

**Keeping the focus on children: the challenges of
safeguarding children affected by domestic abuse**

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Abstract (183 words)

Safeguarding children affected by domestic abuse is a key responsibility for all professionals working with children and families, but can be difficult to achieve in practice. Despite a policy emphasis on early intervention and child-centred work limited attention has been paid to how professionals in universal and additional support services address this important area of work. This paper reports findings from qualitative research undertaken in one local authority area in the north of England during 2011 which examines the challenges facing professionals in safeguarding children affected by domestic abuse. 6 mixed professional focus groups were held, attended by a total of 23 participants. Discussion focused upon participants' awareness of domestic abuse, how they assessed and met children and young peoples' needs, and their views about service provision and safeguarding processes. Data was transcribed and thematic analysis undertaken. The themes presented in this paper - embodied recognition, someone else's job, service gaps, skills deficits, and focusing upon children and young people – illustrate the scope and limitations of professionals' work with children and young people affected by domestic abuse. Areas for practice improvement are discussed.

What is known about this topic:

- Practice research and development about safeguarding children and young people affected by domestic abuse has largely emphasised specialist interventions and

protective strategies with less attention paid to the role of universal and additional services.

- Adopting a child-centred approach is emphasised in policy but hard to achieve in practice.

What this paper adds:

- Professionals have good overall awareness of domestic abuse and are able to recognise its impact on children and young people they work with.
- Professional capacity to meet the support and safeguarding needs of children and young people affected by domestic abuse is limited and could be enhanced.
- Professionals may hold different understandings about what safeguarding and working with children and young people means in their everyday practice.

Introduction

Safeguarding children affected by domestic abuse is an important public policy concern and a key responsibility for professionals working with children and families (Department of Health 2005, 2009, 2010, HM Government 2013, Home Office 2010, 2011, 2012). Despite the wealth of policy and practice guidance and research on this topic professionals often face difficulties understanding and responding appropriately to families and children where domestic abuse is an issue (see Humphreys & Stanley 2006, Brandon *et al.* 2008; Devaney 2008, Stanley *et al.* 2010, Hester 2011). This paper reports findings from qualitative research undertaken in 2011 which explored the challenges for professionals, particularly those who provide universal and additional support services such as health visitors and school nurses, education and early years staff (Department of Health 2009), in relation to safeguarding children affected by domestic abuse. The paper has a particular focus upon how they recognise and meet the safety and support needs of children and young people and barriers to developing this area of work.

At the time this study took place domestic abuse was defined as ‘any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been, intimate partners or family members, regardless of gender or sexuality’ (Home Office 2005). The extent and impacts of domestic abuse experienced by children and young people is well documented (Abrahams 1994, Mullender & Morley 1994, Edleson 1999, McGee 2000, Mullender *et al.* 2002, Hester *et al.* 2006) including the role domestic abuse plays in cases involving child deaths or serious harm (Brandon *et al.* 2008). Since 2013, and in response to recognition that young people experience abuse and violence in their own intimate relationships (Barter *et al.* 2009, Wood *et al.* 2011), the government definition

was expanded to include those aged 16 years and above (Home Office 2013). Professionals often face high levels of known domestic abuse in families they work with (Humphreys & Stanley 2006, Stanley *et al.* 2010) and although an important contemporary safeguarding children issue, keeping the focus on the support and protection needs of children and young people can be challenging (Munro 2011, Office of the Children's Commissioner 2011).

