

**SERVICE PROVISION AND NEEDS:  
CHILDREN LIVING WITH  
DOMESTIC VIOLENCE  
IN SOUTH TYNESIDE**

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## **CHAPTER ONE: INTRODUCTION**

### **1.1 Background**

Among the aims of South Tyneside Domestic Violence Forum are to improve service provision for a) children and b) Black and minority ethnic women. Research was commissioned as part of the Forum's evidence-based approach to developing its strategic priorities in these areas. This report focuses on provision of services for, and needs of, children. A parallel report focusing on the needs of Black and minority ethnic women was commissioned and published at the same time as this one (Gangoli et al., 2005).

### **1.2 Children and domestic violence**

In recent years there has developed an understanding that domestic violence does not only result in adult victim/survivors but that children living in households where domestic violence occurs are also effected (e.g. Hester et al., 2000; Gorin, 2004). Research and the development of new forms of service provision and professional practice has emerged that has as its focus children both in terms of listening to and identifying their needs and developing appropriate services (see Hester et al., 2000; Gorin, 2004; Hester and Westmarland, 2005; Mullender et al., 2003). This work, corroborated by the work of others in America, Canada, Australia and New Zealand indicates that domestic violence has an impact on children in three central ways:

- that the domestic violence perpetrator may also be directly - physically and/ or sexually - abusive to the child;
- that witnessing violence to their mothers may have an abusive and detrimental impact on the children concerned; and
- that the perpetrators may abuse the child as a part of their violence against women. (Hester et al., 2000)

It is not known how many children in the UK live in circumstances of domestic violence, however, the 1996 British Crime Survey found that roughly half of (mainly) women experiencing domestic abuse had children aged under 16 years living with them and that the levels of victimisation were higher in these households (Mirrlees-Black, 1999). The 2001 British Crime Survey found, similarly, that where women had children living with them their risk of domestic violence was nearly doubled (Walby and Allen, 2004: 96).

Living in a context of domestic violence may affect children's health and well being in many ways, ranging from physical, emotional, behavioural, psychological and cognitive problems that may have short, medium and long terms impacts. There has tended to be a misunderstanding held by both professionals and parents that if children are not in the same room when violence occurs or if they are of a young enough age they will be protected or will avoid being affected by domestic violence. The evidence that exists suggests otherwise. Children as young as 6 months exhibit trauma and children of all ages may be fully aware of what goes on in their homes and often know far more than their parents or other professionals give them credit for.

Research also shows that children attempt to prevent violence from occurring and intervene to protect their victim/survivor parent. They also show ambivalence in their feelings towards both parents for different reasons. For example they may both want to protect their mother from the abuse and feel anger towards her for not stopping it. Similarly they may both desperately want their father's love and hate/fear him for the violence he wreaks on their mother, siblings and/or themselves.

Children who live with domestic violence may exhibit what are called internalising symptoms – depression, anxiety – and externalising symptoms – aggression, behavioural problems. Their experiences may lead them to run away from home, truant from or have behavioural and/or academic problems at school, take drugs/alcohol, be reluctant to leave their mother, take a caring role in relation to siblings and parents (Hester and Pearson, 1998; Hester et al., 2000; Mullender, 2001).

There is increasing evidence that rather than signalling an end to domestic violence, separation of the parents can be a catalyst to an intensification of violence. Indeed many women become more at risk of increased violence, intimidation and death as a result of leaving a violent partner (Department of Health, 2000; Paradine and Wilkinson, 2004). One of the factors associated with increased and/or continued violence is contact between violent fathers and children. There is evidence that violent fathers use post-separation negotiations for contact and actual contact to harass, abuse, stalk, intimidate and inflict physical and emotional violence on their children and ex-partners (Hester and Radford, 1996; Saunders, 2003).

### **1.3 Addressing Children's Needs**

Historically, service provision in the sphere of domestic violence has focussed on the adult survivor/victim, although Women's Aid refuges have also for many years provided specific support for children via dedicated children's workers and other provision (Hague, 2000). In relation to social services and other welfare provision, children living with domestic violence have increasingly been seen as 'children in need' with services geared towards addressing their needs within their home and/or in the context of them staying with their mothers/main carer (Hester et al., 2000). The new Adoption and Children Act (2002 – implemented from January 2005) also recognises that seeing their carer being abused is likely to constitute harm to a child.

In considering the needs of children living with domestic violence the most common response in the South Tyneside research was that these would be met under Child Protection procedures. However, historically, the focus of Child Protection has been on women proving that they can and will protect their children from violent partners (Humphreys, 1997; Hester et al., 2000) rather than, as might have been expected, on the children's needs. This onus on mothers has at times resulted in mothers being blamed for 'failing to protect' their children from the abuser with the consequent threat of children being removed. This approach has not surprisingly resulted in reluctance among mothers to seek help for fear of losing their children.

### **1.4 The Research approach**

The University of Bristol was commissioned by South Tyneside Primary Care Trust (PCT) on behalf of South Tyneside Domestic Violence Forum to do this research,

which was funded by the Children and Young People's Mental Health Services (CAMHS) steering group. The study used the same research approach previously adopted by members of the research team in a UK wide domestic violence mapping and needs assessment (Humphreys et al., 2000), and two similar studies conducted in South Tyneside (Hester et al., 2001) and West Newcastle (Hester et al., 2003). This involved two main phases: mapping of local provision, and assessment of need.

#### **1.4.1 Phase I: Mapping local provision**

Mapping of services was carried out via a telephone survey of 46 members of staff across 30 local agencies (see Appendix 1 for list of agencies). The questionnaires asked about organisational structure, service provision, policies, guidelines and definitions of domestic violence used, practice and procedures including inter agency co-operation, procedures for monitoring and recording, and evaluation<sup>1</sup>. Some of the telephone interviews also provided qualitative data on these issues and the views and opinions of representatives of agencies on existing services for children.

#### **1.4.2 Phase II: Needs assessment**

The needs assessment was carried out via focus groups and one to one interviews. It was deemed more appropriate to elicit the views of mothers than attempting to access children directly, and two focus groups were carried out. One group consisted of women staying at the South Tyneside Refuge and the second group involved a mixture of women service users from Options and the User group of the Forum. Focus group participants were asked their opinions about how their children had been effected by domestic violence; how they thought particular agencies had responded to their children's needs; and what they thought could be provided to meet the needs of their children. Follow-up interviews were also conducted with the Domestic Violence Co-ordinator and the Children's Workers at the refuge.

### **1.5 About this report**

Chapter Two presents findings across a range of agencies, looking in particular at the service provision for children living with domestic violence in South Tyneside. Where available, monitoring figures are presented from individual agencies. Chapters Three through to Eight focus on particular service groups (Criminal Justice, Education, Children and Family, Health, Specialist and Other) and Chapter Nine offers some conclusions and recommendations.

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<sup>1</sup> These questions were based around the Good Practice Indicators also used as measures in our earlier studies. The nine GPIs are related to: Definition, Policy and Guidelines, Training, Multi-Agency Coordination, Safety measures and Safety Oriented Practice, Monitoring and Screening, Good Practice with Children, Publications and Awareness Raising, and Evaluation. The Good Practice Indicators were designed to help professionals and agencies reflect on their practice in relation to domestic violence and identify areas of strength as well as areas that can be improved (Humphreys et al., 2000; Hester et al., 2001).

## CHAPTER TWO: OVERALL FINDINGS

### **2.1 Number of Children Living with Domestic Violence**

Most of the 30 agencies surveyed in South Tyneside were not able to give the prevalence of children living with domestic violence even though just over a third (n=11) said they did monitor and record this in relation to their client group. The most prominent reason was that agencies did not keep these records or if they did on individual files they were not monitored by the agency so could not be obtained. Agencies also collated their data using different methods, and used different definitions of domestic violence to collect such data. For instance, one Infant School Head responded that only one child in her school had been identified as dealing with domestic violence in the last year. She thought this was a problem, as the figure was probably an underestimate:

*Mainly due to our ignorance. If defined as domestic violence between adults then hard to get a hand on it. What we might term abuse they might see as normal.*

Some agencies did record domestic violence and also recorded the number of children living in these circumstances. These figures are listed in table 2.1 below. As can be seen from these limited data, even taking into account that some of these families may have been in contact with more than one agency (and thus counted more than once), the numbers of children in South Tyneside affected by living with domestic violence is in the hundreds.

