

# In plain sight: Effective help for children exposed to domestic abuse

CAADA's 2nd National Policy Report  
February 2014



## Insights into domestic abuse

# 2



One third disclose mental health issues and/or substance misuse



60% feel to blame and 52% have behavioural problems



Only 6% receive support to address abusive behaviour



Only 42% receive support from a specialist domestic abuse service



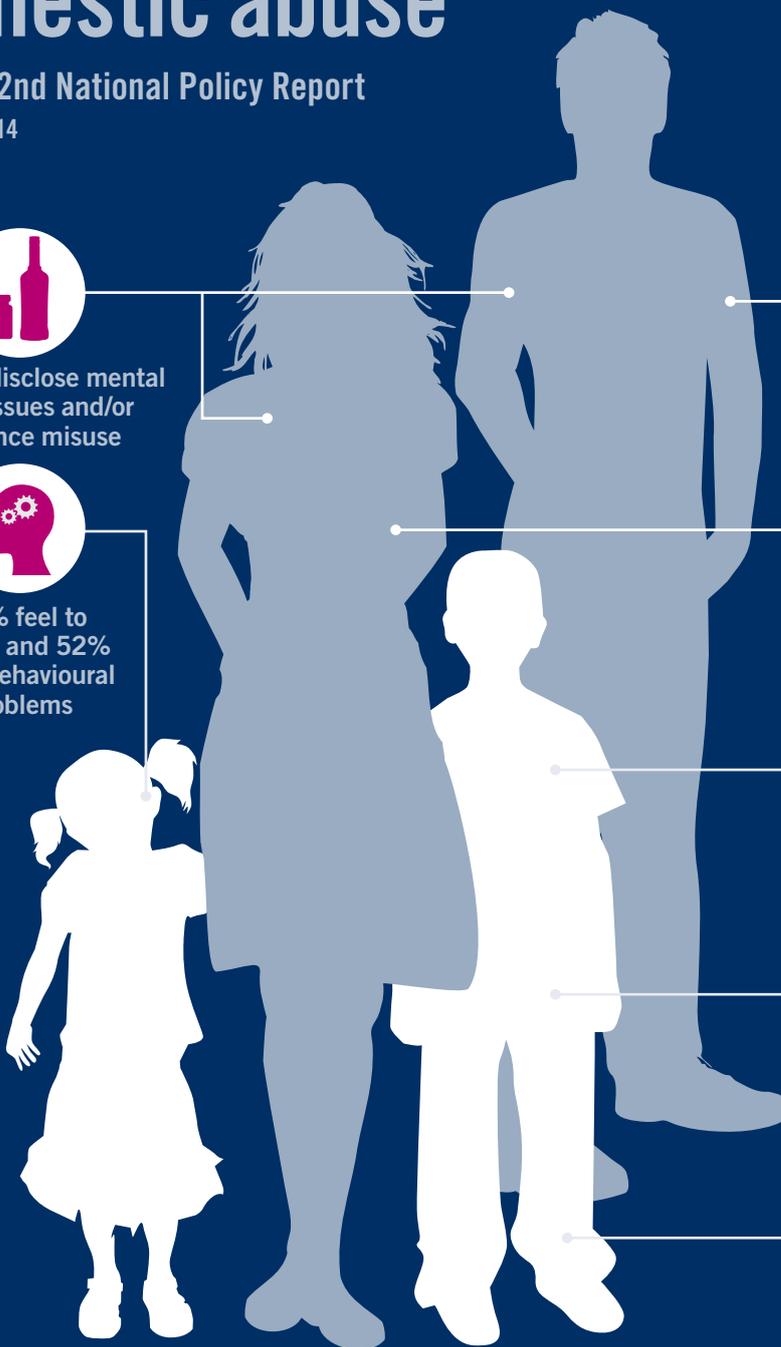
A quarter exhibit abusive behaviour



62% exposed to domestic abuse are also directly harmed



Only half (54%) are known to children's social care



# Foreword

This is CAADA's second national policy report, in which we build on our rich picture of the experience of adult victims,<sup>1</sup> and publish for the first time compelling new evidence from our Children's Insights dataset. The findings reveal a troubling picture of harm experienced by children exposed to domestic abuse. Behind the statistics in this report lie hundreds of thousands of damaged young lives. Our recommendations aim to respond to their calls for help and to put an end to both their sense of isolation and the abuse that they live with.

Sadly, this report is timely: a number of Serious Case Reviews involving children and domestic abuse have made the headlines in recent months, including the tragic cases of Daniel Pelka and Hamzah Khan. These act as a stark reminder that we all need to recognise the risks faced by children exposed to domestic abuse if we are to prevent further needless deaths in the future. Indeed, a third of the children in this report also lived with parental mental ill-health and/or substance misuse, both adding to the gravity of their situation.

It has long been established that children who witness domestic abuse experience a range of harm. What is new in 'In plain sight' is the specific evidence showing in detail the overlap between domestic abuse and direct emotional and physical harm, the substantial number of children 'acting out' abusive behaviour and the numbers who are not known to children's social care: almost half.

What is also new is the scale and richness of the data we have used to underpin our analysis: a total of 877 children's cases captured by frontline specialist children's workers and supplemented by data directly from 331 children. The full research report, 'In plain sight: the evidence from children exposed to domestic abuse', and dataset, which we draw on in this policy report, can be downloaded from [www.caada.org.uk](http://www.caada.org.uk).