Professionals are required to determine the risks, responsibility and impact of behaviours which are perpetrated between adults but which impact upon children and young people (Humphreys 2007, Devaney 2008). This requires an understanding of the everyday context for children and young people living with domestic abuse - which brings disruption, fear and impacts upon the quality of parenting - as well as the harms caused by witnessing or being involved in a single incident (Mullender *et al.* 2002, Hester *et al.* 2006, Gewirtz & Edleson 2007). There are also difficulties in determining the focus of interventions; the safety and support needs of women need to be addressed alongside those of their children, but this requires more than a simple conflation of women's and children's interests (Kelly 1994, Featherstone & Trinder 1997). Recognition that women experiencing domestic abuse often have unrealistic expectations placed upon them by professionals such as leaving the relationship or having sole responsibility for protecting children, has shifted attention towards supporting mothering and providing advocacy (Radford & Hester 2006, Lapierre 2008, Ramsay *et al.* 2009). Establishing the child's view and delivering a child-centred service are key issues for effective child protection (Munro 2011, 1.5, p. 15, Office of the Children's Commissioner 2011) and attention has also turned to listening to children and young people about their experiences of domestic abuse and the support they would like (McGee 2000, Mullender *et al.* 2002, Buckley *et al.* 2007, Houghton 2008). This

includes feeling safe, finding someone to trust with knowledge, understanding and ability and more help available at school (Houghton 2008).

Domestic abuse is also now framed as a public health issue, and practice guidance outlines different levels of prevention and intervention; this ranges from universal services for all children and young people within the community to highly targeted and protective services for those children and young people affected by domestic abuse and at highest risk of harm or homicide (Department of Health 2009). The research and practice literature has largely focused upon the latter with a number of authors examining the challenges for social workers in safeguarding children affected by domestic abuse (Rivett & Kelly 2006, Devaney 2008, Stanley *et al.* 2010). Specialist work with children and young people in refuges and tools for working with children and their mothers provide important practice examples of protective and restorative interventions (Mullender *et al.* 1998, Humphreys *et al.* 2006) although a shortage of specialist services for children and young people affected by domestic abuse is an issue (Radford *et al.* 2011b).

In contrast studies examining the work of professionals in universal and additional services have largely focused upon recognition of domestic abuse (authors own 2003, Bacchus *et al.* 2003, Byrne & Taylor 2007) rather than examining responses. When these have been considered the limited nature of work with children and young people is evident. For example evaluation of Sure Start found that although programmes undertook work with parents to raise awareness of the effects of domestic abuse on young children and help them manage any behavioural problems (National Evaluation of Sure Start 2007, 7.8, p. 20), little direct work was

undertaken with children. Hester & Westmarland (2005) identified the importance of working with children and young people in schools including both primary and secondary prevention. There is however little research examining schools-based work. Alexander *et al.* (2005) report a small study in which young people in school reported their experiences of domestic abuse; they suggest that raising the issue of domestic abuse in schools is important and that training to support this is required. A study undertaken in London found that whilst prevention work within schools was considered important it was not prioritised due to limited resources (Radford *et al.* 2011b, p. 123). They also found reluctance among some professionals to talk directly with children and young people or involve them in decisions that affect them (Radford *et al.* 2011b, p. 157). Spinney (2012) however describes an Australian initiative known as ‘Safe from the Start’ which is delivered by a range of front-line workers and provides early intervention support for young children who have experienced domestic violence. Evaluation found this could be undertaken safely and effectively by non-specialised workers with support, and did not need to be overly complicated or expensive. Breckenridge & Ralfs (2006) describe how workers can strengthen the mother-child relationship and offer a framework that is useful for practitioners working in universal services; the key elements of this include considering and noticing the needs of children, attending to their safety and deciding how to engage with children.

Despite the current policy focus in the United Kingdom on early help and intervention (Allen 2011, Munro 2011) the work of front line professionals particularly those in universal and additional services is under-examined within the wider safeguarding literature. As a result the different roles and responsibilities of those working in universal and additional services are often overlooked as is an appreciation of the different skills and interventions that are required to

enable this group of staff to fulfil their safeguarding roles through engaging and working with children and young people affected by domestic abuse. This is the focus of this study, which is described in the next section.