<i>Table 2.1 Agency figures regarding children and circumstances of domestic violence</i>	
Victim Support	In last year 160 women most of whom would have children
Victim Support Probation Project	110 women, 230 children in last year
Housing	2000/01: 53 women 2001/02: 44 women 2002/03: 56 women 2003/4 [first 9 months]: 69 women About 55-60% have dependent children
Health Visitor working with Refuge	About 50 women over the year all of who have children
Women's Aid	2002/03: 345 referrals, 32% accepted. 104 women, 125 children
Options	2003: 82 women 2004 to date: 68 women, 130 children

### **2.2 Service provision for Children in South Tyneside**

Only one third of the agencies surveyed (10/30) offered some form of direct service or support to children living with domestic violence (see Table 2.2). On three occasions participants from the same agency gave different responses to the question about provision of services, indicating some inconsistency in knowledge and awareness of



what agencies can and do offer, as well as variable understanding of what direct services might involve.

S. Tyneside Women's Aid	Crèche and activities for children in refuge: 2 sessions, 5 days a week; one to one sessions with children talking through issues they raise; organising transfer to local school.
Panah	Children's co-ordinator organising activities for children in refuge.
Health Visitor for Refuge	Liasing with previous GPs to get notes transferred; talking to women about health needs of children
Social Services (One Team)	Practical – protection, support, therapeutic work with family in relation to being in school, any combination of above
CAHMS Young People's psychologist	One to one psychological counselling
School Mentoring Service	One to one counselling/mentoring and advocacy. Support through any process, which takes it further (CP/case conferences). If something went on for more than the usual involvement of 16 weeks then support would go on.
Secondary school	Forum leaflets about domestic violence are left for children to pick up. All children carry Helplines page and mentors have drop in sessions for children.
Primary School	Years 4, 5 and 6 have behaviour/citizenship lessons and self- confidence training; and sessions on bullying, being safe and raising awareness of their rights.
Victim Support	Listening, referring on, getting involved with GPs and education on their behalf.
Matrix	Family support and one to one work
YOS Steppe Prevention	One-to-one and family work, relationship building, boundaries, anger management, privacy – holistic approach building up self-esteem.

In addition, the police passed information to social services where children were present at incidents attended by them, and solicitors were involved in making applications under Section 8 of the Children Act.

Sure Start indicated that they had capacity for doing work with children in relation to domestic violence but were not actually doing so for a number of reasons. One worker based with a Sure Start agency had responsibility for ethnic minorities, men and domestic violence but had only just started work in 2004 and had no premises. This worker was in discussion with agencies such as Options to develop relevant services for victims/survivors and perpetrators. A Sure Start manager whose project had a

budget for a domestic violence worker explained that when she had looked around to do a job description she felt she would only be duplicating work, which she did not want to do. She explained:

*I'm sure you'll find victims are happy with provision. Work with children would be focussed on if we do employ a domestic violence worker. We should wait for your report.*

Other agencies such as those working with specific issues such as drugs/alcohol or Youth Offending said that they did address the issues related to domestic violence as they were raised by the young people they worked with, but only in so far as they were related to their alcohol/drugs or offending problems rather than direct services addressing domestic violence.

### **2.3 Summary**

These findings suggest that:

- There is confusion within some agencies about the services they provide for children and young people that needs to be addressed.
- There is potential within several agencies to develop the work they already do with children and young people around domestic violence issues. This could be built on and other agencies could be made more aware of these services.
- There is a need to develop more specialist workers and/or agencies to work with children and young people living with domestic violence

## CHAPTER THREE: CRIMINAL JUSTICE AGENCIES

### **3.1 Introduction**

In this and the following chapters we discuss the findings from the survey, focus groups and interviews: briefly outlining the extent to which agencies covered the Good Practice Indicators (Humphreys et al., 2000), how they saw their own work, and how service users perceived and experienced their work. Each of the six agency categories are looked at in turn, beginning in this chapter with the criminal justice system – covering the Police and Probation<sup>2</sup>.

### **3.2 Northumbria Police**

In relation to children the Northumbria Police have adopted an approach where children may be identified as at risk in domestic violence situations. Where children are present during domestic violence incidents the attending officer fills in a CHAB form which is then passed on to the police domestic violence unit and a referral is made to Social Services. The police may also make a judgement at the scene of an incident that the children are better served by being removed for their protection and referred to Social Services. Five officers took part in the survey.

#### **3.2.1 Good Practice Indicators**

There was variation in the extent to which individual officers knew of policies and practices related to domestic violence:

- Four of the five officers said the Police have a definition of domestic violence but did not know exactly what it is or gave different definitions.
- All officers were aware that the Police have policies and guidelines related to domestic violence but only two knew that these include practice related to children.
- Some officers in the Domestic Violence and Child Protection (CP) units receive specialised training on domestic violence and children/young people but patrol officers only receive training in how to fill in the CHAB forms.
- The police regularly referred individuals to other agencies such as Victim Support, Social Services and local housing, refuges and the CP unit, were represented on the Forum, and also worked closely with other agencies in relation to risk management, and CP conferences.
- The CHAB form system ensures that the incidence of children living with domestic violence is monitored.
- Officers made a distinction between responding to the concerns raised by children and acting on what they disclosed and the need for corroboration at a later stage if action were to be taken.

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<sup>2</sup> An official from the County Court also took part in the survey. While the court administers the law relating to domestic violence it does not provide direct services. None of the good practice indicators were met although the respondent indicated that referral might be made to CAFCASS, Social Services or mediation and conciliation if issues arose during proceedings. The Court is represented on the Forum.

### 3.2.2 Self-assessment of services

Most officers (3/5) felt that the police respond adequately to the needs of children living with domestic violence. One felt that the police responded very well and felt that things have changed a lot:

*If you'd asked me 10 years ago I would have said poorly – along with our partners.*

A Chief Inspector explained that with regard to children:

*The responsibility is with Social Services – the main burden should fall on them. When required to do something we do it well.*

Another officer, however, felt the organisation responded poorly because the emphasis is on referral to Social Services. Two officers also felt that the partnership between the police and Social Services could be improved:

*The relationship with Social Services isn't very good. Most officers think Social services aren't very good and their response is lacking.*

### 3.2.3 What do other agencies think of the police?

In responding to this question there were concerns raised about the inconsistency of response from the Police and Social Services. If participants gave an explanation for a choice of 'poor' or 'adequate' as a description of the general level and quality of services available for children living with domestic violence they most often did so in relation to the Police, Refuges, Legal Services and Social Services. For the Police, participants' explanations mostly commented on the variability of service they felt exists while one participant spoke about the lack of resources available to the police to do more.

### 3.2.4 Service user perspective

Mothers in the focus groups also raised concerns about the variability of response the police give indicating, as other agencies do, that a good response can depend on an individual attending officer. This is exemplified in the quotes from women in the User's Group who took part in a focus group:

*I think they need certain police who can deal with it but in general when you call the police out they don't have faith, that's the impression I get that they haven't got the backing from their lot.... (Norma)*

*I wonder if it's just a case of what personalities ... certain officers are very matter of a fact, you know, I mean they don't mean anything by it but they just need a little bit more awareness (general agreement) maybe of what goes on. (Tina)*

*Well I've been lucky, I've got the domestic violence officer and she's actually come and talked to the children and she's said anytime I need any back up to phone regardless of if it's for the children or me and as it happens she has been there for them but generally speaking no because –... (Roseanne)*

*I must admit I haven't had any problems at all. On at least two occasions I can remember an officer actually taking [daughter] out of the way to another room and spending time with her while the rest was being sorted so I feel lucky that way... I don't know whether it's me ex-husband's size or what but there's usually been at least three officers turn up at my house. He's a big man ... And then one of them's taken [daughter] out of the way and talked to her and reassured her while the other two have dealt with him and I so I feel lucky. (Doris)*

### **3.3 Probation Service**

The Probation Service ran a DIVERT programme for perpetrators of domestic violence and had a probation officer with responsibility for domestic violence. In conjunction with Victim Support they also had a member of staff who worked with the partners of perpetrators.

