CSA6 Professional 14)

Another professional²⁰ expressed concern that some advocates did not appear to recognise the central role of the victim in making decisions, 'pushing instead for what they think is right'. However, they also acknowledged that 'not all advocates are like this'. The professional highlighted the importance of developing reciprocal understanding with regard to their professional roles in meeting victims' needs. Breaking down these barriers between agencies, especially statutory and voluntary sector agencies, is essential if local authorities are to work in partnership with communities and above all protect vulnerable women and children from harm.

20 CSA4 Professional 7

7.2.2 Shared purpose

Professionals indicated that while they all wanted to safeguard children, sometimes the differences in their working practices and priorities caused friction between agencies. Related to the issues already discussed about capacity, all professionals have to make a judgment about their particular priorities. A professional must be allowed the time and support to ‘work together’ with other professionals, otherwise the practice of working together will remain ad hoc and fail to be embedded within general practice.

Discussions about MARAC meetings highlighted how some agencies’ working practices caused friction when they came together. Police practice is about action and they often work on very short time scales, moving swiftly from one incident to another, while other professionals work at a slower pace, wanting to gather information and have time to consider the implications of that information before taking action. Both practices are correct for the professionals involved. Police expressed concern about the ‘lack of action’ at MARAC meetings, yet for some professionals, the time spent discussing the case is critical for their working practice:

We’ve worked quite hard to change it, because it was more ... it was too ... it was quite a lengthy ... the meetings went on for a long time and there was a lot of discussing and not a lot of assessing and tasking. So, we’ve tried to change that. We are getting there slowly but, you know, one of the main things that we need to do is make sure that we identify the risks that are posed and then get the partners, not just the police, to become involved in mitigating and minimising the risks that are identified. (CSA4 Professional 10)

A compromise needs to be made in working practices, so that women and children living with domestic violence are protected in the best manner possible. The professional above felt that it would be better to have specific terms of reference for each agency involved in the MARAC. Then, when a high-risk case is reported to the police or other partner agency, those terms of reference could be used by the MARAC coordinator or another professional assigned to lead on the case to task those agencies with actions there and then, rather than waiting for the next MARAC meeting. He felt that being able to work in a less formal format outside of the MARAC would benefit victims and children greatly.

The MARAC chairs from other areas felt the same – that information sharing is a laudable goal but should mostly be done outside of the MARAC meeting. One chair noted that information sharing at the MARAC rarely leads to the discovery of new information, which allows the agencies to protect the victim better. One chair²¹ noted that by the time a case is heard before the MARAC, the agencies should have progressed things to the stage where the discussion was about ‘*what can’t be resolved*’.

Another example of where agency working practices impact on the shared purpose of protecting the victim and children is where voluntary advocacy agencies, who work with victims and aim to empower them to make their own decisions, may feel it is safer for mothers not to disclose certain information, whereas some statutory professionals feel the victim should be compelled to participate if the danger is high enough. One professional from a statutory agency said that they found it very frustrating that a victim could control what information was shared with the MARAC. The professional felt that if the victim had been made to share this information (i.e. details about the perpetrator) the agencies in the MARAC could have better protected her and her children.

21 CSA3 Professional 10

This example is used to illustrate that while agencies and mothers may have the same shared purpose, the manner in which they reach a resolution is dictated by the agencies' own working practices and their professional approach to supporting victims. These different approaches can cause friction between agencies and with the mother. Professionals, however, also spoke positively about how regular contact with other professionals helped build up trust between the workers, creating a better working relationship between professionals and a clearer understanding of each professional's working practice.

7.2.3 Driving forces and champions

Some professionals said that in their areas, certain individuals or groups had been champions for domestic violence, emphasising the need for services and agencies to work together. These professionals also noted that it was the availability of funds and a national strategy that allowed these champions to drive the local authority to take action.

In case study area 5, professionals said that it was a 'couple of key senior managers' who had '*championed the idea of domestic violence*' and '*really pushed it and driven it*' (CSA5 Professional 7).

In case study area 4, senior level professionals felt that while historically the linking of all the domestic violence partners (statutory, voluntary) was weak, changes had been made to create a very strong partnership to drive responses to domestic violence. Worryingly, however, a key partner in this area had a different perspective – that domestic violence did not have a strong position strategically and that most local authorities, including their own, had a fragmented approach to responses to domestic violence.

In another area, we were told that the original domestic violence forum, which had been in place for over 30 years, had become a key driver for the local authority's approach to domestic violence. Over 20 domestic violence champions in the local Primary Care Trust (PCT) had recently been trained to develop the work further in health. The champions were responsible for ensuring that their departments or areas knew about domestic violence work, including the work of MARACs and in ensuring that women and children are referred to the right services.

In case study area 2, the voluntary sector was seen as the leader in responding to domestic violence, providing most of the specialist services and engaging in reciprocal dialogue about strategy and approach with the local authority and commissioners. A key professional in this area felt that this was the best way to serve people living with domestic violence, as the voluntary sector provides a more '*approachable front for the local authority*' (CSA2 Professional 9). The professional went on to say that the area had 'signed up' to the national and London-wide strategies on domestic violence and violence against women and girls, but had not really acted upon them. This may have been because there had not been a clear champion for domestic violence in a key position in the local authority, or because the links between the Crime and Disorder Reduction Partnership (CDRP) and the domestic violence forum were poorly developed. This professional noted that the situation had recently changed with the appointment of a senior domestic violence lead ('*it had to change, really*'), and that hopefully the strategic position of domestic violence would be strengthened as a result.

7.3 SUMMARY

Children should not have to initiate information sharing between professionals, and when they give information, they should be told with whom it is likely to be shared. Some professionals felt that the parents' roles in consenting to the sharing of information could sometimes conflict with the professional's duty to ensure the safety and wellbeing of the child. Professionals who were interviewed were very aware of the importance of sharing information in order to safeguard children living with domestic violence but they also noted the difficulties in doing so. They felt there was room for improvement in information sharing between statutory sector professionals and those working in the voluntary sector, and for a better understanding of parental concerns about how information is shared. There is also a need for professionals to work together better to ensure that mothers feel safe in disclosing information to them. GPs were said to be the most reluctant to share any information. The lack of a shared database following the decision to abolish ContactPoint was seen by many interviewees as a retrograde step. In the absence of a technological solution to share information quickly and simply, professionals in all areas (statutory and voluntary) need to be supported and given the necessary time to share information in appropriate cases and by any convenient methods.

8. CHILDREN'S SERVICES IN TRANSITION

This research was completed during a time of uncertainty over public spending cuts and the Government's initiation of policy changes to foster the 'Big Society'. This chapter presents service provider perspectives, gathered through our research, on sustaining and developing effective responses to children living with domestic violence, within this new policy and financial context. There were substantial concerns about loss of resources among the professionals we interviewed in our six case study areas, but we also found determination among some providers to continue to try to do the best job possible.

8.1 FROM TOP-DOWN TARGETS TO LOCALISM

Performance management and centrally driven targets were much-criticised features of the Labour Government's policy, and the recent Munro report on child protection underlined the need to cut bureaucracy¹. Performance targets have been criticised for creating perverse incentives, where meeting the target becomes the goal at the expense of providing a quality service². The concern that targets rather than safe outcomes could drive service responses was an issue we encountered during our research. This is illustrated well in the following extract from an interview, discussing the meeting of CAADA's MARAC targets:

CSA2 P8: *... all we can do really, is wait for the outcome of the final government response to money for IDVAs. Quite critical at the moment because we have just had our CAADA quality assurance stage 3 done, and their recommendation is that we should be increasing. So currently I think we take about 270, I can't remember the exact figure of the amount of cases referred to MARAC, and they said we should increase it to up to about 500 cases a year. Can you imagine the resources that would be required to manage that type of cases? It's a lot.*

I: *So how would you increase to 500 cases a year? Because you'd lower the threshold for risk or what?*

CSA2 P8: *You can't lower a threshold, when the purpose of MARAC is to deal with higher risk DV cases. If you lowered the threshold, you're saying that you are dealing with not so high a risk cases.*

I: *So when they are saying you should increase from 270 to about 500, is that because currently you are not able to deal with the high risk?*

CSA2 P8: *Well, what they say is that is due to our population, that's what we should be looking at.*

I: *Oh right, so their feeling is that some of those high-risk cases are not being identified at present?*

CSA2 P8: *Well, our response to that would be, to increase that number. We are saying to people to send in anything to make up that number. That's the danger of course. You are going to have ... sending in cases that shouldn't be coming to MARAC but because we want to meet the number, so you know, there's unrest as to how to play we can play that.*

¹ Munro (2011b)

² Audit Commission (2005), Mesie et al (2007)

- I: *So how did they come up with this figure? I am absolutely intrigued.*
- CSA2 P8: *The population.*
- I: *So they based it on what they estimate to be the prevalence of high-risk cases amongst the population based on a trawl of other MARAC services? Or IDVA services?*
- CSA2 P8: *They just looked at our population – of how many people live in [borough] and then said ‘Well, due to your population this is what we recommend that you should be looking at’. It’s nothing to do with whether they are high-risk or whether they’re not. It’s to do with the population.*
- I: *Okay, okay. That is interesting isn’t it?*
- CSA2 P8: *I don’t know of any borough that’s actually meeting the targets that CAADA have recommended. I have spoken to my neighbours and they are not meeting that target.*
- I: *So presumably, they are working on ... how have they based their targets? I mean that is quite interesting, isn’t it? Has anybody asked where the target numbers come from?*
- CSA2 P8: *No.*

In 2007 there were 1,200 different performance indicators operating for statutory services³. These were revised down to 198 in operation from April 2008, with the aim of reducing central government control over local authorities and giving them more scope to define local priorities for performance improvement. Under local area agreements, local authorities agreed with central government 35 performance indicators, out of the 198 available, which they would focus on in their public service delivery. The targets were also to be more outcome focused than had previously been the case. Two national indicators (NIs) were relevant to work on domestic violence: NI 32, to reduce repeat incidents of domestic violence, and NI 34, to reduce the number of domestic violence homicides. Out of the 68 NIs relevant to children and young people, 13 were relevant to keeping children safe. However, these were criticised by Lord Laming for being ‘*inadequate for this task*’⁴ because they focused too much on processes and timescales, such as the time taken to do an assessment, rather than on whether or not children were safe. Only 1 of those 13 NIs made any reference to a safe outcome – NI 70, which monitors hospital admissions for deliberate and unintentional injuries to children⁵. Only 10 per cent of local authorities elected to include any of the relevant 13 child safety NIs among the 35 local priorities⁶. The Coalition Government has replaced local area agreements and the top-down approach to performance management with locally determined priorities.

The Coalition Government has published a clear commitment to working to eliminate all forms of violence against women and girls⁷, placing this firmly within a context of gender equality, as established in the *Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)*⁸. The focus on gender-based violence is said not to exclude working against violence towards men and boys, but places these experiences within a gender equality framework. In November 2010, the Government provided a single cross-government definition and later an action plan to cover activities until 2015, intended together to provide a framework and strategic direction for local areas⁹. Taking the view that the previous Government placed too much emphasis on top-down, target-driven approaches that prioritised criminal justice system responses, the current policy framework shifts focus on to prevention,

³ HM Government (2009b)

⁴ Lord Laming (2009)

⁵ HM Government (2009b)

⁶ Lord Laming (2009)

⁷ HM Government (2010b)

⁸ UN (1979), HM Government (2011b)

⁹ HM Government (2010b, 2011a)

early intervention and decision making at the local level – or ‘localism’. In this context, the *Violence Against Women and Girls (VAWG) Action Plan* established four areas of activity, to:

- *prevent* – through public awareness campaigns, challenging the attitudes and behaviour that give rise to violence against women and girls and moving responses towards early intervention
- *provide* – giving adequate support when violence occurs
- *work in partnership* – ensuring families and local communities have responsibility to define local needs and respond appropriately
- *reduce the risk* – by bringing perpetrators to justice.

The action plan sets out the Coalition Government’s role in providing the strategic lead to prevent violence against women and girls being marginalised in local decision-making priorities.

The proposed locally elected police and crime commissioners will have responsibility for coordinating responses to needs at the local level while the Coalition Government provides the tools and knowledge about effective approaches to prevention to guide local developments. Local crime maps have been published online, allowing individuals to review data on crime in their communities.

New health and wellbeing boards are to be set up, as the main forum for locally based planning. These bring together the NHS, public health, social care commissioners, elected representatives and representatives of Health Watch, to discuss how to improve wellbeing in the area on the basis of the local Joint Strategic Needs Assessment (JSNA).

Radical changes to commissioning frameworks are under way for health, social care and crime prevention, to shift the balance of decision making to the local level, with greater involvement and participation of individuals in the community and the encouragement of payment by results via a Social Return on Investment (SROI) approach. The NHS has recently published its strategic outcomes framework¹⁰. Impact is to be measured taking an outcome-focused approach that expands the *Every Child Matters*¹¹ five outcome framework (being healthy, staying safe, enjoying and achieving, making a positive contribution and achieving economic wellbeing) to create Patient Recorded Outcome Measures (PROMs) for women and children affected by gender-based violence and abuse. Guidance has been issued for health service commissioners that sets out the principles of best practice for commissioning services for women and children who experience gender-based violence and abuse¹².