Methods

This research aimed to examine the challenges facing professionals in safeguarding children affected by domestic abuse, particularly those working in universal and additional support services (Department of Health 2009). The research objectives were to examine if and how they identify, assess and meet the needs of children and/or young people who are vulnerable as a result of domestic abuse, to identify gaps in service provision and professional practice and make recommendations for improvement. The study was directly commissioned by a metropolitan local authority in the north of England and formed part of its ongoing strategic planning to improve safeguarding children affected by domestic abuse. The study took place during 2011 and its design and implementation was informed both by the timescales of the funders and the resources they provided to support the study. Of key importance was the role of a senior manager in children's social care who facilitated our access to participants across a range of local agencies and helped with practical arrangements for conducting the research, such as booking venues for focus groups. The research received ethical approval from the University of (name) and was undertaken according to established ethical principles including clearly explaining to participants the purpose of the research, establishing informed consent and ensuring anonymity and confidentiality.

Focus groups were chosen as the method of data collection as they would generate multi-agency discussion of the research topic (Kitzinger 1994, Barbour 2007). We planned focus groups on a geographical basis; this enabled participants to attend a focus group in their work locality and with other local professionals. There were also practical advantages as the venues, which included health centres, childrens' centres and social services meeting rooms, were familiar and convenient for participants, thus reducing overall staff time spent participating in the study.

The large number of professionals working in universal and additional support services with children and families across the local authority area necessitated the adoption of a selective sampling strategy. Thus senior managers in local organisations providing universal and additional support services were sent information about the study and requested to circulate this to staff who may be interested and available to attend. Those interested in participating were contacted directly by the researchers and provided with a written information sheet explaining what was involved in the study. Each participant completed a consent form before taking part in a focus group.

At the onset of the study we planned to hold 6 focus groups but due to recruitment difficulties only 5 were held. The focus groups comprised a mixed professional group and ranged in size; 2 were attended by 6 participants, the others by 4, 2 and 5 participants respectively. In total 23 participants took part in the focus groups including health staff (school nurses, midwife, health visitors), education staff (link teachers and educational support staff including learning mentors, parent support worker and education welfare officers), family support and early years

workers, and specialist support staff (Family Intervention Project workers and an Independent Domestic Violence Advocate).

Each focus group was attended by both researchers; one facilitated the discussion and asked specific questions, the other managed the recording apparatus and took notes which were later used to check the accuracy and participant attribution of the transcribed data. In the focus groups participants were asked to discuss their views and experiences of safeguarding children affected by domestic abuse. A topic guide was used which covered participants' awareness of domestic abuse, how they assessed and met children and young peoples' needs, and their views about service provision and safeguarding processes. Throughout open-ended questions were used with prompts to facilitate discussion within the group. No information was collected about the domestic abuse training experiences of those who attended the focus groups. The focus groups were digitally recorded with consent, and the data was transcribed and analysed using a process of thematic analysis (Braun & Clarke 2006). Following initial familiarisation gained through multiple readings of the transcripts, the data were coded and themes identified. Constant re-reading and examination of the data was undertaken in order to identify and review patterns of meaning within the data and to compare and consider the themes across the data set and in relation to the overall research questions. This analytical process continued until the themes were reviewed and finalised.

Findings

This research examined professionals' views of the challenges they face in safeguarding children affected by domestic abuse. Whilst our study was not concerned with examining how participants' understood the concept of 'safeguarding children', a strong professional discourse about safeguarding children and domestic abuse was evident. This may not be surprising given the policy, practice and research context which has highlighted this topic over recent years (Department of Health 2005, 2009, HM Government 2013, Home Office 2010, 2011). This discourse of 'safeguarding children' is, however, more focused on systems and processes - the institutional practices - rather than an embodied concern with children and young people. In our data there was very little discussion about 'children' or child focused practice; when this was discussed it centred largely upon recognition of domestic abuse, rather than responding to children. These findings are discussed below under the following themes; embodied recognition, someone else's job, service gaps, skills deficits, and focusing upon children and young people.

Embodied Recognition

Professional recognition that domestic abuse is occurring is a key paradigmatic shift in practice and reflects changing knowledge frameworks about this topic (authors own 2013). This strong professional discourse was threaded throughout the data and participants displayed high levels of awareness and recognition of domestic abuse and its impact on children and young people. This was enhanced by local training about safeguarding children and domestic abuse, and reflects the wider policy and practice context which has privileged this topic over recent years (Department of Health 2005, 2009, HM Government 2010). An important finding in this study was that those who worked directly with children and young people such as education staff

often became aware of domestic abuse as a result of changes in the child or young person's behaviour, presentation or engagement.