We are also making new recommendations – practical and realistic solutions for you as commissioners to prevent further needless suffering and young deaths in your area. You are in a unique position to show leadership on these issues. For too long, services for safeguarding children and those for adults experiencing domestic abuse have worked in silos. As the follow-up report on the Daniel Pelka review highlights, a great deal of information about domestic violence was shared but "the information was not sufficiently understood in terms of risk to Daniel and the other children." We need to understand that the risk to the adult victim impacts on the child in a connected and potentially heightened way, especially if parental mental ill-health and substance misuse are co-occurring. Simply put, if the parent is at risk, we must look for risk to the child.

Leadership is needed to move local agencies from a culture of referrals to one of practical joint action based on high-quality, effective services for both adults and children. Our evidence shows that this form of early intervention works. It also highlights how variable our current response is, with only a minority of children getting help, inconsistent support for victims, and even fewer interventions for perpetrators. Finally, only a tiny percentage of the families in our sample received support with their parenting.

Next month we will also be publishing our second national Adult Insights dataset (also available on our website). This is a full snapshot of 4,660 cases from 24 adult domestic abuse services over the 12 months to September 2013. The data start to show trends over time in profile, experience and outcomes for adult victims of domestic abuse for both high and medium risk cases. This evidence will be crucial for continuing to develop and improve our response to domestic abuse.

We warmly encourage you to consider our recommendations. We believe that they could make a great difference to the futures of those children who today are suffering in silence.

Diana Barran MBE  
Chief Executive, CAADA

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1. CAADA (2012), CAADA Insights 1: 'A place of greater safety'. Bristol: CAADA

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## About Insights

Insights is an outcomes measurement service designed specifically for the domestic abuse sector. The service evidences the impact that domestic abuse services have on adult victim safety, enabling services and commissioners to make a stronger case for funding and service improvement. Through our Shared Insights, Shared Outcomes programme we are currently able to offer Insights at a heavily subsidised rate to commissioners and voluntary domestic abuse services in England and Wales.

## About Children's Insights

Children's Insights is a tried and tested tool for frontline domestic abuse services which profiles and evidences outcomes for children, putting the experience of the child at the heart of service provision. It will shortly be launched to all services and commissioners across the UK.

If you're interested in finding out more about Insights or Children's Insights, please contact [insights@caada.org.uk](mailto:insights@caada.org.uk) or visit [www.caada.org.uk](http://www.caada.org.uk).

To find out more about CAADA's work and services, please see p.11

# Summary



## Our key findings

1. There is a **major overlap between direct harm to children and domestic abuse**: 62% of children exposed to domestic abuse in our research were also directly harmed (p.4).
2. Children are suffering **multiple physical and mental health** consequences as a result of exposure to domestic abuse (p.4).
3. A quarter of the children **exhibit abusive behaviours**, mostly once their exposure to domestic abuse has ended (p.6).
4. Only half of these children were **previously known to children's social care** but 80% were known to at least one public agency (p.7).
5. Children's **outcomes significantly improve** across all key measures after support from specialist children's services (p.8).
6. Our data show a relationship between **cessation of domestic abuse and cessation of direct harm to children** (p.8).

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## Our recommendations

### Recommendation 1

To achieve early intervention at little or no cost, **create a network of lead professionals across agencies with a shared understanding of risk** (p.9).

### Recommendation 2

To ensure children's safety, **provide linked specialist domestic abuse services for the child and the parents** (p.10).

### Recommendation 3

To ensure children are protected and helped, **Local Safeguarding Children Boards (LSCBs) and Ofsted should monitor provision and outcomes for children exposed to domestic abuse** (p.10).

See page 9 for our full recommendations.

# Background

\* To protect identities, all names have been changed.

*“Every time I felt scared I wanted to go into my room, curl up into a ball and start screaming.” Chloe\**

**This policy report examines the grave impact domestic abuse has on the children forced to live with it, challenges commissioners and policymakers to act now, and gives practical recommendations about what to do.**

The report should be read alongside the more detailed analysis in our research report, *‘In plain sight: the evidence from children exposed to domestic abuse’*, and the Children’s Insights full ‘Data appendix’ (both available from [www.caada.org.uk](http://www.caada.org.uk)).

## The scale of the problem

An estimated 130,000 children in the UK live in households with high-risk domestic abuse; that is, where there is a significant risk of harm or death.<sup>2</sup> 6% of all children are estimated to be exposed to severe domestic abuse between adults in their homes at some point in childhood.<sup>3</sup> Thousands more live with other levels of domestic abuse every single day.

Our research found a clear link between the maltreatment of children in the home and domestic abuse of a parent, a link recognised in previous studies as well as in legislation. Research studies show a link between domestic abuse and child maltreatment<sup>4</sup> and domestic abuse has been shown to be a factor in the family background in two thirds of Serious Case Reviews.<sup>5</sup> CAFCASS reports that domestic abuse was present in 60% of cases which led to care applications in a 2011 sample.<sup>6</sup>

## Policy and legislative context

A number of recent policy developments have put a renewed focus on the issue of children and domestic abuse:

- The change in government definition of domestic abuse to include children aged 16–18 as victims.
- The 2010–11 Allen Review of Early Intervention built cross-party consensus on the importance of early intervention for children at risk of harm.

- The 2011 Munro Review of Child Protection found domestic abuse to be a significant factor in child protection.
- Recent evidence has highlighted domestic abuse as one of the major risks to a child’s wellbeing (EIF, 2014).
- The Government’s current programme to turn around 120,000 ‘troubled families’ (to be extended to a further 400,000 in 2015) includes domestic abuse as a discretionary criteria for inclusion on the programme.