#### **3.3.1 Good Practice Indicators**

In relation to children living with domestic violence the Probation Service do not meet most of the good practice indicators, largely because their remit is adult offenders:

- The service does have a definition of domestic violence and guidelines and policies in relation to domestic violence but these do not include any reference to children.
- Some staff are trained in Child Protection and although this does cover domestic violence, staff are not always clear what it means in relation to their work
- The probation service does routinely work with and refer to other agencies, specifically Child Protection and Victim Support where there are concerns about children and/or domestic violence; and is on the Criminal Justice Sub-Group of the Forum.

#### **3.3.2 Self-assessment of services**

In giving a self assessment of the agency in relation to its response to children one officer replied:

*It could be a lot better. It is adequate because we are not directly involved with children. It boils down to training.*

### **3.4 Summary**

The findings from this chapter indicate that:

- There is some inconsistency in awareness and understanding by the police of the issues relating to children and domestic violence including the Police Force's own policies and guidelines
- The Probation Service could benefit from training and awareness of the issues related to domestic violence and children to improve their service and increase their confidence in responding to issues related to children and parenting issues with adult clients.

## **CHAPTER FOUR: EDUCATION SERVICES**

### **4.1 Introduction**

In many ways Schools are on the frontline in dealing with the effects of children living with domestic violence. Schools also have an important role to play in primary prevention - raising awareness about domestic violence in school-aged children and challenging attitudes that blame the victim and/or condone violence (Mullender et al, 2003; Hester and Westmarland, 2005). Children living with domestic violence may have to move schools several times as their (usually) mothers escape violent partners and schools must respond to the effects of this on children's social and emotional well-being sensitively as well as recognising the impact of such disruption on the children's education. Mullender et al. (2003) found that children would like to be able to talk to teachers about what is happening in their home life. This requires teachers to be able to establish trust, be able to listen and have the knowledge of how to respond appropriately.

In this chapter we discuss the findings from seven schools and the School Mentoring and Learning Support Scheme.

### **4.2 Schools**

Of the seven schools who took part in the survey three were infant schools, two were primary schools and two were secondary schools. The head teachers from the infant's schools took part whilst in the junior schools the acting head and the school secretary took part. In the secondary schools the member of staff responsible for pastoral care and Child Protection took part.

#### **4.2.1 Good Practice Indicators**

- Most (6 out of 7) of the schools had neither a definition of domestic violence nor any specific policies or guidelines related to this issue, although some had bullying and/or child protection policies that might include domestic violence.
- Some staff received Child Protection training, but this usually did not include issues regarding children living with domestic violence. Only the school Child Protection officer (at one of the secondary schools) had had specialist training on domestic violence and children.
- All but one of the respondents would refer to social services in cases of children living with domestic violence although none said that they had. Two said they might refer to the school nurse, one the police and one the education welfare officer.
- Most participants did not work routinely with any agencies in relation to domestic violence and felt that information sharing regarding domestic violence was very limited. None of the participants were on the Forum.
- There was a distinction between those schools with an understanding that issues of domestic violence might have child protection consequences and those who did not think domestic violence raised any issues for children in their school. The former had child protection procedures where children were understood to be at risk of abuse in such circumstances.

- Six of the seven schools had a designated person responsible for domestic violence issues - the head teacher (in both junior schools) or child protection officer (both secondary and two infant schools).
- There appeared to be a focus on domestic violence providing a context of physical risk to children, but less focus on the effects on children of witnessing domestic violence.
- One school had a good monitoring system where domestic violence would be recorded on children's files and child protection would also be a source of information. The school had taken part in an awareness-raising day organised by the Forum on the issue of domestic violence and how it affects children. Four children had raised concerns as a result of this day. In the last year they had about 6 incidents of children recorded as living with domestic violence.
- One school gave each child their own information file on useful agencies and telephone numbers children can contact, including leaflets for children about domestic violence from the Forum. This school also had a well-developed pastoral care service, including learning mentors who were available to children on a drop-in basis.

#### **4.2.2 Assessing if domestic violence has occurred**

All but one of the schools said that they would accept a child's disclosure about experiencing domestic violence at face value, although they would then proceed cautiously looking for and/or gathering corroborating evidence. For example,

*[we would] then work from there. Watch for signs, marks on backs of the legs or body would be signs. (School Secretary, Junior School)*

However, other agencies might not accept a child's disclosure in the same way, and social services in particular had higher thresholds of what constituted 'abuse'. For instance:

*... if we pass on to social services they don't accept at face value – they look for more substantial evidence than the child's word. [We] have made a referral and they said there was not to be any evidence. [The] child's word was doubted. (head teacher in infant school)*

This raises the problem of different agencies responding differently to children living with domestic violence. The issues arising for children living with domestic violence might not necessarily be seen as child protection, but still may require a response from agencies the children are in contact with. Schools may well be placed to pick up and have a referral role or a service provider role in relation to children for whom a CP response is not the appropriate one. The School Mentoring Service (see below) provides another possibility in terms of responding to children's needs but school nurses and education welfare officers may also have a role to play in responding to the needs of children living with domestic violence.

#### **4.2.3 Self-Assessment by schools**

Of the five schools that responded to this question (one infant school did not respond and the school secretary of a junior school did not feel she could answer), three (one,



infant. one junior and one secondary school) felt that their schools respond adequately and two felt that their schools respond poorly to children living with domestic violence. Two of those who said their school responds adequately explained that if they are aware of any problem they do respond in some way. Others felt that they do not know the extent of the problem.

Respondents expressed caution about dealing with children they have child protection concerns about: that the support from other agencies, particularly Social Services are not going to be there. One teacher was, as a result, trying to organise to bring other child protection officers together but said there is 'a long way to go'.

#### **4.2.4 What do users think?**

The User Group focus group felt that schools had an important role in addressing the needs of their children, and being able to see where domestic violence was an issue for the children concerned. Doris for instance had not talked to anybody about the violence she had been living with for over 10 years until her son's behavioural problems at school became serious:

*Until the mother tells the school that there's a problem they just think you've got a naughty child, you know, I think, I really think all teachers should have some kind, some course that they can go on to recognise behavioural problems in children because all children are naughty ... they all try to push it to the limit but children that are dealing with a domestic violence situation have different problems and they need to be recognised by the teacher so ... the child isn't just naughty. There's something wrong with this child, you know. If it could have been picked up earlier then maybe something could have been done, maybe by recognising it in him ... and the problem could have been brought to light a lot earlier than it has been done ...*

In Doris's story the role of the school was crucial. Schools could have a key role to play in identifying children who are struggling with the violence that goes on at home and respond either by providing a service to the children from within the education system or making an appropriate referral.

### **4.3 Mentoring and Learning Support Scheme**

Now that schools are increasingly independent from local authority control there is much more potential for schools to develop their own strategies and priorities in relation to the services they will provide for their children. An example of this is the Learning Mentor and Learning Support Unit Scheme that began in 2001. Schools have been given budgets to employ or establish a learning mentor /learning support unit in their schools. Schools can decide whether and how they use this budget within their own schools (one school for example had a team of nine learning mentors, another had one). Young people are referred to them in various ways: via head of year, parents and self-referrals. Support is offered on a 16-week basis and children can talk to mentors about any issues that are affecting their learning. This can include domestic violence. Learning Support Units offer support to children who are at risk from exclusion from schools or who are school refusers or children who have missed

school through accidents or illness. The South Tyneside mentors offered one to one counselling, mentoring and advocacy for children. Sixteen weeks were allotted to mentoring support and they were able to work with the children to ‘make them feel better and [believe that it is] not their fault’. The mentors were supported through any process which might take the issues further e.g. CP or case conferences.

#### **4.3.1 Good Practice Indicators**

- The Scheme does not use a definition of domestic violence.
- The Co-ordinator was on the Forum, and mentors also linked with Connexions, Social Services and Options as and when appropriate to the client-based work.
- Mentors had not had specific training on domestic violence only ‘violence in general’, although Options talked to senior mentors about issues that children may raise about living with domestic violence and provided guidelines on how to respond.

