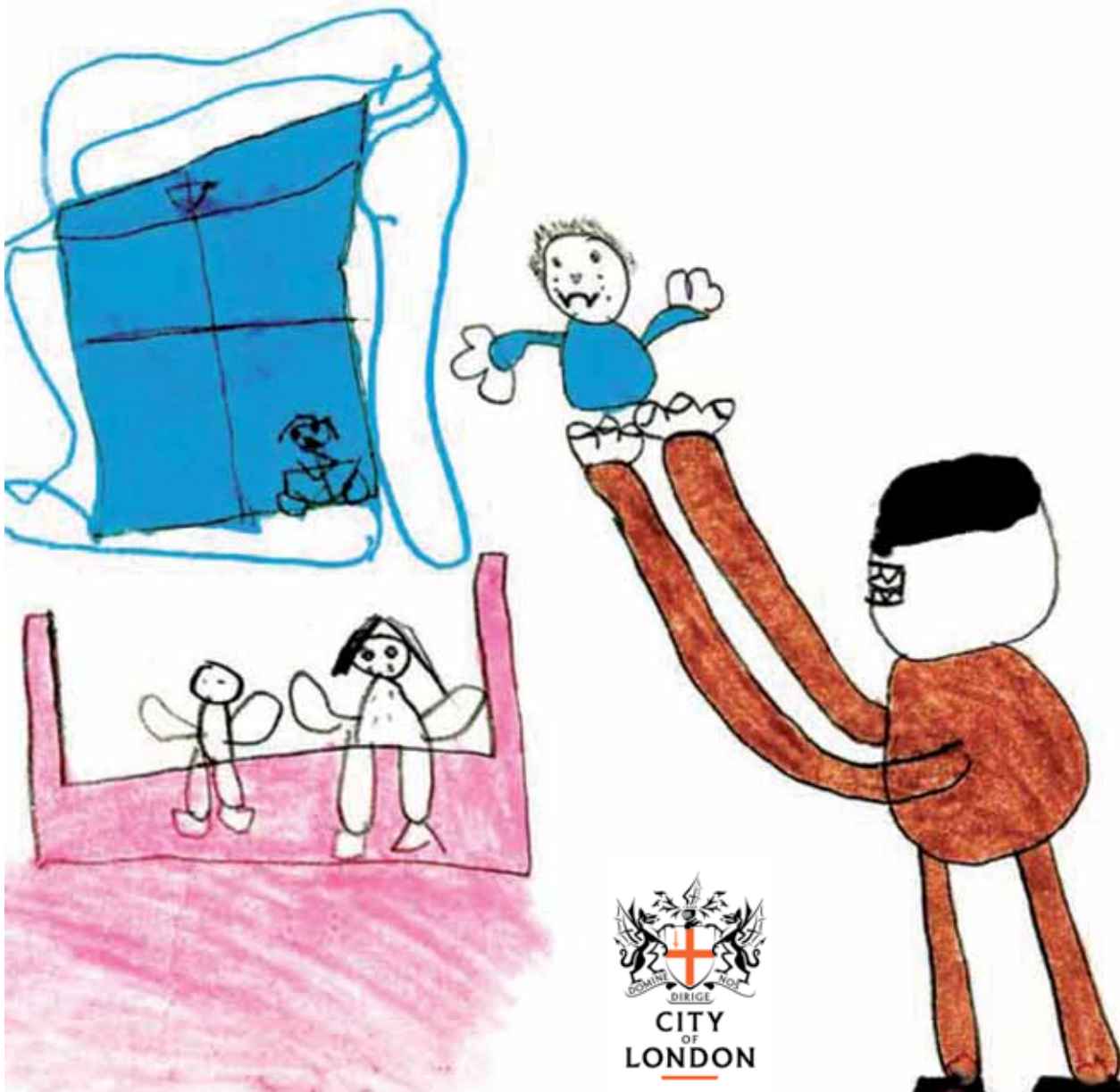


Meeting the needs of children living with domestic violence in London

Executive Summary

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Refuge/NSPCC research project
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NSPCC
Cruelty to children must stop. FULL STOP.

Refuge
For women and children.
Against domestic violence.

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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 Department for Children, Schools and Families (DCSF) (2010)

- 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 (2011)

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 that 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 (2009)

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 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

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 (2011)

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 (2010)

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.*

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