A number of statutory duties address the harm to children from domestic abuse, principally:

- Children Act 1989 and Children Act 2004 set out the legal framework for the protection of children and establish the key principle that the welfare of the child is the paramount consideration.
- Section 120 of the Adoption and Children Act 2002 extends the legal definition of ‘significant harm’ to children to include the harm caused by witnessing or overhearing abuse of another.
- Government statutory guidance, ‘Working together to safeguard children’ (revised April 2013) sets out the framework for provision of children’s services, responsibilities and accountability through Local Safeguarding Children Boards (LSCBs).
- Witnessing domestic abuse is also recognised as harm in the Family Homes and Domestic Violence (Northern Ireland) Order 1998 and in the Family Law (Scotland) Act 2006.

## The Children’s Insights dataset

This policy report and the accompanying research report, *‘In plain sight: the evidence from children exposed to domestic abuse’*, are based on Children’s Insights data from four specialist services supporting children exposed to domestic abuse: Domestic Violence and Abuse Service (DV&AS), Stop Abuse For Everyone (SAFE) and North Devon Against Domestic Abuse (NDADA) in Devon, and Empowerment domestic abuse service in Blackpool. Data were collected over a 30 month period.<sup>7</sup> All four services support children who are currently exposed to, or have in the past been exposed to, abuse in the home. They work with children exposed to all risk levels of domestic abuse.

Specialist workers in these projects provide interventions to improve the children’s safety and wellbeing, including creating safety plans, liaising with health, education and criminal justice agencies, and arranging access to financial and other practical support. They support the children through one-to-one and group work sessions to address issues of self-esteem, manage emotions and feelings of blame and responsibility. The sessions also aim to improve children’s understanding of abusive behaviour, healthy relationships and conflict resolution.

This research draws on 877 unique cases of children aged 0–18 exposed to domestic abuse from our new Children’s Insights dataset. Detailed data were gathered from children by caseworkers in the four specialist services when they started working with them (‘at intake’) and again when they closed the case (‘at exit’). This is supplemented by data captured directly from 331 children.

2. CAADA (2012), CAADA Insights 1: ‘A place of greater safety’. Bristol: CAADA  
3. Radford, L., Corral, S., Bradley, C., Fisher, H., Basset, C., Howatt, N. and Collishaw, S. (2011), ‘Child abuse and neglect in the UK today’. London: NSPCC.  
4. For a review of the literature, see: Early Intervention Foundation (2014), ‘Domestic violence and abuse review’. London: Early Intervention Foundation.  
5. Brandon, M., Sidebotham, P., Bailey, S., Belderson, P., Hawley, C., Ellis, C. and Megson, M. (2011), ‘New learning from serious case reviews: a two year report for 2009–11’. London: Department for Education.  
6. CAFCASS (2012), ‘Three weeks in November ... three years on’ Cafcass care application study 2012. London: CAFCASS.

7. February 2011 to September 2013 inclusive.

## KEY FINDINGS

# What children are living with

*“I don't feel safe at school 'cos my dad says he's going to come and take me away. I just try and stay with friends, near teachers and near buildings where teachers are.”*

*Peter\**

### Finding 1: Hidden risk

#### **There is a major overlap between direct harm to children and domestic abuse.**

Almost two-thirds (62%) of the children exposed to domestic abuse were also being directly harmed (physically, emotionally or neglected) as well as witnessing the abuse of a parent. In almost all (91%) of our cases the direct harm was perpetrated by the same person as the domestic abuse: principally their father or mother's male partner.

### Our evidence

- We measured whether children were directly harmed in the home as a separate category to their exposure to domestic abuse. Children are at greater risk of **direct harm** if they are exposed to domestic abuse. Almost two-thirds (62%) of the children who were exposed were also directly harmed.<sup>8</sup>
- There was a substantial overlap between perpetrators of the domestic abuse and of the direct harm with this group of children (see figure 1). In 91% of cases **a perpetrator was the same in both types of abuse**. For these cases, it was most commonly the child's father (64%) or mother's male partner (25%). It should be noted that this isn't necessarily representative of who harms children in the general population since this is a sample of domestic abuse cases.

8. See our research report, CAADA (2014), CAADA Insights 2: 'In plain sight: the evidence from children exposed to domestic abuse'. Bristol: CAADA.

- Many of these families are very vulnerable in other ways, meaning the child is **exposed to other risks**. There were substantial rates of disclosed mental ill-health and drug/ alcohol misuse amongst both parents (see figure 2). Looking at the interaction between the 'toxic trio' of domestic abuse, mental ill-health and substance misuse, a third of mothers (31%) and a third of fathers (32%) in our sample had disclosed either mental ill-health, substance misuse, or both. Co-occurrence of these three are known risk factors from Serious Case Reviews, and are highlighted as such in statutory safeguarding guidance.<sup>9</sup>
- Children exposed to more severe<sup>10</sup> domestic abuse were more likely to **experience neglect or physical harm**, and that harm was likely to be more severe.<sup>11</sup>

*“There was physical violence twice a week [during contact sessions] in front of him. It was not pleasant for him and not pleasant for me.... my son was in tears.... He was seeing the case worker then and she was vital for him.”*

*Daniel's mum\**

### Finding 2: Hidden harm

#### **Children are suffering multiple physical and mental health consequences as a result of exposure to domestic abuse.**

Amongst other impacts, over half (52%) had behavioural problems, over a third (39%) had difficulties adjusting at school, and nearly two thirds (60%) felt responsible for negative events.

### Our evidence

- Exposure to domestic abuse causes **serious physical and psychological harm** to children. As measured by the children's caseworkers, at intake 52% had behavioural problems, 60% felt responsible for the negative events, 52% had problems with social development and relationships, and 39% had difficulties adjusting at school (see figures 3 and 4 and the Children's Insights 'Data appendix' for the full range of impacts).
- In addition, based on direct reporting by the children, at intake only around half knew how to keep themselves safe (56%) or get help (62%), a quarter (24%) did dangerous or harmful things, around half were often unhappy (46%), worried (52%) and/or angry (43%), and half (55%) found it difficult to sleep (see figure 5 for the full range of impacts).