#### **4.4 Summary**

The findings from this chapter indicate:

- There was a general lack of specific definitions of domestic violence, with a tendency to see it as involving primarily physical abuse.
- Lack of training and awareness of domestic violence by schools resulted in a lack of confidence in knowing how to address the issues for children.
- Lack of support from relevant other agencies such as social services at times made schools wary of responding for fear of being ‘accused’ of mishandling the issue.
- Schools could have a key role to play in identifying children who are struggling with the violence that goes on at home and respond either by providing a service to the children from within the education system or making an appropriate referral.
- Having some clarity about what thresholds of concern might require a response from the school and what might require a referral to other agencies would facilitate schools being able to provide a crucial service to children living with domestic violence.
- The learning mentoring scheme could play a useful role in identifying where behaviour problems are associated with domestic violence, and in supporting children living in such circumstances.
- Schools, perhaps in partnership with the Learning Mentoring Service, are very well placed to identify and respond (at lower thresholds than CP and Social Service procedures) to the difficulties children and young people may be experiencing as a result of living with domestic violence. This must be done in partnership with other agencies and be developed gradually. The first phase of this process should be the recognition that domestic violence is an issue for children and young people and as such is an issue for schools.

## **CHAPTER FIVE: CHILDREN AND FAMILY SERVICES**

### **5.1 Introduction**

In this chapter we look at a range of services for young people and families, in particular the Youth Offending Service, Social Services, Family Mediation Service, Connexions, Youth Action Volunteers, Matrix and Sure Start.

### **5.2 Youth Offending Service**

Six respondents from four schemes within the Youth Offending Service (YOS) took part in the survey. The YOS had a range of schemes working with young people between the ages of 10 and 17 years who had either committed crimes or were judged to be at risk of offending. The Steppe Scheme worked with young people and their families to prevent the risk of offending; the Mentoring scheme offered young people who had been involved with YOS the opportunity to be mentored by volunteers in the community; the Family Group Work scheme offered support to families – including the facilitating the involvement of other agencies in providing that support – to prevent social exclusion; and the Case Management scheme supervised and assessed those young people who had committed offences.

#### **5.2.1 Good Practice Indicators**

- There was variation both across the YOS and within schemes about whether a definition existed, what the definition might be and where it was drawn from.
- Five of the six respondents said they had no policies or guidelines relating to domestic violence. One felt that domestic violence was covered by child protection policies although these did not specify domestic violence.
- Involvement in the Forum School's Project had provided training for four respondents.
- The respondents differed to the extent to which they worked routinely with other agencies. All of the respondents said they would make referrals to other organisations in relation to children and young people living with domestic violence, including (in order of frequency) Social Services, CAHMS, WHIST, Forum, Options, Schools, Community Psychiatric Nurse, Childline, and Samaritans.
- None of the schemes were members of the Forum.
- As with other agencies, YOS responded to concerns about children and young people living with domestic violence in the context of their child protection training, policies and procedures. This again raised the issue of thresholds of assessment and intervention and a lack of awareness of what other responses children might benefit from. Only one respondent, from the Steppe scheme, carried out work with children and young people deemed below the child protection threshold.
- Half the organisations monitored and recorded the incidence of children and young people living with domestic violence, although perhaps only if a referral to social services was made. The Steppe Scheme and Family Group Conferencing routinely asked about domestic violence in the initial screening and assessment of children and young people coming into the service.

- Some workers within the YOS service were dedicated to working with children and young people living with domestic violence, and all said that they would accept a disclosure from a child or young person on face value.
- Publications were not available to distribute to children and young people about domestic violence.

### **5.2.2 Self-Assessment**

There was general agreement that the YOS schemes respond poorly or adequately to the needs of children living with domestic violence; that responses were often ad hoc, that they could do more, but that they were not experts. As one respondent, from Family Group Conferencing, outlined:

*Sometimes we don't highlight the issue as much as we should. We don't have proper policies or know what to do about it and how to respond to young people.*

It was felt that there were not enough services to refer young people on to and that though they tried to provide some services for families experiencing domestic violence, a lack of resources prevented them from doing very much. One respondent also talked about having to be cautious in bringing the issue up for fear of 'frighten[ing] people away' since parents could stop the mentoring scheme being used.

## **5.3 Social Services: Children's Teams**

Two Children's Team Managers took part in the survey.

### **5.3.1 Good Practice Indicators**

- The local authority had a definition of domestic violence that included children
- Policies and guidelines relating to domestic violence were in existence and included to some extent in the child protection procedures.
- All staff received training on child protection and on domestic violence, but the two areas were not necessarily dealt with together as some trainers did not see domestic violence as a child protection issue.
- Referrals were made to both statutory and voluntary agencies (health, social care and education) for children living with domestic violence and other agencies were also worked with routinely in relation to domestic violence.
- They participated in the Forum.
- While social services have a statutory responsibility to respond to children at risk, it was felt that more could be done in the Borough to respond to children living with domestic violence: '... there is no specialised service to deal with children in South Tyneside, the awareness is not there.'
- Domestic violence was coded and could be monitored statistically.
- The extent to which routine enquiry about domestic violence took place in work with children depended on the nature of the team; and responses of individual social workers was dependent on their 'knowledge base'.

- A child disclosing that they were experiencing domestic violence would be accepted at face value.
- Social services distributed publications related to children living with domestic violence.
- ‘External’ evaluation of one service had been carried out by a member of staff as part of a Masters degree in Child Protection.

### 5.3.2 Self-Assessment

One manager felt the quality of response of social services to children living with domestic violence varied between adequate and very well ‘depending on the team manager’. The other felt that the response was poor because:

*I don't think training is geared to give the right knowledge base ... [we] don't understand how the law – the Children Act – can be used effectively ... not enough on children and contact and not enough for men. ‘A’ they don't get a proper perpetrator assessment and ‘B’ no one challenges them. And you've got a lot to lose to give a family a chance to stay together in harmony. We're talking mega, mega money.*

### 5.3.3 What do other agencies and service users think?

Other agencies’ views reflected those of social services staff themselves, emphasising the variability of response and lack of resources where children living with domestic violence were concerned.

Not many of the women who took part in the focus groups had had any contact with this agency. Those who had talked of the ways their impressions of Social Services had changed for the better. Doris, for example, had kept silent for years partly because she feared she might lose her children if social services knew about the violence, but found that this was not their approach. Another woman was contacted by Social Services to see what support, if any, she was getting:

*I would say [social services are] very good ... I was talking to [social worker] this morning ... I says to him ‘before I met you I thought you were going (laughing) to take me children away’ and he started howling, you know, he says ‘no, no, no, we're not about that’. I says ‘I know that now but it's just the impression you get’. (Doris)*

*Social Services contacted me quite a way down the line. I'd already been in contact with Options for quite some time and once they knew that I was in touch with Options and in touch with the domestic violence officer at the station they were like ‘well it looks like you've got everything covered. We're here if you need us. Otherwise we'll just let you go down the avenue you're going with Options’. (Roseanne)*

## **5.4 Sure Start**

Sure Start offered a range of activities for families with children aged 0-4 years. Two Sure Start agencies took part in the survey and each had quite different responses to the issue of children and domestic violence. One of the projects had a specific remit to work with domestic violence, although were waiting to move into their new building and were thus not offering any direct services. The other project had resources to establish a domestic violence worker but had decided not to do so because it was felt that this would merely duplicate services available elsewhere. Moreover, in the 18 months the project had been in existence there appeared to have been no domestic violence referrals. One of the projects was in discussion with Options to create groups for victim/survivors and perpetrators as well as 'dad's' groups which, when covering parenting skills, might also raise domestic violence issues. While this work did not specifically relate to children living with domestic violence, taking part in this research appeared to have raised this as a possibility.

### **5.4.1 Good Practice Indicators**

- Neither of the Sure Start projects had a definition of domestic violence.
- The policies and guidelines related to child protection covered domestic violence, including the risk of abuse children face and the effects on them of living with domestic violence<sup>3</sup>.
- All of the staff had been on child protection training that included domestic violence, and staff in one of the projects also received specialised training on domestic violence and young people.
- One of the projects would make referrals to child protection if domestic violence was an issue while the other would refer to Options. Neither worked routinely with other agencies in relation to this issue.
- Neither project were represented on the Forum, although they were keen to be involved.
- Staff in one of the projects were advised to routinely ask about domestic violence when they worked with children.

