

DOMESTIC ABUSE: CHILDREN AND YOUNG PEOPLE

REPORT BY THE WISH CENTRE

January 2020

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FOREWORD

In this report, we have taken a step back to reflect on our recent support work delivered by colleagues at the Wish Centre for children and young people who have been affected by domestic abuse. It draws on the Centre's data over the last 2 years, examining the impact of our work, and is informed by the experiences of our young service users themselves, our staff and volunteers and our management team.

Adequate resources are certainly a key issue which emerge but not the only one.

BBC Children in Need, the Garfield Weston Foundation and the Tampon Tax Fund, for example, have been fantastic supporters of our recent work with children but I'm afraid that so few other funders, trusts and foundations step forward to fund direct work specifically for children affected by domestic violence and abuse. They may have other priorities; or perhaps they are unaware of the scale and how pernicious the impact is. To us it has been a surprise, for example, that over the last 12 months no funder met any request to help our specialist work specifically with our most seriously traumatised children.

Do too many funders see domestic abuse as an issue mainly affecting adult victims, and not their children?

Apart from issues of funding, I am struck by two things. On the one hand, the support we have referenced in the report reflects well on our Centre as a whole. This is great to see. As an organisation we have grown uniformly over the last 10 years, steadily developing a "whole family approach" model of delivery. This balances support work for adult victims, children and young people, along with upstream work addressing perpetrator behaviour. I am extremely proud of the work which our amazing team delivers week-in and week-out.

On the other hand, I am incredibly frustrated that too often much of this hard work doesn't seem to achieve the impact which it really should. And our work with children and young people is a case in point.

We operate in a multi-agency environment with significant systemic problems. These too easily frustrate the progress which our service - and others - should be able to make with children and young people – but in honesty struggle to achieve. Adequate funding is only part of the problem. The system just isn't joined up enough and continues to stack up problems for the future.

The problems aren't new. Across agencies, we've known about them for a long time. Our service users are often very well-known to all our local services but many continually slip through the service net. With new victims and children constantly being added to the waiting list, the problem grows. Individuals just keep revolving around our various services on a continuous and unbroken cycle.

Service users can be hard to engage in the first place and frankly it is also too easy for them to drop out of provision. Everyone knows this across the sector; but nobody does anything about it. There is no collective response to breaking this cycle. This has dire consequences for the children affected: for too many, their needs persist but remain unaddressed.

When we can't break the cycle for children, we fail as a society. I believe our report comes at an opportune time and hope that it can serve as a catalyst for the improvement which is needed in the sector as a whole.

**By Shigufta Khan CEO
The Wish Centre**

ACKNOWLEDGEMENTS

We would like to thank all our supporters who continue to make our work possible. These include all our service users, volunteers, staff and trustees. Our commissioners and funders are of course absolutely vital for our delivery today and development in the future, together with local businesses, voluntary organisations and local community members who are such loyal supporters. Thank you to all.

INTRODUCTION

This report, produced by the WISH Centre (a long-established, domestic abuse charity based in Blackburn with Darwen Borough, Lancashire), examines the organisation's recent support work. It concentrates on support for children and young people whose lives have been affected by abuse experienced in their home environment.

The document will be of interest to service providers in the statutory and voluntary sectors; commissioners; statutory funders; charitable trusts and foundations; professionals in related sectors; policy makers; elected members and politicians; other donors, the general public and other supporters.

The work carried out by the WISH Centre is local but the issues raised in the report are national. The account takes a critical look at the support the charity provides children and young people and is a timely reminder of why this support is so important and so badly needed. Underlying the report is the frustration that for whatever reason funders and commissioners seem often to relegate support for children and young people as "secondary" victims of domestic abuse to a back seat.

At the risk of going over well-trodden ground, the authors have therefore also included two important features. First is an unapologetic reminder of just how abuse can damage and devastate the lives of children; second is the inclusion of some headline facts and figures, especially covering the incidence and impact of abuse on children. These have been taken from recent national research and surveys, government reports, academic research and other national charities commentaries in the sector. Both of these features hopefully demonstrate just why more action is now needed.