Usually it's first thing on a morning when children come in and there has been an upset the night before and we have to deal with the fall out from that and the upset of the child and sometimes they have not eaten and you know it takes them a while to settle, especially the younger ones. The older children it tends to come out more in them behaving violently towards other children in school and it will actually come out, not specifically from the parents but from the children, what they are witnessing and what they are seeing on a regular basis (education support staff).

I think for us in school it's the behaviour and attitude of the children that first you know prompts you that something's wrong. You know you can get a pupil coming in day to day, just comes in, do what they've got to do. Then all of a sudden you start seeing you know, inappropriate behaviour and you know tendency for this child to bully, you know (teacher from a secondary school).

We have used the term 'embodied recognition' to describe how changes in children and young people led participants to become aware of domestic abuse. This was also illustrated by a school nurse who described becoming aware of young people experiencing abusive relationships.

I think it can sometime come to light as well when you may be seeing a young person for something different - such as self harming or lifestyle choice, risky behaviour. And you've got involved. And then it tends to come out later on if you are lucky enough to be able to engage with that young person. And then it might start to come to light that they are a victim of domestic abuse (school nurse).

At the time this study took place young people's experiences of abusive relationships with other young people had recently come to public attention but was not an issue participants had much professional experience of (Barter *et al.* 2009). School nurses did not routinely ask young people about this but as the above quote demonstrates it was through working with a young person, which involves observing, talking and listening, that led to 'embodied recognition' of an abusive relationship. This also reflects the importance of professionals being able to provide continuity of care for young people.

Someone Else's Job

Another key finding of the study was that professional awareness and recognition of domestic abuse and its impact upon children and young people did not readily translate into practice strategies for meeting their support and safeguarding needs. Whilst the focus groups generated considerable discussion about meeting the needs of children and young people affected by domestic abuse this was primarily framed in relation to making referrals to other agencies such as child and adolescent mental health services, children's social care and specialist

voluntary sector services. There was also discussion about knowing which services were available and how to access them.

I think we try and identify services (health visitor).

...then you decide which agencies you need to bring in that can support this family (Education support worker).

Foreshadowing discussions about meeting the needs of children and young people affected by domestic abuse in this way serves the rhetorical function of placing responsibility with others; thus a key finding is that meeting the needs of children and/or young people affected by domestic abuse was considered to be 'someone else's job'.

Service gaps

There were however difficulties in finding suitable available services to work with children and young people affected by domestic abuse.

well there's nothing really for children, there's support for parents but there's nowhere to refer children on. There's just the basic counselling that we can go through that's always chocker (meaning 'fully booked') (education support staff).

There were particular difficulties in accessing services to address the behavioural and emotional issues faced by children and young people affected by domestic abuse. Many participants identified that therapeutic services such as child and adolescent mental health services were available but had a long waiting list and exercised strict referral criteria.

.... and then getting your referral accepted, into mental health services for children is an uphill battle. But that's a battle in itself just getting through the door. I don't know what the waiting list is but you have to be very, very specific and have an absolute concrete case as to why that child needs their input (Health Visitor).

Participants also recognised that services such as child and adolescent mental health services may not be appropriate for all children and young people. There were some school-based services available that could provide specific emotional support for young people but the availability of these depended upon individual school resources. There were also gaps identified in preventative work and specialist provision for teenagers experiencing abusive relationships with other young people. The backdrop of service and funding cuts in both public and voluntary sector provision was identified as a key concern by many participants.

Skills Deficits

As illustrated above meeting the needs of children and young people affected by domestic abuse was primarily considered by participants in terms of the role of other agencies.