## **5.5 Family Mediation Service**

The Family Mediation Service, as its name suggests, provided mediation between couples who were divorcing or/and separating, as well as providing child contact centres for non-residential parents to meet with children. The Office Supervisor had filled in the questionnaire and an administrative support worker read these responses out in the telephone interview. Some questions had not been answered and the Office Supervisor was unable to provide a response to these questions. The organisation had no staff designated to be responsible for children living with domestic violence and

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<sup>3</sup> One of the respondents was not sure whether the child protection policy did include the effects on children of living with domestic violence.

appeared to provide no special arrangements when domestic violence was a known factor between separating parents seeking contact.

### **5.5.1 Good Practice Indicators**

- The organisation had a definition of domestic violence and policies/guidelines that relate to domestic violence, although it was not known whether these included the risk of abuse children face or the effects on them of living with domestic violence.
- All staff received child protection training provided by Social Services and the Area Child Protection Committee and this training included domestic violence. Staff also received specialised training on children and domestic violence.
- The agency was represented on the Forum in Sunderland and South Tyneside.
- The organisation monitored and recorded any critical incidents of children living with domestic violence on in-take and in relation to assessment documents.
- Staff were advised to routinely ask about domestic violence in their work with children.
- Staff would accept a disclosure from children about living with domestic violence at face value.

## **5.6 Connexions**

This was a service aimed at 13-19 year olds (up to 25 years of age if they have special needs) providing personal advisors who give advice, guidance, support and personal development opportunities to help young people make the best possible transition from childhood to adulthood and working life.

### **5.6.1 Good Practice Indicators**

- Connexions had no definition or policies and guidelines in relation to domestic violence, although taking part in the research had ‘put it on the [respondent’s] agenda.’
- All staff received child protection training from the local authority and in-house, but with no focus on domestic violence.
- No staff had received specialised training on children and domestic violence, although the respondent intended to go to such training and then ‘cascade down’ the information.
- Referrals to Social Services, YOS and the police, if appropriate, would be made in the case of domestic violence. There was also a ‘link’ with the S. Tyneside Domestic Violence Coordinator.
- The organisation did not systematically monitor or record the incidence of children living with domestic violence, and it was felt that data protection issues would make this difficult.

- Staff are not advised to routinely ask about domestic violence with the children they work with, although would accept a disclosure on face value and pass this on to a 'senior person'.

### **5.6.2 Self-Assessment**

It was felt that although the organisation would respond well to a child living with domestic violence, there was also a need to raise the awareness of staff.

## **5.7 Youth Action Volunteers**

Working from the Tyne Dock Youth Centre this organisation facilitated young people between the ages of 13- 25 years to become volunteers in the community.

### **5.7.1 Good Practice Indicators**

- Youth Action Volunteers had no definition, policies or guidelines in relation to domestic violence.
- All of the staff in this organisation received child protection training from the local authority and the Neighbourhood Support Project, which included domestic violence.
- Referrals would be made to the line manager or duty social worker in the event of domestic violence being an issue.
- The organisation would monitor and record incidences of children living with domestic violence, however, in ten years of working no one had brought the issue to the attention of the respondent and staff are not advised to routinely ask about domestic violence.
- The organisation does not distribute any publications about domestic violence and children. However, it was involved in running domestic violence awareness sessions for young women and was involved with a young person's drama project about domestic violence that was toured around the region and taken into schools.

### **5.7.2 Self-Assessment**

The respondent felt that the organisation responded well to the needs of children living with domestic violence because procedures are in place to respond appropriately.

## **5.8 Matrix**

Matrix was a multi-agency drug and alcohol service for young people aged from 12 years, that provided one to one and group work, prevention and education.

### **5.8.1 Good Practice Indicators**

- At the time of the survey, child protection policies and guidelines were in the process of being developed to incorporate domestic violence. This would include



a definition based on the Duluth model (see Pence and McDonnell 2000). It was also intended that the risks children faced and the effects on them of living with domestic violence would be included.

- The organisation involved a number of separate agencies and they were developing an agency wide set of policies and guidelines that would be as broad as possible and include domestic violence.
- All staff received child protection training provided, normally, by the local authority, and which included domestic violence. No staff had had specialist training in relation to children and domestic violence - and the respondent felt this highlighted the general lack of appropriate services available to respond to such children.
- Referrals would be made in the case of children living with domestic violence to the Young Carers Association, the Youth Service, and Connexions depending on 'need'.
- Under the child protection policy all disclosures would be monitored and reported to Social Services.
- Staff were not advised to routinely ask children about domestic violence, and instead they would ask about how the young person is feeling and how the family is doing.
- Disclosure would be accepted on face value with the proviso that *'[it] depends on the context of the situation but careful disclosure will be accepted'*.
- The organisation did not distribute any publications in relation to children and domestic violence but staff were involved with the Forum's School Project.

## **5.9 Summary**

The following findings emerge in relation to the organisations and agencies working with children, young people and families:

- More training and awareness of the particular issues of children living with domestic violence would help agencies and individual workers identify children's needs and respond appropriately
- More inter-and intra- agency awareness of policies, procedures and practices is needed to facilitate a consistent response to children living with domestic violence
- Sure Start are in a position to develop specialist services for children (not just adults) living with domestic violence and should be encouraged to do so.
- The YOS has schemes within it that are well placed to develop work with children and young people living with domestic violence. However, there is a need for a clear definition and policies/guidelines to be in place to assist workers in responding to domestic violence with the young people with whom they work. Improved multi-agency working to define thresholds of risk and concern that different agencies can respond to would both reinforce the good practice that does exist within the YOS and provide a clear framework for working.

## CHAPTER SIX: HEALTH SERVICES

### **6.1 Introduction**

Children living with domestic violence can experience health related problems that range from the physical (bruises, broken limbs) through to mental health and behavioural problems (Mullender et al., 2003; Hester et al., 2000). The role of health services in responding to children's needs in this regard is crucial not only in identifying the risks children are living with but in responding with appropriate health services.

### **6.2 Health Visitors**

Health Visitors provide health promotion, illness prevention and children's development services to adult primary carers and children of pre-school age. This includes child protection, immunisation, smoking cessation and healthy heart work. One of the Health Visitors who took part in the survey had, in addition to her ordinary case load, special responsibility for providing care for women who lived at the refuge in South Tyneside. This involved liaising with previous and subsequent health visitors and GPs to make sure that records followed the mother and children before and after they lived in the refuge. Health Visitors had a domestic violence resource pack.

#### **6.2.1 Good Practice Indicators**

- Various definitions of domestic violence appeared to be used and were provided in the resource pack.
- The domestic violence resource pack gave guidelines and policies in relation to domestic violence that included children, the abuse they face and the effects on them of living with domestic violence. The Area Child Protection Panel guidelines were also used, in relation to children and domestic violence only insofar as child protection issues were deemed to exist.
- All staff received child protection training provided by the ACPC or the Health Care Trust, which included domestic violence. One of the health visitors had also received specialised training in domestic violence and children.
- Referrals were made to other agencies when necessary, although mostly with regard to mothers. Agencies used included child and family psychiatry, Victim Support, Options, Social Services, Women's Aid, Panah and Housing. They worked routinely with agencies in relation to domestic violence in relation to client-based work.
- There was some involvement in the Forum.
- As with many of the other agencies, the child protection procedures were seen to provide a framework for responding to children judged to be at risk, including those living with domestic violence. The refuge health visitor was also able to work with mothers in relation to their children's development and behavioural problems.
- The agency did not systematically monitor and record incidence figures, and staff were not advised to routinely ask children they work with about domestic violence.
- They would accept disclosure from a child on face value.

## **6.2.2 Self-Assessment**

Both respondents felt that the Primary Care Trust in general responds poorly to the needs of children living with domestic violence because there are no direct services available. The refuge health visitor believed that the service she provides to women and children in the refuge responds very well to the needs of children.

## **6.3 Child Protection**

The respondent was responsible for primary and secondary tertiary health provision in the Borough and managed the Child Protection System.

### **6.3.1 Good Practice Indicators**

- A definition, guidelines and policies in relation to domestic violence were in existence, drawn from the ACPC and the Forum. However, the guidelines and policies did not include children and young people, in relation to the risk of abuse they face or the effects on them of living with domestic violence.
- Child protection training, provided in-house, was available to staff in the agency and included specialised training on children and domestic violence.
- Staff made referrals to Social Services. Whilst they do not routinely work with other agencies in relation to domestic violence they would do client-based work.
- The agency was represented on the Forum
- The agency did not systematically monitor and record the incidence of children living with domestic violence. This participant explained:  
*This is where we fall down badly. Accident and Emergency are trying to do that. We have been trying to develop a way of recording in the last year but it is difficult.*
- Staff are advised to routinely ask about domestic violence when they work with children but there was no proforma to help with this.

