Children living with domestic violence in the UK - Making early help work?

Lorraine Radford, Professor of Social Work and Social Policy

Connect Centre for International Research on Interpersonal Violence, University of Central Lancashire UK

Focus

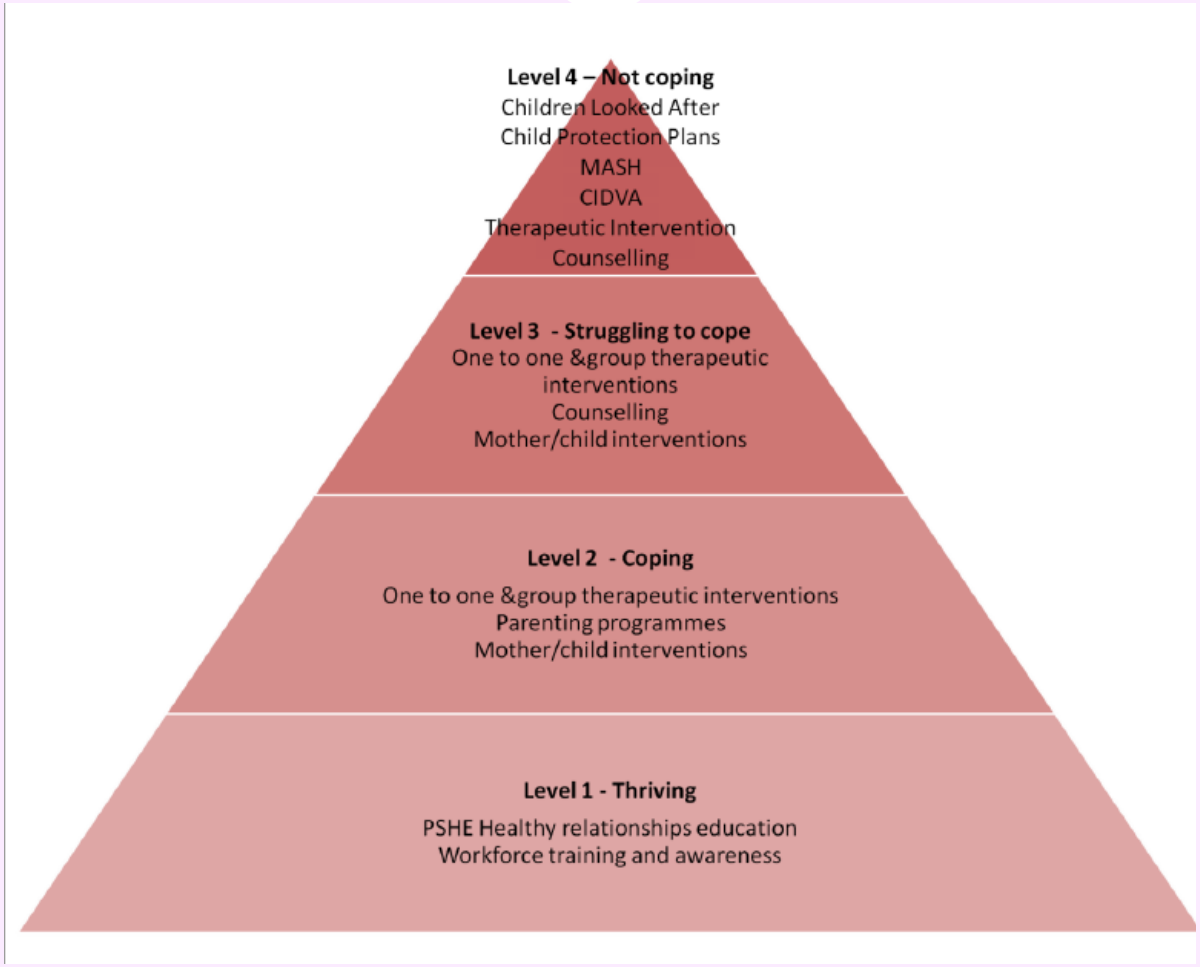
- Work on risk assessment and safety planning has focused on high risk
- For child living with DV generally too little help, too late
- BUT not all need or want help, role caregiver & informal support in child recovery
- UK work early help & DV - how it should work in theory
- Research on what happens in context, study 1 & study 2

Background

- Early intervention – providing early help for children living with domestic violence - is recommended by policy (Munro, 2011)
- Evidence on effective early intervention and DV is limited (Guy et al, 2014; Radford et al, 2013; Stanley, 2011)
- Coordinated strengths based response to match different needs across continuum
- Context of expanding remit & declining resource

