

July 2007

National evaluation report



Sure Start Local Programmes and Domestic Abuse

SureStart

Report 025



Evidence
& research

Research Report
NESS/2007/FR/025

*Sure Start Local Programmes
and Domestic Abuse*

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ISBN 978 1 84775 012 9

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SURE START LOCAL PROGRAMMES AND DOMESTIC ABUSE

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Executive Summary

Background

Working with victims of domestic violence was not an explicit or 'core' service for SSLPs, but it did come under the umbrella of family support. No targets were set, nor was it suggested centrally that programme planners should work this support into their plan. Although it was far less widespread than other types of support, it was delivered where there was a need identified because it was widely understood that domestic abuse undermines the well-being of children.

This study looked at the practice through which SSLPs (now Children's Centres) gained the trust of parents who needed help with domestic abuse. It also aimed to establish how SSLPs developed partnerships with local agencies, services and networks, and what were the essentials of providing services for domestic abuse which are sensitive and confidential via an integrated programme aimed at young families.

Methodology

There were four components to the study design:

1. literature review
 - a. prevalence of domestic abuse
 - b. impact on children
 - c. current state of knowledge on good practice
 - d. guidance currently available to practitioners;
2. interviews with key respondents (academics working in this area and staff from health and specialist voluntary sector organisations);
3. identification of SSLPs with interesting responses to domestic violence
 - a. Sure Start website and from local context evaluations
 - b. request for information on SSLP services and approaches sent to 260 programme managers;
4. field visits to 10 selected programmes (including eight already designated Children's Centres) based on evidence of good or innovative practice.
 - a. interviews with managers, staff, volunteers, and a small sample of parents

Defining 'domestic abuse'

The term 'domestic abuse' extends beyond the physical violence that is often associated with it and can therefore be difficult to define. The UK Home Office gives the following definition: '*Any incident of threatening behaviour, violence or abuse between adults who are or have been in a relationship together, or between family members, regardless of gender or sexuality*' (Home Office, 1999)

The categories of domestic abuse are now recognised to include:

- **financial abuse:** for example, being prevented from having a fair share of the household income, having debts accrued in your name;
- **emotional abuse:** being called stupid or ugly and having confidence and independence undermined constantly;
- **psychological abuse:** being isolated from contact with relative and friends; experiencing verbal aggression and having children and others close to you threatened;
- **sexual abuse:** including forced sex, refusals to practice safe sex;
- **physical abuse:** being bitten, kicked, punched and subject to other physically violent acts often on areas of the body hidden under clothing. (DoH, 2005)

It is psychological abuse - living in fear, being humiliated and bullied - rather than physical abuse that is cited by survivors as the hardest thing to bear (Saunders and Humphreys, 2002).

Abuse is not always carried out by male partners. The Crown Prosecution Service recognises others in its definition, including elder family members, siblings, parents and in-laws regardless of age or sex. Although women can also be violent, and abuse exists in some same-sex relationships, the vast majority of partner abuse is perpetrated by men against their female partners (Ellsberg et al, 2005). In the main this report refers to male on female domestic abuse as this was the typical situation within the SSLPs, however we acknowledge that men can be the victims of domestic abuse by their female partners and some incidences of this were found during the course of this research.

Key findings

SSLP approaches to domestic abuse

SSLPs have supported families in cases of domestic abuse by empowering them through providing information and choices. Family support has generally been provided at home until a relationship of trust is established. Women are encouraged to join groups in Sure Start centres or other venues, accompanied if need be. Parents were made aware that if there was a danger to the child it would become a Child Protection issue and a referral made to the Social Services Department.

Reach

The majority of programmes depended on health workers, such as midwives and health visitors who routinely ask about domestic abuse, to put them in

touch with families living with domestic abuse. Many SSLP midwives asked about domestic abuse during the ante-natal visit or booking session. Some midwives informed the SSLP directly when they had concerns over a family, onus was then on the programme to follow-up with those families to formulate a care plan. In other areas midwives told the family about the services available to them in the area, leaving the responsibility for action in their hands. Women, their neighbours, family or concerned friends might respond to poster campaigns or leaflets

Information and advice

SSLP staff found that many women were confused about what constitutes domestic abuse and when they should seek help and advice.

- Much advice is given informally to women attending groups.
- It is never the job of any member of staff to advise a woman to leave her violent partner.
- Almost all staff are given Child Protection training which advises them to tell the parents that if they know a child is in danger they have a duty to inform social services.

SSLPs helped families to get access to information and advice by:

- talking people through what is available in the area.
- providing transport, written materials, a venue and crèche support for non-sure start services like housing advice and Relate.

Where leaflets were provided, they were left in places where staff and parents could access them confidentially, usually in women's toilets. Advice and support was given discreetly in a private room at a Sure Start centre or during home visits. It was particularly difficult to get information across to members of the community who did not speak the predominant language.

Disclosure

All staff interviewed recognised that the prerequisite for disclosure to occur is a trusting relationship. SSLPs were in a good position to nurture such relationships, since they were secure and reliable, and, in focusing on their well-being of the child, could build trust with a woman based on their shared commitment to the child. It was important that SSLP nursery staff were trained to listen to women, knew *not* to give advice, and knew who to pass the information on to who could help directly or link the woman with appropriate advice and support. Nurturing a relationship with a woman did not guarantee that she would disclose, or that she would want to be helped out of her situation. SSLP staff described situations where women disclosed domestic abuse to a worker and then did not return - most often for fear of Child Protection.

Support

Parents

Women experiencing domestic abuse are usually invited to use generalised

SSLP services and are then offered information about specialised *outside* agencies in the area, or are assigned a key worker from the most appropriate agency. Few SSLPs advertised groups or activities aimed exclusively at women who were experiencing domestic abuse, experience showed that they will not attend a stigmatised group. However, a small number of SSLPs offered a Freedom Programme, an intervention deriving from the Duluth¹ approach to harm reduction.

Children

Sure Start aged children are under 4, so services tend to be focussed on parents, raising awareness of the effects of abuse on young children and helping them deal with behavioural problems, i.e. parenting education courses. In one SSLP, early years and parental involvement workers did creative work with children and older siblings focusing on respect rather than only domestic abuse, to try to break cycles of abuse.

Services for men

It was reported that SSLPs had contact with men who were the victims of domestic abuse and one SSLP had a counsellor from Relate seconded for two days a week.

Few SSLPs had contact with male perpetrators of domestic abuse:

- In one area a local domestic abuse counselling service held sessions in the Sure Start centre. It also held a group on its own premises to which the SSLP referred men.
- Another SSLP referred men to a newly established perpetrator programme but noted that it was not always appropriate because it was for those who were at the stage of admitting they had a problem.

Services for black and minority ethnic families

SSLPs reported that abuse was abuse regardless of the ethnicity of the perpetrator or victim. The differences and difficulties emerged in disclosure: with Asian workers in one SSLP area being afraid of threatening the relationships they had built with local families by encouraging disclosure; and the expense of interpreters and of translating awareness raising leaflets and booklets on benefits and services for women was problematic.

Conclusions

Domestic abuse is widespread among families using early childhood services - services can provide a means to intervene in the abuse on behalf of the well-being of children.

All of the core elements of a SSLP could contribute to helping families experiencing domestic abuse. For example:

- *Health* – midwives and health visitors were the first contact for parents and

¹ <http://www.duluth-model.org/documents/daipccr3.htm>

linked them to SSLPs or Children's Centres.

- *Education* – domestic abuse affects children's behaviour.
- *Social service*- domestic abuse and child abuse can be associated.
- *Outreach* – enabled staff to build relationships with individuals which led to disclosure.
- *Multi-agency work* –all the necessary help could be brought together in one, unstigmatised venue.

Since SSLPs were set up, central and local government have developed multi-agency working with the NHS, the criminal justice agency and other voluntary organisations to support the individual needs of women and children. Sure Start Children's Centres are in an excellent position to contribute to the development of such multi-agency teams and work on local strategies.

1. INTRODUCTION

1.1 Sure Start Local Programmes were established to address all aspects of disadvantage which might have an adverse effect on the development and life chances of children aged 0-4 years in designated programme areas.

Domestic abuse is not confined to these areas, but is prevalent in the UK: 1 in 4 women and 1 in 6 men will experience it in their lifetime. (Council of Europe, 2002; BMA 1998; Home Office Research Study, 1999) Two women are killed every week in domestic violence incidents (Crown Prosecution Inspectorate, 2004) One in three women who attempt suicide do so because of domestic violence (Home Office, 2006).

1.2 It is estimated that the number of children in the UK exposed to violence in the home is around 750,000 (DoH, 2002). Children may be the victims of domestic abuse whether or not they are directly abused themselves. They may suffer effects as a result of witnessing abuse or of being dependent on an adult who is being abused.

1.3 There is a particular association between domestic abuse and early childhood. 25% of women experiencing domestic violence are assaulted for the first time during pregnancy. (Royal College of Midwives, 1997). If a woman is abused there is a high probability that her children will also be abused. (A study of hospital cases of child abuse found violence to the mother from the father recorded in 45% of them. Radford, Blacklock and Iwi, 2006) Children may be seen as triggers of, or a justification for violence; they may be used as accessories in the abuse of a parent, they may witness violence or try to intervene in it. A woman with children may find it more difficult to leave a violent relationship, and domestic violence can seriously interfere with a woman's ability to parent. (Stark and Flitcraft, 1988)

1.4 There is evidence that exposure to violence and to its attendant disruptions may have long term effects. *'Violence against children in the home and family is a serious problem in itself and has been strongly associated with health risk behaviours later in life... In turn, these behaviours contribute to some of the leading causes of disease and death... Preventing violence against children in the home and family should therefore be a public health priority.'* [Dr Alexander Butchert, Editorial Board of the UN Secretary-General's Study on Violence against Children] (Pinheiro, 2006). But it would be wrong to predict (as the media have claimed from time to time) that all children who witness violence will grow into abusers or victims. Professor Audrey Mullender has noted that while emotional disturbance and distress are reported among them, no fixed patterns have emerged. *"The development of any individual young person can never be predicted – many react against the violence that they have seen, and vow never to emulate it, while others are as influenced by a violent society as by a violent home-life. The challenge to us is to react to children's very real needs now, not to second-guess the future"* (Mullender, Hague, Imam, Kelly, & Malos, 2002). This has been the challenge for Sure Start Local Programmes.