## **6.4 Primary Care**

This respondent was responsible for Primary Care work with GPs, providing support for practices; and dentists and pharmacists. The respondent was part of the GP domestic violence training pilot (and hoped that this would make a positive difference to the service provided by GPs in relation to domestic violence although it mainly focused on adults rather than children, see Westmarland et al. 2004).

### **6.4.1 Good Practice Indicators**

- It was not known whether the organisation has a definition of domestic violence or whether the guidelines and policies that do exist include children and young people.
- All staff in General Practice, including GPs, receptionists and Practice Managers had two-hour training sessions on child protection provided by Social Services,

but this did not include domestic violence. Staff did not receive specialist training on domestic violence and children.

- It was thought that referrals would be made only rarely in relation to children and domestic violence, and this would be to social services. The respondent routinely worked with other agencies in relation to domestic violence in relation to the Forum, the training sub-group, and through involvement with the GP training pilot.
- If the issue of domestic violence and children were ‘picked up’ then it would be monitored and recorded in the patient’s file on the sensitive data screen. However, this would depend on whether the information was ‘recorded properly’.
- GPs would ask questions and require corroboration if a child disclosed domestic violence.

#### **6.4.2 Self-Assessment**

The respondent felt that the agency responded poorly to the needs of children living with domestic violence, although this was beginning to change for the better:

*[they] would have discussion in the staff room about concerns but not very keen to respond – [they] wouldn’t push it if women not forthcoming. But now it is progressing and being addressed.*

### **6.5 Clinical Psychology Services**

This work was at tier two in the Health Advisory tiers, providing specialist mental health services based in GP practices. The remit was to improve the mental health of children aged 0-16 years, (including eighteen year olds if they were living at home and in full-time education); teaching and training; and direct psychological intervention work with families and children.

#### **6.5.1 Good Practice Indicators**

- The organisation had no specific definition of domestic violence and it was not known whether there were any policies or guidelines in relation to this issue.
- All staff received child protection training by the Trust, including domestic violence. No staff received specialised training in domestic violence and children.
- The organisation would make referrals to Social Services in situations of children and domestic violence. If a child or young person was still living in a domestic violence situation they would not work with them but see that as reason to refer on to social services:

*In primary care we don’t present services while [domestic violence is] going on rather when the violent partner has left because then children’s issues take over.*

- Child protection procedures provided the framework for responding to children at risk.
- The organisation would accept a child’s disclosure at face value.

### 6.5.2 Self-Assessment

The respondent felt that the organisation responded in a range from poorly to adequately to children living with domestic violence. The reason for this range of practice was that they did not offer specialist services and only provided them once the violent partner had left.

### 6.5.3 Other Agencies' Opinions of Health Services

Of those who felt able to comment, the vast majority (nearly 80%) felt that the response of Health Services to children living with domestic violence was either poor or adequate. Comments were almost evenly divided between a focus on the lack of resources making waiting lists a barrier to access; and the inconsistency of response among individual health professionals.

### 6.5.4 Views of Service Users

Many of the mothers in the focus groups talked about the impact on their children's health of living with domestic violence. With regard to health service agencies' responses all of the mothers indicated that there was variability in responses depending on individual professionals' awareness and understanding of the impact of domestic violence on children. They also brought up the difficulties faced by children when health professionals were not prepared to provide reports in evidence for the courts if children were being badly affected on contact visits. For instance, Roseanne's fourteen-year old son suffered from a learning disability as well as a chronic physical condition. She was unable to get a report for the court and only obtained a referral for her son to a psychologist after much pressure:

*His [condition] was getting worse and worse and worse and it was always when he came back from dad... I kept a diary to show the consultant it was linked to stress but ... no he wouldn't put it in writing even for court. ... Oh no it's written in the little text book we can't say it's stress that's doing it ... 'well [she says to the consultant], I know it's stress that's doing it, you know it's stress why can't I have it in writing?' He wouldn't have any of it. I said 'right if you can't put any of it in writing you give me something that'll solve his problems ... It's not fair on him. It's not fair on me when we both know what the answer is to this equation ... I need you to do something'. I got quite nasty with him ... I got a phone call the next day, he said 'we've got a lady psychologist ... she'll agree to see you next Wednesday'. (Roseanne)*

According to Roseanne her son's behaviour improved dramatically as a result of seeing the psychologist. However, as she said it took her 'getting nasty' in order to force the issue with the consultant and achieve a referral.

Some of the mothers also indicated that it was often difficult to get GPs to listen to what they were saying about the impacts of domestic violence on their children:

*They don't seem to listen to what you say. I mean we live with the children all the time – we know what's normal and what's not normal. (Roseanne)*

*I've even told the doctor that I think [4 year old son] is depressed, right, and he just looked at me stupid and said children can't be depressed. (Amy)*

The experiences of these mothers attempting to find some way of addressing the needs they perceived their children to have was quite negative and relied on individuals being able to fight for their children to get an appropriate response. However, this required women to do so when they were often in extreme distress themselves.

## **6.6 Summary**

The following findings emerge in relation to the health service agencies:

- Only a few of the agencies, and health visitors in particular, had taken part in focused training on domestic violence and were engaging with the issues in their work.
- More training and basic awareness raising of the issues faced by children living with domestic violence is needed across health service agencies.
- The development of definitions, guidelines and policies in relation to domestic violence would provide a framework for working that would assist health workers to respond appropriately to children and young people they work with who are living with domestic violence.
- More inter- and intra- agency awareness would help in a consistency of approach and recognition of what services are available to respond appropriately.

## **CHAPTER SEVEN: SPECIALIST SERVICES**

### **7.1 Introduction**

In South Tyneside there were four agencies that provided a specific service to victim/survivors of domestic violence: Women's Aid Refuge, Options, Victim Support and Witness Support. All of these services were originally developed to address the needs of adult victim/survivors. They were established to provide safe spaces for (usually) women to be empowered about their options in relation to ending the violence they experience and to be supported in the decisions they make. Increasingly these agencies have understood that children also have needs that require an appropriate response and that is separate to the needs of their mothers.

### **7.2 Women's Aid**

South Tyneside Women's Aid opened its first refuge in 1977 and at the time of the research had an acting project manager and three project workers. It was managed by a voluntary management committee and provided a service from 9am-8pm Monday to Friday with an out of hours call out service. The refuge offered temporary accommodation, advice and support to women and children suffering domestic violence. The refuge were waiting to move into a new building that would provide self-contained accommodation for up to 6 families including one unit to be equipped for a wheelchair user. There were two children's workers who spoke to all children on a one-to-one basis when children first came into the refuge and made an assessment of their need. They also spoke with mothers about their children's needs.

#### **7.2.1 Good Practice Indicators**

- The Refuge had comprehensive guidelines and policies relating to domestic violence and a definition that addressed their admissions policy i.e. that the refuge is for women only who are aged 16 years or over with or without children. The policies and guidelines included children, the risk of abuse they face and the effects on them of witnessing domestic violence.
- Some staff in the refuge received child protection training provided by the local authority that includes domestic violence, and staff generally receive specialised training on domestic violence and children.
- The organisation would make referrals to the health visitor in relation to children and domestic violence. The refuge routinely worked with other agencies in relation to domestic violence, including the health visitor, the police who provided a drop-in service, Social Services, Whist who provided counselling to women and a welfare advice agency who provided sessions on benefits and welfare rights to the women. The refuge health visitor liaised with children's previous health visitor and GP to ensure continuity of care.
- The refuge was represented on the Forum.
- The refuge systematically monitored and recorded the incidence of children living with domestic violence as part of their support agreement. This was recorded in individual files and monitored on a daily basis.
- The Children's Workers were advised to routinely ask about domestic violence in their work with children and accept a disclosure from children on face value.

- The Children's Work was Ofsted evaluated. Women were also asked informally for feedback.