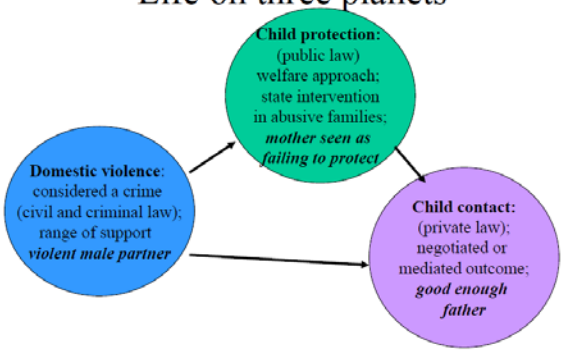
Needs & care continuum

Coordinated responses to match need



Policy context (Hester, 2012; Radford & Hester, 2015)

- Three areas – DV crime; child protection; family justice
- Crime - respond to risk to *adult victim* (DASH), bring *offender* to justice
- Child protection – focus on *child welfare and problem in parenting* (de-gendered)
- Family courts – Focus on maintaining contact via informalism, agreement, mediation, *good enough father*



Double disappearing act

Risk vs welfare

- DV as adult crime

➡ child disappears

- Problems with parenting

➡ DV disappears

Research study 1

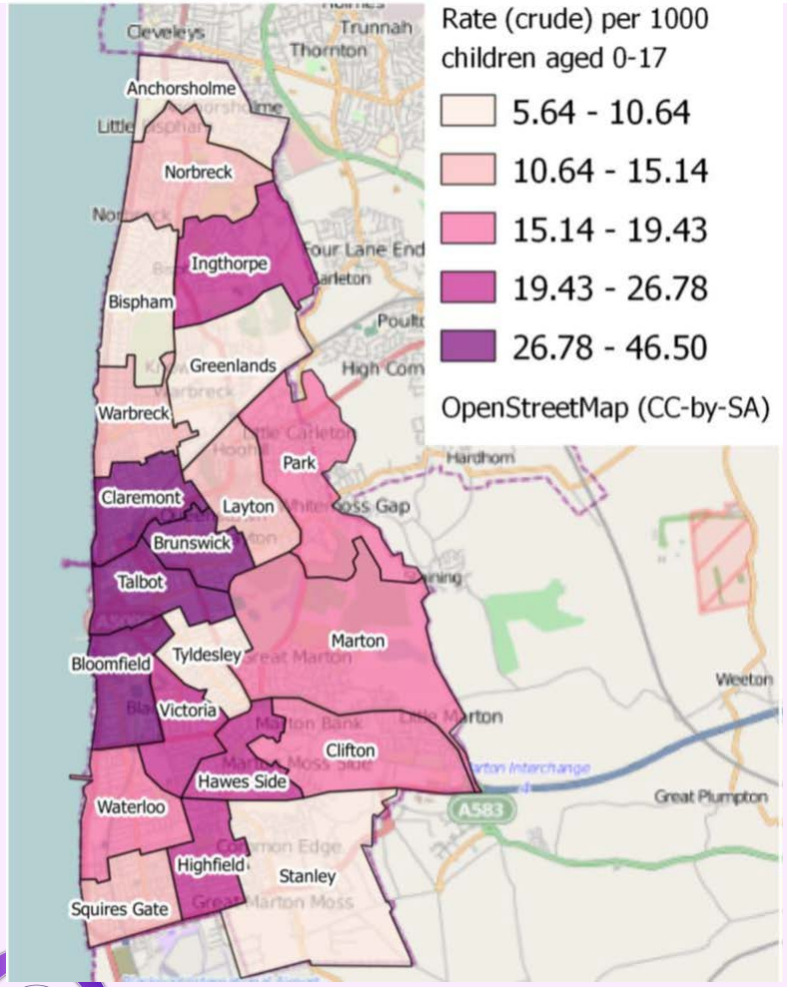
step UP

Early Help for Children and Families Living with Domestic Abuse

Context and core assumptions

- City where DV rates 4 times higher than national average
- Growing numbers of DV high risk cases involving families with children
- Concern about referrals and re-referrals to child protection
- Early help to families is needed to prevent DV escalating
- To target early help to families at ‘standard risk’ DV
- Whole family approach, continuous assessment, coordinate family support & stress reduction, no service duplication

Sites included



- Target population are children under age 16
- Living in the family home
- Identified by MASH as standard risk DV
- Set up EHC in selected intervention wards with higher rates of social disadvantage & recorded DV – areas A & B
- Two comparison wards areas C & D ‘business as usual’

Research objectives

- To conduct a formative, process and outcome focused evaluation of the early response model for children and families in the selected areas.
- To assess outcomes for children using age relevant standardised before and after measures – safety, resilience, behaviour and emotional wellbeing.
- To assess outcomes for children & families with before & after agency data on safety.
- To assess the impact on professional practice.
- To estimate the costs of implementation.