1.5 Recent policy developments in domestic abuse and safeguarding children

The consultation paper *Safety and Justice: The Government's Proposals on Domestic Violence* set out the Government's strategy for tackling domestic violence through: prevention, protection and justice and support. It included proposals for legislative and non-legislative changes to the way domestic violence was to be dealt with in England and Wales. December 2003 saw publication of responses to *Safety and Justice*. The Inter-Ministerial Group on Domestic Violence – which brought together Departments central to tackling domestic violence and supporting survivors and children, with colleagues from Devolved Administrations – has been responsible for driving forward the Government's work on domestic violence within this strategic framework. *Domestic Violence: A National Report* (2006) sets out progress made in tackling domestic violence since the publication of *Safety and Justice* and highlights new commitments which form the 'next steps' in delivering services and support to victims of domestic violence. This includes an outline of a working document called the National Domestic Violence Delivery Plan. This plan highlights objectives including encouraging earlier reporting by making domestic violence part of routine inquiry and comprehensive assessment processes in a number of primary health and social care settings (again requiring greater cooperation between agencies).

1.5.1 A cross-departmental group, the Inter-Ministerial Group on Domestic Violence, with involvement from the Department of Health, the Home Office and the Cabinet Office, has been set up. Initially the priority was to address the prevalence of domestic abuse in pregnant women. Early in 2005, the Department of Health set up the Domestic Abuse and Pregnancy Advisory Group with representation from Royal Colleges and key domestic violence voluntary sector organisations. The remit was to advise Ministers on how services could meet the needs of pregnant women who are experiencing abuse. The Department of Health and the Home Office in partnership with the National Institute for Mental Health in England (NIMHE), have set up the Victims of Violence and Abuse Prevention Programme. This programme seeks to address the health and mental health needs of individuals affected by domestic and sexual violence and abuse. Its work will support the implementation of Department of Health policy on routine enquiry about domestic abuse and the provision of information in antenatal services.

1.5.2 The statutory inquiry into the death of Victoria Climbié (2003), and the first joint Chief Inspectors' report on safeguarding children (2002) highlighted the lack of priority status given to safeguarding. The Government's response to these findings included the Green Paper *Every Child Matters*, and the provisions in the Children Act 2004. Three key developments are: the creation of children's trusts under the duty of agencies to co-operate, the setting up of Local Safeguarding Children Boards, and the duty on all agencies to make arrangements to safeguard and promote the welfare of children. A shared responsibility and the need for effective joint working between agencies and professionals that have different roles and expertise are required for children to be protected from harm and their welfare promoted. The constructive

relationships between individual practitioners, promoted and supported by senior managers, required to achieve this have been explored by SSLPs and considerable progress has been made in breaking down barriers in communication and working practices.

1.5.3 Standard 5 of the *National Service framework for Children, Young People and Maternity Services* requires health and social care agencies to work to prevent children from suffering harm and to promote their welfare. Professionals must take special care to help safeguard and promote the welfare of children who may be living in particularly stressful circumstances including families where there is domestic violence. (H. M. Government (2006) *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*, TSO, Norwich).

2. SURE START LOCAL PROGRAMMES AND THE NATIONAL EVALUATION

2.1 Sure Start Local Programmes (SSLPs²) aimed to improve the health and well being of families and children by improving services for families with children under four and developing new services where necessary to fill gaps in provision. The improved and expanded services were intended to improve the prospects of the children, their families and the communities in which they lived. SSLPs provided core services under the following categories:

- outreach and home visiting;
- support for families;
- support for good quality play, learning and early education for children;
- primary and community health care;
- support for children and parents with special needs.

2.2 SSLPs were commissioned in a series of rounds of 60-70 programmes each, beginning in 1999. By the middle of 2004 there were 524 SSLPs operating in England in the most socio-economically disadvantaged areas (Barnes 2003). The Sure Start ethos emphasised a preventive approach, with intervention as early as needed (including during the ante-natal period if necessary).

2.3 The National Evaluation of Sure Start was established alongside the SSLPs and was an integrated study comprised of distinct elements:

- an *Impact* module which examines the effects of the programme on a sample of children and families living in SSLP areas;
- an *Implementation* module looking at the way SSLPs operate;
- a *Local Context* module analysing the effects of the SSLP on its neighbourhood;
- a *Cost-Effectiveness* study.

² During the course of this research SSLPs were in the process of becoming Children's Centres, for the purposes of this research the term SSLPs will be used but the findings are relevant for Children's Centres.

2.4 This report presents findings from a study carried out as part of the Implementation module. Besides national surveys of SSLPs in the first four rounds of the programme (260 SSLPs) this module included case studies of selected programmes and a series of snapshot thematic studies of specific aspects of Sure Start, types of services, the experience of specific groups of users and other significant issues. This study on Sure Start and Domestic Abuse was the last in the series and aimed to look at the practice through which SSLPs gained the trust of parents who needed help with domestic abuse. It also aimed to establish how SSLPs developed partnerships with local agencies, services and networks, and what were the essentials of providing services for domestic abuse which are sensitive and confidential via an integrated programme aimed at young families.

3. METHODOLOGY

3.1 There were four components to the study design:

1. literature review;
2. interviews with key respondents;
3. identification of SSLPs with interesting responses to domestic violence;
4. field visits to selected programmes.

3.2 The literature review aimed to identify what is known about the prevalence of domestic violence, its impact on children and the issues of relevance to families with children in the Sure Start age group. It also examined the current state of knowledge on good practice and recorded the guidance currently available to practitioners.

3.3 The key respondents included academics working in this area and staff from health and specialist voluntary sector organisations. The information they provided about key contemporary concerns from their perspective provided additional lines of enquiry.

3.4 A mapping exercise to establish the range and type of existing services offered to families was performed using information available on the Sure Start website and from local context evaluations. This provided an outline of types of intended approach used by SSLPs which could be verified and extended by contacting the programmes directly.

3.5 A request for information on SSLP services and approaches to the issue of domestic abuse was sent out to the programme managers of all 260 SSLPs rounds One to Four (appendix I) and enabled initial observations on the range and type of existing and new services for families. These models of practice informed the development of semi-structured telephone interviews carried out by researchers with programmes that showed extensive or innovative approaches (domains of those interviews, appendix II).

3.6 Ten programmes (including eight already designated Children's Centres) were selected for field visits following the telephone interviews. The choice of SSLP was based on evidence of good or innovative practice. Visits to selected programmes included interviews with managers, staff, volunteers, and a small sample of parents. Models of support were identified and details of how they were put into practice explored through the use of semi-structured interviews. Detailed notes were taken that recorded all practice including formal service delivery and informal, ad hoc support. Opinions were sought and recorded from both staff and parents on the types of approach that facilitate disclosure, and foster trusting staff-client relationships.

4. DEFINITIONS OF DOMESTIC ABUSE

4.1 The term 'domestic abuse' extends beyond the physical violence that is often associated with it and can therefore be difficult to define. The UK Home Office gives the following definition:

'Any incident of threatening behaviour, violence or abuse between adults who are or have been in a relationship together, or between family members, regardless of gender or sexuality' (Home Office, 1999)

4.2 Abuse is not always carried out by male partners. The Crown Prosecution Service recognises others in its definition, including elder family members, siblings, parents and in-laws regardless of age or sex. Although women can also be violent, and abuse exists in some same-sex relationships, the vast majority of partner abuse is perpetrated by men against their female partners (Ellsberg et al, 2005).

4.3 Physical violence is a significant factor in many cases of domestic abuse (15% of all violent incidents reported to the British Crime Survey 2005/06 were incidents of domestic violence) but it is not the sole constituent. The term 'domestic abuse' has been used rather than 'domestic violence' throughout this report to describe the range of abuses that include but are not exclusively physical. Where information and statistics on 'domestic violence' have been cited, that terminology is retained.

4.4 As well as being prevalent, the incidence of domestic abuse (that is the number of times it occurs) is very high. It is the crime that is most likely to be repeated, over and over again in some families. The World Health Organisation Violence Against Women Study findings confirm that most women who suffer physical or sexual abuse by a partner generally experience multiple acts over time (Ellsberg et al, 2005). Such physical or sexual violence is frequently accompanied by other, related forms of abuse.

4.5 The categories of domestic abuse are now recognised to include:

- **financial abuse:** for example, being prevented from having a fair share of the household income, having debts accrued in your name;

- **emotional abuse:** being called stupid or ugly and having confidence and independence undermined constantly;
- **psychological abuse:** being isolated from contact with relative and friends; experiencing verbal aggression and having children and others close to you threatened;
- **sexual abuse:** including forced sex, refusals to practice safe sex;
- **physical abuse:** being bitten, kicked, punched and subject to other physically violent acts often on areas of the body hidden under clothing. (DoH, 2005)

4.6 Psychological abuse - living in fear, being humiliated and bullied - rather than physical abuse is cited by survivors as the hardest thing to bear (Saunders and Humphreys, 2002).

4.7 Younger people under 25 are more likely than older people to experience domestic abuse. The vast majority of victims are women rather than men. Out of an estimated 635,000 incidents of domestic abuse in 2001/2 in England and Wales - 81% of the victims were women and 19% were men (Home Office, 2002). Vulnerable women, those who are transient, homeless or who have low socio-economic status for example, are at an increased risk. There are particular times when abuse is more likely to begin or increase in frequency or intensity, with a risk of serious injury or murder. These include when a woman is pregnant, or when an abused person decides to leave an abusive partner.