9. Department for Education (2013), 'Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children'. London: Department for Education.

10. Comprising the categories of 'moderate' or 'high' severity parental domestic abuse as opposed to 'standard' severity, as indicated by the children's caseworkers.

11. See our research report, 'In plain sight: the evidence from children exposed to domestic abuse'.

Figure 1: Perpetrators of domestic abuse and of direct harm to child (overall dataset)

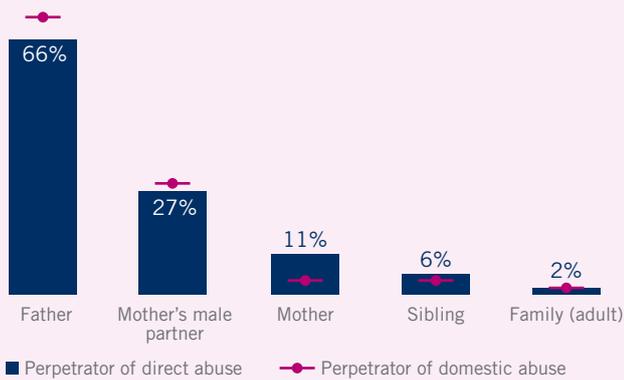


Figure 4: Impact on children's safety at intake and exit, as measured by children's caseworkers

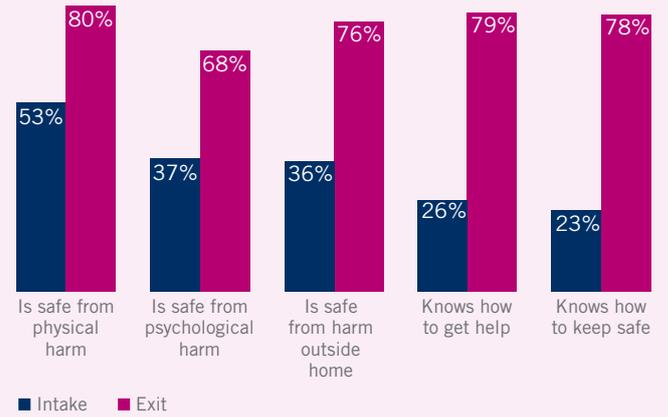


Figure 2: Additional risks in the family (overall dataset)

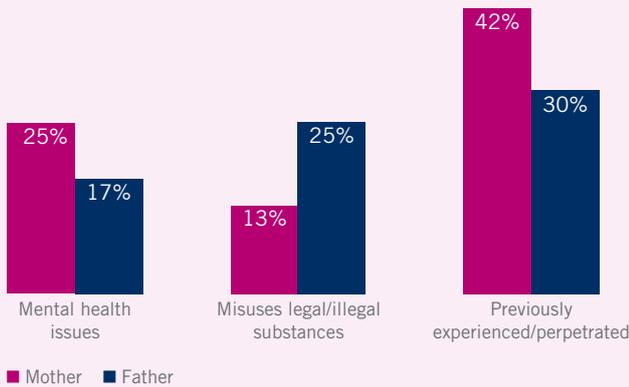


Figure 5: Health and wellbeing indicators at intake and exit, as reported by children

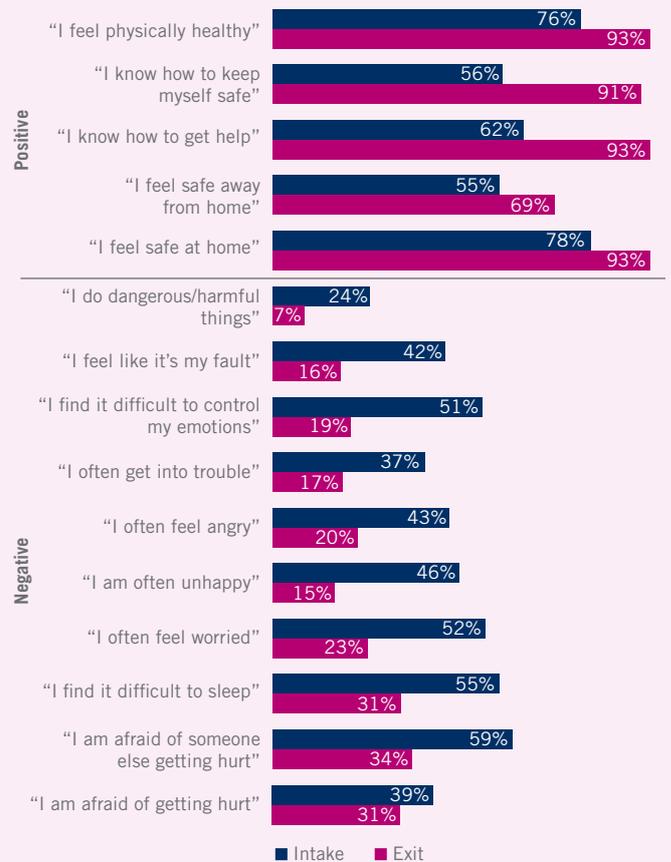
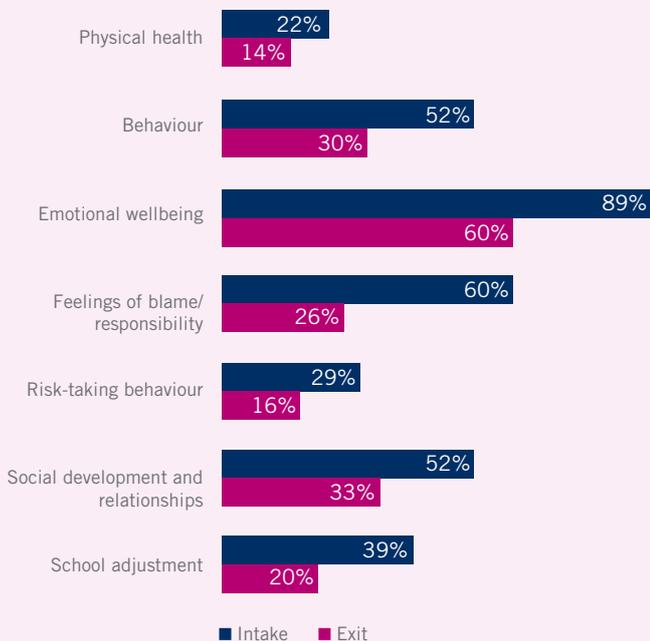


