SafeLives Insights National Briefing 2017
Children, young people, and the involvement of Children’s Services

At the time they start school, at least one child in every class will have been living with domestic abuse since they were born.

SafeLives Insights dataset reveals that two in five children (41%) in families where there is domestic abuse have been living with that abuse since they were born. For some children, this exposure to abuse does not only start early, but persists into later childhood. Of all the children in our dataset who had been living with abuse for their whole lives, over a third (37%) were more than five years old.

Combined with information on the percentage of all children who have been exposed to domestic abuse in their homes, we estimate that at least one child in every reception school class has been living with abuse for their whole life.¹

Earlier intervention is needed to prevent this ongoing exposure. In a minority of cases (76 of the 20,821 children in our dataset) the child was seventeen years old, and had lived with abuse from birth to adulthood.

Domestic abuse has a devastating impact on children, whatever their age.

Our Insights dataset shows that families known to Children’s Services were more likely to have children under the age of 5 years old compared to those not known to services (65% vs 55%). National data on the ages of children who are referred to children’s services is not available, but the ages of children who are subject to a child protection plan indicates that younger children are more likely to receive this safeguarding intervention. Fifty children out of every 10,000 aged 1-4 were subject to a plan, compared with 44 of those aged 5-9 and 38 of those aged 10-15.²

While older children may be at less physical risk, exposure to abuse has an effect on children of all ages, unrelated to their ability to keep themselves safe. For instance, children over ten were much more likely to try to intervene to stop physical abuse (27% of children over ten, compared to 15% of those under ten). Additionally, Children’s Insights data reveals that over half (52%) of children exposed to abuse said they found it difficult to sleep, and almost a third (30%) felt like the abuse was their fault. The same children exhibit higher rates of behavioural problems than their peers, and engage in more risk-taking behaviour, making them vulnerable to other forms of abuse, exploitation and harm.

“I wasn’t offered any help at the time but I’ve had nightmares about what I saw and heard. I think because mum and dad weren’t together anymore and mum was getting help they thought I didn’t need any.” Adam, 15

Two in five children living with abuse had not been referred to children’s services before the family entered domestic abuse support. Many more who had been referred did not receive substantial help.

In 2017, only 57% of the children involved in Insights cases were known to have been referred to children’s services before the victim sought help. Additionally, a substantial proportion of these referrals (31%) had resulted in no action or had not proceeded beyond initial assessment or enquiries.

¹ See methodology: Children living with abuse for their whole lives
² See methodology: Rates of children subject to child protection plans
This is consistent with government’s own data on all referrals, which shows that in 2015-16, one in ten referrals to children’s services in England (9.9%) resulted in no further action, and a further quarter (25.4%) resulted in an assessment but the child was assessed not to be in need.

For children who are assessed as not needing this statutory support, there may not be any other support available to address the concerns that resulted in their referral. For instance Action for Children found that of those whose cases were closed after assessment, only 1 in 4 were referred on to Early Help.

A 2017 inquiry by the All Party Parliamentary Group for Children found that Local authorities are too often failing to reach children and families who need help, with strain on resources being a key obstacle to meeting children’s needs. Of the 127 local authority children’s social care departments that have been inspected under the most recent framework, almost half (47%) are rated as ‘requires improvement’ for their response to ‘children who need help and protection’, and a further quarter (24%) as inadequate.

The response to families must be more holistic, with the perpetrator held accountable

Unsurprisingly, Insights data suggests that families with Children’s Services involvement are more likely to be experiencing physical violence (71% vs 57%); one of the most visible forms of abuse. But there are many other forms of abuse that can more easily remain hidden, such as coercive and controlling behaviour.

Families known to Children’s Services are also significantly more likely to have disclosed complex needs, including drug misuse (6% vs 2%), alcohol misuse (8% vs 3%) and/or mental health issues (36% vs 26%), compared to families with children who are not known to children’s services. However many victims do not disclose these needs, as identified by SafeLives’ report Cry for Health. Where there are children in the family, this can be an added barrier to disclosing both domestic abuse and other needs.

“Fear of social services was the main single source of stress and at times... In many ways the institutions that were supposed to help me were the most dangerous since they had more power to take my daughter away from me than my abusive husband.” Domestic Abuse Survivor

Overcoming these barriers to disclosure and understanding the full range of experiences within the household is vital to supporting children affected by Domestic Abuse. Adverse childhood experiences (ACEs), such as being exposed to domestic abuse or substance misuse in the home, have been found to have an impact on long term health and behavioural outcomes, and a combination of ACEs can increase this risk even further. In a study by Public Health Wales those with four or more ACEs were 14 times more likely to have been a victim of violence over the last 12 months, compared to those with no ACEs.