5. THE IMPLICATIONS OF DOMESTIC ABUSE FOR YOUNG CHILDREN

5.1 Domestic abuse has serious implications for the safety and welfare of children, even before birth. More than 30% of cases of domestic violence start in pregnancy (Lewis et al. 2001). A study of 127 women living in refuges in Northern Ireland found that 60% had experienced violence during pregnancy and 13% had lost their babies as a result. (McWilliams and McKiernan, 1993). Abused women often report that they have been kicked in the stomach during pregnancy and that as a result they have miscarried or the child was born with disabilities (Saunders and Humphreys 2002).

5.2 Domestic and sexual abuse are the most common causes of mental health problems in women. Treating related physical injuries and mental health problems are estimated to cost the NHS almost £1.4bn a year, but in spite of this, awareness about the issue among mainstream health practitioners is low. (DoH, 2006). In addition to causing injury, domestic abuse saps women's energy, compromises their mental health and erodes their self-esteem (Heise, 1999). Women with a history of physical or sexual abuse are at increased risk for unintended pregnancy, sexually transmitted infections

and miscarriages (Campbell et al. 2004; Campbell, 2002).

5.3 Among the psychological effects that can result from persistent abuse are: isolation from friends and family (and losing the support they can offer); increasing dependence on an abuser (including leaving employment); the development of eating disorders, depression or post-traumatic stress disorder (DoH, 2005).

5.4 Approximately 50,000 children a year witness domestic abuse (DoH, 2002). In 90% of domestic violence incidents, children were in the same or the next room (British Crime Survey, 1992). The effects of this exposure will vary according to the child's age, gender, ethnicity and relationship with the mother, their own experience of abuse, access to safety and their own supportive networks (Saunders et al., 2002). "Seeing or hearing the ill-treatment of another" is recognised as harmful by the Adoption and Children Act, 2002 (section 120). Children who witness domestic abuse tend to have more emotional and behavioural problems compared with children who live in non-abusive environments.

5.5 In homes where there is domestic abuse, there is a high risk that children will also be abused. In a study of 111 cases of child abuse for the NSPCC, domestic violence was present in 62% of cases (Hester et al., 1998). It is more common to find domestic abuse in homes with the children in younger age groups (Brown et al., 2003).

5.6 Infants and small children exposed to domestic abuse experience distress which can harm brain development (Osofsky, 1999). Babies under one tend to have poor health, poor sleeping habits and to cry excessively (Jaffe et al, 1990). Children under five years may blame themselves for the adult behaviour and display more problem behaviour than any other age group (Davis and Carlson, 1987; Hughes, 1988).

5.7 In the longer term, development delay linked to the experience of domestic abuse can lead to poor educational performance, disrupted schooling, concentration difficulties and memory problems. Domestic abuse can also affect a child's social skills, since it can limit the ability to feel empathy, make a child feel isolated and unable to make friends. Several studies have found increased aggressive behaviour in children who have had these experiences at home. (Baldry, 2003; Fantuzzo et al., 1999).

5.8 Children's reactions to domestic abuse vary. For many, once they are safe and secure, negative effects lessen and may disappear. The mother's behaviour towards the children and her mental health can be key factors in the recovery and resilience of the children. (Hughes and Luke, 1998). Children may learn positive aspects of 'survivorship' from mothers who model assertive and non-violent responses to abuse (Peled, 1998).

5.9 To mitigate the adverse effects of domestic abuse children need:

- a safe and secure home environment;
- adults who listen to them, believe and shelter them. (Adults with the

- skills to recognise and respond to children exposed to violence in the home and to refer to appropriate services);
- routine and normality as a basis for well-being and development;
- comprehensive support services that take into account the differing effects of abuse on individual children. Providing support for abused mothers can benefit children. (Wolf and Jaffe, 1999)
- to learn that domestic violence is wrong and that conflicts can be resolved by other means, with an emphasis on cooperative play and positive role models.

5.10 Children's lives can be severely disrupted by domestic abuse. Although removal from an abusive relationship is essential for their safety, when it occurs children and the fleeing parent can be at great risk. In fact many mothers leave when they feel the abuse is having an impact on their children. But escaping violence means that children leave their homes, friends and familiar possessions, and there may be continuing housing difficulties for some time. Separation can mean financial hardship for the family. Black and Asian children may find it particularly disruptive to leave communities in which they have found protection from racism (Mama, 1996; Bhatti-Sinclair, 1994).

6. FINDINGS

Working with victims of domestic violence was not an explicit or 'core' service for SSLPs, but it did come under the umbrella of family support. No targets were set, nor was it suggested centrally that programme planners should work this support into their plan. Although it was far less widespread than parenting support for example, it was delivered where there was a need identified because it was widely understood that domestic abuse undermines the well-being of children. The remainder of this report examines evidence on the practice of SSLPs in relation to domestic abuse, highlighting in particular any practice reported as being effective.

6.1 Domestic abuse in SSLP areas

The Impact module of NESS offers some insight into the extent of domestic abuse in SSLP areas. Women with children of 9 months and 3 years living in Sure Start Local Programme catchment areas, were interviewed in 2006. Of those 12,961, (around 70%) agreed to answer questions on domestic abuse on a self-completion questionnaire. More women (5,803) reported that they had experienced 'verbal aggression' at home than those who said they had experienced 'domestic violence' (1,858). Of the 723 women who reported experiencing severe domestic violence, 142 had experienced it frequently over the previous year.

	Verbal aggression	Minor domestic violence	Severe domestic violence
Never	3,862	8528	8,945
Any	5,803	1,135	723
Very often	2,690	235	142

6.2 In the 2006 survey, mothers were also asked if they had noticed their child having any difficulties with their emotions, concentration, behaviour, or in getting along with other people. 1,224 mothers reported that their child had such difficulties and 1,116 of those said their children had a lot of difficulties. Where these difficulties were highlighted there was a strong correlation with reports of the three types of domestic abuse: minor domestic violence, severe domestic violence or verbal aggression. 'Home chaos' and 'mother's malaise' were also strongly correlated with reports of domestic abuse. In other words, when a woman is experiencing any domestic abuse she is also likely to be feeling tired, scared, worried, jittery or upset.

6.3 The alleviation of domestic abuse and dealing with its impacts had significance for all five of the core SSLP services. Specialist services for those experiencing domestic abuse have traditionally been delivered by the voluntary sector, particularly by local women's aid groups. Such groups are run by a management committee of local volunteers, almost all women, and generally offer advice services, places of refuge, aftercare and outreach services. There are more than 200 such groups in England, and among them are specialist local groups supporting women from minority communities. Since the early nineties, women's aid groups have been increasingly aware of the needs of children both in refuges and in their homes, and the umbrella organisation, the Women's Aid Federation, England, has developed job specifications, training and support for children's workers. These staff provide help and support for children of all ages whose parent has contacted the women's aid group or has taken refuge, including providing play and counselling services within the refuge, and offering outreach services to children at home. There is no statutory responsibility for funding such posts, and they have largely been resourced through the BBC Children in Need Trust, which makes grants to local women's aid groups for this purpose.

6.4 A small proportion of SSLPs had a representative from the local women's aid organisation as a member of the multi-agency group which drew up the delivery plan for the Sure Start programme. In some cases, representatives continued to attend the partnership meeting which managed the SSLP once it had got underway, but few were able to sustain this involvement. In one area the women's aid children's worker attended the partnership board for a year, but found the amount of time required onerous and the benefits to her group too slight to continue. This falling off of involvement was reflected in other voluntary groups.

6.5 Explaining the loss of initial interest, women's aid groups noted that they had hopes that they might be able to obtain resources for children's workers from SSLP funds, but there were few examples of this happening. The main reasons were:

- Sure Start partnerships undertook not to displace any existing funding. Many women's aid groups did have funding for children's work, albeit short-term and from insecure sources like charitable trusts;
- Children's work in refuges was not confined to children from the Sure Start age group;
- Children in touch with women's aid groups were drawn from wider areas than the Sure Start neighbourhood.

6.6 However, where there was direct involvement by women's aid representatives at the management level of an SSLP, it opened a link between the programme and the multi-agency structures around domestic violence and community safety, which were among the most established multi-agency structures in the UK. This brought SSLPs into a relationship with the Police service, the criminal justice system more widely, and with housing bodies, statutory and non-government.

6.7 Where links with local specialist agencies were not made by SSLPs, Sure Start workers encountered domestic violence nevertheless. One described how she had responded: *"During my time as a Family Support Worker we received many referrals for families affected by domestic violence and as a result I felt it would be an idea to consult with agencies who were working with families affected by domestic violence to see if there was a need for a support group. DVAP is a Domestic Violence Accommodation Project, staff were invited along to meetings to establish how and when the group would be run. I also met with [name] (NSPCC) who had run a group in [large city] and had a wealth of experience. We established a need and contacted agencies that could refer to the group, identified premises and set a launch date. Unfortunately we ran the group for several weeks but attendance was zero and the group folded. I was disappointed to say the least and felt a sense of failure. I really felt there was a need in our area and had done lots of research but unfortunately at that time it just didn't take off - I have put the project on ice so to speak, for the present."* (Outreach worker, SSLP)

6.8 Between the two extremes - of structures at a strategic level and practitioners struggling to respond to family need - SSLPs reported that they did one or more of the following:

- trained staff to raise their awareness of domestic abuse and give them some basic skills in responding to it;
- provided activities, such as crèches, play groups, and fun days, for small children where families were escaping abuse (refuges, temporary accommodation);
- developed systems of referral after disclosure (usually occurring during home-visits) to specialist services;
- provided some direct services after disclosure or during a crisis;

- ran programmes (INTERCEPT aimed at perpetrators; FREEDOM groups at people experiencing abuse).
- designated an SSLP worker to coordinate the policy and response to domestic abuse;
- appointed a specialist domestic abuse worker, (often seconded from, or with experience in, a local specialist organisation).