Pilot study

- Analysis of key administrative data in City to scope baseline rates of escalation and re-referrals
- - 2 years police DV data, 16,691 incidents
- - 4 areas data MASH PVPs, CAADA & child protection
- Test/pilot EHC model and measures of change with 20 families –before and after measures, interviews and observations

The Early Help Project

- All standard risk DV cases involving children identified by police/MASH to be referred daily to Early Help Coordinators (EHC)
- EHCs will check eligibility for service or comparison – will not work with families already getting a service
- For comparison areas, after joint safety assessment, EHCs will pass on eligible families contact details to research team
- For intervention areas, EHCs will re-contact eligible standard risk families for service – home visit
- With eligible families who agree, EHCs to conduct assessment, offer 1 to 1 support and coordinate *whole family* response

Pilot referrals

- Planned to run 3 months with 4 referrals per week expected, 48 in all to gain target of 20 in pilot
- Slow start, pilot period extended January to May 2016
- 54 standard risk DV families referred -
  - Only 6 families (10%) engaged in pilot (4 comparator, 2 intervention)
  - 11 (20%) already in service (CIN, FIN, CPS)
  - 5 (9%) receiving other support (IDVA, school, health visitor)
  - 9 (17%) unsuitable (risk concerns 4, child lives elsewhere 2, family moved away 1, no children 2, child is adult 1)
  - 10 (19%) family declined
  - 14 (26%) unable to contact (moved, multi occupancy, would not open door, partner in house, could not phone, phone cut off, mental health concerns)

Identifying families early

- DASH risk assessment does not measure level of risk accurately as focus is on a single incident
- In depth analysis of 238 families with an index DV standard risk incident had 3+ repeat PVPs in 2 years
- 43 showed escalation pattern
- 48 had de-escalation pattern
- 32 showed static in level of risk but not all were really standard risk
- 108 cases fluctuated up and down risk levels
- 50 – 60% cases post separation abuse

Example case tracked

- Couple cohabiting in poor housing since age 16, male unemployed & financial problems
- 5 DA incidents Feb – June 2014 at 3 different addresses, 4 standard risk, 1 medium risk when male's mental health, drug abuse and self harm disclosed
- 1 further DA incident medium risk 2014, male put hands round female's throat, female 15 weeks pregnant and depressed, uninhabitable living conditions, male arrested and charged battery but case dropped, referrals to CSC, health, YOT, probation, IDVA
- 2015 medium risk DA, 5 months after separation male pushed female's head into a wall, male arrested ABH, to keep away apart from child contact
- 2015 standard risk DA incident of verbal abuse while living apart but NFA, CIN plan closed
- 2015 high risk incident male squeezed female throat and she lost her breath, damaged house, male not taking his mental health treatment

CPS Data for City

- Total 435 CPS referrals 1 year have no further action (NFA) recorded
- 288 NFAs have DV risk (191 DV is primary referral reason)
- 61% referred by police, remainder by other services eg independent 6%, health 5.6%, schools 4.5%, family 4.5%
- 112 (59%) of 191 NFA DV primary cases had no record of any reason
- 40% NFAs were cases of DV from ex partners

Messages

- Having MASH team not panacea for better working together & addressing double disappearance problem
- Different types of DV need different early help approach – e.g. for post separation and living together
- Need for cross sector risk and safety assessment taking into account safety & wellbeing of child & victim
- Need to know more about how to stop abuse and work with perpetrators early on
- Do we know enough about engagement & what helps early on?