The shift in emphasis towards prevention and early intervention is also the main focus for policy within services for children¹³, and the VAWG action plan complements this. Under VAWG, health visitors are to have a greater role in the early identification and protection of vulnerable children, and GPs are to have access to e-learning on violence against women and girls and effective interventions. Funding has been given to frontline services such as MARACs, IDVAs, ISVAs, sexual assault referral centres (SARCs) and national helplines. It is expected that the commissioning of other services will be undertaken locally and will involve local people in ‘participatory budgeting’, having a say and making decisions about how

10 Goldey and Duggal (2011)

11 DfES (2003)

12 Goldey and Duggal (2011)

13 Allen (2011)

budgets are allocated locally. Value for money, joint commissioning and 'social impact bonds'¹⁴ are key features of a new approach to commissioning which will be explored with the aim of securing sustainable funding for providers of VAWG services. A pool of 16 community budgets is proposed for families with complex needs relating to gender-based violence. An early intervention grant of £2.2 billion has been announced to support families with multiple problems. The number of 2-year-olds from poor families offered a nursery education is to rise from 30,000 to 130,000. Sure Start children's centres are to be rewarded via payment by results, so that those that are good at outreach, engaging successfully with disadvantaged families, will be rewarded through the payment system¹⁵.

The shift to localism, participatory budgeting and social impact bonds could negatively impact on the services commissioned to address domestic violence, which have previously been able to gain some priority in local budgets because domestic violence activities have been given a strong strategic lead and have been monitored through national as well as locally based targets. The localism agenda will mean that wider influencing has to be done, so instead of targeting central government ministers only, agencies must now also target local influencers. It is, however, difficult to mobilise public opinion and concern for issues such as domestic violence, for a variety of reasons. Human fascination with 'horror stories' about violence and abuse means that victims would need to be put under the spotlight so that public sympathies can be mobilised, but this presents difficulties for women and children escaping domestic violence who want to live unnoticed within the community. Public fears about crime are out of step with crime trends¹⁶, and unless a woman is currently living with an abuser, her fears tend not to revolve around the man in the living room but around the gun crime, rapists and knife-wielding gangs thought to be ever-present on the streets. The gendered nature of abuse is a political issue and raises controversy and divided opinion. Within children's services, the age of a victim of abuse, and the vulnerabilities that go with being young, are just as important as gender. Within some communities, community voices are said to be dominated by self-appointed male faith group 'leaders' who are resistant to any action to counter violence against women and children¹⁷.

Community mobilisation by the voluntary domestic violence sector has long been an important element in the development of associated services, public policy and legislation at both a local and national level. When asked about the processes and thinking underpinning local authority commissioning of domestic violence services, a senior professional in case study area 2 said:

It's been actually led, I think, to a large extent, by voluntary sector providers' understanding of the research evidence. So, for instance, we have probably two or three major voluntary sector providers in the borough and that will include [voluntary programme1], [voluntary programme2] and Victim Support. And it's been their understanding of what works well which has kind of led to the determination of how services have become configured, rather than it being kind of commissioned from above. (CSA2 Professional 9)

Smaller organisations with limited campaigning and fundraising resources based in politically divided communities are likely to be at a disadvantage compared with those larger organisations who have had sufficient funds to invest in campaigning, communications and targeting their own 'champions'.

¹⁴ Value for money, joint commissioning and 'social impact bonds', where the public sector only pays for positive outcomes, are key features of a new approach to commissioning that has the aim of securing sustainable funding for providers of VAWG services.

¹⁵ Hansard (2011b)

¹⁶ Flatley et al (2010)

¹⁷ Gupta (2003)

One professional stated that community mobilisation was critical, but it could not be done without the necessary personnel and funds to promote sufficient local interest and support.

Even with the past successes of VAWG, one professional who has been involved in the movement for many years expressed concern about the ability of ‘women’s voices’ to be heard in the ‘Big Society’.

And the thing about the Big Society is that somehow the community is supposed to take control and leadership, but we know that the community leaders will be the ones that will be promoted and aided through the Big Society agenda, because they’ve already been the most powerful group within communities. So it’s the religious and the conservative male leaders who will be the ones that will be kind of claiming again to represent the community. So women are not ... women’s voices are not going to be heard in the Big Society, so it’s kind of you’re losing, you know, in all directions. (CSA6 Professional 2)

The ‘Big Society’ vision proposes an expanded role for the voluntary sector and for informal and voluntary community action. Voluntary sector funding will be dependent on their ability to produce evidence of social impact, value for money and their capacity to be ‘scaled up’ to take on work that the Government is unable to do or cannot do so well¹⁸. Clearly there are a number of challenges and opportunities for VAWG and children’s services in the new policy context. The changes being introduced at the time of our fieldwork were at a very early proposal stage. Our findings can therefore only show a snapshot of how professionals in the six case study areas were trying to review and work with the implications for their services.

8.2 RESOURCE CUTS

There was a great deal of concern among research participants about the impact of spending cuts on the availability of services and quality of service delivery. One participant argued that whether or not London had a strategy for guiding domestic violence work or assessing evidence of need was far less of an issue than securing the funds to deliver a service:

I think one of the things that is always very frustrating in the field is they ask the question ‘What type of responses do we need to make a real impact in dealing with the domestic violence?’ Actually it’s not, in broad terms, open for debate. I think if you got most professionals together they come up with the same list of core services that are required. There might be arguments at the periphery but most would say ‘Ok, we need a process like a MARAC’. Some have qualms about it, but as a coordinating process ... We need a range of key services that support mothers. We need access to perpetrator programmes. We need good training at every level so there’s a good process of risk identification and an investment in specialist risk assessment services. And we need direct provision of services to help with recovery and treatment in the aftermath of domestic violence. And that is the fundamental gap – they always get missed when there is the focus on sorting out the problems through achieving safety with the adults. (CSA6 Professional 17)

It seems inevitable that some children’s services and domestic violence services will be lost, with the risk of pulling the rug out from under the feet of the small group of progressive providers we have observed that are catering for the needs of children living with domestic violence in London. A survey of Children

18 Brooks et al (2010)

in England members in 2011 found that 71 per cent faced cuts, with early intervention services most at risk. Furthermore, 65 per cent expected to lose staff in the coming year, with an inevitable impact on quality as staff and services are spread more thinly. One-third were expecting to make cuts of over 25 per cent in 2011¹⁹. Some of the professionals interviewed for this report have subsequently lost their jobs as a result of resource cuts. A recent debate in the House of Commons noted that 250 children's centres were to be closed and the vast majority of the others faced considerable cuts to budgets²⁰.

Hammersmith and Fulham Borough Council say they can fund only 9 out of the 15 children's centres currently provided. The Hammersmith and Fulham budget of £4 million has been cut to just over £2 million; a reduction of 45 per cent rather than the 17 per cent the Government expected. Four out of seven of the borough's youth centres will close, along with several play centres²¹. A Women's Aid survey of domestic violence refuges and outreach services highlighted concerns of disproportionate cuts to domestic violence specialist services²². Women's Aid uses the example of Devon's domestic abuse services, which were recently cut by 42 per cent; considerably more than the 27 per cent overall cuts being implemented by the local authority over the next four years.

Responses to FoI requests in our six case study areas gave an indication of the extent of the funding cuts. At the time of our research, case study area 1 faced loss of funding for three domestic violence focused projects and the final decision for an additional two projects was pending with some reductions expected. Case study area 2 was coping with the funding cuts by reviewing all work on domestic violence to try to rationalise provision, while case study area 3 had reduced safer community partnership funding for domestic violence by 65 per cent:

I'm not sure if people are really aware about how much teams have been affected by the cuts. But children's services really did take a huge cut ... But for our team in safe communities, because we were also funding the art therapy intervention in schools, we've had something like 63 per cent of our budgets taken away. They're absolutely huge cuts to community safety, which has meant that the funding that we previously used for grants to fund the services has been removed. (CSA3 Professional 2)

Two specialist services for children affected by domestic violence were looking at having to make reductions, while advocacy and floating support was to be rationalised into one service working across risk levels. Case study area 4 took the decision to protect domestic violence services from cuts in 2010/11, and case study area 5 had cancelled plans for additional refuge provision:

It means that we have got to deliver the same level of service with less people and less money to do so. So it has a very high impact potentially. (CSA4 Professional 8)

It's the resource implication, and the fact that you know in the current climate even more than ever before we're having to ... officers are having to provide the same with less. And if they deliver something, something else has to give. (CSA5 Professional 8)

¹⁹ Children in England (2011)

²⁰ Hansard (2011c)

²¹ Hansard (2011d)

²² See: <http://www.womensaid.org.uk/domestic-violence-press-information.asp?itemid=2599&itemTitle=Women%92s+Aid%92s+survey+reveals+fear+that+over+half+of+refuge+and+outreach+services+could+face+clousre§ion=0001000100150001§ionTitle=Press+releases>

There were concerns that cutting back provision of what were already skeleton services could only result in children receiving no support, whether preventative, protective, or aimed at overcoming harm:

But as the state rolls back, I think there is an expectation that families will just get on with it. So the service delivery, the service provision won't be there ... Domestic violence is a cross-cutting service – we don't have a domestic violence service, we have bits of the council that deliver, as priorities sort of change, because if government requirements change, you'll have this disjointed ... you won't have a kind of clarity of delivery at all, you'll have bits going on here and bits going there, so you'll have that kind of fragmentation going on again. And then you'll get that kind of gap opening up in service delivery through which children will fall. So as we have less early intervention services, then you'll have children falling through those gaps and probably ending up in statutory services. (CSA2 Professional 9)

A consultation is currently underway on draft 'best value' guidance issued by the Department for Communities and Local Government²³. This will set out guidelines for local authorities that are considering cutting funds to local voluntary and community organisations. Spending cuts pose a real threat to the viability of voluntary sector domestic violence services and to children's services.

Barnet Council is an example of a local authority that has had a radical programme of spending cuts and efficiency savings. It is estimated to have cut £82 million from spending in the last eight years under a reform programme that predated the national economic crisis. It is reported to have been focusing on creating conditions in the local authority that will allow localism to thrive by reducing the size of local authority administration, creating more transparency over public spending and giving local residents more choices about what is spent²³.

Our interviewees gave some feedback on how our case study local authorities were also trying to rationalise, do more for less and look for efficiency savings:

... particularly, looking at how they might redesign some of their children's services in the face of reduced budgets. How they can be more effective and also looking at how they can work much more collaboratively at the frontline. (CSA6 Professional 10)

What we are doing will be looking at how we can deliver those services more strategically, merging services together and coordinating that in a better way. That is kind of where we are at the moment. (CSA4 Professional 8)

In one borough, a decision was taken to outsource play and family support work for children in refuges to the children's centre:

[This local authority] has said that they're not going to continue funding [children's refuge workers] and they keep saying 'Oh, you know, the families can access children's services in the borough'. What we're finding is, a lot of the families, before they can do that, it usually takes months, because we have to kind of work with them in ... within the refuge setting around what they've experienced and then we'll work with them around being able to access services in the wider community. It's not that they can just come to refuge and tomorrow, they're accessing children's services in different

23 Department for Communities and Local Government (2011)

24 Freer (2010)

parts of [the borough], and I think that the people who fund our services aren't aware of this, you know, this factor in what we do. (CSA6 Professional 23)

Professionals were looking at more creative ways of providing the same service with fewer resources while dealing with an increased level of demand. Some were looking at extending their opening hours, or seeking support within the local community, and others were looking at redesigning their services to accommodate the changes:

I think it's a challenge and I think we're going to be trying to develop more with less resources, but at least the commitment is still there, like, you know, I think people do have a better understanding of violence against women and girls than they did 10 years ago and even if they're struggling to do what they want to be doing with it at least there is still the will to do that, so ... and that's kind of half the battle a lot of the time. (CSA6 Professional 22)

8.3 SUSTAINABLE FUNDING AND 'SHORT-TERMISM'

Securing continuous funding for specific projects and services has never been an easy task for professionals in the domestic violence sector. The prevailing view is that commissioning has favoured pioneering and innovative projects promising new results. We found a number of professional interviewees who felt that commissioning practices had created a form of 'short-termism', where it was easier to get funding for an innovative new approach than it were to obtain longer term sustainable funding to support a service that was more established:

I suppose the issue is sustainability, isn't it, that if you ... if you know, fund these, you know, really good and innovative projects, you know, then they don't have time to gather the evidence that they need in order to show that it's ... it's worth doing, because people want you to track through to outcomes, and ... which is tricky. That's it, that's it, and everybody wants to fund something innovative and that we've never been done before, but actually, we'd quite like the funding to keep going the things that we know work. (CSA4 Professional 11)

Evidence of social impact takes time to build up, and can require further resources to fund the necessary research. Research funding can be hard to find in overstretched services, particularly those that offer services for people in crisis. Achieving personal and emotional change takes time for the women and children at the heart of these services and such change can be difficult to measure and reduce to quantifiable 'positive social impacts'. There is, however, scope for umbrella organisations and partnerships to be formed at the local and national level to develop and share learning about how to improve the process of measuring social impacts – what counts as evidence of social impact and of value for money in services catering for the needs of children living with domestic violence. Commissioners of services at the local level should be encouraged to include an element of sustainable service evaluation into funding contracts. There are examples of this approach in current projects in London.