Figure 3: Negative impacts on children's health and wellbeing at intake and exit, as measured by children's caseworkers



*“Ever since my dad left my behaviour is more attitude ‘cos I don’t have my dad to support me. I shout at my mum more, I can’t help it when I get angry or upset.”*  
Rebecca\*

### Finding 3: Hidden behaviours

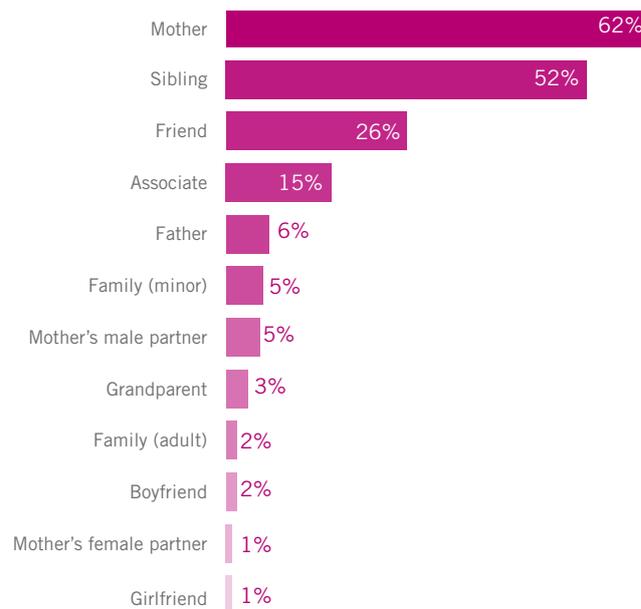
**A quarter of both boys and girls exposed to domestic abuse exhibit abusive behaviours themselves.** We found that children were more likely to show abusive behaviours after exposure to the domestic abuse had ended. Abusive behaviour was most common amongst 15 to 17 year olds.

The children’s abusive behaviour was most frequently directed towards their mother, sibling or friend, and rarely towards the main perpetrator of the domestic abuse.

### Our evidence

- 25% of children (equal numbers of boys and girls) exhibited **abusive behaviours**, most frequently towards their mother or sibling (see figure 6).<sup>12</sup>
- Children were more likely to show a range of abusive behaviours **once they were no longer exposed** to abuse. They were less likely to show abusive behaviour when their mother – and they – were still experiencing the abuse.
- The highest rates of abusive behaviours were amongst **15–17 year old children** (42% of that age group). The lowest rates were amongst the under 3s (6%). Between 3 and 15 years the proportion of children showing abusive behaviours ranged between 17% and 32%.
- Most common was **physical abuse**, present in 82% of cases where there was abusive behaviour, and generally higher severity.
- Those showing abusive behaviour were likely to have been victims of **more severe direct harm**, including neglect, physical abuse and emotional abuse.
- 42% of these children’s mothers and 30% of their fathers had experienced or perpetrated domestic abuse in a **previous relationship**. Given that the average age of the children was 9 years old, this raises the possibility that they were exposed to domestic abuse in a previous parental relationship. If this is the case, it adds yet another layer of risk and harm to their experiences.

Figure 6: Recipients of children’s abusive behaviour



*“If my dad would be angry and everything, I would copy him, that’s how I got angry... he used to shout at me all the time and I thought that was a good thing.”*  
Hassan\*

### What children are living with: conclusion

Our data confirm domestic abuse as a significant risk factor for direct harm to children. It shows a substantial link between domestic abuse and direct harm to children, documents the serious consequences for children and confirms the presence of multiple additional risk factors, including parental mental ill-health, substance misuse and experience or perpetration of domestic abuse in a prior relationship.

Our evidence throws into sharp relief the grave physical and psychological damage of domestic abuse on children. It also documents a link with patterns of abusive behaviours amongst children themselves.

12. For full data on our evidence see our research report, 'In plain sight: the evidence from children exposed to domestic abuse' and Children's Insights 'Data appendix'.

# KEY FINDINGS

## Identifying children

### Finding 4: Hidden from help?

**Worryingly, only half (54%) of the children exposed to domestic abuse, and two thirds (63%) of those living with severe domestic abuse, were known to local authority children's social care prior to intake.**<sup>13</sup> This is very concerning, given the evidence that two-thirds were also directly harmed, 91% by the same perpetrator.

However, the great majority of these children (at least 80%) were known to at least one public agency at intake: they are in plain sight.