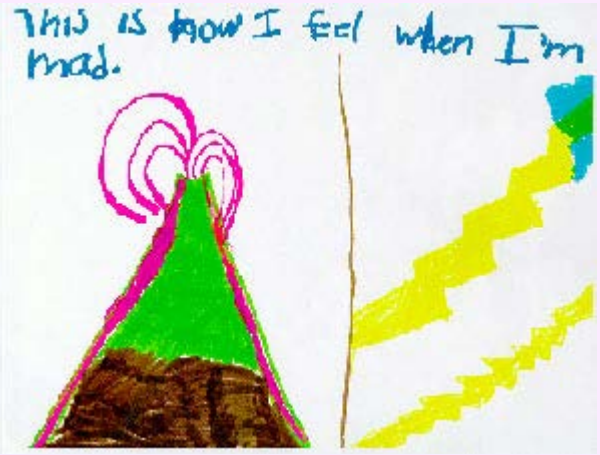
Research study 2

Safer Together

Evaluation of programme commissioned by Lancashire County Council to provide early intervention services across 12 locations

Services provided

- Target group = 750 mothers and children aged 5 to 16 years who have lived with DV assessed as 'just coping' or 'struggling to cope'
- Early intervention posts created in specialist DV services to contact families, conduct assessment, provide 1 to 1 key worker support separately to mother and child
- To offer parallel group services to mothers and children
- Different services provided by 8 organisations using same My Star & Empowerment Star outcome measures (Triangle,2009), to explore if impact varied
- Funded as 'payment by results'



Overview of interventions

Parent

Freedom Programme

Recovery Toolkit for adults

You and Me Mum

Child

Helping Hands

Recovery Toolkit for children

What About Me (ages 4- 16)

Both

Talking to My Mum (ages 5-8)

Questions

- Do the early intervention services work? (no comparison group)
- What are outcomes for children and families? (quantitative at intake and exit, qualitative follow up post exit)
- What are the challenges/what do services and service users need for early intervention services to work better? (qualitative)

Measure of change

- My Star measure children
- Simple pictorial method – the star shape – used by professional with child
- Measures change taking into account strengths, risks & severity
- 8 domains of Physical health; Where you live; Being safe; Relationships; Feelings and behaviour; Friends; Confidence and self-esteem; Education and learning
- Co-rated on level 1 to 5 to show direction of change & outcome
- Colour coded red (things bad & not changing), orange (bad but look like they could change), yellow (you & other people working on it), green (mostly ok), blue (things working well)

Challenges for evaluation

- Target numbers hard to achieve as referrals slow for new service (473 not 750)
- Limited data on outcome measures for mothers (only 17 empowerment star and 20 on family star on exit)
- Parallel groups assumption challenged – more 1 to 1 support given
- Subjective approach of star measure
- Self selection bias for interviews

Data collected

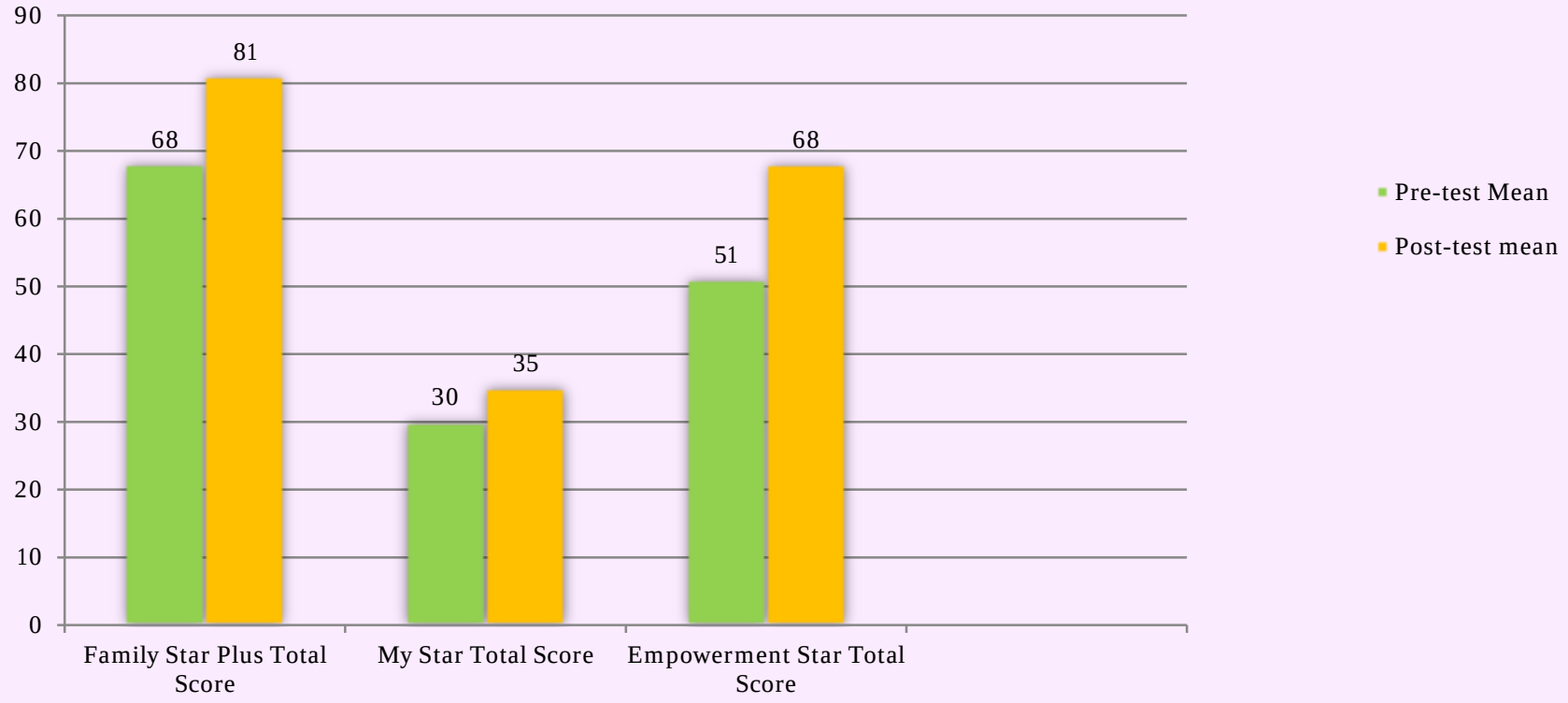
Quantitative:

- Service monitoring report data on 473 families (541 children)
- My Star intake and exit data for 250 children

Qualitative:

- Documents (early intervention coordinator reports, case studies)
- Focus groups, 4 with children 2 with service providers
- Interviews 13 adult service users, 5 child service users, 8 service providers
- Case studies, 12

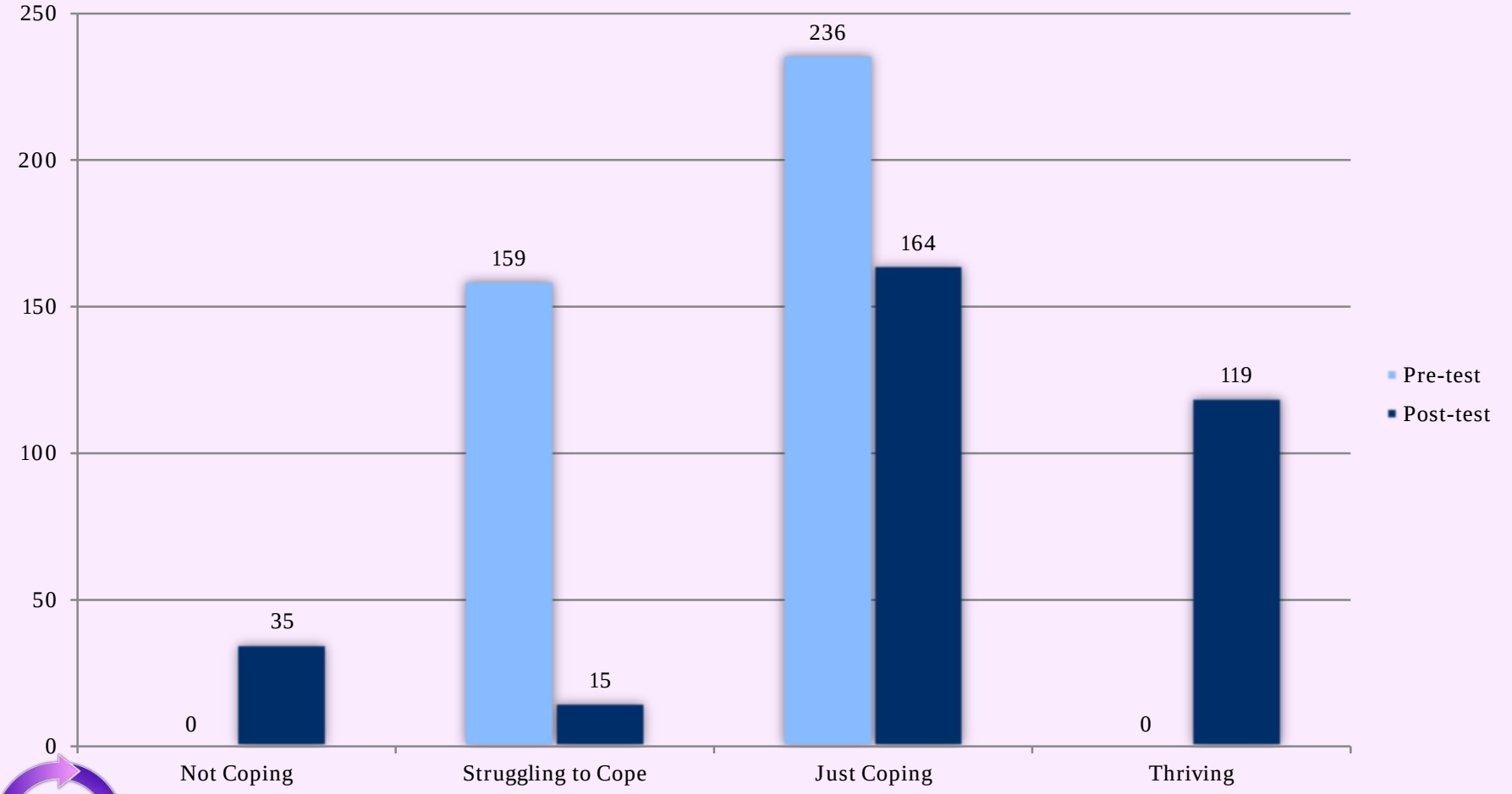
Pre and post test mean scores



Wilcoxon signed rank test results

Measure	Pre-test Median	Post-test Median	Change %	Wilcoxin n	Signed Z	Rank ρ
Family Star	72	84	12(17%)	20	-3.847	.000
My Star	31	36	5 (16%)	250	-13.207	.000
Empower-ment Star	49	66	17 (35%)	17	-3.220	.001

Pre & post test continuum of need



Positive impact from interviews

- Mothers unanimous about benefits to children
- *I can see a big difference in my nine year old. I mean my mum looks at her and says, she looks so sad behind the eyes, … But now she's like, she's smiling, she's, you know, her eyes are lit up a bit. And that's every time she's seen [support worker] we've noticed (Service User 12).*
- *The kids have loved it, they worship the girl that worked with them on a one to one basis. … she was wonderful, I knew the days that they'd seen her, when they came home from school, I knew they'd see her, there was a difference in them* (Service User 6).
- Flexibility of services

Benefits for children

- Changes in children
- Children listened to for first time
- *Yes, I liked the staff, the person that came, I had a lot of support, gave me like advice on what to do if, well my dad came near me or anything like that. It was just, basically, I could tell him stuff that, and he would believe me. Like in the past I've had lots of problems where I've said stuff but even like my (family court) officers and my child psychologist wouldn't believe, well it felt like they weren't believing me. But he believed me, so I thought that was good.*
- Greater consistency in service approach and focus on journey towards positive changes