8.4 PARTICIPATION

Participatory budgeting involves people from the local community in decisions about what services are funded. Participation, along with protection and provision, is a fundamental right for children and young people: Article 12 of the UNCRC²⁵, simply put, states that children have the right to have a say in what they think should happen when adults are making decisions that affect them, and to have their opinions taken into account, including in legal proceedings²⁶. The Children Act 1989 and subsequent policy and guidance on child protection and children in need, for example *Quality Protects*, have endorsed children's participation, as did *Every Child Matters* in services for children more broadly²⁷.

Minimum service standards for survivors of domestic violence are laid down by the Council of Europe²⁸, where 'empowerment' and 'participation and consultation' are identified as two key themes and overarching principles. At a basic level, '*Services should develop through attention to service user needs*²⁹'; actively seeking the views of service users and taking them into account should be a core part of regular monitoring procedures³⁰.

Whilst there is a legal imperative for participation, there is less clarity about its meaning and translation into practice. One definition is:

*The process of sharing decisions which affect one's life and the life of the community in which one lives. It is the means by which democracy is built and it is a standard against which democracies should be measured*³¹.

There is a substantial literature on the principles of participation, how to engage children in participative ways and the benefits of doing so³². Specifically in relation to domestic violence, the *Listen Louder* project for Scottish Women's Aid³³, Scotland's *National Action Plan*³⁴, Houghton (2008) and Horwath et al (2011) provide examples of ways in which children and young people can participate in the planning and development of services for those who have experienced violence.

Findings from this research suggest that small numbers of children and young people participate in determining needs arising from domestic violence. Our documentary analysis showed that in planning crime, domestic violence and/or children's services, six boroughs had consulted young people specifically about domestic violence and one intended to, a further six had consulted young people more generally and domestic violence was raised as an issue in three of those cases. The Safer Southwark Partnership carried out a consultation with young people on crime, including domestic violence and, in addition,

25 UN (1989)

26 Article 12 stipulates that '*States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child*' (UNCRC, 1989: Article 12, Para. 1). Also that '*the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or appropriate body, in a manner consistent with the procedural rules of national law*' (UNCRC, 1989: Article 12, Para. 2).

27 Department for Education and Skills (2003)

28 Kelly and Dubois (2008)

29 Service users are defined as 'the individual women and children who seek support/intervention' in Kelly and Dubois (2008), p.10

30 Kelly and Dubois (2008), p.42

31 Hart (1992), p.5

32 Boyden and Ennew (1997), Treseder (1997), Lansdown (2001), Willow (2002), Ackerman et al (2003), Kirby et al (2003)

33 See Houghton (2006)

34 Smith et al (2008)

carried out specific research in 2006 with young people in Southwark about their experiences of domestic violence in adolescent relationships³⁵.

In the documentation from 19 boroughs, no specific reference was made to consulting children. While this does not necessarily mean that such consultation does not take place, information from our interviews with commissioners supports this interpretation. While commissioners from all five case study local authorities stressed the importance of service user input into planning and commissioning, none reported that young people had been consulted about domestic violence. One³⁶ regarded consulting children as 'a massive challenge' but was keen to hear from other authorities that had undertaken it. We were able to find evidence through our analysis of documents that nine boroughs (27.3 per cent) had consulted adult survivors of domestic violence about the services that were needed.

There was some scepticism that children's participation in service delivery could improve if resources were not there to support this:

And in terms of a difficulty for actual services, apart from funding, I guess it's, especially now with all the focus on the Big Society and all the local areas having to prioritise themselves with what their priorities are going to be, I think that we are going to fall even more down the list. It's always children's voices, they are still not heard fully in society even though we have come a long way, and I think that if local areas are trying to prioritise what they are going to spend money on it's quite unlikely that children who are suffering from domestic violence are going to be high on the priority list. So I think now it is even more uncertain what will be available for children. So you've got a lot of really skilled workers out there who really want to do the work but, for all kinds of reasons beyond their own control, it's just not possible. (CSA6 Professional 20)

Service users and providers may have different perspectives on what are the most effective and helpful approaches. This difference of view might be particularly acute in a time of limited resources, as one of our professional interviewees pointed out:

One example was that the reason we started the family strategy was an attempt to build in a protocol in relation to child protection services. And for us, we were thinking child protection and early intervention, probably about that big, and that we changed ... we had to change that in our thinking about service user engagement. And the service users had a big input through several days into how that strategy was developed ... I mean they changed our thinking about what would be helpful. I think that's the kind of crux of this, you start off with a professionalised view about what's going to be useful here and you get that gradually change through a process of engagement. And what was really helpful about it was that we were just simply led to a kind of difference in emphasis, as opposed to anybody [needing] to give up some really important ideas and beliefs. So that was really, really useful because then we could work together, as opposed to one of you had to be predominant. So I did think, actually, service user engagement is really critical going forward and, of course, the dilemma in the current environment is to not ask ... because you're worried about what people are going to ask for if you can't deliver it. (CSA2 Professional 9)

35 See: <http://www.cassandralearningcentre.org.uk/wp-content/uploads/2010/11/SouthwarkStudy.doc>

36 CSA2 Professional 9

Children's participation should be a crucial factor in the assessment of the effectiveness of services designed to meet the needs of children living with domestic violence. The outcomes framework for PROMs includes assessing outcomes on children's abilities to participate and make a positive contribution³⁷.

At the level of work with the individual child, participation also covers the right to be informed and to express a view in decisions that affect them. As with findings from previous research³⁸, the ability of adults to listen to children was identified by professionals, mothers and children we interviewed as an important component of participatory practice. One child, when asked about the characteristics of adults who they are likely to talk with reported:

She's kind ... she's doesn't go, like the old Year 6 teacher, like shouts at you and now ... we've just switched teachers and she's like calm, she listens to you, ... like how you're talking to me now, like us now, she does that to us. (Nicole)

Two mothers discussed the importance of their children being listened to:

I do think that children hitting a certain age do need to be able to talk to someone ... somebody has to listen to them, because otherwise they're gonna carry the weight of it on their shoulders for the rest of their lives. (Brea)

I have to listen to them as well – they are telling me they don't want to leave their old school. (Samhita)

Professionals were not directly asked about children's participation, but a question about 'what works well' elicited a number of examples of participative practices in service delivery. Engagement by specialist staff with children, to identify their needs, was considered to be crucial for effective working:

I think by having a special worker, a worker just working with children, it makes a huge difference because children have someone to talk to, someone to relate to, and they are seen like ... little persons ... they have, they are heard, their wishes, what they like, what they don't like, and they ... through that process they, I suppose they have a positive impact on children's lives, and, and if they need, if they need further services like child psychologists, therapists ... I mean all that is possible because of having someone dedicated to work with the children. (CSA3 Professional 3)

This particular professional also recognised children as people in their own right, with needs, wishes and views of their own. Another professional³⁹, reflected on children's competence in understanding people's conduct, gained through living with domestic violence: 'These kids are like mini psychologists really – they're so knowing, and experts in body behaviour and reading body behaviour and analysing behaviours.'

Professionals and mothers talked of taking the views of children into account in relation to a number of issues. In the use of interpreters for children with English as an additional language, one professional said:

In the end it's the child who tells me when she needs the interpreter and ... the children say 'I can do it, I know what she said'. They become extremely fluent very quickly but we still have an interpreter

37 Goldey and Duggal (2011)

38 Mullender et al (2002), Houghton (2008)

39 CSA1 Professional 1

there just in case but let the child decide when the interpreter should be used and whether or not she doesn't understand. (CSA1 Professional 1)

The same professional also referred to respecting the child's privacy in his/her relationship with the mother:

We also say to children when it's the review point "What would you like me to tell your mum about what you've been doing here? What do you want her to know?" So it actually puts control into the hands of the child because then that also makes them feel quite safe. (CSA1 Professional 1)

One organisation that works with young women and girls who are survivors of 'honour-based' violence and who might be subject to forced marriages, engages in participative processes with a view to enabling young women to make informed choices while acknowledging the complex and difficult situation they face:

With the young women and girls ... they would be our direct clients, not their parents, so we ... because often, the abuse is from the parents ... we would have a talk with them about their options ... Usually, we advise them to take action immediately, but they don't always do it ... They may be persuaded to do that, typically if they want to still live at home ... but often they just don't want to rock the boat, so not do anything ... It's a very difficult one, one that does require a lot of time and counselling and talking through their options. (CSA6 Professional 2)

As in earlier research⁴⁰, this study shows that children do want to be listened to and can be involved in decisions which affect them. However, no firm conclusions can be drawn about the commitment of services to ensure children's participation, or the extent or effectiveness of this where it exists. At a strategic level, children's views appear to be often overlooked and yet there are some examples of promising practice amongst frontline workers. Children have emerged onto the domestic violence agenda in their own right, as people able to articulate their own experiences and needs, and whose needs can neither be assumed nor subsumed within those of their mothers⁴¹. As a procedural right, participation is not an end in itself. Rather, it is essential in accessing other rights. This raises the question of how children can be protected or have their best interests met if they are unheard.

8.5 SUMMARY

The challenges facing services catering for the needs of children living with domestic violence in London in the current economic climate are painfully obvious to service users and providers. Providers are fearful that the 'Big Society' vision puts the voluntary sector in the position of taking on work that the Government is unable to do, at the same time that cuts in funding threaten their viability and capacity to deliver quality services. Children in England warn that the Government risks overseeing the biggest decline in the voluntary sector in decades⁴². There are real challenges ahead in sustaining a focus on the needs of children living with domestic violence when services that exist in London are *still* at the limited level of 'promising developments'. It is uncertain to what degree strategic guidance from central government will promote safe outcomes for children living with domestic violence.

⁴⁰ Mullender et al (2002), Houghton (2008)

⁴¹ Hester et al (2006)

⁴² Children in England (2011)

To date, the discussion of social impact has not addressed the crucial importance of demonstrating impact in terms of the safety and wellbeing of children. Commissioners and those involved in health and wellbeing boards will have a very important job locally as champions for children, ensuring that the focus on outcomes for children living with domestic violence is not lost.

The challenges for services are, however, wider than dealing with cuts, and the problems of a voluntary sector needing to do more for less and being squeezed in the middle. Statutory and voluntary sector services working with children living with domestic violence have an opportunity to build on the promising practice that exists in London as well as to fully involve children and young people in consultations about the design and delivery of services that are effective and really do make a difference to their wellbeing.

9. CONCLUSION AND KEY RECOMMENDATIONS

In this chapter we start by considering the answers that have emerged to the questions we set when we began our research (see section 2.3 of Chapter 2). Where appropriate, we have provided a combined response to a number of questions. We then set out our key recommendations in relation to the issues considered in this report.

9.1 ARE SERVICES MATCHED TO LOCAL NEEDS?

Most professionals and service users who took part in the research took the view that there were far too few services that specifically addressed the needs of children living with domestic violence in London. For many interviewees the focus was on meeting the needs of women living with domestic violence and there was very little discussion of the specific needs of children or joint work with women and children.

Q1. Has a local needs assessment been undertaken in relation to women and children living with domestic violence?

Response to Q1. There was some evidence of strategic assessment and planning to meet the needs of children living with domestic violence in London boroughs. The analysis of over 608 key planning and strategy documents found that 24 boroughs (72.7 per cent) had recorded the numbers of domestic violence incidents in their area, mostly using local police data, but in some areas other departments such as housing had also gathered information, for example regarding the number of domestic violence victims presenting as homeless. We were able to find evidence that 16 boroughs (48.5 per cent) had recorded in some form where domestic violence was present in children's lives, though in the majority of cases this information did not appear to be gathered as systematically as that for adults. Nine of those boroughs had recorded the numbers of children on the child protection register who were living with domestic violence.

The involvement of domestic violence survivors or their children in consultations was very limited overall, although AVA (formerly GLDVP) had set up extensive consultations with adult domestic violence survivors. The case study interviews found a few examples where commissioners had made a real effort to improve consultation with survivors and with children and young people, such as in case study area 5 as discussed in Chapter 5. There is scope to build on these examples and, in particular, to expand efforts to consult children and young people, perhaps using new technologies.

Q2. What sort of preventive and early intervention services exist, and what evidence is there of their impact?

Response to Q2. We were not able to obtain quantitative information on preventive and early intervention services across London, as mapping services using survey data proved to be very difficult. It is clear that earlier interventions for children living with domestic violence have been developing across London. Children's centres, universal statutory services, targeted family support and voluntary sector domestic

violence services have contributed greatly to these developments. The few women who had contact with these services gave mostly favourable feedback.

We found some evidence that the previous Government's emphasis on outreach and home visiting schemes to improve access to early intervention and family support for vulnerable families had reached out towards women and children living with domestic violence. While evaluation findings exist for some of these approaches, they rarely provide detailed results on how such approaches have specifically impacted on women and children living with domestic violence. The focus has mostly been on evaluating and monitoring responses to high-risk domestic violence cases going to MARACs. The monitoring of outcomes for families with lower levels of risk, who are the majority, has been limited.