### **7.2.2 Self-Assessment**

The respondent felt that the refuge responded well to the needs of children living with domestic violence.

In addition to conducting the survey we also visited the Children's crèche and talked to the Children's Workers about the work they do. The workers were remarkably candid about the limitations of what they are able to do and described their concerns for some of the children they have worked with. They explained some children require a response they felt they had neither the resources nor the qualifications to give and they were very concerned about the gaps that exist in services for these children. Their ability to provide one-to-one work was limited by the numbers of children using the crèche at any time. Although they were able to divide the work between them so that on occasion one worker may be conducting one-to-one work whilst the other is engaging the other children in group activities, they still felt that sometimes they were not able to do this and that some children missed out as a result.

In addition the Children's Workers were concerned that some mothers did not realise the impact on their children of living with domestic violence: they thought that because children had not witnessed the violence they had been protected from it. The workers said that they found this difficult when working with mothers and sometimes felt out of their depth in addressing it with them.

Finally children's workers felt that they and the children would benefit from better communication between agencies about the children's previous case records and continuity of care. Their concerns, shared by other agencies, were particularly about social service records as these do not necessarily follow children, thus if children move out of the area their social services contact must begin again at the beginning.

They said they would welcome a network being created of Children's Workers in the region to share good practice and information and resources and identified a resource directory for children as being needed.

### **7.2.3 Views of Service Users**

The focus group participants were concerned about the refuge's restricted accommodation and policies regarding children. The mothers did not always understand that these restrictions were related to safety as well as health issues. One concern was that children were not allowed to use the park located opposite the refuge unaccompanied by an adult. As a consequence it was felt that their children were being restricted and also that they were themselves unable to have space apart from their children. The second concern was that the health and safety rules of the refuge meant that children were not allowed in their bedrooms on their own, and indeed needed to be in the company of their mothers while in the refuge. Thirdly, the Children's Workers and crèche facilities were considered to be 'just basically baby sitting for two hours' although with some acknowledgement that the Children's Workers also sorted out the schools for the children when they arrive. However, this



may also reflect the lack of recognition some mothers have of the needs children as a result of living with domestic violence that the Children's Workers referred to.

### **7.3 Options**

Options was a Voluntary Organisation with one part-time worker to provide emotional and practical support for survivors of domestic violence. From April 2004 it was being fully funded by the Area Primary Care Trust.

#### **7.3.1 Good Practice Indicators**

- The organisation used the Forum definition of domestic violence, but had no policies or guidelines relating to domestic violence. The definition did not include the risk children face of abuse or the effects on them of witnessing domestic violence
- The worker had child protection training provided by the ACPC, which included some domestic violence. She had also had specialist training on domestic violence and children.
- Referrals would be made mainly to Social Services but also to Sure Start, Connexions, Kids and Us (through Gingerbread) and the Acorn Project in North Tyneside. She took part in the Forum's School Project and was on the Forum and the training sub-group and the User group.
- The work of Options was primarily with adult survivors of domestic violence so work with children would be framed by child protection procedures.
- Work was recorded insofar as the referral form indicated whether and how many children an adult survivor had, but no monitoring is carried out because referrals are only made if risk is identified.
- The project's client group were adults, and routine asking of children about domestic violence was not deemed applicable.
- Disclosure by a child would be accepted on face value but no work would be done with children other than referral to another agency.

#### **7.3.2 Self-Assessment**

The participant felt that 'under the circumstances' the project responded very well to the needs of children living with domestic violence and would like to expand the service to provide specific services for them.

#### **7.3.3 Views of Service Users**

The User Group were very positive about the service they receive from Options. They felt that a service similar to Options but aimed at meeting children's needs would be useful.

## **7.4 Victim Support**

Victim Support (VS) provided a service to assist all victims of crime in matters relating to practical, emotional, and housing issues, including liaising with other agencies and assisting in compensation claims. VS also provided the funding for a Domestic Violence Support (DVS) Worker attached to the Probation Service who worked with the former partners of male perpetrators attending the DIVERT programme; partners of men who are supervised by Probation where domestic violence is an issue; and female probation clients who are experiencing or have experienced domestic violence. In South Tyneside the Witness Service (WS) was part of VS, enabling and supporting witnesses, their families and friends coming to court and throughout the court process.

### **7.4.1 Good Practice Indicators**

- VS and VDS had a definition of domestic violence. Policies and guidelines were also in existence relating to domestic violence and included children. The WS, however, had no policies and guidelines relating to domestic violence because they ‘cannot get indepthly involved’, although there is a working protocol with the CPS to make an appropriate referral.
- All staff received CP training provided by the ACPC, and some included domestic violence. Staff, apart from WS, also received specialised training on children and domestic violence.
- Referrals were made to Social Services, Connexions, Barnardos, Children North East and Options depending on the needs of children.
- All routinely worked with other agencies in relation to domestic violence. DVS mainly with Social Services and Probation in relation to casework, VS particularly with Options and initiatives through the Forum and client-based work, and WS in order to make sure that women were supported through the court process.
- They were represented on the Forum and the Criminal Justice Sub-Group
- The incidence of children living with domestic violence was recorded on client’s files (but not by WS).
- All said that a disclosure from a child would be accepted on face value, at least as an initial response.
- For VS, feedback from clients was elicited on the general service and WS were developing a feedback system on the general service.

### **7.4.2 Self-Assessment**

Views of their services ranged from responding adequately to the needs of children living with domestic violence (VS and WS) to responding poorly due to being adult-focused (DVS). It was felt that more training would be useful and also more involvement in positive co-operation with other agencies.

## **7.5 Summary**

The following findings emerge in relation to the specialist agencies:

- The Refuge had a high level of awareness about the impact of domestic violence on children and the children’s needs were assessed upon arrival.

Some of the mothers felt that the policies around children were overly restrictive, and mothers may need to be given more information about the health and safety principles underlying the policies.

- Options was primarily aimed at adults, however would like to develop specific services for children.
- As with Options, Victim Support was primarily aimed at adults although they did monitor children and domestic violence. Where necessary they made referrals to local agencies.

## CHAPTER EIGHT: OTHER SERVICES

### **8.1 Introduction**

In this chapter we include several other agencies that took part in the survey who do not fit into the other categories of services and, in the main do not provide any direct services for issues related to domestic violence for adults or children.

### **8.2 Advice Agencies**

Four advice agencies were surveyed about the provision of services for children living with domestic violence. One was an independent voluntary organisation whilst the other three were part of South Tyneside Council's Welfare Rights Service. One Welfare Rights Service did occasionally provide welfare rights advice sessions for women living at the refuge but none offered any direct services for children living with domestic violence. All offered advice (housing, debt, benefits etc) to adult clients who present and who might also have domestic violence issues (whether as perpetrators or victims) but domestic violence work specifically was understood to be outside the remit of these agencies. However all of these agencies said they did have clients for whom domestic violence was an issue and they did refer them on appropriately. Within this context none of these agencies met any of the good practice indicators though the independent agency said that the survey had raised the issue of whether they should have domestic violence and child protection policies in place.

### **8.3 Other Agencies**

Five other agencies were included in the survey, none of whom had any remit for working with domestic violence or children and domestic violence. These were a cultural/social group, a BME umbrella organisation that does no face to face work but provides support to work with BME communities, a Job Centre Plus, a women's health organisation and a Centre for the unwaged. Several of these agencies said that some of their users may have domestic violence as an issue but none had any policies about or definition of domestic violence and none monitored the problem. The Women's Health organisation provided CP training that included domestic violence for all its staff. The BME umbrella group said that some staff had CP training that 'touched on' domestic violence. The women's health organisation and the centre for the unwaged were on the South Tyneside DVF. Several agencies were aware that they could do more in terms of acting as a referral agency or providing support but felt they were not able to do either because of the remit of their organisation or resource limitation:

*With the client group we have there is a growing need to meet these [children's] needs [but] any approach to meet the needs of under 16s is blocked. [We are not allowed] to run a youth club. (Centre for Unwaged)*

### **8.4 Housing**

A senior priority needs officer from with the Housing Department of South Tyneside Council was also included in the survey. Most good practice indicators were present in relation to domestic violence and policies included effects on children of living

with domestic violence. All frontline staff had CP training that included domestic violence and the incidence of children living with domestic violence is monitored. However, housing did not provide any specific service for children living with domestic violence and this respondent explained this by saying that children's needs were addressed by addressing (usually) the mother's needs.