- Easy to use measures of change

Engaging while abuse is ongoing

- Importance safety priority & specialist knowledge DV
- Need victim consent to work with child

We're not not working with that child just because mum's too frightened. For understandable reasons, mums are too frightened to engage, and especially when they're still living with the perpetrator (Staff 3).

Supporting mothering

It's hard for mums to accept that it is impacting on the children. So that's a huge step, to get a mum to even accept and look at and talk about the impact on the child, especially when, well I say especially, I mean the guilt is off the Richter scale for, mainly for women, guilt is felt more by women who've left, been out of that situation for a while and are in a position to look back. Because up until then you've got to keep your guilt pushed down, otherwise you'd just be a blob, you know, a blob of guilt. (Staff 3)

Challenges

- Interventions aim mostly at mothers & children living apart from abuser and the ‘recovery’ in the aftermath *not early intervention or preventive risk reduction*
- Children still living with ongoing long term DV & post separation harassment
- No focus on men
- Practical difficulties in delivering group based interventions
- Payment by results and time limits – expanding remit and declining resource

Messages and further questions

- Do we offer earliest possible help, help earlier than now or both?
- How do we identify those needing early help, given not all want it?
- Do we assess/screen, make it safe to ask or do both?
- What is 'whole family' DV risks and strengths assessment across continuum of care?
- Engagement – need for specialist skills to work with victim and child but do we offer what children & families want/need and can access?
- How to improve evidence on 'what works' in this area and are the measures of change robust?

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