ChildLine could also provide only limited evidence of monitoring and evaluating responses to children living with domestic violence, although they are in the process of evaluating their contact coding categories. The focus on outcomes and social impact in PROMs and in commissioning, presents new challenges and new possibilities for services, particularly for those who might see the need to provide evidence on impact as an additional burden when struggling to provide a community service on shoestring funding. There is scope to boost the capacity of services to provide evidence of impact, particularly services in the voluntary sector. However this will require time and a willingness to share and cooperatively build these evaluation resources at both the local and national level.

Our findings tell us little new about work to prevent domestic violence and largely replicates findings from earlier research. Primary prevention has clearly emerged on the policy agenda as an important approach to eradicating domestic violence. Putting it into practice, however, continues to prove difficult. Work with children and young people is mostly focused in schools, and to a lesser extent other educational settings. Almost all local authorities (n=29) had planned or carried out some form of public awareness or campaigning activity, with 39 per cent (n=13) documenting domestic violence campaigns with young people.

While prevention is appealing it is difficult to garner political will and action around it; it is easier to galvanise action in response to a crisis. This is especially so when resources are scarce, even though an economic argument is often made for prevention¹. However, the findings show that even in times of relative wealth, schools work was not implemented widely.

Q3. What services are provided once children's needs for protection or family support have been identified?

Q4. Are services responsive to the needs of domestic violence victims in different circumstances and at different times?

Q5. How many services offer a range of interventions, differentiated according to the needs of particular children?

Response to Q3, Q4 and Q5. Although services for children living with domestic violence are limited, we found a few examples of services, and planning for services, to meet a spectrum of needs. A number of sources showed that gaps were greatest for the middle level of need, where children do not meet thresholds of risk of harm or high-level risk on CAADA DASH, nor do they qualify for available targeted family support.

¹ Hogan and Murphey (2000), Allen (2011)

The research identified a range of different multi-agency approaches to assess, triage and route cases towards appropriate support developing in London. However, services were sometimes not available, or not available in a timely fashion, once children's needs were assessed. Outcome evaluations of these approaches would provide useful information on whether or not the investment of time and resources in these triage systems is worthwhile.

There does seem to be a move to acknowledge that broader responses are needed to take us beyond providing services for women and children only on an exit basis, after separation from the perpetrator. Professionals interviewed agreed that too little attention had been given towards meeting the needs of children and young people while they and their mothers are still living with the abuse perpetrator. Indeed, we found some evidence of the view that it was not possible to provide support unless the children and mother had separated from the perpetrator and were safe. While laudable efforts have been made to provide guidance on safety planning, it is clear that the support children need when living with the perpetrator and witnessing abuse to their mother is about more than simply advising the child on how to keep out of the way. Children and young people may need help and support to build resilience, access to social support, independent advocacy and monitoring as well as a confidential space to discuss concerns. Our interviews showed that some professionals are working regularly with children and young people who are still living with the perpetrator because the mother is unable to break free, or because there are no support services available as the mother has no recourse to public funds or has complex needs (e.g. including substance misuse or mental health difficulties) that can not be met in a typical refuge or outreach programme. There is still a lot of work to be done around the safety and wellbeing of children post-separation, not only in terms of safe contact and the right of children to have their own say about this, but also regarding children's needs for access to schooling, healthcare, play, friendship networks, and emotional and therapeutic support.

9.2 PROMISING PRACTICE

Q6. What constitutes good practice?

Response to Q6. We found many services were highly motivated to try to demonstrate and learn about good practice. There is a lack of robust research on effective interventions in relation to domestic violence and children, although this is growing rapidly. We found out more about the conditions that seem to foster a willingness to demonstrate best practice than about evidence-based approaches that successfully produce better outcomes for children. Willingness to work together cooperatively, to learn, critically reflect and review, similar to Munro's 'double loop learning' approach² were important, as was having a clear sense of purpose, organisational commitment, and dedication of resources to learning, innovation and research. Getting beyond the negativity of learning from poor practice in child protection, when things go wrong, would help to create a more open and reflective learning environment. There seems to be considerable scope for more progress to be made on what constitutes good practice from the point of view of children and young people.

Q7. How many of the services have been evaluated? Do we know what works? How do we know?

Response to Q7. Our survey findings showed that 36.5 per cent (n=70) of services had undertaken some form of service evaluation. Of these, 59 per cent (n=41) included user satisfaction in the evaluation, 41

² Munro (2010)

per cent (n=29) had consulted parents, 30 per cent (n=21) had consulted children and 39 per cent (n=27) had used measures of outcome. At the present time it is difficult to comment on 'what works.'

9.3 EQUAL ACCESS TO HELP

Q8. To what extent are 'hard to reach', BAMER or excluded children and young people able to access specialist domestic violence services?

Q9. To what extent are 'hard to reach', BAMER or excluded children and young people able to make use of initiatives such as Sure Start, Connexions or extended schools?

Q10. How do children of mothers without recourse to public funds access services? What level of service is offered to them, and who pays?

Response to Q8, Q9 and Q10. There are age-related discriminatory practices that exclude boys who have lived with domestic violence from joining their mothers in refuge accommodation. There is confusion among professionals about the age limits that operate in London for the accommodation of boys in refuge services, some thinking it affects boys as young as 10, others thinking there is a more flexible approach to boys up to the age of 16. It is difficult to find research that has explored the specific problems of access to safe accommodation for abused women and their older teenage sons. It is crucial that we find solutions to ensure safe accommodation is always available to abused women with sons up to and over 16 years.

At the start of this research our questions on equal access focused on children living in BAMER families, including those whose mothers had no recourse to public funds. We soon realised that we also needed to consider the needs of children with disabilities or who had mothers with disabilities, as well as children living in families with complex and multiple needs, such as mental health, learning difficulties or drug and alcohol misuse problems, in addition to the domestic violence.

Overall, our findings show a need for improved accessibility to advice, information and service provision for disabled women and children living with domestic violence, better advocacy of their needs, and appropriate training for professionals working in frontline services. We feel much could be gained from collaborative working between specialist domestic violence services, child protection services and disability organisations to map local need, share learning and information about resources, and plan improvements.

Professionals felt that Think Family approaches were starting to improve the way in which adult and child-focused services worked together to respond to children living with parents who have mental health or learning difficulties, or drug and alcohol problems in addition to domestic violence, but more needed to be done. The Stella Project has provided extensive training and other resources for a range of professionals on drug and alcohol issues and domestic violence. AVA (formerly GLDVP) has produced guidance on mental health for professionals working in London. The reach of specialist projects such as FIPs and FNPs was too limited at the time of doing this research to draw any conclusions on their impact on children.

BAMER families represent over 40 per cent of the cases discussed in London's MARACs. While specialist services for BAMER women and children still exist in London, we were unable to gather adequate quantitative evidence to draw any conclusions about the extent to which these are adequate to meet the needs of children. The research commissioned by the Mayor of London will hopefully provide this vital information. Our interviewees painted a bleak picture of rapidly declining resources in the context of increasing demand. For example, poor access to interpreters and translation services was an issue repeatedly raised. Specialist and outreach services for ethnic minority women play an important role in helping them and their children gain access to universal and targeted services.

We had positive feedback about the Sojourner Project and provisions made for women experiencing domestic violence who gained entry to the UK on a spousal visa. However there was a consensus among interviewees about the difficulty in providing support for women and children who have no recourse to public funds and are not covered by the spousal visa provisions made by the Sojourner Project, or to those who do not qualify for care support under the National Assistance Act 1948. Women in this position are most likely to have to remain living with the perpetrator or be deported back to their home country. In very few instances, they may obtain short-term temporary accommodation, but often many miles away from where they are currently living.

9.4 USE OF RISK ASSESSMENT

Q11. How do risk assessments for abused women work in practice? To what extent are they linked to borough-wide processes for safeguarding vulnerable children, young people and adults?

Q12. Has domestic violence risk assessment improved the protection of children?

Response to Q11 and Q12. Findings from our documentary analysis, survey and FoI requests on domestic violence risk assessment in London present a rather mixed picture. We were not able to find consistent evidence of risk assessment in health, although 48.5 per cent of local authorities had some risk assessment process in operation. Within our case study areas, findings show that considerable effort has been put into risk assessment, rolling out the CAADA DASH, and in one case study area, there have been attempts to join up the approach to risk for adults with the more specific child-focused approach promoted in the Barnardo's matrix. While CAADA DASH seemed to be relatively easily understood and used in practice, a number of interviewees found the Barnardo's matrix complicated to use.

Professionals interviewed who had involvement in risk assessment and in the MARAC processes mostly found this worthwhile, although there were concerns about the timing, relevance of some of the discussions and number of cases that were taken. Evaluation research exists on the impact of MARACs and IDVA support for women who are in the high-risk domestic violence category, but there is a lack of information on whether all the efforts put into risk assessment have had an impact on the safety of children, especially if cases involving children which come to MARACs are already known to child protection services.

Risk assessment is not an absolute predictor of likely harm, since high-risk cases can be missed, and children who are assessed as being in the lower risk categories should not be allowed to fall into a black

hole of inaction³. Good assessment of risk and the complex circumstances in which children live requires knowledge, skills, experience and good supervision, as well as evidence obtained direct from the child.

9.5 SPECIALIST DOMESTIC VIOLENCE SERVICES

Q13. What is the involvement of the specialist domestic violence sector in service provision?

Response to Q13. It was clear from the research interviews that in the case study areas, specialist domestic violence services, refuge services, community-based domestic violence support services and voluntary sector projects (working with perpetrators as well as with women and children), have been major forces in innovation; promoting best practice and facilitating effective working together. Services for children in specialist projects such as refuges have decreased as children's workers disappear, partly because of the lack of sustainable funding streams and partly because of local authority decisions that services can be outsourced from children's centres.

There is an expectation that specialist services will continue to innovate and diversify, and will be willing to 'scale up' service provision. Threats to the viability of some of these services could gravely undermine the Government's ability to progress towards its vision of a 'Big Society'. Skeletal services will find it difficult to do more for less and show they are doing good work if the capacity to deliver a quality service is stretched too far. The VAWG action plan promises continued funding for national domestic violence helplines, MARACs, IDVAs and ISVAs but it has little to say about the specific needs of children living with domestic violence. There is scope at the local planning and development level to draw on the early intervention and prevention programmes to develop and hopefully sustain services for children living with domestic violence.

9.6 WORKING WITH PERPETRATORS

Q14. Is there an appropriate and effective response to the perpetrator of domestic violence? To what degree is the perpetrator either absent or invisible to service providers?

Response to Q14. Outside the work done with high-risk cases in probation and in voluntary sector Respect-accredited projects, there was only limited evidence of direct work with perpetrators to stop the violence. IDAP (probation) programmes touch only a minority of domestic violence cases because most perpetrators are not convicted and referred to an IDAP. Access to (and funding for) voluntary perpetrator programmes varies across London. Some men had to travel extensively to attend programmes, with some local authorities providing funding for men referred by social workers and others providing little or no funding.

Many have proposed that child protection services should work with fathers who are domestic violence perpetrators, and there are some steps being taken to improve the situation. However the challenge now is to ensure that engaging with the father does not override safety issues. This needs to be thought through carefully so that fathers are involved in a safe way and women are not pressurised into giving contact details for ex-partners in circumstances where they feel this could put them at risk.

³ Munro (2011a, 2011b)

The lack of regard to children's safety in post-separation contact with violent fathers will not change and is likely to get worse if proposals to make mediation compulsory are brought into force. We will give the last word on this subject to two of the children we interviewed:

Arthit: 'if I was ruler of the world and I would just tell them to ask the police to help them, ask the police to help them, then they'll take you to a refuge, but I'd invite I'd have ... if I was the president I'd have like Barack Obama he lives in the White House, I'd have a meeting in there and like no dads allowed because it's only for women to go to a refuge or something'.

Lauren: 'When they're getting divorced and his mum could go to them and say 'I'm not leaving with you with the kids any more, I'm not leaving you with the kids any more. I'm going to never leave the kids with you any more'.

9.7 SUMMARY OF FINDINGS

While overall conclusions cannot be made about the situation for children living with domestic violence in each of London's 33 boroughs, the findings do provide an overview of London as a whole, with more detailed evidence regarding the situation emerging from our case study areas.

We highlight **three main findings** overall:

1. There are **significant gaps in services** addressing the needs of children and young people living with domestic violence in London.
2. Some of the most vulnerable children and young people are the least likely to be able to access help when they need it. There should be a stronger emphasis on **equality of access** to help for children and young people, regardless of their ethnicity, age, gender, disability or parental immigration status.
3. Children are rarely given opportunities **to express their own views**, and some professionals are reluctant to talk directly with children and young people and to involve them in decisions that affect them.

9.8 KEY RECOMMENDATIONS

9.8.1 Children's participation

Listening to children:

Children valued having family and professionals to talk to about the domestic violence in their lives.

- Children living with domestic violence need to have access to safe and confidential advice and support.
- Professionals working with children and their families should ensure that children have the opportunity to be seen and heard separately from their parents.
- The police should have clearer responsibilities and guidance on talking directly and separately with children when attending domestic violence incidents.

Consulting children about services:

- As commissioning guidance in future aims to encourage payment by results, children's views on 'what works' should be considered.
- Commissioning guidance should be developed which suggests how children who have lived in families affected by domestic violence could be involved in commissioning services locally to meet the whole continuum of children's needs.