When participants did consider their own role in this, negative attributes such as lack of skills and time were identified. A particular issue discussed by many participants was their skills in talking with children and young people about domestic abuse.

as a link tutor part of my role is to do some mentoring work but it's a field that I've only touched on in parts and it's not a specialist field of mine. But yet I am trying to support young people that are around domestic violence and I don't have the equipment really to do that (education support staff).

as school nurses I see quite a few children as well and you know as when they want it. They can either come to a drop in, or we can set up some one-to-one meetings. But I mean I'm not a counsellor. But I think sometimes just to be there and just caring and being there to listen sometimes helps. And assess them and refer on. If you can find a suitable agency to refer on to (school nurse).

We did not specifically ask about prior training experiences, although domestic abuse awareness training had been available within the local authority area and some participants had accessed this. The need for further training that focuses on responses, rather than signs and symptoms, was however identified.

Well I have done a course but it was more about how to recognise the signs, what to look

out for in a family and how it might affect women. But not actually then how to help them deal with it. Because we have got a family and the kids and they do go to CAMHS (Child and Adolescent Mental Health Services). But that's the only support that they actually get. So other than they talk to us in school. But as I say we are not actually trained to know how to – so we are just kind of talking to them from a commonsense point of view of how we would feel about it and what have you. But we have no training to actually support them (education support staff).

School-based participants talked specifically about the need to extend their skills in addressing the issue of domestic abuse with children and young people – either through work designed to specifically address children's self-esteem and promote healthy relationships and work that targeted particular children/young people using specialist packages.

Focusing upon Children and Young People

The findings of our study suggest there are shortcomings in the capacity of some professionals to meet the needs of children and young people affected by domestic abuse. These reflect both a skills deficit and a placing of responsibility for this upon other more specialist agencies. In contrast a small number of participants did describe work they had undertaken which focused upon children and/or young people. For example a school nurse discussed giving positive feedback in an interaction with a young person affected by domestic abuse.

..... I've also had a young girl who was really, really cross with her mum who had got out of one relationship and then was in another violent relationship. She was about 14, 15. And really cross with her and frustrated that her mum couldn't. Why was she doing that. They had escaped once and why couldn't she again. And actually she in her relationships she wouldn't stand for any man doing that. So again praising her for that and saying you know well done and saying I know it's hard but actually you are willing to stand up for it (school nurse).

Another school nurse described her involvement in a 12 week preventative programme aimed at young people identified at risk from domestic violence, alcohol or drugs. Participants were also aware of initiatives undertaken in schools designed to raise awareness or support young people affected by domestic abuse, such as electronic image boards and drama work. One participant who worked in a secondary school described the provision of a bespoke timetable for a young person experiencing domestic abuse which aimed to meet educational needs whilst allowing a more relaxed approach to the school day with time for pastoral care and emotional space.

The participants who discussed child-focused work were often, but not exclusively, based in school settings. Whilst the nature of this work may provide them with more direct contact with children and young people, child-focused work did not feature in discussions with all school-based participants. There were few other examples of child-focused work; these included the provision of play and drawing therapy to young children by a family support worker, and a community midwife working with a mother to keep her children safe by pro-actively accessing

extended family support and care for her young children at times when her partner was likely to be drunk and abusive. Thus overall the findings relating to focusing upon and supporting children and young people on an everyday basis were limited and exceptional, and suggest this is not a feature of how professional work concerned with safeguarding children experiencing domestic abuse is either operationalized or conceptualised.

Discussion

Domestic abuse is a serious problem that impacts upon many children and young people. Although framed in policy and practice as a safeguarding children issue there are substantial challenges for professionals in addressing this issue safely and effectively. Previous research has generated a wide body of knowledge and raised important issues – such as the complex nature of cases and the failure to effectively address men’s violence or adequately support women and children (Humphreys & Stanley 2006, Devaney 2008, Stanley *et al.* 2010, Hester 2011) - but the focus has largely been upon specialist roles and particularly child protection. In contrast the work of professionals in universal and additional services has been relatively under-examined within the safeguarding literature. Such professionals are particularly well-placed to provide early help and intervention (Allen 2011, Munro 2011) and are often working with children and families affected by domestic abuse who may not receive any other specialist services or support. However there is often a leap between policy expectations and practice capabilities – and it is this issue which is explored in this paper.