This account also references important systemic issues and blockages in the domestic violence sector which need to be addressed more widely before adequate progress in supporting the needs of children and young people can ever properly be achieved.

The report contains summaries of the support programmes which the WISH Centre has delivered over the last two years for children and young people, along with internal assessments made by the Centre on their impact. It advises against funders relying on overly simplistic impact measurement tools; highlights some of their weaknesses; and at the same time describes and recommends a more holistic and personalised approach which the Centre itself has developed and uses for evaluation.

This approach reflects much more accurately the complexities of safeguarding and supporting young people who have been traumatised by domestic violence and abuse

1 EXECUTIVE SUMMARY

This report shines a new spotlight on domestic abuse in relation to its impact on children and young people. It analyses recent support work delivered in Lancashire by the Wish Centre, based in Blackburn with Darwen and extrapolates the findings into wider national issues of provision for children and young people.

The principal contention is that while domestic violence as a whole is increasing, its impact on children and young people is still inadequately addressed and much more needs to be done. Funding nationally remains sporadic, whether provided by national government, local authorities or the wide network of charitable trusts and foundations.

Despite successes in attracting funding through normal competitive tendering processes, the Centre is concerned that too few funders favour supporting direct work with children/young people who have been affected by abuse. If they do fund support work for domestic abuse, it tends to be for adult women victims in the main, rather than their children.

The report speculates that this might be due to a lack of awareness of the scale of the problem itself and an underestimate of the seriousness of domestic abuse's impact on younger people. Recent national data and a reiteration of how abuse affects children is offered in an attempt to lift the veil from any misconceptions about its importance that funders and commissioners, in particular, may have.

Analysis of the Wish Centre's own therapeutic programmes with young people suggests that they work well and have favourable impacts. The positive impact is described in anonymised case studies together with reflections from the Wish Centre's experienced staff who deliver the organisation's support work for children and young people.

The report warns of an over-reliance on too simplistic, numeric-based assessment tools to measure real impact. These often fail to provide a reliable picture of a young person's real progress and recovery and at the same time obscure underlying systemic problems. Such problems are obstacles which services like the Wish Centre and other partner agencies have long struggled to overcome and the report articulates this frustration.

Recommendations:

- i. A properly funded statutory duty on local authorities to support children and young people affected by domestic abuse.
- ii. Trusts and Foundations to give a higher priority to supporting children and young people affected by domestic abuse.
- iii. Government to provide higher overall levels of funding and support for affected children and young people, including those with complex needs.
- iv. Local case assessment and referral systems need to ensure that children and young people in need do not slip through the net because risk thresholds have been set too high.
- v. Explore options for achieving higher attendance rates by children and young people with support services.
- vi. Funders and commissioners to be mindful of the limitations of assessment tools which are based on overly simplistic scoring methods.
- vii. Greater emphasis needs to be placed on the provision of support in schools and colleges for education and guidance on domestic abuse and its impact on young people.

Things need to change. Funding needs to be less patchy and uncertain; and services across the domestic abuse sector need to be far better joined up. This has been a failure for too long.

2 CHILDREN AND DOMESTIC VIOLENCE - A PROBLEM ON A HUGE SCALE

The Wish Centre has long stressed the need to support children and young people who have been affected by domestic violence and abuse (DVA) in the home. Along with women victims, we have supported children in our refuge accommodation since we were founded in the late 1980s and have provided therapeutic recovery programmes and specialist support to affected young people more generally in our locality for well over a decade. That local need continues today.

And much more needs to be done nationally to support children who have experienced domestic violence.

National and international reports and data all point to the scale, importance and urgency needed to address the challenges which arise from domestic abuse and its impact on children and young people. In this section we provide a snapshot of recent data and findings.