7. REACHING FAMILIES

7.1 Communities with higher levels of abuse

In areas visited for the study SSLP respondents cited socio-economic and historic community conditions as contributing to domestic abuse. Two types of community were particularly likely to show higher levels of abuse:

- well-established communities with high unemployment and a thriving business of door-to-door loan sharks;
- communities where the population was much more transient, often very mixed ethnically with a large number of different languages spoken.

7.1.1 For example, in an SSLP area that had been a traditional mining community, there was a tolerance of abuse that had existed for generations, and remained common. A recent survey had shown that 1 in 7 young girls living in the area expected violence to be part of a relationship. The efforts of the SSLP were focused on breaking the cycle through awareness raising, particularly in local schools.

7.1.2 In another community there was a high concentration of families with complex need, including adults with learning difficulties, lone parents and children on the Child Protection Register. Here the SSLP midwife and health promotions worker ran a series of parentcraft classes which drew in women to a non-stigmatised group. Relationship and domestic abuse issues were among the topics covered in the classes and the boundaries of generally agreed acceptability were addressed in the security of the group.

7.1.3 High unemployment and low male self-esteem were related concerns in another programme where domestic abuse was a major issue. It was common for men to call their female partners while they were attending groups to find out where they were, which undermined the women and restricted their independence. In this area the average age of mothers was between 19 and 20 years and falling. In order to highlight the seriousness of domestic abuse here, it was made clear in all the work done at this Sure Start that it could become a child protection issue.

7.2 Reach

7.2.1 All SSLPs reported that the hardest families to reach were those in the most need. Families living with domestic abuse become isolated from family and friends, but even when they are still in touch, are unlikely to talk to them about their experiences. It was unusual for Sure Start workers to hear about such families directly. The majority of programmes depended on health workers, such as midwives and health visitors who routinely ask about domestic abuse, to put them in touch.

7.2.2 Relationship issues may surface during pregnancy. SSLP staff were aware of research showing that domestic abuse may begin at this time, or may increase in frequency or intensity if it has already featured in the relationship, and any abuse issues from a woman's childhood are likely to re-emerge. This awareness led many SSLPs to ask about domestic abuse during the ante-natal visit or booking session. A relationship of trust built up with a woman over time was considered to make disclosure more likely, therefore disclosure could occur in subsequent antenatal visits.

Good Practice in Reaching Families

SSLP midwives tried to see each woman without her partner at least once during pregnancy, though this could be difficult to effect in those areas where most of the contact took place in a woman's own home. In one area, where controlling partners were often present during antenatal home visits and clinic visits too, the midwife would ask the woman to provide a urine specimen in the ladies toilet, where a notice asked her to mark her specimen bottle with a coloured sticker if domestic violence was a problem.

7.2.3 In some areas midwives informed the SSLP directly when they had concerns over a family. The onus was then on the programme to follow-up with those families through phone calls and visits to assess need and formulate a care plan, usually done by family link workers. In other areas midwives told the family about the services available to them in the area, leaving the responsibility for action in the victim's hands. One SSLP had its own Women's Development worker for domestic abuse, who worked closely with the programmes' Community Psychiatric Nurse (CPN) because many of the women diagnosed with Post-Natal Depression (PND) in this area, or using postnatal support groups, were found to be experiencing domestic violence.

7.2.4 Posters and leaflets were successful prompts for women who have been living with domestic abuse but are either unsure what help they can get, or unclear that what they are living with is deemed abuse. In one London borough self-referrals to domestic abuse support services increased substantially following a poster campaign. Where SSLPs had a relationship with the local housing department families were more likely to be brought to their attention. One SSLP hosted a regular drop-in at the local housing office. The majority of SSLP staff understood that a woman ought never to be harassed into disclosing or into leaving her partner but that they appreciated

knowing help was there for when they were ready to request it.

7.3 Being told about families

7.3.1 In the majority of cases SSLPs heard about families living with domestic abuse through their links with health staff. Midwives and health visitors referred families to the SSLP and they were then visited by a Sure Start Family Link worker who assessed their needs and linked them to services in the area.

7.3.2 Women, their neighbours, family or concerned friends might respond to poster campaigns or leaflets they had picked up from discreet locations, like ladies toilets. They may self-refer or raise questions or concerns that make it clear to workers that they are living with abuse. Discussions about relationships within mother and baby, parenting or other groups also prompt women to open up. *'Women may come to a group and cracks appear, or they drop a phrase, usually this means they are ready to talk'*. (Family support worker, SSLP)

7.3.3 Staff then responded according to their training and linked women to the member of staff with the main responsibility for domestic abuse. Most SSLPs reported that building relationships with women was the most effective means of finding out about abuse. Staff training focused on instilling trust, being non-judgemental but also being honest about Child Protection duties; rather than on giving advice or attempting to persuade women to leave an abusive relationship.

Good Practice: An Integrated Approach

An integrated approach was found to increase referrals. For example, an SSLP link worker was a health development worker with the local domestic violence refuge. She supported women and children as they moved into the area and connected them with parental involvement workers and family support workers and groups to prevent isolation. The Sure Start health visitor was also part of the multi-agency domestic abuse partnership working to address safety and influence practice and policy. In this area, being represented on the local domestic abuse forum or partnership has proved an effective way of gaining access to training, to police statistics on current local need and feedback from local survivors' group members.

7.3.4. Effective links with statutory services improved the chances of getting help to the families that needed it. Housing is a particularly big issue in cases where women have to move out of the family home, or are living there in debt and vulnerable. Understanding that housing was a major issue in cases of domestic abuse and having received no referrals from that source, one SSLP invited the housing department to sit on the partnership board and offered space in the SSLP centre to hold drop-in consultations with families. *'They understand now what we are looking out for and flag up families that could use our services'*. (Local SSLP Manager)

Good Practice: Effective Links with Housing

A mother with young children had a joint tenancy with an abusive partner. She left the home but her name remained on the tenancy agreement. The partner wrecked the place and left. She was liable for the damages and, because of the large unpaid bill in her name, was not eligible for re-housing. The SSLP negotiated with the estates manager on her behalf and as a result the bill was cleared and the woman re-housed. In this area the district policy has now been changed, cases are dealt with individually and one signature only is required for joint tenancies. Estates officers have been made aware of domestic abuse and, if a woman agrees, will now refer her to the SSLP, social services and the police.

7.3.5. In other areas standardised, authority-wide approaches have centred on regular, multi-agency 'Every Child Matters' meetings. These inter-disciplinary meetings are an opportunity for the SSLP to get details of all new births from health workers. Information is shared among group members about each family and whether they are known to social services. Care plans are established, responsibilities clarified and a key worker appointed. Families are kept informed by their midwives or health visitors of the process and the involvement of social services in every case but are not involved in it directly.

7.3.6 A number of SSLPs noted that their home visiting staff would be reduced after the transition to Children's Centres. The onus would then be on health workers to ask about abuse, inform the Centre about families, and to inform families about services and encourage them to use them.

7.4 Encouraging families to use services

Once SSLP identified families where there was a problem of abuse, the approaches used divided into two types: those led by practitioners and those led by families themselves.

7.4.1 Some SSLPs established a work plan together with families that included all the agencies that will work with the family. This plan was agreed at home with the family and signed off by them before going ahead. It was regularly updated, usually every 6 weeks, and covered the services that would be useful to that family, any training, courses or counselling that could be arranged for them, and changed according to need. In one London borough the plan was established independent of the family at a multi-agency meeting in order to have input and information from as many agencies as possible at the same time. The family was then informed by a letter which services were considered appropriate for them.

7.4.2 In other SSLPs the role of staff was to highlight the services that were available in the area, but the choice of which to attend, and whether to attend at all, was for the family to make. Posters and leaflets were available in Sure Start premises, family link workers and other outreach staff carried leaflets

about groups and services as well as discreet cards with numbers of local help agencies. Small cards can be hidden inside pockets or purses to reduce the risk of them being found by abusive partners. One Sure Start produced cards small enough to be hidden inside a shoe or a bra, another produced extra-large leaflets with information about all the services available without any obvious focus on the services for abuse. A Sure Start Midwife explained that she alerted staff when she thought a woman needed help, *“But ultimately it’s up to the mum. 99% of the time mum is sitting with the health visitor or midwife when she calls and can then speak to the link worker on the phone. Otherwise the mum has to contact the link worker herself.”* (Midwife employed by SSLP)

7.4.3 All SSLPs noted that building a relationship with an abused woman took a long time and involved a number of Sure Start workers and the input of other women in any support groups she attended. In one example, a woman who had undergone both physical and sexual abuse, took a great deal of time to get to a stage where she was ready to mix with other people. The Sure Start staff encouraged her by focussing on the benefits to her children. *“She used a lot of us for support, lots of groups and services; she needed to be wrapped up in that group, to know ‘I’m not the only one’”.* (SSLP Manager)

7.4.4 Where there were communities of families from ethnic minorities living in Sure Start areas, programmes reported an increase in awareness of domestic abuse although mainly amongst women. There was no evidence of any groups or services specifically targeted at these populations beyond the very general translation of leaflets. In areas such as south London where populations are very fluid and more than 100 languages are spoken at any one time, it had not been possible to translate leaflets and health workers were relied upon to spot families in need.