### Our evidence

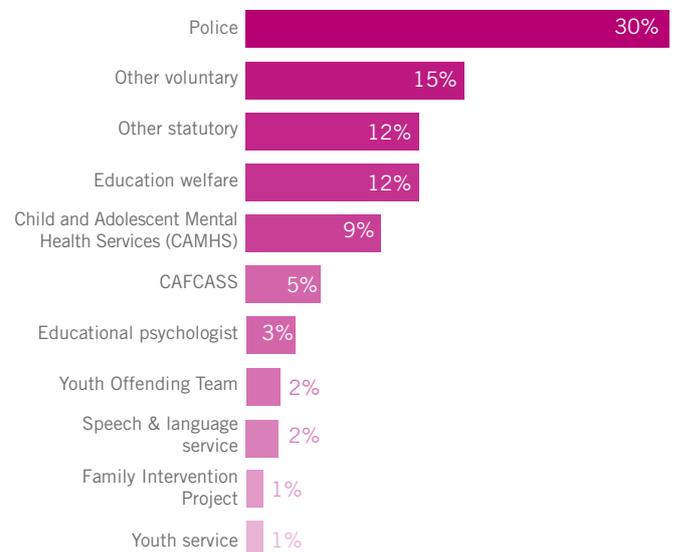
- Only half (54%) of the children who were or had been exposed to domestic abuse and only two thirds (63%) of those exposed to severe domestic abuse were **known to children's social care** prior to intake to the specialist children's service.
- A third (34%) of the group of children who were directly harmed were **not known to children's social care** at intake.
- Those cases known to children's social care were slightly more likely to involve **severe direct harm** across a range of categories.
- **Children's social care was also involved with more cases of younger children:** 75% of under 3s and 65% of 3–5s. Their involvement was lowest with older children: 45% of 13–15 year olds and 43% of 15–17 year olds.
- In our overall dataset, **other agencies were involved with these families** prior to intake, most commonly the police (see figure 7).

- Of those cases not known to children's social care prior to intake, 48% were known to at least one of these other agencies. Calculated as a proportion of the overall dataset, at least **80% of these children were previously known either to children's social care or to another agency:** they were in plain sight.

### Identifying children: conclusion

Local authority children's social care has a statutory duty to support all children at risk and provide initial assessments of risk and need, even if a case does not meet thresholds for their direct intervention. Our evidence shows that, whilst children's social care tends to be involved with more cases of younger children and of severe direct harm, substantial numbers of children exposed to domestic abuse are still not known to them. This is very concerning, given: the established link between domestic abuse and safeguarding; the evidence here of direct harm to the child from the same perpetrator; and the clear links with parental mental ill-health and substance misuse.

Figure 7: Other agencies involved with the family at intake



13. Almost all (97%) of the children in the sample had been exposed to domestic abuse. The measure 'known to children's social care' includes all cases referred to or currently open to children's social care, as well as those previously referred to or open to children's social care and not currently active. This second category includes recently closed cases.

## KEY FINDINGS

# Providing effective help

*“Normally people are just winding me up and I get my anger... [now I] walk away, count to 10. My case worker has helped me with my anger.” Tom\**

### Finding 5: Effective help for children

**Children’s outcomes significantly improve across all key measures after support from specialist children’s services.**

Our data show that specialist children’s services have an immediate positive impact across all indicators of safety, health and wellbeing of children exposed to domestic abuse and direct harm.

### Our evidence

- Specialist children’s services are vital in **reducing the impact** of domestic abuse. Following contact with the services, children’s safety and health outcomes significantly improved across all key indicators, as shown in figures 3 to 5 on page 5.
- These kinds of specialist children’s services have a particularly effective role in **early intervention and early help** to combat the impacts of domestic abuse. In addition to significant improvements in health, safety, wellbeing and achievement, abusive behaviour in children exposed to domestic abuse dropped from 25% to 7% following support from the service.
- At intake, only 9% of children were receiving support from **Child and Adolescent Mental Health Services (CAMHS)**. By exit, a further 2% had been engaged with CAMHS.

### Finding 6: Effective help for parents

Some 69% of domestic abuse ceases at the point of case closure after support from an Independent Domestic Violence Advisor (IDVA), and in 45% of cases there is a cessation in police call outs in the 12 months after a Multi-Agency Risk Assessment Conference (MARAC). **Our data show a relationship between cessation of domestic abuse and cessation of direct harm to children. Whilst ending domestic abuse may not always stop direct harm to children, and the point of separation often increases risk, these findings show effective support for parents to end domestic abuse must be in the core interests of all those responsible for protecting children.**

### Our evidence

- Our research findings show a **relationship between the cessation of domestic abuse and cessation of direct harm** to children: children are better protected when adults are supported to end domestic abuse safely.<sup>14</sup>
- Latest data from CAADA’s National Insights Dataset for adults (forthcoming) show that 69% of domestic abuse ceases at point of case closure after support from an IDVA.<sup>15</sup> Analysis shows that in 45% of cases there is a cessation in police call outs in the 12 months after a MARAC.<sup>16</sup>
- However, of the parents of the children in this dataset experiencing domestic abuse, **only 42% were receiving support from a specialist domestic abuse service**, and 26% were receiving no support at all.
- This was even lower with **the perpetrator of domestic abuse: only 6% were supported by a service**, and 55% received no support at all.
- Despite the serious impact of domestic abuse in the household and complex issues involved, **only 6% of parents accessed any parenting support.**

### Providing effective help: conclusion

Our research shows that specialist children’s services address not only the physical risks children face but also give critical early support to help children understand what has happened and that they are not responsible. Whilst many children will also need longer-term therapeutic help, these services are a vital first step in rebuilding their lives and sense of self. The number receiving support from CAMHS both prior to intake (9%) and during engagement (2%) seems very low, based on this evidence of longer-term harm. It is essential that strong links are made with CAMHS services.

Furthermore, if, as the data suggest, these services are effective in reducing abusive behaviours amongst children, they represent a cost-effective early intervention to prevent harm in later life.