The National Crime Survey for England & Wales for year-ending March 2018 showed a 23% increase from the previous year with 600,000 DVA related crimes; the number of people killed as a result of domestic violence in the UK is at its highest level for 5 years. Dating back to 2017, Ofsted has called for a greater focus on the needs and experiences of children without which there would be a high-risk of domestic abuse going unaddressed.

The recent Local Government Association report (2019) cited domestic abuse as the biggest threat to child protection. In its survey of Local Authorities 80% of Childrens Services in England cited domestic violence and substance misuse being behind the abuse with domestic abuse cited as the most common factor for “children in need” designation.

Global estimates by the World Health Organisation point to up to 1 billion children, aged 2–17 years, having experienced physical, sexual, or emotional violence or neglect in the past year. The national children’s charity, *Action for Children*, cites 831,000 children in England as living in households that report domestic abuse.

Research on Adverse Childhood Experiences (ACEs) highlights the inadequate understanding of domestic abuse which persists, including the level of danger it carries and the psychological impact it has on adult victims and their children.

Recent studies from CAADA (2014), Royal College of Psychiatrists (2017) and Women’s Aid (2019) have in different ways all exposed the troubling picture of harm experienced by children exposed to domestic violence, including the multiple physical and mental health consequences.

Domestic violence is also increasing. Demand for women’s abuse support services rose by 83% in the decade to 2017 while funding fell by almost 50%. Official figures show there were 1,870 domestic murders in England and Wales between 2000 and 2018 (compared with 126 that were terrorism related, for example) together with an estimated 400 victims of domestic violence a year who take their own lives. The Home Office (2019) estimates a cost to the economy of £14 billion, arising from lost output due to time off work and reduced productivity as a result of domestic abuse.

The national charity, *Action for Children’s* study (2019) has revealed that on average, 692 social care assessments a day in England feature domestic violence as an issue faced by children. Overall, children faced barriers to accessing support in at least two thirds of the local authorities interviewed. In four of the 30 local authorities who were interviewed, there were no support services available for children affected by domestic

abuse at all. Services for children were dependent on time-limited funding in nearly two-thirds of the local authority areas; 58 per cent either contained no information on services for children and young people at all, or simply signposted to national helplines and websites.

These figures and results inevitably have bad consequences downstream for the health and wellbeing of children and young people caught up in domestic abuse at home. It has been said that if domestic abuse was seen as a medical condition, then a public health emergency would have been declared a long time ago.

3 THE IMPACT ON CHILDREN AND YOUNG PEOPLE

If these statistics on the extent of the problem are alarming, then so too are the actual trauma and damage which domestic abuse inflicts on our children and young people. So, what does the impact of DVA on children and young people look like? This section hopefully provides further clarification and emphasises the need for funders and commissioners to give support for children a higher priority.

Domestic abuse destroys wider family life by creating a climate of fear and oppression, creating instability and insecurity, in the place of trust and mutual respect. Children and young people are involved in the dynamics in various direct and indirect ways:

- Co-occurrence of child abuse and domestic violence
- Children can be accidentally injured
- Children used by the abuser to blackmail or gain compliance from the rest of the family
- Relationships between the non-abusing parent (usually the mother) and the children are often damaged by harassment, intimidation or manipulative tactics
- Even after separation, contact and residence disputes can be misused to continue the abuse
- The effect of DV on children and young people causes both immediate and longer-term damage to their wellbeing. Research has highlighted that the early years of our lives are critical for our psychological development

If children experience chronic stress and trauma, the way their brain develops is altered as they become 'locked' into a higher state of alertness in preparation for experiencing future trauma. The wear-and-tear effect increases risks of disease, psychological problems such as anxiety and the adoption of harmful behaviours such as smoking, substance misuse and early sexual activity.