The recent joint inspection report by Ofsted, HMIC, the Care Quality Commission and the Inspector of Probation found that where children are living with domestic abuse, accepted practice is to prevent, protect and repair, but that in reality far too little is being done to prevent domestic abuse and repair the damage it does. In particular, the inspectorates called on Children’s Services teams to be bold in more actively focusing on and holding accountable the perpetrator of harm, rather than the non-abusive parent.

Recommendations:

7 http://safelives.org.uk/node/935
8 Unpublished survivor survey, SafeLives 2017
9 http://www.wales.nhs.uk/sitesplus/888/page/88504
• Local Children’s Safeguarding Boards should ensure that there is an effective referral pathway for children who are affected by domestic abuse, and that professionals who have concerns can access advice from a specialist. SafeLives has developed guidance to help LSCBs work effectively with Maracs on issues such as this.

• Local Children’s Safeguarding Boards should ensure specialist training is available to practitioners working with children and young people in a variety of settings, to increase early identification of children exposed to domestic abuse.

• There needs to be a focused effort across agencies to develop and test interventions which focus on the perpetrator of abusive behaviour, including those who are parents. Currently, fewer than 1% of perpetrators gets any intervention to challenge their behaviour and support them to change. Drive11, being piloted in England and Wales, and the Engage programme, in Cheshire12, provide possible models for this, alongside traditional group programmes.

• Programmes that work with those perpetrating abuse should ensure that interventions effectively support the welfare of any children involved with the family, including speaking to the alleged perpetrator about the harm their behaviour causes to children.

• Local agencies should work together to collectively supply the emotional, psychological and practical support that is needed to help children and victims – or the many families that have stayed together – get safe, stay safe and move on to reach their full potential. Commissioning models should be integrated to ensure support to address the needs of the parent and the child are aligned.

• Integrated commissioning modules should also be considered across areas of need that often accompany each other, such as domestic abuse, mental health and substance misuse. Or, Complicated Matters by AVA is a toolkit to help practitioners address domestic and sexual violence, substance us and mental ill-health.

If you are a professional responding to domestic abuse and you would like to discuss or share further good practice examples, please join us on the SafeLives Community.

Appendix: source and methodology

Insights is a ‘whole family’ outcomes measurement programme specifically designed for specialist domestic abuse services supporting adults and children who have experienced or are experiencing domestic abuse. This briefing draws on Insights data collected between April 2014 and March 2017, to explore the experiences of children exposed to domestic abuse, and the involvement of children’s social services in these cases.

Children living with abuse for their whole lives
The number of children living with abuse for their whole life was calculated by comparing the length of abuse for the client with the age of children associated with the case, and counting all children for which the length of abuse was higher than their age.

Twelve per cent of under 11s have been exposed to domestic violence between adults in their homes during childhood (NSPCC); Insights data shows that 29.6% of children aged 5 to 11 who have been exposed to domestic abuse have been living with domestic abuse for their whole lives. This suggests approximately 3.55% of all children aged 5 to 11 have been living with abuse their whole lives (0.12 x 0.296), which is approximately 1 child in every primary school class (30 x 0.0355 = 1.065). The ages of the children in this sample are moderately skewed towards the lower end of the scale, and therefore to maintain a conservative estimate we have applied it only to the youngest children (ie the first year of school). Therefore this is likely to be an under-estimate for children in reception classes.

Rates of children subject to child protection plans

11 http://driveproject.org.uk/
12 https://www.cheshirewithoutabuse.org.uk/engage
The number of children on Child Protection plans is available from the government dataset
Characteristics of children in need: 2015 to 2016; population data is available from the ONS Population
Estimates Analysis Tool. Mid-2015 population estimates were used for this calculation in line with the
calculations already included in the 2015 to 2016 Characteristics of Children in Need dataset. Rates of
child protection plans per 10,000 for each age group were calculated by dividing the number of children
subject to a child protection plan by the population estimate for the same age group, and multiplying by
10,000.

**Percentage comparisons**
All percentage differences included in this briefing were tested for statistical significance using the Chi-
Squared test, and were found to be significant (p<0.001).