Our data show a relationship between cessation of domestic abuse and cessation of direct harm to the child. Although risk to mothers and children often increases at the point of separation, overall this relationship suggests that safely ending domestic abuse is in the core interests of all those responsible for protecting children. Good quality support for parents with mental ill-health and substance misuse is also critical.

Evidence shows that access to parenting programmes which specifically address domestic abuse is a key form of early intervention for these families, yet only 6% of parents of these children accessed parenting help. Better referral pathways into and from parenting programmes are needed.

14. For full data on our evidence see our research report, ‘In plain sight: the evidence from children exposed to domestic abuse’ and Children’s Insights ‘Data appendix’.

15. CAADA (2014), Insights National Dataset 2012–13 (forthcoming).

16. CAADA data, unpublished. See CAADA (2012) ‘CAADA eNews’ (March/April 2012) [online]. Available at [www.caada.org.uk/news/caada-enews-Mar2012-MARAC-outcomes-research.html](http://www.caada.org.uk/news/caada-enews-Mar2012-MARAC-outcomes-research.html) [Accessed January 2014].

# Our recommendations

These practical recommendations are jointly addressed to the local commissioners and strategic leads who are responsible for domestic abuse and children's safeguarding.

## Recommendation 1

To achieve early intervention at little or no cost, create a network of lead professionals across agencies with a shared understanding of risk.

Our evidence highlights that safeguarding children and domestic abuse services work in silos. There is limited shared understanding about risk, resulting in a situation where the risks to children exposed to domestic abuse are insufficiently visible to children's social care. We call for a shift from a siloed assessment and referral culture to a proactive, joint response to these vulnerable children.

### Actions:

**1. Nominate named lead professionals in services working with both children and adults** who can offer specialist advice to colleagues, and build shared risk assessment with other agencies. This will enable joint working and embedded expertise at little or no cost, in particular:

- Nominate a named Lead Professional for Domestic Abuse in each local authority children's social care team.
- Nominate a named Lead Professional for Children's Safeguarding in each frontline domestic abuse service, e.g. Independent Domestic Violence Advisor (IDVA) services, Outreach etc.
- Ensure that lead responsibility for domestic abuse sits with a nominated professional in key universal services, including (at a minimum) health visitors, midwives, nurses, schools and children's centres.

**2. In light of our new evidence, strategic leads for safeguarding and domestic abuse should review and agree joint assessments of risk and protective factors for mothers and children** exposed to domestic abuse. At a minimum this must enable joint understandings of the:

- High rates of direct harm to children in domestic abuse households.

- High co-occurrence of domestic abuse with mental ill-health and drug/alcohol misuse.
- Serious impacts on children's development, attainment and behaviour.
- Potential protective capacity that one or both parents bring to a child.

**3. Ensure effective information-sharing** for a joined up response to the family:

- Ensure that children's social care attend Multi-Agency Risk Assessment Conferences (MARAC).
- Consider co-locating children's social care and adult domestic abuse services.
- Ensure effective interaction between MARAC and Multi-Agency Safeguarding Hubs (MASH).



**My reduction in anxiety clearly has a positive impact on the children, my increased confidence in dealing with the situation instils security in them as they can see me stronger and calmer.**

Jane\*



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## Recommendation 2

To ensure children's safety, provide linked specialist domestic abuse services for the child and the parents.

Our evidence shows that these specialist children's services give young people a voice and improve their safety, recovery, health and wellbeing. They meet the Munro Review's call for local authorities to provide early help for all children at risk, and the requirements of the statutory guidance 'Working together to safeguard children' to place the child's needs and wishes at the heart of the service they receive.

They also have the potential to alleviate pressure on children's social care and Child and Adolescent Mental Health Services (CAMHS), freeing them up to manage the highest-risk cases. They can also bring cost savings to health and criminal justice services in the long term by supporting children to move on from their experiences. Our evidence shows that stopping domestic abuse is a crucial first step in achieving safety for children. As a result, domestic abuse services for parents should be commissioned in parallel with services for children.

### Actions:

1. Ensure **every child living with domestic abuse has someone to support them in their own right**, using whichever local model works best (e.g. a children's worker in a domestic abuse service, dedicated therapeutic service etc). At a minimum this must offer all of the following:
  - Practical age-appropriate help for the child with safety planning.
  - Therapeutic support to help the child with feelings of blame and guilt, healthy relationships, abusive behaviour and how to resolve conflict.
  - Other relevant interventions around the child based on their risk and need.
2. Ensure **parallel domestic abuse support for parents**, including:
  - Independent Domestic Violence Advisor (IDVA), outreach and/or refuge support for victims.
  - Interventions to address perpetrator behaviour.
  - Support with mental ill-health and substance misuse.
  - Parenting support for both parents, especially those with very young children, such as the Family Nurse Partnership with a specialist inter-personal violence element.
3. Ensure services for children and parents are **linked together in a whole family response** by:
  - Pooling funding between local authority domestic abuse leads, Police and Crime Commissioners, Health and Wellbeing Boards and Clinical Commissioning Groups.
  - Jointly commissioning specialist domestic abuse services for adults and children.
  - Drawing on our evidence, build a local cost benefit case for early investment now to save health, children's services and criminal justice costs later.

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## Recommendation 3

To ensure children are protected and helped, Local Safeguarding Children Boards (LSCBs) and Ofsted should monitor provision and outcomes for children exposed to domestic abuse.

Children's exposure to domestic abuse is a safeguarding issue. LSCBs have a statutory duty to ensure these children are identified and receive an adequate response. To do this well, it is crucial they work with local domestic abuse leads to monitor interventions and outcomes for these children and their parents.