9.8.2 Gaps and shortages

Continuing and building on current practice:

- Voluntary sector specialist domestic violence and BAMER programmes provide core services for mothers and their children who experience domestic violence, while continuing to look for innovative and cost effective ways to provide more services.
- Services and commissioners should ensure the continued existence of good and promising practice, but further research is needed to evidence the benefits of some of these services⁴.

Help for children and young people:

- A specific resource of practice learning materials on working with children living with domestic violence should be developed and promoted widely.
- Work with children needs to develop beyond the focus on safety planning. Children need support to cope and develop strategies for resilience. Children's charities and domestic violence voluntary sector organisations should work more closely together at the national and community level to share the practice they have built up in these areas. There is especially a need for collaboration to develop methods of working to build resilience and safety for children and young people where the domestic violence is continuing and the parents are living together.
- Ensuring sufficient and varied opportunities are available for children to talk to skilled adults in confidence about the domestic violence in their lives is a priority today and in the future.
- Where a pre-schooler's development has been disrupted by living with domestic violence, there should be priority access to appropriate services to redress the balance and enable them to overcome this harm.

Education:

- Children who have to leave home because of domestic violence are often further disadvantaged by not being able to attend school. Disruptions to education can impact on learning and a child's capacity to manage the curriculum at a level commensurate with peers.
- Children who have to move because of domestic violence should have priority and a fast track process into a new school.
- Targeted learning support in school should be available for children whose academic potential has been harmed by living with domestic violence.

⁴ See further research recommendations for more details

Contact:

- There needs to be better joined up thinking and multi-agency work to address the abuse and fear, and to prevent stalking and harassment of children and their mothers, which often accompanies unsafe child contact.
- Safety should be a priority and unsafe contact should not be allowed to happen. Children should have the right to say 'no' to contact.
- Children should have the same rights as their mothers to be protected from post-separation harassment and stalking by violent fathers.
- The proposed family justice system online guidance for separating parents needs to address domestic violence issues and provide resources to offer more support for mothers in ensuring their children have safe contact, if contact is what the children want. Although we do not universally advocate informal contact arrangements, we appreciate that such arrangements do and will continue to occur since there is a shortage of supervised contact services and options for safe contact. Therefore, advice for parents separating from violent partners on making decisions about informal contact arrangements is essential. This should include comprehensive safety planning and give information on useful resources and agencies that can provide further help.

Working together:

- Professionals from all areas discussed working together with other professionals, indicating that while progress has been made, there were still areas that needed to be improved upon, particularly when discussing how and what information is shared.
- There is a need for improved awareness and or working together, and sharing of information by professionals in all fields including, but not limited to, health and mental health, substance misuse, child protection, disability and criminal justice. In particular, GPs were singled out as key professionals to target.
- There is a need for improved and consistent data collection and collation, and the sharing of information on domestic violence and children. This data could be more effectively used for service planning within local authorities and between local authorities.
- Professionals need clearer advice and guidance on what information to share, when to share it and how to work with abused parents to ensure that sharing information does not further compromise their or their children's safety.

Risk assessment and management:

- There is a need for further development of user-friendly, evidence-based, child-specific methods of assessing risk that overlap with the risk assessment of the mother and to develop evidence-based good practice for this work.

Supporting the relationship between parents and children:

- There should be a concerted drive to provide support to children and the parent who is the victim of domestic violence, in a range of settings appropriate to need.
- There should be a focus on the importance of joint and parallel work for women and children and the provision of a range of services to sensitively address and overcome the harm domestic violence has caused to the mother-child relationship, which is often underestimated.

- There should be a focus on developing social work training and practice on working with perpetrators, particularly perpetrators as parents, while ensuring children are protected.

Empowerment and non-stigmatising support:

- Professional practice materials should be developed for all professionals on ‘empowerment’ and ‘non-stigmatising’ approaches to working with and supporting victims of domestic violence.
- In this regard, professionals need support from designated child protection leads or other community-based services and national child protection help lines.
- Mothers and children need better information on how child protection can be a source of support, help and advice.

Housing and safe accommodation:

- Access to safe accommodation across London was found to be particularly difficult. The scarcity of public housing in the capital is forcing more abused women and children into the private rented sector. There are fears that the combination of the recent cap on housing benefit and the proposed introduction of Universal Credit could force abused women and children on to the streets and that it could jeopardise the continuance of accommodation-based services.
- A radical rethink of the Universal Credit proposal and a retraction of the cap on housing benefit is urgently needed.
- Where public housing is available, there should be more cross-borough mutual agreements to help abused women and children access safe accommodation quickly.
- The combination of safe community based accommodation and domestic violence outreach support should be available in all areas for abused women with teenage sons. Creative partnerships between refuge providers, housing associations and local authorities will ensure that escaping domestic violence is possible for all family members, regardless of age or gender

Prevention:

- Preventive work for children and young people on domestic violence is a priority in the current government’s plans.
- Local authorities and second tier volunteer organisations should support the development and delivery of primary prevention in schools and other educational settings.
- Central Government and local authorities should support the development of public campaigns and targeted campaigns to ensure reach across all social and ethnic groups.

Positive perceptions:

- There needs to be a shift in thinking about domestic violence and its impact on children – we need to move away from a fatalistic perception of these children as inevitably damaged individuals who will grow into perpetrators or victims of domestic violence or become criminals or substance misusers. While it is important to respond to signs of distress and to offer support, we must begin to understand children’s responses to the violence as normal and adaptive, however disturbing those responses may be, and to work with the children so they can start to make safe and healthy choices for their own lives.

Guidance:

- Guidance on JSNA should be created as part of the action plan to end violence against women and girls. The guidance should include information on what is known about how effective services can meet the needs of children and young people affected by domestic violence. It should also encourage local authorities to consult with young people who have lived in families affected by domestic violence and to build the capacity of young people to be champions and participate in local service developments. An updated version of the Local Government Association's 'Vision for services' guidance would be helpful.

9.8.3 Equal access and non-discriminatory treatment:

Disability:

- There needs to be more work to raise awareness within domestic violence specialist organisations about how to work with and protect disabled victims and their children.
- There needs to be more work to raise awareness within disability organisations about domestic violence.

BAMER:

- All victims of domestic violence with no recourse to public funds should be eligible for the Sojourner Project and to fast track an application for ILR regardless of marital/relationship status.

English as a second language:

- Mothers and their children whose first language is not English need to be able to access information in a comprehensible format.
- Mothers and children whose first language is not English should have ready access to interpreters when seeking help from services.

9.8.4 Additional research and evaluation

- Further research needs to be undertaken on the impact of s120 (Adoption and Children Act) on the rate of referrals, pathways to services and support and outcomes for children living with domestic violence whose families have contact with the police.
- Research is needed on the increase in registrations for emotional abuse that occurred after 2005 when s120 of the Adoption and Children Act came into force. Is this increase 'net widening' or evidence of changing practice in child protection that has brought better, safer outcomes for children living with domestic violence?
- There should be an evaluation of the effectiveness of adult domestic violence risk assessment tools with regard to the safety of associated children.
- We recommend research and evaluation on the evidence base, outcomes, costs and benefits of many of the promising practices highlighted in this report.

- Further research on triage systems and on differentiated response is needed to move knowledge and practice forward.
- Further research into the effectiveness of school-based primary prevention programmes is needed.
- We are aware that the experiences and needs of some particularly vulnerable groups of children are not addressed within our research, including: looked after children, unaccompanied asylum seeking children and young carers who also live, or have lived with domestic violence. We recommend further targeted work to explore the specific needs of these populations.

10. REFERENCES

- Ackerman, L., Feeny, T., Hart, J. and Newman, J. (2003) *Understanding and evaluating children's participation*, London: Plan UK/Plan International.
- ACPO (2004) *Guidance on investigating domestic violence*, NCPE.
- ACPO (2008) *Guidance on investigating domestic abuse*, London: NPIA.
- ACPO (2009) *Tackling perpetrators of violence against women and girls: ACPO review for the Home Secretary*, available at: <http://www.acpo.police.uk/documents/crime/2009/200909CRIVAW01.pdf> Accessed June 2011.
- Action for Children (2011) *Intensive family support: the evidence*, Action for Children, available at: http://www.actionforchildren.org.uk/media/142647/intensive_family_support_report_2011.pdf Accessed June 2011.
- Alaggia, R., Jenney, A., Mazzuca, J., and Redmund, M. (2007) 'In whose best interest? A Canadian study of the impact of child welfare policies on cases of domestic violence', *Brief Treatment and Crisis Intervention* 7:4 Nov, 275–290.
- Alexander, H., Macdonald, E. and Paton, S. (2005) 'Raising the issue of domestic abuse in school', *Children and Society*, 19(3), 187–198.
- Allen, G. (2011) *Early intervention: the next steps*, available at: <http://www.dwp.gov.uk/docs/early-intervention-next-steps.pdf> Accessed June 2011.
- Amnesty International and Southall Black Sisters (2008) *No recourse, no safety: the government's failure to protect women from violence*, London. Available at: http://www.refuge.org.uk/cms_content_refuge/attachments/0803-No%20Recourse-No%20Safety.pdf Accessed September 2011.
- Asmussen, K. (2011) *An evidence-based parenting practitioner's handbook*, London: Routledge.
- Audit Commission (2005) *The devil's in the detail*, London: Audit Commission.
- Audit Commission (2008) *Are we there yet? Improving governance and resource management in children's trusts*, London: Audit Commission.
- Audit Commission (2010) *Giving children a healthy start: health report*, London: Audit Commission.
- Bair-Merritt, M., Blackstone, M. and Feudtner, C. (2006) 'Physical health outcomes of childhood exposure to intimate partner violence: a systematic review', *Pediatrics*, 117 (2), 278–290.
- Ball, M. and Niven, L. (2007) *National evaluation report: Sure Start local programmes and domestic abuse*, NESS Report NESS/2007/FR/025, available at: <https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR073.pdf> Accessed July 2011.
- Barter, C., McCarry, M., Berridge, D. and Evans, K. (2009) *Partner exploitation and violence in teenage intimate relationships*, London: NSPCC. Available at: http://www.nspcc.org.uk/Inform/research/findings/partner_exploitation_and_violence_report_wdf70129.pdf Accessed June 2011.
- Bentovim, A., Cox, A., Bingley Miller, L. and Pizzey, S. (2009) *Safeguarding children living with trauma and family violence: evidence based assessment, analysis and planning for interventions*, London: Jessica Kingsley.
- Beundermann, J., Hannon, C., and Bradwell, P. (2007) *Seen and heard: reclaiming the public realm with children and young people*, Demos/Play England.
- Bloch, A., Sigona, N., and Zetter, R. (2009) *No Right to Dream: The social and economic lives of young undocumented migrants in Britain*, London: Paul Hamlyn Foundation. Available at: <http://www.staff.city.ac.uk/yum/documents/Young%20Undocumented%20Migrants%20report.pdf> Accessed July 2011.
- Bowlby, J. (1988) *A secure base: clinical applications of attachment theory*, London: Routledge, publ. 2005.

- Boyd, C. (2001) 'Boys and domestic violence: the implications of theories of intergenerational transmission of violence for boys who live with domestic violence', *Developing practice: the child youth and family work journal*, No. 1, 43–50.
- Boyden, J. and Ennew, J. (1997) *Children in focus – a manual for participatory research with children*, Stockholm: RaddaBarnen.
- Brandon, M., Bailey, S. and Belderson, P. (2010) *Building on the learning from serious case reviews: A two-year analysis of child protection database notifications 2007–2009*, London: DfE. Available at: <https://www.education.gov.uk/publications/standard/publicationdetail/page1/DFE-RR040> Accessed June 2011.
- Breckenridge, J. and Ralfs, C. (2006) 'Point of contact: front line workers responding to children living with domestic violence', in Humphreys, C. and Stanley, N. (2006) (eds.) *Domestic violence and child protection: directions for good practice*. London: Jessica Kingsley Publishers.
- British Psychological Society (BPS) (2011) *BPS Response to the American Psychiatric Association: DSM-5 Development*. Available at: BPS Response to the American Psychiatric Association: DSM-5 Development. Available at: http://apps.bps.org.uk/_publicationfiles/consultation-responses/DSM-5%202011%20-%20BPS%20response.pdf
- Brookes, M., Lanley, T. and Paterson, K. (2010) *Scaling up for the Big Society*, London: New Philanthropy Capital. Available at: http://www.philanthropycapital.org/publications/improving_the_sector/improving_charities/Scaling_up.aspx or <http://www.camdencen.org.uk/Resources/Big%20Society/scaling%20up%20the%20BS-NPC.pdf> Accessed June 2011.
- Brunner, R. (2010) *A baseline study of domestic abuse prevention activities in seven local authorities in Scotland*, Glasgow: University of Strathclyde.
- Burman, M. and Cartmel, F. (2005) *Young people's attitudes towards gendered violence*, Edinburgh: NHS Scotland.
- Burton, S., Kitzinger, J. with Kelly, L. and Regan, L. (1998) *Young people's attitudes towards violence, sex and relationships: a survey and focus group study*, Edinburgh: Zero Tolerance Charitable Trust.
- CAADA (2009) *CAADA Domestic abuse, stalking and 'honour'-based violence (DASH) risk identification checklist*. Available at: http://www.caada.org.uk/practitioner_resources/riskresources.htm Accessed June 2011.
- CAADA (2010) *Saving lives, saving money: MARACs and high risk domestic abuse*. Available at: http://www.caada.org.uk/research/Saving_lives_saving_money_FINAL_VERSION.pdf Accessed June 2011.
- Cabinet Office (2007) *Think family: improving the life chances of families at risk*, London: The Stationery Office. Available at: http://www.aft.org.uk/home/documents/think_family_life_chances_report.pdf Accessed June 2011.
- Calder, M. (2009) *Evaluation of Barnardo's domestic violence model in London*. Available online: http://www.londonscb.gov.uk/domestic_violence/ Accessed June 2011.
- Campbell, J., Socken, K., McFarlane, J., and Parker, B. (1998) 'Risk factors for femicide among pregnant and non pregnant battered women', in Campbell, J. (ed.) *Empowering survivors of abuse: health care for battered women and their children*, London: Sage, 90–97.
- Chaplin, R. Flatley, J. and Smith, K (2011) *Crime in England and Wales 2010–11*, London: Home Office.
- Children's Commissioner (2010) *Submission to the Munro Review on Child Protection*. London: Office for the Children's Commissioner. Available at: http://www.childrenscommissioner.gov.uk/content/publications/content_421. Accessed November 2011.
- Children in England (2011) *Counting the cuts: the impact of public sector spending cuts on children's charities*, London: Children in England. Available at: <http://www.childrenengland.org.uk/upload/CountingTheCutsFinalforPDF.pdf> Accessed June 2011.