7.4.5 Although they referred women in crisis to local refuges directly, or more commonly via local authority housing departments, it was rare for SSLPs to do any joint work with refuges. Some reported that they had tried but failed to successfully engage with refuges. In the cases where there had been joint work this involved:

- providing a crèche and space for drop-ins hosted by workers from local refuges;
- printing leaflets for drop-ins and displaying them in the Sure Start centre;
- funding support workers to run weekly arts and crafts sessions with a crèche at the refuge;
- play and stay sessions at refuges.

7.4.6 SSLPs which undertook outreach within refuges and homeless re-housing centres noted the usefulness of such work in helping the women and their children to establish new networks by creating an environment for sharing and making friendships, but also by signposting to useful local agencies outside the refuge or home. These networks can be sustained after the family is more permanently re-housed, often in the same area as the

refuge, and may reduce feelings of isolation and the chances of return to an abusive partner. *“J had a whole network of people because of the art sessions. Sure Start helped her find and build social networks and that was key to her not returning again to her ex-husband.”* (Nursery manager)

7.4.7 Where an SSLP had printed leaflets for a women’s aid refuge drop-in considerable negotiation was needed on the wording for the fliers. The refuge wanted the message to be specific about the type of help offered in the drop-in, while Sure Start staff thought the wording should be more general, believing that women were less likely to attend a group that was advertised as being for people living with domestic abuse. As the help offered at the drop-in would be most beneficial to women who were still living with their partner, attendance would be tantamount to admitting that they are being abused and they might put themselves at risk if their partner discovered that they were attending.

7.4.8 A small number of SSLPs employed a CPN. Although most focused initially upon mothers presenting with ante or postnatal depression, those interviewed for this study reported that some form of domestic abuse often featured in the background of the women with these forms of depression. Two Sure Start staff, a CPN and a domestic abuse specialist, had compared their referrals and found that they were visiting the same women. In one SSLP the CPN worked one-to-one with parents and referred both individuals and couples to a Relate counsellor who was seconded to the programme for two days per week. The focus here was on vulnerable parents, particularly asylum seekers.

7.5 Disclosure

It is not possible to offer help to a woman unless she discloses that abuse is occurring. All respondents recognised that the prerequisite for disclosure to occur is a trusting relationship. SSLPs were in a good position to nurture such relationships, since they were secure and reliable, and, in focusing on their well-being of the child, could build trust in a woman based on their shared commitment to the child.

7.5.1 Engaging women at the antenatal stage can be effective, as there is time for a relationship to develop. Women may also disclose to a SSLP childcare worker because they see them as familiar – having looked after their child – and they are non-threatening and trustworthy. It was important that SSLP nursery staff were trained to listen to women, to *not* give advice, and knew who to pass the information on to who could help directly or link the woman with appropriate advice and support. They needed good supervision and support. *‘Whatever women tell you, you can guarantee there’s more that they haven’t told’* (Sure Start Children’s Centre Manager).

7.5.2 Nurturing a relationship with a woman does not guarantee that she will disclose, or that she will want to be helped out of her situation. SSLP staff described situations where a woman disclosed domestic abuse to a worker and then did not return - most often for fear of Child Protection. Women let

workers know there is something going on, but that they are afraid of the consequences of telling: 'If I tell you something, will you tell anyone?' Such hints can go on for months before there is an actual disclosure. Some women are afraid of being judged by the person they tell "*We tell them that me judging you reflects more on me than on you.*" (Family Link Worker, SSLP). Waiting to establish sufficient trust and at the same time ensuring a woman or children are not exposed to danger can be a delicate balancing act. "*Sometimes we miss it, are not sure when to intervene, but it is important to have the conversation to let the parents know, it is our duty, at the point where there is a concern, to inform the authorities.*" (Family Support Worker, SSLP).

7.5.3 It was rare for a disclosure to happen for the first time within a group. Usually it is women who have left an abusive relationship who talk about their abuse there. "*This is a very open and honest community, in groups everything is on the table, they feel safe, they disclose. They speak more freely because they are proud of having come out the other end.*" (Family Support Worker, SSLP). Sometimes women who are still experiencing abuse will also talk, but usually when the level of abuse has reduced. Similarly, children want to disclose to a trusted person but often indicate that they do not want their story to go any further.

7.5.4 In communities where domestic abuse has been habitual over a number of years children may be educated by experience to expect and participate in it. It is very difficult to move outside the norms of one's own community simply by listening to the advice of professionals, especially if they are not from within that community. Breaking these cycles of violence and belief patterns requires a sustained telling and re-telling of the message through as many sources as possible: one-to-one, in groups, from professionals, para-professionals and mothers. "*We've had a couple of instances where gran has come as support for mum and has ended up also disclosing. 'In our day it was natural, right?' But actually it has to do with the culture of a community*". (Family Support worker, SSLP)

7.6 Support Offered to Parents

Once an SSLP has identified that a woman is living with abuse, usually through the ante-natal or early post-natal check, the usual response is to invite the woman to use SSLP services at which she will be offered information about agencies in the area who may be able to help her. Women are absorbed into generalised groups with specific help offered from *outside* agencies.

7.6.1 In a very few cases, a domestic violence policy has been established *within* the SSLP. All workers receive the same training and meet regularly for updates on families' progress. Women themselves are involved in the process and are encouraged to instigate each stage. In one example of this approach the Sure Start core team working with families experiencing abuse includes:

- a CPN / adult mental health worker
- childcare coordinator
- midwife

- support worker based 50:50 at SSLP Children’s Centre and local Family Centre.
- adult teacher
- Programme Manager
- childcare workers
- every other member of staff

7.6.2 More frequently, SSLPs had developed a centralised referral system, assigning a key-worker to a family from the most appropriate agency: health, social services, psychology service or Home Start, (a locally based volunteer home visiting scheme) for example.

7.6.3 Few SSLPs advertised groups or activities that were aimed exclusively at women who were experiencing domestic abuse. It is assumed that they will not attend a stigmatised group, or if they do it will only be when they have already left the relationship. However, a small number of SSLPs offered a Freedom Programme. This intervention, deriving from the Duluth³ approach to harm reduction, which involves holding perpetrators accountable and placing the onus for intervention on the community, rather than individual women. It does not advise women what to do.

Good Practice: Freedom Programme

“We talk about our own experiences around 12 themes. A different theme each week. We are told at the end of one week what the theme will be the following week. It’s very much about your feelings, your personal view on things. (Mother attending Freedom Programme established by SSLP)

Aims include:

- To help women understand the beliefs held by abusive men and which of these beliefs they have shared;
- To illustrate the effects of domestic violence on children;
- To assist women to recognise potential future abusers;
- To help women gain self-esteem and the confidence to improve the quality of their lives; *‘The reassurance I get from the group that it wasn’t me ... it’s not your fault, you don’t have to feel guilty, you are able to talk.’* (Mother at Freedom Programme);
- To introduce women to community resources such as Women’s Aid, the police domestic violence unit, rape and sexual abuse support, local colleges and so on.

A number of Sure Start workers had been trained to deliver this 12 week rolling programme and the women who attend hear about it through other workers at Sure Start, health workers or from social services.

‘At the time I left, my children were on the ‘At Risk’ register. I was given a support worker from Care Plus who told me about the group. It took a long

³ <http://www.duluth-model.org/documents/daipccr3.htm>

time for me to pluck up the courage to go, I had no confidence. To a certain extent I didn't want to admit that it had been domestic violence, then I realised that there are other people in the same situation, I'm not the only one. I don't know why but this gave me more confidence." (Mother of two children under 5 attending Freedom Programme run by SSLP)

The typical sequence of events which lead to attendance begin with violence in the home. The children are then put on the Child Protection register, the male partner says that social services are not serious and the woman returns to him. The children are removed, which reinforces the idea that she is a bad mother. The woman is referred to the Freedom Programme, in order to gain clarity about her situation and, eventually, to be able to care for her children again. There are also a large number of women who come to the programme having already left their relationship and seeking to understand how they got into that situation as well as how to avoid it in the future, and women who remain in the relationship.

"We have rules about how we are with each other outside the group. When a woman first joins she is told that what is said in the group does not leave the group, unless it is a child protection issue then it would have to be passed on – that is made very clear. We also ask if she would like to be acknowledged outside the group. Some women are still in their relationship and don't want to be acknowledged on the street as it could be dangerous for them." (Mother, Freedom Programme run by SSLP)

7.6.4 As well as paying for workers to be trained in delivering the programme, SSLPs have also provided crèche support and venues for the groups to be held - although these are always kept secret - and will help women to get to the programme: *"I was contacted by Sure Start, they gave me all this information about the help that I could get. The woman from Sure Start came a few times and left leaflets from the Butterfly Group and she took me there a couple of times. I have 2 little ones and no car. My son started school in September and there's no direct bus to the group, it takes me about an hour to get there - physically too difficult unless someone can take me there. Now I have a tenancy support worker who gives me and both my sons a lift, they go to crèche while I'm in the group then I usually get a taxi home. Going to the group really helps me stick to my decision and to really talk about things more, they understand what I'm talking about and they **believe me**."* (Mother, Freedom Programme)

7.7 Information and advice

SSLPs reported that there was confusion among women about what constitutes domestic abuse and when it is justifiable to seek help and advice. When women felt comfortable with Sure Start staff they often asked about how to define abuse. Staff describes questions like 'He's shouting in the bedroom when the baby's there. Is that too much?' or 'He has never been physically violent, but he has pushed me a couple of times.' Much advice is given informally to women attending groups and staff then rely on their

training to dictate what information to give to parents and who to talk to next about their concerns. It is never the job of any member of staff to advise a woman to leave her violent partner. Almost all staff are given Child Protection training which advises them to tell the parents that although what they say is heard in confidence, if they know a child is in danger they have a duty to inform social services.