As the leading American pediatrician Dr. Nadine Burke Harris has illustrated, a person confronted with an alarming/potentially dangerous situation triggers the 'flight or fight' response. The hypothalamus sends a message to the pituitary gland (the master gland), which in turn sends a message to the adrenal gland which releases adrenaline and cortisol into our bodies, placing the body in an state of alert, ready to cope with whatever it needs to deal with. This happens instantly and is not within our conscious control. In fact, the thinking part of the brain (the neocortex) goes 'off-line' as the brain solely focuses on managing the threat and survival. If continually exposed to fear and never feeling safe, never knowing if there is going to be violence, the child habituates to this disorganised stress response and is unaware that their daily behaviour can cause concern and alarm to others. This is because it is not within their conscious control; the hypothalamus is interpreting danger everywhere.

The results is 'toxic stress', which can have adverse impacts on brain development. Toxic stress is the term used to describe this constant overdose of the stress hormones that are meant to protect the individual but have become overwhelming. This in turn impacts on the development of 'executive functioning', leaving the child unable to organise, plan and emotionally regulate; some of the many skills necessary to sit in a classroom and contribute.

Behavioural traits include anger, poor communication, inability to open up about feelings, abuse towards the mother and "playing up" as mum's authority has been destroyed by the abusive partner. Children brought up in abusive environments come to believe this behaviour is normal and find it difficult to establish and maintain healthy relationships. Self-harm is also a common behaviour and we are seeing more and more young people who are already using harmful practices to deal with the trauma they have suffered. There is a growing recognition that living with abuse leaves children with their own support needs, distinct from those of the parent.

"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, 15¹

The impact of DA on children is compounded further when they are in refuge. In addition to witnessing and experiencing abuse, they may find themselves having to flee their homes at short notice and then move around frequently. This causes huge disruption to their life - they may attend several schools in a short space of time.

The children's invisible needs for emotional, psychological and educational support are too often not addressed. Research shows that children and young people who have had to move home because of domestic abuse can experience high levels of anxiety. This can be mitigated by a good quality new home environment that they feel positive about, as well as support to help them build confidence, self-esteem and integrate into a new community.

The longer-term damage is now well evidenced by research on Adverse Childhood Experiences (ACEs) which are compelling indicators of the continuation of harmful and damaging behaviours on children in later life as adults. The research stresses the importance of interrupting the progression of the impact of ACEs and the intergenerational transmission of trauma and abuse.

4 WISH CENTRE SUPPORT

Determined to support those children in their recovery from abuse, we have developed and delivered a range of therapeutic interventions for over 10 years. These include age-appropriate group programmes together with one-to-one support where this is needed. In 2018/19 we supported 92 children in our two local refuges with 300 children and young people supported with our therapeutic programmes.

What kind of support do we provide?

Our work with children in Blackburn with Darwen informs the "Whole Family Approach" principles of our service delivery: it emphasises the importance of supporting all those affected (including remedial programmes for perpetrators) as the most meaningful and enduring way of addressing the adverse impacts and of interrupting a

¹ Source: Safe Lives Insights National Briefing (November, 2017)

repeating cycle of abuse which commonly occurs. We deliver a range of programmes to address the needs of children and young people and to help them overcome the effects of domestic abuse.

We have recently evaluated some of these programmes and have included the results in the next section of this report [5. Evaluating our Work with Young People]. The programmes assessed are *Helping Hands* (focusing on protective behaviours); the *Young People's Recovery Toolkit* (informed by trauma focused cognitive behaviour therapy); *Expect Respect* (supporting young people to manage conflict); and the *Parachute programme* which is aimed at young people who are perpetrating abuse themselves. These are age-appropriate, group programmes, with one-to-one support provided, where required and where resources allow.

When possible during the year, we also deliver additional programmes which include "*Crush*" which offers young people the opportunity to learn how to avoid abusive relationships, to safely exit existing ones and make themselves safer when exposed to domestic abuse in their home environment; "*You and Me, Mum*" which is aimed at mothers but complements work with children who have been affected by DVA (domestic violence and abuse); and the "*Living Together*" programme which is focused on building relationships and community development which we deliver in our refuge accommodation.