- Coy, M., Kelly, L. and Foord, J. (2009) *Map of gaps 2: the postcode lottery of violence against women support services in Britain*, London: End Violence Against Women. Available at: http://www.endviolenceagainstwomen.org.uk/data/files/map_of_gaps2.pdf Accessed June 2011.
- Coy, M. and Kelly, L. (2011) *Islands in the stream: an evaluation of four London independent domestic violence advocacy schemes*, Henry Smith Charity /London Metropolitan University /The London Trust. Available at: <http://www.henrysmithcharity.org.uk/documents/IslandsintheStreamexecutivesummary2011.pdf> Accessed June 2011.
- Coy, M., Thiara, R., Kelly, L. & Phillips, R. (2011) *Into the Foreground: an evaluation of the Jacana Parenting Programme*. Child and Woman Abuse Studies Unit: London Metropolitan University.
- Cuevas, C.A., Finkelhor, D., Turner, H. A. and Ormrod, R.K. (2007) 'Juvenile delinquency and victimization: a theoretical typology', *Journal of Interpersonal Violence* 22(12), 1,581–1,602. Available at: <http://www.unh.edu/ccrc/pdf/CV166.pdf> Accessed June 2011.
- Debonnaire, T. & Sharpen, J. (2008) *Domestic violence prevention work: guidelines for minimum standards*. GLDVP. Available at: <http://www.avaproject.org.uk/media/15630/prevention%20work%20guidelines.doc> Accessed November 2011.
- DCSF (2007a) *The children's plan: building brighter futures*, London: DCSF. Available at: https://www.education.gov.uk/publications/eOrderingDownload/The_Childrens_Plan.pdf Accessed June 2011.
- DCSF (2007b) *Children's trusts: statutory guidance on inter agency cooperation to improve the wellbeing of children, young people and their families*, London: DCSF. Available at: <http://www.commissioningsupport.org.uk/idoc.ashx?docid=f3bdc058-f1d8-4766-810d-2c62c985e476&version=-1> Accessed June 2011.
- DCSF (2008) *Staying safe action plan*, London: DCSF. Available at: <https://www.education.gov.uk/publications/eOrderingDownload/DCSF-00151-2008.pdf> Accessed June 2011.
- DCSF (2009) *Think family tool kit: improving support for families at risk –strategic overview*, London: DCSF. Available at: <https://www.education.gov.uk/publications/eOrderingDownload/Think-Family.pdf> Accessed June 2011.
- DCSF (2010a) *Working together to safeguard children*, 3rd Edn., London: DCSF. Available at: https://www.education.gov.uk/publications/eOrderingDownload/WT2006%20Working_together.pdf Accessed June 2011.
- DCSF (2010b) *Think family pathfinders research programme*, London : DCSF. Available at: <https://www.education.gov.uk/publications/eOrderingDownload/00140-2010BKT-EN.pdf> Accessed June 2011.
- DCSF (2010c) *Parenting and family support guidance for local authorities*, London: DCSF. Available at: <https://www.education.gov.uk/publications/eOrderingDownload/DCSF-00264-2010.PDF> Accessed June 2011.
- DCSF (2010d) *Safeguarding children and safer recruitment in education*, London: DCSF. Available at: <http://www.education.gov.uk/consultations/downloadableDocs/Safeguarding%20Children%20Guidance.pdf> Accessed June 2011.
- DCSF (2010e) *Violence against women and girls (VAWG) advisory group final report and recommendations*, London: DCSF. Available at: <https://www.education.gov.uk/publications/eOrderingDownload/DCSF-00281-2010.pdf> Accessed June 2011.
- DCSF & Communities and Local Government (CaLG) (2008) *Information sharing: guidance for practitioners and managers*, London. Available at: <https://www.education.gov.uk/publications/eOrderingDownload/00807-2008BKT-EN-March09.pdf> Accessed June 2011.
- Department for Communities and Local Government (2011) *Best value: new draft statutory guidance consultation*. Available at: <http://www.communities.gov.uk/documents/localgovernment/pdf/1885419.pdf>

DfE (2010) *Children in need in England including their characteristics and further information on children who were the subject of a child protection plan 2009–2010*. Statistical Release available at: www.education.gov.uk/rsgateway/DB/STR/d000970/index.shtml Accessed June 2011.

DfE (2011) *Edge of care cost model*. Available at: http://www.c4eo.org.uk/costeffectiveness/files/edge_of_care_evidence_pack.pdf Accessed June 2011.

Department for Education and Skills (2003) *Every Child Matters: Presented to Parliament by the Chief Secretary to the Treasury by Command of Her Majesty, September 2003*, Cm 5860, London: Stationery Office. Available at: <https://www.education.gov.uk/publications/eOrderingDownload/CM5860.pdf> Accessed June 2011.

DfES (2004a) *Every child matters: change for children programme*, London: DfES. Available at: <https://www.education.gov.uk/publications/eOrderingDownload/DfES10812004.pdf> Accessed June 2011.

DfES (2004b) *Safeguarding children in education*, London: DfES. Available at: <https://www.education.gov.uk/publications/eOrderingDownload/DfES-0027-2004.pdf> Accessed June 2011.

DfES (2006) *Working together to safeguard children*, 2nd Edn., London: DfES. Available at: https://www.education.gov.uk/publications/eOrderingDownload/WT2006%20Working_together.pdf Accessed June 2011.

Dixon, T., Schneider, V., Lloyd, L., Reeves, A., White, C., Tomaszewski, W., Green, R., Ireland, E., (2011) *Monitoring and evaluation of family interventions (information on families supported to March 2010)*, London: Department for Education. Available at: <https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR044.pdf> Accessed June 2011.

Douglas, H. and Walsh, T. (2010) 'Mothers, domestic violence and child protection, *Violence Against Women*, May 2010 vol.16 no.5, 489–508.

DVIP (Domestic Violence Intervention Project) (2011) *Working with perpetrators of domestic violence: reducing risks and saving money*, London: DVIP. Available at: <http://www.dvip.org/assets/files/downloads/working%20with%20perpetrators%20leaflet.pdf> Accessed Oct 2011.

Edwards, S. (1989) *Policing domestic violence*, London: Sage.

Ellis, J. (2004) *Preventing violence against women and girls. A study of educational programmes for children and young people*, London: WOMANKIND Worldwide.

Ellis, J. (2008) 'Primary prevention of domestic abuse through education', in Humphreys, C., Houghton, C. and Ellis, J. *Literature review: better outcomes for children and young people affected by domestic abuse – directions for good practice*, Edinburgh: Scottish Government.

European Union (2008) *EU guidelines on violence against women and girls and combating all forms of discrimination against them*. Available online at <http://www.consilium.europa.eu/uedocs/cmsUpload/16173cor.en08.pdf> accessed Nov 2011.

EVAW (2006) 'UK poll of 16–20 year olds', End Violence Against Women, November 2006, ICM. Available at: http://www.amnesty.org.uk/uploads/documents/doc_17400.pdf Accessed April 2007.

Evans, S., Davies, C., and DiLillo, D. (2008) 'Exposure to domestic violence: a meta-analysis of child and adolescent outcomes, *Aggression and Violent Behavior*, vol.13 iss.2 March–April 2008, 131–140.

Fawcett, B. (1996) 'Women, mental health and community care: an abusive combination', in Fawcett, B., Featherstone, B., Hearn, J. & Toft, C. (eds.) *Violence and gender relations: theories and interventions*. London: Sage Publications Ltd.

Feder, G., Davies, R., Baird, K., Dunne, D., Eldridge, S., Griffiths, C., Gregory, A., Howell, A., Johnson, M., Ramsay, J., Rutterford, C., Sharp, D. (2011) 'Identification and Referral to Improve Safety (IRIS) of women experiencing domestic violence with a primary care training and support programme: a cluster randomised controlled trial' *The Lancet* 13 October 2011 DOI: 10.1016/S0140-6736(11)61179-3.

- Fellas, O. and Wilkins, H. (2008) *Victims of domestic violence with no recourse to public funds*, London: NRPf. Available at: http://www.islington.gov.uk/DownloadableDocuments/HealthandSocialCare/Pdf/nrpf_victims_dv_nrpf.pdf Accessed June 2011.
- Fergusson, D., Boden, J., Horwood, L. (2006) 'Examining the intergenerational transmission of violence in a New Zealand birth cohort', *Child Abuse and Neglect*, vol.30 no.2, 89–108.
- Finkelhor, D. (2008) *Childhood victimization*. Oxford: Oxford University Press.
- Flatley, J., Kershaw, C., Smith, K., Chaplin, R. and Moon, D. (eds.) (2010) *Crime in England and Wales 2009/10: findings from the British crime survey and police recorded crime*, 3rd Edn., London: Home Office. Available at: <http://www.homeoffice.gov.uk/publications/science-research-statistics/research-statistics/crime-research/hosb1210/hosb1210?view=Binary> Accessed June 2011.
- Fonagy, P., Target, M., Cottrell, D., Phillips, J. and Kurtz, Z. (2002) *What works for whom? A critical review of treatments for children and adolescents*, London: Guilford Press.
- Freer, M. (2010) *The Barnet example: delivering better public services at a lower cost*, London: Local Government Improvement and Development. Available at: <http://www.idea.gov.uk/idk/core/page.do?pageId=24347661> Accessed July 2011.
- Frost, N. & Parton, N. (2009) *Understanding Children's Social Care*. London: Sage Publications.
- Galvani, S. (2010) *Supporting families affected by substance use and domestic violence*. Available at: <http://www.avaproject.org.uk/media/39354/families,%20substance%20use%20and%20dv%20report.pdf> Accessed June 2011.
- Gayford, J.J. (1975) 'Wife battering: a preliminary survey of 100 cases', *British Medical Journal*, vol.1, 194–197.
- Glisson, C. and Hemmelgarn, A. (1998) 'The effects of organization climate and interorganizational coordination on the quality and outcomes of children's service systems', *Child Abuse and Neglect*, vol.22, 401–421.
- Goldey, N. and Duggal, A. (2011) *Commissioning services for women and children who experience violence or abuse: a guide for health commissioners*, London: Department of Health. Available at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_125938.pdf Accessed June 2011.
- Government Office for London (2007) *Domestic violence survey*, London. Available at: [http://www.gos.gov.uk/497417/docs/247610/Summary_Report_\(Final_-3\).doc](http://www.gos.gov.uk/497417/docs/247610/Summary_Report_(Final_-3).doc) Accessed June 2011.
- Greater London Assembly (2007) *London enriched: the Mayor's draft strategy for refugee integration in London, Reference document: supporting evidence for the strategy*. Available at: <http://legacy.london.gov.uk/mayor/equalities/immigration/docs/ref-int-strategy-reference.pdf> Accessed June 2011.
- Gregg, D. (2010) *FIPs: A classic case of policy based evidence*, Centre for Crime and Justice. Available at: http://www.crimeandjustice.org.uk/opus1786/Family_intervention_projects.pdf Accessed June 2011.
- Gupta, R. (ed.) (2003) *From homebreakers to jailbreakers: Southall Black Sisters*. London: Zed Books.
- Haggerty, R., Sherrod, L., Garmezzy, N. and Rutter, M. (eds.) (1996) *Stress, risk and resilience in children and adolescents*, Cambridge: Cambridge University Press.
- Hague, G.M., Thiara R. and Magowan P. (2008) *Making the links: disabled women and domestic violence*, Bristol: Women's Aid.
- Hallett, C. (1995) *Interagency coordination in child protection*, London: HMSO.
- Hamby, S., Finkelhor, D., Turner, H. and Ormrod, R. (2010) 'The overlap of witnessing partner violence with child maltreatment and other victimizations in a nationally representative sample of youth', *Child Abuse and Neglect*, vol.34, 734–741.
- Hansard (2011a) Michael Gove 27 April Column 201, available online: <http://www.publications.parliament.uk/pa/cm201011/cmhansrd/cm110427/debtext/110427-0002.htm#11042772001610>. Accessed November 2011.