7.7.1 SSLPs helped families to get access to information and advice either by providing it directly themselves through written materials or talking people through what is available in the area; or by making it easier for people to gain access to information from other bodies. Crèche support and SSLP venues were offered to housing advice, citizens advice bureau, health workers, Relate or other counselling services. Where the service was provided in a non-Sure Start venue, the SSLP offered transport help or crèche support. This is the case in one SSLP area where advice on housing, health, welfare rights, children, advocacy, support groups and language services was available from a local provider in a one-stop-shop.

7.7.2 Where leaflets were provided, they were left in places where staff and parents could access them confidentially, usually in women's toilets. Similarly, advice and support was given discreetly in a private room at a Sure Start centre or during home visits. It was particularly difficult to get information across to members of the community who did not speak the predominant language. It could be expensive to translate all printed material. Local community translators were often not appropriate as, where a community is small it was, impossible to maintain anonymity.

7.7.3 Ensuring a family got appropriate information at the right time depended on Sure Start staff having access to information about the family from other members of staff, accessed through regular meetings or a computer system such as E-Start, as well as from other agencies. For example, information might come from the police after they had attended a domestic incident at a child's home, or from the GP or health visitor if they had concerns over a child's development or welfare that could be connected to abuse. It was very rare for there to be active inter-agency information sharing. In a handful of cases there was a shared computer system that could be accessed by health, Sure Start, social services and education practitioners. But the majority of local authorities were still working towards making their information sharing policies work effectively.

7.8 Support offered to Children

Because the children who use Sure Start services are very young, SSLP services tend to be focussed on parents, raising awareness of the effects of abuse on young children and helping them to deal with behavioural problems that may arise. Despite the undisputed short and long term effects on children of living in a house where abuse is taking place, very little direct work with children who were affected by abuse was carried out by SSLPs.

7.8.1 Parenting education courses were offered by SSLPs, and these provide advice and encouragement for parents whose relationship with their child is challenging, or where the child has developed difficulties. The Freedom Programme described above contains elements about effects on children but little or nothing about how to deal with them. It was reported, by Sure Start staff involved in these programmes, that women often requested a parenting programme as a result of learning about the effects of abuse on children.

7.8.2 In one SSLP early years and parental involvement workers did creative work with children and older siblings focusing on respect rather than domestic abuse alone, to try to break cycles of domestic abuse. SSLP practitioners described family situations which they had encountered where abuse was affecting children: mothers afraid that sons will grow up to be like a father, over-punishing to compensate; children puzzled about the explanation for the abuse and then making up their own, (which may involve blaming themselves). On occasions children were told that abuse was their fault because they had been naughty. In one SSLP it was reported that the children in a family were encouraged by the abusive father to physically punish and restrain their mother whenever he was out of the house.

Good Practice: Working with the Whole Family

SSLPs that had taken a proactive role in combating domestic abuse often went beyond the age remit of Sure Start, working with older children in families. This blurring of boundaries may well be easier for Children's Centres to sustain.

To raise awareness in the community of the effects of abuse on children, one SSLP ran a Community Fun Day featuring artwork, poems and drama on the theme of domestic abuse, drawn and performed by children from local schools with the support of their head and class teachers. In preparing work for the day opportunities arose for the children to discuss violence in relationships within the safety of the classroom. Outcomes from the day were increased awareness amongst teaching staff, children and parents. A number of women approached support workers during this day to arrange to meet and discuss personal situations.

In another situation where an SSLP's work had implications for older children, a male children's bereavement counsellor was contacted by the mother of a 12-year-old boy who was living in a violent home with his parents. The counsellor contacted a Domestic Abuse Awareness Forum set up by the SSLP and through this some support was located for the child.

7.9 Referring families

Multi-agency working is central to the Sure Start approach. It has also long been a tenet of those in the agencies in the voluntary and statutory sectors working to combat domestic abuse. In theory, then, SSLPs and other agencies were well-positioned to work together when families presented with

domestic abuse problems. Most SSLPs referred families to specialist services, especially when the family was confronting a crisis.

7.9.1 Multi-agency working refers to various levels of engagement between agencies and services. For some SSLPs it involved regular formal inter-disciplinary meetings where health, social services and SSLP staff met to create a care plan for every family in need. More common was a system of information sharing achieved by asking families directly which services they are already working with, and for permission to get in touch with them. *“Part of the way we work is to put together a work plan with the family. We ask: are you working with other agencies? Do you mind if I contact them?”*(Family Support Worker).

7.9.2 In a number of areas, where the experience of SSLP staff was considered inadequate, the expertise of local service providers was used by working in partnership. For example, in one SSLP staff worked closely with Family Centre support workers who had training and experience in helping adults and children with domestic abuse issues. An active domestic abuse project in another area worked in partnership with the local SSLP in supporting families where the male partner was being counselled following a child protection conference.

7.9.3 In other cases team working has not been dictated by policy but has depended on the commitment of individual workers and their knowledge of the strengths and expertise of other workers in the local area. *“We all know each other so we can signpost effectively.”* (Sure Start health visitor). For SSLPs that did no specific work in the area of domestic abuse, this kind of signposting to specialised support was essential. For it to work, regular networking and information sharing events between professionals were required.

7.9.4 Working with other agencies could be as simple as improving community access to their service, for example, by providing space for them in a Sure Start centre. Citizens Advice Bureau, debt and money advisers, housing, connexions and Relate hosted drop-ins and advice sessions in Sure Start venues. It was reported that for some women, knowledge about the legal process and their right to advocacy and entitlement to benefits and help with debt had been the trigger for seeking help.

7.9.5 The majority of SSLPs operated a system of mutual referrals to and from community midwives, health visitors, police domestic violence coordinators, local domestic abuse helplines, counselling services and the local Women’s Aid refuge. However, one SSLP visited defined itself by an absence of referrals: *“This SSLP doesn’t take referrals because we are an addition to mainstream services, not an extension of them. Our team are all singing from the same hymn sheet - not hierarchical, we do not have boxed off responsibilities, we share across the team. The anchor is the child, the purpose of our involvement.”* (Programme Manager, SSLP).

7.9.6 The Child Protection obligations of professionals tend to be widely

known and parents are not surprised to be told that confidentiality does not extend to information about children at risk of harm. Some SSLPs offer support to women attending Child Protection hearings in the form of advocacy. This may be needed for women who will make a statement outside the room, but not inside because a violent partner is present.

7.9.7 Child protection issues do not arise in every case of domestic abuse. In one SSLP, staff identified families to see what services or help they wanted, but *“If there are no child protection issues we are happy to leave it at that if that is what they want – no pressure to attend services or to leave their partner.”* (Family Support Worker). Referring a family to social services for Child Protection is not an easy decision and, despite training, some workers contacted Social Care Direct or the Senior Nurse for Child Protection for advice before going ahead. In one urban SSLP the families of all new babies born in the area are ‘checked out’ with social services to see if they are known to them before being contacted or visited by Sure Start. Generally it is the policy of SSLPs to tell parents that if they disclose a domestic abuse issue that puts a child at risk, the programme will be duty bound to report it.

7.9.8 When a relationship breaks down due to abuse, it is usually the woman who leaves. She is not just leaving her partner, but also her support network of friends and family and uprooting her children. Women become financially vulnerable when they leave, losing the support of their partner or their own job. Often men have taken out loans in the woman’s name. The point at which a woman leaves an abuser can be a dangerous time when tempers and emotions are high. This is when services must work together to ensure a quick removal and the long term safety of the woman and her children. *“The first stage, I was scared, didn’t know where I’d go. I had these very young children, it was VERY difficult [to leave]”* (Mother attending SSLP Freedom Programme).

7.9.9 Pressure to stay comes not only from the abuser but also from families who may want women to stay rather than leave. SSLP home visiting support staff find that the back story to a disclosure of domestic abuse is often long and complex. SSLPs needed to be clear about the limits of their own role and responsibility in these situations. The aim of family support in a domestic abuse case was to empower the woman by offering her support, information and choices. *“If the woman expresses a wish to leave the relationship she would be supported to do so but she would not have to agree to leave for us to work with her”* (Family support worker, SSLP).

7.9.10 Most SSLPs agreed to help families at risk of domestic abuse to create an escape plan, either working through SSLP staff or by linking families to local projects with more specialised workers. For example, women might be advised to gather important documents together and keep them somewhere safe and secret. Occasionally SSLPs report that they have been the first point of contact for women in crisis who wish to leave their abusive partners. One woman called her local Sure Start in Yorkshire saying she needed help to leave by 5pm when her partner was due home from work, but didn’t want to go too far. Because of links it had with the local homelessness unit, the

programme was able to arrange for the woman and her children to be housed temporarily in a B&B in the area. She has since been re-housed outside of the area for her safety. Women have commented on the benefits of a Sure Start one-stop-shop arrangement where a relationship can be built with a small number of workers who have a shared approach, and a broad knowledge base. *“I like to come to one person who has all the information. In the past information was available to staff and when I do see different people, services are all done in the same way. They have helped me move on in how I see men.”* (Mother, three children).

Good Practice: Working with Women’s Aid Refuges

Very little direct work was done by SSLPs within refuges, but there were instances of Sure Start support workers visiting women help them fill in benefits forms, especially when they have fled their home without key documents. One SSLP ran a weekly arts and crafts group at a local refuge led by two family support workers, and supplied a crèche worker to take care of the children in an adjoining room. The support worker found that women tended to share experiences, empathise and problem solve together in a relaxed atmosphere.

7.10 Services for men

Few SSLPs had contact with male perpetrators of domestic abuse, because *“work with fathers needs careful handling and coordinating when they come into the building as their partner or child may also be around”* (Deputy Programme Manager, SSLP).