### **8.5 Solicitor**

A solicitor was surveyed who works as a consultant to a firm that had two specialist children's solicitors and two other staff who were 'experienced enough' to deal with family and children's needs who are living with domestic violence. Two staff were members of children's panels and also got involved with Guardian work through CAFCAS. Monitoring and evaluation was only done to comply with the Law Society franchise generally but this respondent explained that monitoring would be problematic to do in relation to domestic violence because of 'definitional difficulties'. The firm was a member of South Tyneside DVF and some staff received CP training. The firm also acted as a referral agency when domestic violence was an issue. There were no policies or definitions in place in relation to domestic violence

### **8.6 Drug and Alcohol Services**

The use of drugs and alcohol by perpetrators and victim/survivors of domestic violence has been documented both as exacerbating the problem and, for victim/survivors, as a consequence (Humphreys and Thiara, 2004). Drug/alcohol use may act as a bar to entrance to refuge accommodation. This makes the provision of services to victim/survivors with alcohol/drug issues problematic and has an added impact on their children who may face an increased risk of being separated from their parents; becoming carers of their drug/alcohol using parents; and the consequences of living with drug/alcohol users (Gorin, 2004).

Three drug and alcohol agencies took part in the survey: NECA, Streetlevel and the South Tyneside Drug Action Team (STDAT). Only NECA offered direct services to children living with domestic violence insofar as they offered family support, non-user support and one-to-one work.

#### **8.6.1 Good Practice Indicators**

- Neither NECA or STDAT had a definition nor any guidelines or policies in relation to domestic violence. Streetlevel used the Barnardos definition, policies and guidelines on domestic violence which included children, the risk of abuse they face and the effects on them of living with domestic violence.
- In all three agencies staff received child protection training provided by the local authority, in-house and by other agencies, with some including domestic violence. NECA and Streetlevel also received specialised training in domestic violence and children.
- All would make referrals to Social Services in relation to children and domestic violence; and worked routinely with other agencies in relation to domestic violence. NECA said they would be involved with care plans with adults and CP work with children. Streetlevel said they would work with other drug and alcohol

services, housing and social services, and would act as an advocate for clients who, because of their drug/alcohol problems were 'poorly served' in relation to domestic violence.

- All are represented on the Forum.
- All used the child protection protocol to provide the framework for responding to the risks children might face.
- Streetlevel and STDAT both record domestic violence on case notes, and Streetlevel had separate files for children.
- Streetlevel and NECA staff are advised to routinely ask children about domestic violence..
- All would accept a disclosure from a child on face value.
- NECA distributed publications in relation to domestic violence and children.
- All had been involved in campaigns to raise awareness of domestic violence and children – local campaigns through the Forum and national campaigns through Barnardos. The NECA participant was also on the Forum training sub-group and involved with the School Project.

## **8.7 Summary**

There are several conclusions that can be drawn from these questionnaires:

- Advice agencies provide a resource for adults and children living with domestic violence that could be developed. The generic nature of their service may allow some survivors who might not otherwise approach an agency to do so. The advice they give is of direct benefit to survivors and they can also act as a referral point to more specialist services. Although their remit is adults they may also be a useful resource for children living with domestic violence insofar as their main carers (usually their mother) can get support from them.
- There is awareness of issues relating to children living with domestic violence and an enthusiasm across a range of agencies to provide something for these children. It is often structural and/or resource constraints that prevent this from happening. Again this means there is an untapped potential that could benefit children living with domestic violence in the future.

## CHAPTER NINE: CONCLUSIONS AND RECOMMENDATIONS

### **9.1 Introduction**

The previous chapters have detailed the many instances of good practice as well as issues of concern raised by agencies themselves as well as services users. Specific issues arising and recommendations have already been outlined at the end of each chapter in the 'summary' sections. This chapter draws together some of the conclusions reached and offers recommendations for further development in the area of children living with domestic violence in South Tyneside.

### **9.2 Conclusions**

- There are two organisations with dedicated services for children living with domestic violence. Women's Aid has two full-time children's workers and The Health Visiting Service has a health visitor part of whose role is to provide a service to women and children living at the Refuge.
- There are a number of organisations that are well placed to develop specialist skills in relation to working with Children living with domestic violence. These include: the School Mentoring Service, Sure Start and parts of the YOS.
- Sure Start projects in particular are well placed to develop a dedicated service for children living with domestic violence.
- Awareness of the particular needs of children living with domestic violence seems to be growing across the voluntary and statutory sectors. This is particularly evident within organisations that have dedicated workers with responsibility for domestic violence. However, some agencies still have gaps in awareness and a lack of training about the particular needs of children living with domestic violence.
- There exists some confusion between the particular needs of children living with domestic violence and the requirements of Child Protection. This is most evident around a lack of awareness about the effects on children – other than the risks of abuse themselves – of living with domestic violence. This emphasis on child protection might in some instances have hidden the wider effects on and needs of children living with domestic violence.
- The risks children face living with domestic violence were often understood solely in relation to the risk of physical abuse. Most agencies reported that their Child Protection policies cover domestic violence and provide a protocol for response by referring to Social Services.
- Different agencies have different thresholds of risk that guide their decision to intervene. This is related to the emphasis being placed on Child Protection policies and means that agencies who may be well placed to intervene at a lower threshold do not have the confidence to do so or are not aware of the kinds of issues that face children living with domestic violence that fall below the threshold for intervention.

- The response of statutory agencies, in particular the Police and Social Services, can be variable depending on the individual professional(s) who respond to a particular case.
- Infant and Junior schools did not tend to see domestic violence as an issue for children, but rather as an issue that arises outside school and between adults.
- There is a lack of information sharing across agencies that breaks the continuity of care/service to children and their mothers.
- The Domestic Violence Forum and particularly the work of the Domestic Violence Co-ordinator appear to have had an impact on the awareness of organisations in relation to children living with domestic violence.
- There is a lack of publications that are aimed at children and young people to raise awareness and offer help/advice/support.
- Agencies did not have their work with children evaluated and few monitored how many children they worked with regarding domestic violence.
- The focus of domestic violence work is often on adult victim/survivors and children and young people can fall through the gap of service response. As previous research has found (Hester et al., 2000), there tended to be a separation of child protection and work with adults on domestic violence which might be hindering the development of positive work on domestic violence involving both mothers and their children.

### **9.3 Recommendations**

- Training should be made available to those agencies that have not received it about the particular needs of children living with domestic violence. Training should include information about Child Protection but should also cover the wider effects on and needs of children living with domestic violence.
- The response of statutory agencies, in particular the Police and Social Services, needs to be more consistent.
- Schools need to be aware that domestic violence is an issue for children and may impact on their time in school.
- More work is needed on information sharing across agencies.
- Publications aimed at children and young people should be developed and distributed through relevant agencies.
- Agencies should monitor the number of children they work with regarding domestic violence and, where possible, have their work evaluated.



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## **APPENDIX ONE**

### **Agencies in Criminal Justice Category**

Police  
Probation  
South Shields County Court

### **Agencies in Education Category**

Learning Mentor Service  
3 x Infant Schools  
2 x Junior Schools  
2 x Secondary Schools

### **Agencies in Children and Families Category**

Youth Offending Service including  
Case Manager  
Steppe Scheme  
Family Conferencing Scheme  
Youth Mentoring Scheme  
2 x Sure Start Agencies  
2 x Children's Team Managers, South Tyneside Social Services  
Family Mediation Service  
Matrix  
Connexions  
Youth Action Volunteers

### **Health Services Category**

2 x Health Visitors  
Personal Medical Services Manager  
PCT Senior Nurse and Child Protection  
Coordinator of Primary Care Clinical Psychology Services to Children and Families

### **Specialist Services Category**

Women's Aid Refuge  
Options  
Victim Support including:  
    Victim Support Service  
    Witness Service  
    Domestic Violence Support Worker attached to probation

### **General Services**

1x independent neighbourhood advice centre  
3x South Tyneside Welfare Advice Service  
Whist  
NECA  
Streetlevel  
South Tyneside Drug Action Team  
Job Centre Plus  
Mid-Tyne Activity  
South Tyneside Housing  
Hindu Nari Sangh