- Hansard (2011b) Michael Gove 27 April Column 202, available online: <http://www.publications.parliament.uk/pa/cm201011/cmhansrd/cm110427/debtext/110427-0002.htm#11042772001610>. Accessed November 2011.
- Hansard (2011c) Hon. Steve Rotheram 2 March Column 352, available online: <http://www.publications.parliament.uk/pa/cm201011/cmhansrd/cm110302/debtext/110302-0002.htm#11030269001135>. Accessed November 2011.
- Hansard (2011d) Mr Andy Slaughter 27 April Column 204, available online: <http://www.publications.parliament.uk/pa/cm201011/cmhansrd/cm110427/debtext/110427-0002.htm#11042772001610>. Accessed November 2011.
- Harne, L. (2011) *Violent fathering and the risks to children: the need for change*, Bristol: Policy Press.
- Hart, R. (1992) *Children's participation: from tokenism to citizenship*, Florence: UNICEF.
- Harvey, S. and Rowlands, J. (2011) *Supporting the development of safe and effective responses within drug and alcohol agencies: findings from Stage 1 of the MARAC engagement project*, London: AVA. Available at: [http://www.avaproject.org.uk/our-projects/stella-project/marac-engagement-project-\(caada-partnership\).aspx](http://www.avaproject.org.uk/our-projects/stella-project/marac-engagement-project-(caada-partnership).aspx) Accessed June 2011.
- HM Government (2009a) *National domestic violence delivery plan: annual progress report 2008–2009*. London: HM Government. Available at: <http://webarchive.nationalarchives.gov.uk/+http://www.homeoffice.gov.uk/documents/dom-violence-delivery-plan-08-09?view=Binary> Accessed November 2011.
- HM Government (2009b) *Safeguarding indicators and statutory targets: consultation paper*, London: National Safeguarding Delivery Unit. Available at: <http://www.adcs.org.uk/download/consultation-responses/december-09/ADCS-response-NSDU-safeguarding-indicators-and-targets-consultation.doc> Accessed June 2011.
- HM Government (2009c) *Together we can end violence against women and girls: a strategy*. Available at: <http://webarchive.nationalarchives.gov.uk/20100419081706/http://homeoffice.gov.uk/documents/vawg-strategy-2009/end-violence-against-women2835.pdf?view=Binary> Accessed July 2011.
- HM Government (2010a) *Budget 2010*. London: HM Treasury. Available at: http://www.hm-treasury.gov.uk/junebudget_easyread.htm
- HM Government (2010b) *Call to end violence against women and girls*. London: Home Office. Available online <http://www.homeoffice.gov.uk/publications/crime/call-end-violence-women-girls/vawg-paper?view=Binary> accessed Nov 2011
- HM Government (2011a) *Call to end violence against women and girls: action plan*. Available at: <http://www.homeoffice.gov.uk/publications/crime/call-end-violence-women-girls/vawg-action-plan?view=Binary> Accessed June 2011.
- HM Government (2011b) *United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW): United Kingdom's seventh periodic report*. Available at: <http://www.homeoffice.gov.uk/publications/equalities/international-equality/7th-cedaw-report?view=Binary> Accessed July 2011.
- Hester, M. (2009) *Who does what to whom?* Bristol: University of Bristol/Northern Rock Foundation. Available at: <http://www.nr-foundation.org.uk/downloads/Who%20Does%20What%20to%20Whom.pdf> Accessed online July 2011.
- Hester, M., Pearson, C. and Harwin, N. (2006) *Making an impact: children and domestic violence: a reader*, 2nd Edn., London: Jessica Kingsley Publishers.
- Hester, M. and Westmarland, N. (2005) *Tackling domestic violence: effective interventions and approaches* (Home Office Research Study 290), London: Home Office.
- Hogan, C. and Murphey, D. (2000) *Toward an 'Economic of prevention': illustrations from Vermont's experience*. Available at: <http://76.12.61.196/publications/vermont.htm> Accessed June 2011.

- Holt, S., Buckley, H., Whelan, S. (2008) 'The impact of exposure to domestic violence on children and young people: a review of the literature', *Child Abuse and Neglect* (32), 792–810.
- Home Affairs Committee (2008) *Domestic violence, forced marriage and 'honour'-based violence: further Government response to the Committee's sixth report of Session 2007–08, HC 1165*, London: House of Commons. Available at: <http://www.publications.parliament.uk/pa/cm200708/cmselect/cmhaff/1165/1165.pdf> Accessed June 2011.
- Home Affairs Committee (2010) *Follow-up to the Committee's report on domestic violence, forced marriage and 'honour'-based violence, HC 429-I*, London: House of Commons. Available at: <http://www.publications.parliament.uk/pa/cm200910/cmselect/cmhaff/429/429i.pdf> Accessed May 2011.
- Home Office (2003) *Safety and justice: the Government's proposals on domestic violence*, London: Stationery Office.
- Home Office (2004) *Safety and justice: sharing personal information in the context of domestic violence – an overview*, London: Home Office.
- Home Office (2009) *What is domestic violence?* London: Home Office.
- Home Office (2011) *User guide to Home Office crime statistics*, London: Home Office. Available at: <http://www.homeoffice.gov.uk/publications/science-research-statistics/research-statistics/crime-research/user-guide-crime-statistics/user-guide-crime-statistics?view=Binary> Accessed October 2011.
- Hooper, C.A., Gorin, S., Cabral, C. and Dyson C. (2007) *Living with hardship 24/7: the diverse experiences of families in poverty in England*, The Frank Buttle Trust.
- Horwath, J., Hodgkiss, D., Kalyva, E. and Spyrou, S. (2011) *You respond: promoting effective project participation by young People who have experienced violence. A guide to good practice through training and development*. Available online: <http://www.cscy.group.shef.ac.uk/spotlight/You%20Respond%20Booklet.%20for%20downloading%20pdf.pdf> Accessed April 2011.
- Houghton, C. (2006) 'Listen louder: working with children and young people', in Humphreys, C. and Stanley, N. (eds.) *Domestic violence and child protection: directions for good practice*, London: Jessica Kingsley Publication.
- Houghton, C. (2008) *Making a difference: young people talk to Scottish Ministers about their priorities for Scotland's national domestic abuse delivery plan for children and young people*, Edinburgh: Scottish Government. Available at: <http://www.scotland.gov.uk/Resource/Doc/228207/0061829.pdf> Accessed December 2009.
- House of Commons (2008) Select Committee on Home Affairs, 6th report. Available at: <http://www.parliament.the-stationery-office.co.uk/pa/cm200708/cmselect/cmhaff/263/26314.htm> Accessed March 2011.
- House of Commons (2010) *Public Accounts Committee Minutes of Evidence: CAF/CASS' Response to Increased Demand for its Services*. Available online: <http://www.publications.parliament.uk/pa/cm201011/cmselect/cmpubacc/439/439.pdf> Accessed July 2011.
- Howarth, E., Stimpson, L., Barran, D. and Robinson, A. (2009) *Safety in numbers: a multi site evaluation of independent domestic violence advisor services*, London: Henry Smith Charity. Available at: <http://www.henrysmithcharity.org.uk/documents/SafetyinNumbersFullReportNov09.pdf> Accessed July 2011.
- Howe, D. (2005) *Child abuse and neglect: attachment, development and intervention*, London: Palgrave Macmillan.
- Humphreys, C. and Stanley, N. (2006) (eds.) *Domestic violence and child protection: directions for good practice*, London: Jessica Kingsley Publishers.
- Humphreys, C., Thiara, R.K., Regan, L., Lovett, J., Kennedy, L., and Gibson, A. (2005) *Prevention not prediction: an evaluation of the Metropolitan Police risk assessment model*, London: Association of Chief Police Officers.

- Humphreys, C., Thiara, R.K. and Skamballis, A. (2011) 'Readiness to change: mother-children relationship and domestic violence intervention', *British Journal of Social Work*, 41(1), 166–184.
- Hunt, J. and Macleod, A. (2008) *Outcomes of applications to court for contact orders after parental separation or divorce*, London: Ministry of Justice. Available at: <http://www.justice.gov.uk/publications/docs/outcomes-contact-orders-briefing-note.pdf> Accessed July 2011.
- Jaffe, P., Wolfe, D. and Wilson, S. (1990) *Children of battered women*, Newbury Park, CA: Sage.
- Jaffe, P., Johnston, J., Crooks, C. & Bala, N. (2008) 'Custody disputes involving allegations of domestic violence: towards a differentiated approach to parenting plans', *Family Court Review*, vol.46 (no. 3), 500–522.
- James-Hanman, D. (1999) 'Inter-agency work with children and young people', in Harwin, N., Hague, G. and Malos, E. (eds.) *The multi-agency approach to domestic violence. New opportunities, old challenges?* London: Whiting and Birch.
- Jones, A., Bretherton, J., Bowles, R. and Croucher, K. (2010) *The effectiveness of schemes to enable households at risk of domestic violence to stay in their own homes*, London: Department of Communities and Local Government.
- Kelly, L. and Dubois, L. (2008) *Combating violence against women: minimum standards for support services*, Strasbourg Cedex: Council of Europe.
- Kirby, P., Lanyon, C., Cronin, K. and Sinclair, R. (2003) *Building a culture of participation. Involving children and young people in policy, service planning, delivery and evaluation* (Research Report 0827/2003), London: DfES.
- Klett-Davies, M., Skallotis, E., Wollny, I. and Henrikson, C. (2009) *Mapping and analysis of parenting services in England: assessing needs and patterns of spending*, London: Family and Parenting Institute.
- Kropp, R.P., Hart, S.D., Webster, C.D. and Eaves, D. (1999) *Manual for the spousal assault risk assessment guide*, 3rd Edn., Toronto, ON, Canada: Multi-Health Systems.
- Laming, Lord (2003) *The Victoria Climbié Inquiry report*, London: DoH. Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008654 Accessed June 2011.
- Laming, Lord (2009) *The protection of children in England: a progress report*, London: DfE. Available at: <https://www.education.gov.uk/publications/eOrderingDownload/HC-330.pdf> Accessed June 2011.
- Lapierre, S. (2010) 'More responsibilities, less control: understanding the challenges and difficulties involved in mothering in the context of domestic violence', *British Journal of Social Work*, 40, 1434–1451.
- Lansdown, G. (2001) *Promoting children's participation in democratic decision-making*, Geneva: UNICEF. Available at: http://www.unicef.org/india/Promoting_Children_Participation_in_Democratic_Decision-Making.pdf Accessed July 2011.
- Lindsay, G., Strand, S., Cullen, M., Bond, S. and Culla, C. (2010) *Parenting early intervention programmes: 2nd interim report* (Research report DfE – RR047), London: DfE. Available at: <https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR047.pdf> Assessed June 2011.
- Local Government Association (2007) *Vision for services for children and young people affected by domestic violence: guidance for commissioners of children's services*, London: LGA Publications. Available at: <http://www.lga.gov.uk/lga/aio/1224298> Accessed July 2011.
- London Borough of Barnet (2010) *Safer families project*. London: London Borough of Barnet. Available at: <http://www.barnet.gov.uk/safer-families--spec-and-referral-form.pdf> Accessed June 2011.
- London Borough of Hammersmith and Fulham (2010) *Think family and the family intervention project progress report 2009–2010*. Available at: http://www.lbhf.gov.uk/Images/Think_Family_and_FIP_Progress_Report_2009-2010_tcm21-150578.doc Accessed October 2011.