Taking part in group programmes can sometimes be too challenging for some of the most badly affected and severely traumatised children. They need personalised one-to-one specialist support to help heal the underlying emotional pain and trauma from domestic violence. Typically, these can involve children with PTSD, ADHD, they may be on the autistic spectrum, have low literacy levels and present with depression, anxiety disorders; they may be self-harming, with eating disorders and have difficulty opening up about their feelings. Inevitably, the children's education, social and mental health and their wellbeing are badly affected.

Specialist one-to-one intervention is needed for such high levels of trauma. We have recently been piloting an initiative which uses "*Drawing and Talking*" as a child-centred therapy which can be used to deal with mental health issues and heal associated emotional pain. It is a safe and easy-to-learn serial drawing technique for use with children and young people who have suffered trauma or have underlying emotional difficulties affecting their mental health and well-being – it works very effectively on a one-to-one basis. It is specifically designed to support children who are suffering from the effects of domestic abuse, suffer anxiety and stress, have suffered loss or bereavement, are at risk of being excluded from school and are not realising their full potential socially or academically.

Despite our repeated efforts in 2019, no funder came forward to approve even quite modest applications for support (circa £5,000) to help our delivery of the "*Drawing and Talking*" therapy. In effect this meant that the most seriously disturbed children missed out on the support which really could have made a difference.

5 EVALUATING OUR WORK WITH CHILDREN AND YOUNG PEOPLE

In the report we have taken the time-out to reflect on the impact of our children's work. In this section we have presented the results from our internal assessments using the evaluation tools which have been approved by our funders and used consistently by the Centre over recent years.

We have analysed new data from the delivery of our young people’s support programmes over a 21-month period from March 2018 – November 2019. It includes 4 main group programmes with specific, additional 1:1 work on the Parachute programme). Each programme is age-appropriate with distinct purpose and objectives, designed to help address the adverse impacts of domestic violence and abuse which children and young people have experienced from their lives at home.

The headline outputs from the data sample were:

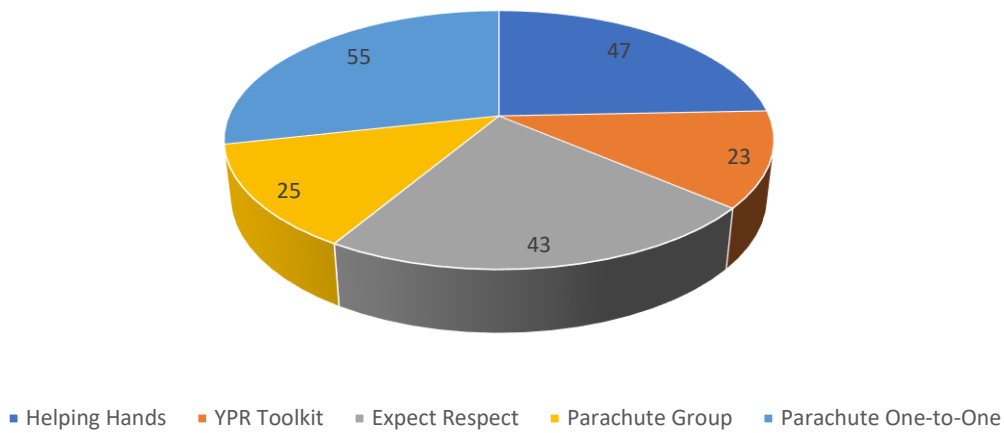
- A total of 349 referrals
- 135 children/young people attending programmes
- With 82 completing whole courses
- 74% of referrals and 79% attendees were from White British ethnic backgrounds; the remainder were from different BAME backgrounds of which the largest group was Asian-Pakistani – though this varied from programme to programme
- On average 61% of those beneficiaries attending programmes went on to complete the full course.

Fig.5.1a has aggregated data from all these programmes with the referrals from a range of sources, including Social Work, Children’s Services, schools, Children’s Social Care, Wish Centre internal referrals from IDVAs or Refuge, Homelessness charities, and self-referrals. Fig.5.1b provides summary details on the ethnicity of attendees specifically.