Whilst not all children exposed to domestic abuse are known to all agencies, the great majority are known to one. Our evidence shows that children's social care only knew half of the children referred to the specialist domestic abuse services in our research, but 80% were known to at least one public agency at point of intake. Latest data show that 60,000 children are involved with cases discussed at Multi-Agency Risk Assessment Conferences (MARAC) each year.<sup>17</sup> At a minimum, this is a very vulnerable, visible group who should all receive specialist help and whose outcomes should be monitored.

### Actions:

1. All LSCBs should clearly set out in their business plans **how they will identify and respond** to children exposed to domestic abuse.
2. As a starting point, **LSCBs should monitor their MARAC cases** and ensure that both children and parents are getting a linked specialist service, as per our recommendations. They should report on progress in their annual reports.
3. Over the longer term, **LSCBs should track and report on the profile, interventions and outcomes** for all children exposed to domestic abuse. CAADA's Children's Insights tool can support this process.
4. **Ofsted should include scrutiny of LSCB provision for monitoring** of children and parents living with domestic abuse as a key line of enquiry in current and future planned inspections, and in forthcoming multi-agency inspections.



**My son had gone through so much... He was distant and did not want to play. Now he is a happy chappy. The service has helped him to believe in himself.**

Sarah\*

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17. CAADA national MARAC performance data, 12 months to 30 September 2013. Available at [www.caada.org.uk/marac/MARAC\\_data\\_and\\_performance.html](http://www.caada.org.uk/marac/MARAC_data_and_performance.html) [Accessed January 2014]. There were 80,000 children in households discussed at MARAC in this period. There was a 24.4% repeat rate for cases at MARAC during this period, which equates to approximately 60,000 individual children.

# About CAADA

Co-ordinated Action Against Domestic Abuse (CAADA) is a national charity supporting a strong multi-agency response to domestic abuse. Our work focuses on saving lives and saving public money. CAADA provides practical help to support commissioners and other professionals who work with domestic abuse victims.

## Our goal

CAADA's goal is to transform the UK's response to domestic abuse to make sure that victims are identified as early as possible, and that they and their children are supported to live in sustainable safety. Over the next five years, we are working in partnership with commissioners to:

- Halve the number of victims experiencing high-risk domestic abuse from 100,000 to 50,000.
- Halve the number of children harmed by high-risk domestic abuse from 130,000 to 65,000.
- Halve the average time it takes victims to seek help from 5 years to 2.5 years.

## Our services

### For commissioners

- Bespoke consultancy: strategic commissioning advice, local needs analysis, review of provision and referral pathways, guidance and recommendations.
- Free tools, resources and data to inform the commissioning process.
- Access to reduced cost outcomes measurement through our Shared Insights, Shared Outcomes programme.
- MARAC outcomes analysis.
- Full service and cost analysis of public service use by families experiencing domestic abuse.

Contact [commissioning@caada.org.uk](mailto:commissioning@caada.org.uk)

### Evidence, quality and outcome measurement

**Insights:** An outcomes measurement service designed specifically for the domestic abuse sector. Evidences the impact domestic abuse services have on victim safety, enabling commissioners and services to make a stronger case for funding and service improvement.

**Children's Insights:** A tried and tested tool for frontline domestic abuse services which profiles and evidences outcomes for children. Shortly to be launched to all services and commissioners across the UK. Contact [insights@caada.org.uk](mailto:insights@caada.org.uk)

### Leading Lights accreditation programme

Provides a set of quality service standards for supporting victims of domestic abuse. Contact [kathryn.hinchliff@caada.org.uk](mailto:kathryn.hinchliff@caada.org.uk)

## Regional support

### Young People's Programme

A programme to support local areas in England to develop a consistent response to young people aged 13 years and older who are experiencing intimate partner abuse. Provides training, local support, national resources and data analysis.

### Multi-Agency Risk Assessment Conference (MARAC) Development Programme

A programme to help MARACs improve their effectiveness, so that all high-risk victims of domestic abuse receive a consistent, quality response. Provides local support, national resources, data analysis and a helpdesk.

### For practitioners

- Training for Independent Domestic Violence Advisors and Independent Domestic Abuse Advocates (funded by the Home Office, the Scottish Government and the Welsh Assembly Government).
- Short CPD courses on effective service management, stalking, sexual violence (Independent Sexual Violence Advisor conversion), young people and relationship abuse, and other related topics.

Visit [www.caada.org.uk](http://www.caada.org.uk) for more information about our services.





# About this CAADA report

Using evidence directly from hundreds of children exposed to domestic abuse, this report examines the grave impact domestic abuse has on children, challenges commissioners and policymakers to act now, and gives practical recommendations about what to do.

## Our key findings

1. There is a **major overlap between direct harm to children and domestic abuse**: 62% of children exposed to domestic abuse in our research were also directly harmed (p.4).
2. Children are suffering **multiple physical and mental health** consequences as a result of exposure to domestic abuse (p.4).
3. A quarter of the children **exhibit abusive behaviours**, mostly once their exposure to domestic abuse has ended (p.6).
4. Only half of these children were **previously known to children's social care** but 80% were known to at least one public agency (p.7).
5. Children's **outcomes significantly improve** across all key measures after support from specialist children's services (p.8).
6. Our data show a relationship between **cessation of domestic abuse and cessation of direct harm** to children (p.8).

## Our recommendations

### Recommendation 1

To achieve early intervention at little or no cost, create a network of lead professionals across agencies with a shared understanding of risk (p.9).

### Recommendation 2

To ensure children's safety, provide linked specialist domestic abuse services for the child and the parents (p.10).

### Recommendation 3

To ensure children are protected and helped, Local Safeguarding Children Boards (LSCBs) and Ofsted should monitor provision and outcomes for children exposed to domestic abuse (p.10).



For further information, make contact today:

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