- London Borough of Islington (1994) *STOP: striving to prevent domestic violence– resource for working with children and young people*, London: LB Islington Women's Equality Unit.
- London Councils (2011) *London Councils' Report: School places shortages in the capital*. Available at: <http://www.londoncouncils.gov.uk/news/current/pressdetail.htm?pk=1281>. Accessed October 2011.
- London Safeguarding Children's Board (2008) *Safeguarding children abused through domestic violence*, London: LSCB. Available at: http://www.londonscb.gov.uk/files/procedures/dv/safeguarding_children_abused_through_dv.pdf Accessed July 2011.
- London Safeguarding Children's Board (2011) *London child protection procedures, 4th Edn.*, London: LSCB. Available at: http://www.londonscb.gov.uk/files/2010/procedures/full__amended_13_apr.pdf Accessed June 2011.
- Lord Laming (2003) *The Victoria Climbié Inquiry*. Cm 5730. London: The Stationery Office.
- Lord Laming (2009) *The Protection of Children in England: A Progress Report*. HC330 London: The Stationery Office.
- Macy, R. (2007) 'A coping theory framework toward preventing sexual revictimization', *Aggression and Violent Behaviour*, 12, 177–192.
- Mayor of London (2010a) *The way forward: taking action to end violence against women and girls*. London: Greater London Authority. Available at: <http://www.london.gov.uk/sites/default/files/The%20Way%20Forward%20Final%20Strategy.pdf> Accessed June 2011.
- Mayor of London (2010b) *The way forward: action plan 2010–2011*, London: Greater London Authority. Available at: <http://www.london.gov.uk/sites/default/files/VAW%20action%20plan.pdf> Accessed June 2011.
- Maxwell, C., Chase, E., Warwick, I. and Aggleton, P. (2010) *Freedom to achieve. Promoting equality preventing violence: a whole-school approach*, London: WOMANKIND Worldwide.
- McGee, C. (2000) *Childhood experiences of domestic violence*, London: Jessica Kingsley Publishers.
- McMillan, L. (2007) *Feminists organising against gendered violence*, Basingstoke: Palgrave Macmillan.
- Meltzer, H., Doos, L., Vostanis, P., Ford, T. and Goodman, R. (2009) 'The mental health of children who witness domestic violence', *Child and Family Social Work*. vol.4, iss.4, Available at: <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2206.2009.00633.x/pdf> Accessed June 2011.
- Mesie, J., Gardner, R. and Radford, L. (2007) *Towards a public service agreement on safeguarding*, London: NSPCC. Available at: http://www.nspcc.org.uk/inform/publications/downloads/towardspublicserviceagreement_wdf47998.pdf Accessed June 2011.
- Metropolitan Police Authority Domestic and Sexual Violence Board (2010) *Violence against women, annual report 2010*. Available at: <http://www.mpa.gov.uk/downloads/work/dsvb/annualreport-2010.pdf> Accessed June 2011.
- Metropolitan Police Service (2009) *Domestic Violence Policy*. Available at: http://www.met.police.uk/foi/pdfs/policies/domestic_violence_policy.pdf Accessed October 2011.
- Ministry of Justice (MoJ), Department for Education (DfE) & the Welsh Government (2011) *Family Justice Review – Final Report*. Family Justice Review Panel. Available at: <http://www.justice.gov.uk/downloads/publications/policy/moj/family-justice-review-final-report.pdf>. Accessed November 2011.
- Moffitt, T.E., Caspi, A., Harrington, H. and Milne, B. (2002) 'Males on the life-course-persistent and adolescence-limited antisocial pathways: follow-up at age 26 years', *Development and Psychopathology*, 14(1), 179–207.
- Morley, R. (1999) *The respect pack*, London: City and Hackney Community Services NHS Trust.
- Morris, A. (2009) 'Gendered dynamics of abuse and violence in families: considering the abusive household gender regime', *Child Abuse Review*, 18, 414–427.

- Morris, K., Hughes, N., Clarke, H., Tew, J., Mason, P., Galvani, S., Lewis, A. and Loveless, L. (2008) *Think family: a literature review of the whole family approaches*, London: Cabinet Office.
- Moylan, C., Herrenkohl, T., Sousa, C., Tajima, E., Herrenkohl, R. and Russo, M. (2010) 'The effects of child abuse and exposure to domestic violence on adolescent internalizing and externalizing behaviour problems', *Journal of Family Violence*, 25, 53–63.
- Mullender, A., Hague, Imam, U., Kelly, L., Malos, E. and Regan, L. (2002) *Children's perspectives on domestic violence* London : Sage.
- Munro, E. (2010) *The Munro Review of Child Protection Part one: a systems analysis*, London: DfE. Available at: <http://www.education.gov.uk/munroreview/downloads/TheMunroReviewofChildProtection-Part%20one.pdf> Accessed June 2011.
- Munro, E. (2011a) *The Munro Review of Child Protection. Interim report: The child's journey*, London: DfE. Available at: <http://www.education.gov.uk/munroreview/downloads/Munrointerimreport.pdf> Accessed June 2011.
- Munro, E. (2011b) *The Munro Review of Child Protection. Final report: A child-centered system*, London: DfE. Available at: <https://www.education.gov.uk/publications/eOrderingDownload/Munro-Review.pdf> Accessed June 2011.
- NAGALRO (2010) *Time for children: CAFCASS public law work – a survey of NAGALRO Members*, London: National Association of Guardians Ad Litem and Reporting Officers.
- National Centre for Social Research (NATCEN) (2010) *ASB family intervention projects: monitoring and evaluation, Research report*, London: DCSF. Available at: <https://www.education.gov.uk/publications/eOrderingDownload/DCSF-RR215.pdf> Accessed June 2011.
- Newman, T. (2004) *What works in building resilience?* London: Barnardo's.
- NRPF Network (2011a) *Social services support to people with no recourse to public funds: a national picture*. Available at: http://www.islington.gov.uk/DownloadableDocuments/CommunityandLiving/Pdf/equalitydocs/NRPF_national_picture_final.pdf Accessed May 2011.
- NRPF Network (2011b) 'The Sojourner Project update', *Bulletin, Iss. 28 Feb 2011*. Available at: http://www.islington.gov.uk/DownloadableDocuments/CommunityandLiving/Pdf/nrpf_bulletin_feb_11.pdf Accessed June 2011.
- Overlien, C. and Hyden, M. (2009) 'Children's actions when experiencing domestic violence', *Childhood*, November 2009 vol.16 no.4, 479–496.
- Paradine, K. and Wilkinson, J. (2004) *HMIC/CPSI protection and accountability: the reporting, investigation and prosecution of domestic violence cases – A research and literature review*, London: Centrex.
- Pizzey E. and Shapiro, J. (1982) *Prone to violence*, Hamlyn.
- Povey, D., Coleman, K., Kiazoo, P. and Roe, S. (2009) *Homicides, firearm offences and intimate violence 2007–8. Supplementary volume 2 to Crime in England and Wales 2007–8*, London: Home Office. Available at: <http://webarchive.nationalarchives.gov.uk/20110218135832/rds.homeoffice.gov.uk/rds/pdfs09/hosb0209.pdf> Accessed June 2011.
- Prior, V. and Glaser, D. (2006) *Understanding attachment and attachment disorders: theory evidence and practice*, London: JKP.
- Radford, L. and Gill, A. (2006) 'Losing the plot? Researching community safety partnership work against domestic violence', *The Howard Journal of Criminal Justice*, vol.45iss. 4 September 2006, 369–387.
- Radford, L. and Hester, M. (2006) *Mothering through domestic violence*, London: Jessica Kingsley.
- Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett, C., Howat, N. and Collishaw, S. (2011) *Child abuse and neglect in the UK today*, London: NSPCC available from www.nspcc.org.uk/childstudy

- Rees, G. (1993) *Hidden truths : young people's experiences of running away*, London: The Children's Society.
- Refuge/YouGov, (2009) *Starting in school: to end domestic violence. Findings of a YouGov survey to explore young women's understanding and recognition of domestic violence*, London: Refuge.
- Renner, L.M. and Shook Slack, K. (2004) *Intimate partner violence and child maltreatment: understanding co-occurrence and intergenerational connections*, Institute for Research on Poverty: discussion paper no.1278-04.
- Richards, L. (2003) *MPS domestic violence risk assessment model: Appendix III*, London: MPS. Available at: <http://www.met.police.uk/csu/pdfs/AppendixIII.pdf> Accessed April 2011.
- Richards, L. (2009) *DASH (2009) model*. ACPO/CAADA. Available at: <http://www.dashriskchecklist.co.uk/index.php?page=dash-2009-model-for-practitioners> Accessed June 2011.
- Richie, B. (1996) *Compelled to crime. The gender entrapment of black battered women*, London: Routledge.
- Robinson, A. (2004) *Domestic violence MARACs for very high-risk victims in Cardiff, Wales: a process and outcome evaluation*. Available at: <http://www.caada.org.uk/research/WSU6.pdf> Accessed May 2009.
- Rutter, M. (1996) 'Stress research: accomplishments and tasks ahead', in Haggerty, R., Sherrod, L., Garmezy, N. and Rutter, M. (eds.) *Stress, risk and resilience in children and adolescents*, Cambridge: Cambridge University Press, 354-386.
- Rutter, M. (2007) 'Resilience, competence, and coping', *Child Abuse and Neglect*, vol.31(3) March 2007, 205-209.
- Smith, C., Grimes, M., Morrison, F., Houghton, C. and Stafford, A. (2008) *Consultation with children and young people with experience of domestic abuse on the Scottish Government National Domestic Abuse Delivery Group draft proposals*, Edinburgh: Scottish Government. Available at: www.scotland.gov.uk/Publications/2008/06/17121756/0 Accessed December 2009.
- Smith, K. (ed.), Coleman, K., Eder, S. and Hall, P. (2011) *Homicides, firearm offences and intimate violence* (BCS). Supplementary volume 2 to Crime in England and Wales 2009/10. London: Home Office. Available at: <http://www.homeoffice.gov.uk/publications/science-research-statistics/research-statistics/crime-research/hosb0111/hosb0111?view=Binary> Accessed June 2011.
- Sokoloff, N. (2005) (ed.) *Domestic violence at the margins*, Piscataway NJ: Rutgers University Press.
- Stanley, N. (2011) *Children experiencing domestic violence: a research review*, Dartington: RIP.
- Stanley, N., Miller, P., Richardson Foster, H. and Thomson, G. (2010) *Children and families experiencing domestic violence : police and social services responses* London: NSPCC Available online: http://www.nspcc.org.uk/Inform/research/findings/children_experiencing_domestic_violence_report_wdf70355.pdf Accessed May 2011.
- Stanley, N., Ellis, J. and Bell, J. (2011) 'Delivering preventive programmes in schools: Identifying gender issues', in Barter, C. and Berridge, D. *Children behaving badly? Exploring peer violence between children and young people*, London: Wiley.
- Stark, E. (2007) *Coercive control: how men entrap women in personal life. Interpersonal violence*, New York: Oxford University Press.
- Steel, N., Blakeborough, L. and Nicholas, S. (2011) *Supporting high-risk victims of domestic violence: a review of multi-agency risk assessment conferences (MARACs)*, London: Home Office. Available at: <http://www.homeoffice.gov.uk/publications/science-research-statistics/research-statistics/crime-research/horr55/horr55-report?view=Binary> Accessed September 2011.
- Stella Project (2007) *Domestic violence, drugs and alcohol: good practice guidelines, 2nd Edn.*, London: AVA. Available at: [http://www.avaproject.org.uk/our-resources/good-practice-guidance--toolkits/stella-project-toolkit-\(2007\).aspx](http://www.avaproject.org.uk/our-resources/good-practice-guidance--toolkits/stella-project-toolkit-(2007).aspx) Accessed June 2011.

- Stith, S.M., Rosen, K.H., Middleton, K.A., Busch, A.L., Lundeberg, K. and Carlton, R.P. (2000) 'The intergenerational transmission of spouse abuse: a meta-analysis', *Journal of Marriage and the Family*, 62(3), 640–654.
- Templeton, L. and Galvani, S. (2011) *Think family safety: enhancing the response of alcohol services to domestic abuse and families*, Luton: University of Bedfordshire.
- Thiara, R. (2010) 'Continuing control: child contact and post separation violence', in Thiara, R. and Gill, A. (eds.) *Violence against women in South Asian communities*, London: Jessica Kingsley, 156–181.
- Thiara, R.K. and Ellis, J. (2005) *WDVF London-wide schools' domestic violence prevention project: an evaluation. Final report*, London: Westminster Domestic Violence Forum.
- Thiara, R.K. and Gill, A. (2010) (eds.) *Violence against women in South Asian communities*, London: Jessica Kingsley.
- Thoburn, J. and Members of the Making Research Count Consortium (2009) Effective interventions for complex families where there are concerns about, or evidence of, a child suffering significant harm: *Safeguarding briefing 1*, London: Centre for Excellence and Outcomes in Children and Young People's Services (C4EO). Available at: http://www.c4eo.org.uk/themes/safeguarding/files/safeguarding_briefing_1.pdf Accessed September 2011.
- Travers, T., Tunstall, R., Whitehead, C. and Pruvot, S (2007) *Population mobility and service provision*, London: LSE. Available at: <http://www2.lse.ac.uk/geographyAndEnvironment/research/London/pdf/populationmobilityandserviceprovision.pdf> Accessed July 2011.
- Treseder, P. (1997) *Empowering children and young people*, London: Save the Children.
- Trust for London (2009) London's hidden population. Available at: <http://www.londonspovertyprofile.org.uk/london/londons-hidden-population/> Accessed July 2011.
- Tunstall, J. and Allnock, D. (2007) *Understanding the contribution of Sure Start local programmes to the task of safeguarding children's welfare, Report 026*, NESS/2007/FR/026. Available at: <http://www.education.gov.uk/b0076846/the-studies-in-the-safeguarding-research-initiative/sslsp-safeguarding-study> Accessed July 2011.
- United Nations (1989) *Convention on the Rights of the Child*, Geneva: United Nations. Available at: <http://www2.ohchr.org/english/law/pdf/crc.pdf> Accessed June 2011.
- United Nations (1979) *Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)*. Available at: <http://www.un.org/womenwatch/daw/cedaw/> Accessed June 2011.
- Utting, D., Montewiro, H. and Ghate, D. (2006) *Interventions for children at risk of developing anti-social personality disorder*, London: Policy Research Bureau.
- Walby, S. and Allen, J. (2004) *Domestic violence, sexual assault and stalking: findings from the British Crime Survey*, London: Home Office.
- Willow, C. (2002) *Participation in practice: children and young people as partners in change*, London: The Children's Society.