7.10.1 In one area a local domestic abuse counselling service held sessions in the Sure Start centre. It also held a group on its own premises to which the SSLP referred men. This group involved challenging the men’s behaviour and was called an ‘anger management programme’. Another SSLP referred men to a newly established perpetrator programme but noted that it was not always appropriate because *“It’s for those who are at the stage of admitting they have a problem”*. (Programme Manager, SSLP). It was also reported that SSLPs had contact with men who were the victims of domestic abuse and one SSLP had a counsellor from Relate seconded for two days a week who talked of the differences between male perpetrated abuse and female: *“We see lots of male victims. Generally speaking if women are the perpetrators, the violence is more premeditated, more systematic and clinical. This can be explained by size and strength. For a man, usually they can hit out and be physically violent on the spur of the moment, often after drinking. For women, it needs planning so they can be sure to have the upper hand, for example the woman who got up early to get a knife and sat over her partner in bed holding the knife so it was the first thing he saw when he woke up.”* (Relate counsellor working with SSLP)

7.11 Services for black and minority ethnic families

7.11.1 A common perception is that the boundaries of abusive behaviour vary between cultures, but SSLPs reported that abuse was abuse regardless of the ethnicity of the perpetrator or victim. The differences and difficulties emerged in disclosure. The Relate counsellor, mentioned previously, noted that Asian families experiencing domestic abuse tended go to the Relate counselling practice while the families using the SSLP were mainly white or Afro-Caribbean.

7.11.2 An SSLP in the Midlands with a catchment area divided almost equally between white and Asian communities has white support workers working with white families, and Asian support workers working with Asian families. While the Sure Start has been alerted to a small number of families living with abuse from the white community, none at all have been referred by the Asian support workers. The imbalance was investigated and it was found that the Asian support workers had been accepted into the homes of the families in that area because they originated from the same community and were afforded familiarity and respect. This relationship would be threatened if they were known to have helped women to leave their husbands or reported abuse and children in need to social services. The workers were not approaching the topic of domestic abuse to avoid the difficulty of having to do something about it. Recognising this situation as unhelpful, the lead family support worker (who was white), visited families with an interpreter but women were unwilling to talk to her and the situation has not been resolved.

7.11.3 In an area that had had a recent influx of Eastern European families, language problems had become a concern for health visitors who are responsible for handing out leaflets in benefits and services. *'The first wave of families had good English, but there is deterioration as later waves arrive'* (Family Support Worker). It was too expensive to translate everything and interpreters, even those hired through the local council, were expensive, and translators from the community were not appropriate. *"The women in these communities are beginning to realise that abusive behaviour is not acceptable, but we are much further behind with the men who cannot see what the problem is."* (Sure Start home visitor)

7.12 Summary of SSLP Approach to Domestic Abuse

The approach of SSLPs to providing support in cases of domestic abuse has been empowerment through providing information and choices. Family support has generally been provided at home, unless it is unsafe, for a period of time long enough to establish a relationship of trust with the woman. She has been encouraged to join groups in Sure Start centres or other venues, accompanied if need be. Many SSLPs had a stipulated period of time after which the family needs were re-assessed and a new plan of care drawn up. Parents were made aware that if there was a danger to the child it would become a Child Protection issue and a referral made to the Social Services Department.

Good Practice: Avoiding Dependency

While developing a trusting relationship was considered important in helping women to acknowledge abuse and move them towards appropriate help, the ultimate goal of SSLPs was to help the woman towards empowered independence. This can be a difficult balance to negotiate and was tackled in the following ways by SSLPs:

- being only one of a number of agencies involved;
- starting with a one-to-one relationship then moving women into groups;
- not making one family 'their own' and spreading the load of responsibility beyond Family Support workers;
- providing regular supervision for staff so they can share responsibility for a family;
- training workers (in, for example, transactional analysis) to be aware of not keeping the woman as 'victim'.

8. TRAINING

8.1 SSLPs needed to ensure that staff had the skills and confidence to recognise abuse, make queries and respond to families. Since pregnancy is a time of heightened risk for domestic abuse, this was where resources were focussed on enquiry and support. Midwives were the frontline staff here, and as part of their professional task they were already required to ask about domestic abuse, were trained to do so appropriately and safely, and to recognise signs of abuse and to signpost.

8.2 All other SSLP staff, including early years workers, family support staff, health staff and those from agencies working on behalf of the SSLP, needed to be able to either offer support to families around domestic abuse or signpost them to those who could. Training was delivered in different ways by SSLPs. Some trained one key worker who had responsibility for accepting referrals or listening to concerns raised by all staff. In others, all staff including professionals and administrative worker received a standard training.

Three approaches to training in SSLPs:

- *“Only the Parent Involvement Officer is trained in domestic abuse issues.”*
- *“We train the local Family Centre family support workers, the Community Psychiatric Nurse, the childcare coordinator, our midwife, deputy programme manager and manager.”*
- *“All workers who visit families at home have been on training to make sure they are not afraid to ask the question, or be aware of indicative issues.”*

8.3 Training in domestic abuse issues generally covered recognising signs, signposting, staff responsibilities, being able to listen without necessarily having to act, with a focus on child protection. Training staff in recognising signs rather than waiting for women to spontaneously talk about being abused is important because domestic abuse can be a hidden problem, exacerbated by the fact that women are often disassociated with those closest to them as part of the power play in their relationship. A mother in a support programme at an SSLP described this effect to the researcher: *“He cut me off from my family and friends, I don’t know how he did it.”*

8.4 Some SSLPs gave staff awareness training about the effects of domestic abuse within ethnic minority families. Although this was helpful for staff to understand cultural mores that might be mistaken for warning signs of abuse, all SSLPs noted that domestic abuse was a hidden problem regardless of culture or race. *“All workers who visit families at home have been on training to make sure they are not afraid to ask the question, or be aware of indicative issues like the child’s behaviour”* (Sure Start manager).

8.5 In most cases, representatives of SSLPs sitting on domestic abuse forums receive some inter-agency training. In some areas the training is both inter-agency and county-wide ensuring that all service providers have a shared understanding of developments in practice, legislation and guidance, and a standard approach. This training is rarely part of the induction of new staff, but is fitted in when available, usually in quarterly rounds. A number of programmes commented that the local authority training course dates were set up in advance and were not always at the appropriate times for their staff. *‘The training can be hard to get on to because of timing’* (Family Support coordinator). Staff who come into direct contact with families but who are not in a supportive or advisory role - giving information about enrolling on courses, for example - are instructed to feed back any concerns raised from interaction with a family whether that be at their home, on the phone or at the children’s centre, to their supervisor.

Good Practice in Outreach

A Yorkshire programme employs four full time family support workers, including one bilingual, one part time Social Worker and a part time Helping Hands worker. Roughly 90% of their time is spent doing outreach and home visiting. If they come across a parent who is experiencing domestic abuse they refer this back to the lead Family Support Worker or the Social Worker and they would, during conversation with the parent, ask for their consent to refer to a local counselling service or any other agency that they may be ready to work with. The family worker would continue to visit while there was a need and this would be judged on an individual basis.

8.6 More innovative approaches to training included staff and families participating in drama groups or attending theatre productions together. A small number of theatre companies around the country produce plays and run workshops for families and young people about social issues, including

domestic abuse. For example: '*Certain Curtain Theatre Company*' produced a play about living in a family with drug and alcohol abuse and domestic violence; and, '*The Knot*' toured youth and community centres and was accompanied by a workshop. SSLP staff arranged to see this together with some of the families using their services and one programme brought the theatre company in to their centre to provide workshops for staff and families.

8.7 It was rare for victims of domestic abuse to contribute directly in the training of SSLP staff. However, in one area an SSLP representative sat on a local authority Domestic Violence Forum which received regular training through feedback from a local survivors group.

8.8 Good practice in training staff in this area needed to emphasise work with children and interventions to meet the child's needs. In the example quoted below, the involvement with a family has been based on the welfare of the child.

Good Practice: a worker trained to be alert to reasons for a child's distress

A young woman approached an SSLP because she was struggling with her son's behaviour. The support worker for teenage parents worked individually with the mother and child, who started attending a young mothers' group. Here the mother showed the worker a bruise on her child's arm, explaining that her partner became aggressive when he was drinking. The child was referred to Social Services who offered new accommodation to the mother, which she turned down. A Child Protection conference was called, and a plan made: the father was to reduce his drinking and undergo anger management, the mother was to use Sure Start services for herself and the child. The support worker continued to work with this mother to help her understand the connection between her son's behaviour and the violence at home, and suggested that the mother and father do a parenting programme together. It has been possible to talk openly with both parents about the domestic abuse because the child has been on the Child Protection register and because there is a care plan – the matter is out in the open.

8.9 Training providers

SSLP staff had received training on domestic abuse from a variety of training providers.

8.9.1 Local Authority

Local authority domestic violence coordinators often have the responsibility of organising centralised training courses that Sure Start staff attended. Staff seconded from health, social services and education may receive domestic abuse training from within their own service area as well as that organised for SSLP staff.

8.9.2 SSLP staff

SSLP Staff with broad experience of working with women in their homes and who have received training from their own agency, such as midwives, were often called upon to cascade their knowledge to other SSLP staff. In one SSLP an experienced Family Support Worker delivered awareness raising training regularly for primary school teachers, housing staff and police officers in local schools. The main aim was to raise awareness amongst the teaching staff so they would recognise signs, know what to say to a child and who to refer on to.

8.9.3 Local agency staff

A local domestic abuse project that provided counselling for women and men and took referrals from Sure Start, also provided advice and support to other professionals who were likely to encounter domestic abuse in their specific field. Specific training for those working with children was broken down into ages and covered: the impact of domestic abuse on children, how to investigate it and where to find help. Women's aid groups rarely had significant links with SSLPs but in this area the group was providing the domestic abuse training for Sure Start workers.