Our study suggests that professionals, particularly in universal and additional support services, are aware and able to recognise domestic abuse. Those who worked directly with children and young people such as education staff often became aware of domestic abuse through observing changes in behaviour, mood or presentation; this is described as 'embodied recognition' and illustrates the importance of both professional knowledge of individual children and young people, and continuity of care/service provision. However evidence of professionals ability to work directly with children and young people themselves as part of their everyday work or service provision was very limited and suggests that 'knowing' about domestic abuse and 'knowing' children and young people is not easily translated into practice strategies to meet their safeguarding and support needs. This is an area of practice which requires attention. Achieving this would require supporting and developing professional skills and confidence to work with children, listen to their experiences and respond in ways that build upon or strengthen resilience (Breckenridge & Ralfs 2006).

This aspect of our findings about working with children may also however reflect limitations in how this topic is understood and conceptualised by professionals. This was earlier identified by Radford *et al.* (2011b, p. 53-4) in their report of a study conducted in London which examined the needs of children affected by domestic abuse. As they point out,

There is clearly a need for better understanding among professionals and commissioners about what 'work with children affected by domestic violence' means. There has been a tendency to focus on nonevaluated 'therapy' and group work. Conversely, meeting basic developmental needs – such as access to safe play spaces, having fun, getting into school,

making friends, maintaining safe contact with the wider family and the community and having stability – seems to have received less attention. (Radford et al 2011b, p 19)

Thus our findings may also reflect how working with and safeguarding children and young people affected by domestic abuse is operationalised and conceptualised by professionals, particularly those in universal and additional support services. This suggests that facilitating professionals' understanding of their own potential contribution towards meeting children and young people's safeguarding and support needs may also be required. As Hall & Williams (2008, p.11) have pointed out 'the term "safeguarding" is widely used but its meaning and its relationship to child protection have not been precisely defined'. Indeed 'safeguarding children' describes a broad spectrum of activities and approaches which include the promotion of children's welfare and the protection of children from maltreatment (HM Government 2013). Thus whilst professionals working in universal and additional services would be familiar with the terminology of safeguarding children used within this research project, participants may have held different understandings and interpretations of what this means for their own practice role. This issue was not explored within this study and although a limitation also indicates a line for future enquiry.

Another study limitation relates to sample size. Whilst poor attendance at focus groups is a recognised shortcoming (Kitzinger 1994, Barbour 2007) our study sample of 23 participants is particularly small in relation to the total workforce employed in universal and additional support services in the area where the study took place. The purposive nature of the sample may mean those who took part had an *a priori* interest in the topic; others with different views or

experiences of safeguarding children and young people affected by domestic abuse may not have participated. As we did not collect any demographic information from the participants, such as length of professional experience or domestic abuse training, this further limits our analysis. The small sample size also makes it impossible to compare the findings across the different professional groups who took part in the study. Moreover the study took place in only one local authority area and this is a limitation; future research which examines this aspect of professional work across a larger group of local authorities is recommended.

Conclusion

Safeguarding children and young people affected by domestic abuse is a challenging area of practice but one where there is much scope to enhance professional capacity to respond safely and humanely. This is particularly important for professionals working in universal and additional support services because they have contact with large numbers of children and young people affected by domestic abuse. However their capacity to deliver child focused interventions to both support and safeguard children and young people affected by domestic abuse has not been subject to much critical attention, and enhancing this would contribute to better safety and wellbeing outcomes. It is also consistent with policy drivers advocating early intervention and a child-centred approach (Allen 2011, Munro 2011, Farmer & Callan 2012). As Spinney (2012) points out, early intervention is important not only for individual children but also at the societal level as it impacts upon longer term outcomes such as homelessness, social exclusion and disadvantage. Given the numbers of children and young people affected by domestic abuse, and the complexities of specialist service provision, many will only have access to universal or

additional support services; thus developing a child-centred focus to such work, particularly in schools, is crucial to ensuring improved safeguarding outcomes for children and young people affected by domestic abuse.

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