9. SUPERVISION AND SAFETY

9.1. Sure Start staff highlighted the importance of supervision in enabling them to assist families experiencing abuse. In most cases team managers offered support through supervision while senior staff and qualified members of the team supported and advised others. Supervision was generally done individually to ensure confidentiality for the family. *"It's very important that we have supervision. When we see a mum we think is ready to leave but she doesn't or she returns, we can vent our frustration with our supervisor and not with the parent. It's a revelation to think, 'I haven't failed, but I am a valuable partner in this long-term goal'."* (Family Support Worker, SSLP)

9.2 Some SSLPs reported peer meetings among family support workers in SSLPs across the whole authority. At these general rather than specific frustrations and approaches could be vented and shared.

9.3 Most one-to-one domestic abuse support took place in the home. It was common for Sure Start staff to make an initial visit to a family with another worker. A family support worker or parent involvement worker would accompany a health visitor or midwife on a tandem visit that had been pre-agreed with the family. On this initial visit and future visits when there is just a single worker, a note was always left at the Sure Start centre, with details of staff whereabouts and the expected time of return. *"On one occasion I went to visit a house but got no reply. The father of this family had a high level of domestic violence and control. I could hear him telling everyone to be quiet"* (Family Support Worker, SSLP).

9.4 When there were people in a house who were unfamiliar to the worker - friends or the woman's partner - staff were advised to avoid risk, saying something like: "I can see you are busy, I'll come back another time".

10. SUPPORTIVE WHATEVER THE CIRCUMSTANCES

10.1 SSLPS were in contact with families at various stages of experiencing domestic abuse. It was important that that programme provided a non-judgemental welcome whatever the situation, in order that the children could benefit from Sure Start services.

10.2 For those women living with an abusive partner, attempts were made to offer support. Some SSLPs tried to establish drop-ins or groups for women living with abuse but these tended to fail. Women did not want to discuss on-going problems in a group situation.

10.3 Where drop-in groups have been successful, they have not run open sessions, but have had people referred to them. For individual women, counselling (often provided by Relate or a local provider) was a first step to understanding what is happening in the relationship and gaining the confidence to take action. Group work or drop-ins may follow.

10.4 An SSLP stressed that whatever the precise circumstances, parents needed to understand about the effects of domestic abuse on children. *'Some parents have a complete lack of understanding of the effects on children. Whether on the register or not, we work with parents to understand the effects. Women are more likely to leave if they realise the effect on children.'* (Family Support Worker, SSLP)

10.5 In another SSLP, a health visiting assistant regularly visited families where there was abuse under the pretext of weighing the baby just to maintain contact. A family link worker continually assessed and offered help to the family to access help - a confidence building course, for example. Community development workers would support a woman if she chose to continue using Sure Start by picking her up from home, walking her to a course and always being there at the beginning and the end to ask how it went. Women in this situation were often introduced to training courses with a crèche, self esteem training, linked to local colleges for computer taster and child development courses. SSLPs have found that that child first aid is a particularly good course for getting women in the door in the first place, post natal depression groups are appropriate for self esteem building, and stay and play sessions tempt women out of the house.

10.6 The family support workers working at a West Midlands SSLP had been commissioned by the Social Services Department to host groups working with women who remained in abusive relationships. *"In these groups women talk about when they have defended children, taken a beating on their behalf. They don't want children taken away and think it's better to stay in the relationship and not create a fuss and risk losing the children. Victims will often make excuses for that [abusive] behaviour."* (Family support worker, SSLP)

Good Practice: Supporting Vulnerable Women

One SSLP which had successfully run services for women still in abusive relationships had offered two types of support:

- a group which helped women to look at ways of thinking and behaving to enable them to feel good about their lives and protect themselves and their children. A crèche was provided and members of the Sure Start team trained in domestic violence issues supported the women who attended;
- a group which targeted women who were extremely vulnerable, but was open to all, encouraged women to support each other over problems from life in general. Many issues were covered including relaxation, alternative therapies, protection behaviour and women's issues. Staff who supported this group had been trained in domestic abuse, child protection and substance misuse.

11. CONCLUSIONS

11.1 Domestic abuse can be widespread among families using early childhood services, and such services can provide a means to intervene in the abuse on behalf of the well-being of children

11.2 All of the core elements of a Sure Start Local Programme were in a position to contribute to helping families that were experiencing domestic abuse: raising awareness within the community, being a contact point in times of crisis, and supporting families long term in moving on from their experiences.

- *Health* – because mainstream, community and Sure Start midwives and health visitors were the first contact for parents experiencing problems, they linked families to Sure Start Local Programmes (SSLPs) or Children's Centres.
- *Education* – because domestic abuse affects children's behaviour (boys tending to 'act out' and develop disruptive behaviours, girls to 'act in', becoming introverted and uncommunicative); because young children of either sex may show regressive behaviours, nursery staff, early education and play workers partnered parents in assessing the child's needs.
- *Social services*- because domestic abuse and child abuse can be associated, the role of social workers in addressing child protection issues enabled families to be connected with SSLPs for holistic support in order to reduce the dangers.

- *Outreach* – because research shows that women are unlikely to talk about domestic abuse to their friends and family, the outreach capacity of SSLPs was crucial in that it enabled staff to build relationships with individuals which led to disclosure.
- *Multi-agency work* – because domestic abuse can lead to many and various needs for a family, a multi-agency programme like Sure Start enabled all the necessary help to be brought together in one, unstigmatised venue.

11.3 Until recently women's organisations were the sole source of support for those experiencing domestic abuse. Since SSLPs were set up, central and local government have developed multi-agency working with the NHS, the criminal justice agency and other voluntary organisations to support the individual needs of women and children. Sure Start Children's Centres are in an excellent position to contribute to the development of such multi-agency teams and work on local strategies.

12. KEY FINDINGS

- Since SSLPs were originally commissioned, there has been a growing emphasis from central Government on tackling domestic abuse. Central developments, such as the National Domestic Violence Action Plan and the appointment of a National Domestic Abuse Co-ordinator follow the good practice of SSLPs which had already identified links between ante and post natal violence and depression in mothers.
- The constructive relationships between individual practitioners, promoted and supported by senior managers, required to achieve effective joint working between agencies and professionals have been explored by SSLPs and considerable progress has been made in breaking down barriers in communication and working practices.
- There is a continuing need to raise awareness of the impact of domestic abuse on children, both with the public at large and also to those who are experiencing abuse but who may not have realised how it can effect children.
- SSLPs used their responsibility to address the needs of children at risk to develop innovative and effective methods of informing and supporting their communities around the dangers of domestic abuse.
- All staff in contact with children and families should have a basic introduction to domestic abuse, recognising and querying signs, knowing about the relevant agencies for referral and legal essentials.
- All early education and play services provide an opportunity to develop similar mutual understanding between children, by modelling non-violent solutions and facilitating cooperative activities.

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Appendix I

Request for information template (memo) sent to all SSLPs Rounds 1 – 4



*Institute for the Study of
Children, Families and
Social Issues*

Dear Programme Coordinator,

I am putting together a proposal for a study on Domestic Abuse and how it is approached by Sure Start Local Programmes/Children's Centres.

I would be very interested to hear about how your programme developed its work in this area and what kind of training staff and volunteers are given. It would also be helpful to know about the difficulties that surround encouraging disclosure and gaining access, as well as how signposting is handled and what kind of involvement there is from other agencies.

There have been a couple of fairly big projects done within SSLPs around the issue of Domestic Abuse, for example the play and video developed by families at Rose Hill – Littlemore Sure Start. Perhaps your programme has encouraged or guided a similar project, or you have heard of good practice at another programme?

If you can spare a few minutes to talk me through what happens at your programme, please send me an email{insert contact details}.

Thanks for your help in advance.

Lisa Niven
Research Officer

Appendix II

Domains of interviews with SSLP programme staff.

Local issues

- Numbers of families reporting abuse/children on CP register locally
- Community specifics (Ethnic mix, mothers age)
- Impression of awareness of anti-abuse message
- Any other relevant issues

Prevention

- **Reach**
 - How do you hear about families? (Local abuse forum, multi-agency work, sit on other boards, Women who attend SSLP services, police, ad hoc or systematised)
 - Awareness raising (Information and advice, signposting, translations, leaflets)
 - Encouraging families to use services (Use link workers, posters, cards, ante-natal engagement)
 - Who is reached better than before and who is still missed? (who is supported and where does this support take place?)
 - Disclosure (how is it encouraged, how long does it take, tell me about when it has successfully happened, and about when it has not)
- **Support**
 - Who provides parent support and how is that done (home visitor, Freedom Programme, key worker)
 - How is empowerment/dependency managed?
- **Training**
 - What is mandatory/ part of induction/ optional?
 - Who provides and who receives it? (joint? any staff plus parent training?)
 - Is women's experience used to inform training and policy? How?
- **Supervision**
 - How important is it?
 - What is provided/by whom/frequency?
- **Referrals**
 - Any raised ante-natally?
 - How are child Protection issues dealt with, how do you talk to the family about duty of care? What is local process? (Referral pathways and multi-agency working)

Crisis

- **Access**

- Links with health, education, social care, local and international voluntary agencies for advice and provision
- signposting to Sure Start, Police dv coordinator, local dv helpline card, refuge
- use of/links to referrals and safe houses
- Receiving referrals from other agencies?
- How do you fit in with local services?
- Services for non-native speakers and men?
- How are case records kept? Shared?
- Links with schools/housing?

Longer Term support

- **Practical**

- for those who chose to stay with the violent partner (legal and social advice, respite, parenting skills courses)
- for those who have left (re-housing, benefits advice, security)

- **Emotional**

- for those who stay (counselling, empowerment, training courses, education, leaving the house, parenting training)
- for those who have left familiar surroundings, family and friends (building support networks, segueing from refuge to re-housing, familiar faces working inter-agency)

Additional

- ***Any special features or innovative approaches?***
- ***Any Case Study Examples that would illustrate the SSLP approach to helping families experiencing domestic abuse?***

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Please quote reference: NESS/2007/FR/025

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ISBN: 978 1 84775 012 9