Fig. 5.1a Aggregated Core Details

Wish Centre Programmes	Referrals	Ethnicity of referrals (White British) %	Attendances	Ethnicity of Attendees (White British) %	Programme Completions
Helping Hands	151	62%	72	56%	51
Young People’s Recovery Toolkit	61	70%	14	79%	5
Expect Respect	46	70%	20	70%	13
Parachute Group	71	70%	18	88%	8
Parachute 1:1	20	100%	11	100%	5
Totals	349	74% average	135	79% average	82

Programme Attendances from Referrals



The pie chart above shows the percentages of children/young people referrals who went on to actually attend one of the Wish Centre’s programmes. For example, 47% of those referred and assessed for the Helping Hands programme actually attended. The chart illustrates the low conversion rates of referral to actual attendance. Between a quarter to a half of child/young person referrals actually make it into treatment on one of the Wish Centre’s age-appropriate recovery programmes.

Fig. 5.1b Ethnicity

Programme Attendees	White British	BAME
Helping Hands	56%	38% (South Asian)
Young People’s Recovery Toolkit	79%	14% (South Asian)
Expect Respect	70%	30%
Parachute Group	88%	12%
Parachute 1:1	100%	0%

The statistics above represent basic output results.

More qualitative, impact data for each specific programme are provided in the following sections.

For these we have used a self-assessment numerical scoring model to assess the improvements achieved by the young participants on each programme. A simple numerical scale [1= low; 5= high] is used to define the stage each participant has reached on a programme, based on their progress in three areas. These were:

- *health and wellbeing;*
- *their ability to cope with conflict;*
- *and knowing where to go for help when/if they need it.*

The children/young people scored themselves at the start of the programme; midway and on its completion. The average scores for each of the three domains are specified in each of the tables below for each support programme.

5.2 Helping Hands

Helping Hands is aimed at children under 11 years and runs for 60 mins per week for 8 weeks. It is particularly useful for younger children who have experienced/witnessed domestic abuse but is also a suitable course for any children to learn about protective behaviours.

72 children between the ages of 6 to 11 (at an average age of 8.5 years) attended the Helping Hands course over an 18th month period of referrals between March 2018-September 2019. 71% of those attending completed the whole course – a very high completion rate.

The 72 who attended at least part of the 8-week course came from a total of 151 referrals, with a balance of 79 referrals in this period who for various reasons did not attend the course. In 7.5 (Referral and non-attendance), we discuss some of the reasons behind non-attendance rates in general which are by no-means uncommon but represent a significant concern for our organisation as service provider and the sector as a whole, grappling with the challenges of supporting young victims caught up living in abusive circumstances at home.

56% of those attending the course were of White British ethnic background; with 38% from South Asian heritage (with the largest BME group identified as Asian Pakistani @ 15% of the attendees.) 94/152 referrals were White British (62%).

The scoring matrix used to assess impact showed the participants making positive progress across all 3 factors. The most significant improvement was “knowing where to go for help and support”, showing a 41% improvement. Overall, the young participants showed almost 20% improvement on average across all the factors in the Helping Hands Programme.

Fig.5.2 Helping Hands - Attendees

HELPING HANDS PROGRAMME (72 attendees)	Average score (1-5) at start	Average score (1-5) at end	Percentage change	Average percentage change across all factors
Health & Wellbeing	3.5	3.9	+11%	55/3 = 18.3%
Ability to cope with conflict	3.5	3.6	+3%	
Knowing where to go for help	3.2	4.5	+41%	

In section 7.2, we discuss the limitations of numerical scales to measure the progress and improvement achieved by children and young people who take part in programmes. Funders and commissioners can often be seduced by the apparent clarity which they see in using a simple numerical scale to make comparative

assessments of participants. At the Wish Centre we believe that a reliance on such methods alone fails to provide the full picture.

5.3 Young People’s Recovery Toolkit

The YPRT aims to help children and young people come to terms with their experiences and to develop positive lifestyle and coping strategies. This programme has been written for children who are no longer with the abusive parent or whose abusive parent is on a recognised perpetrator programme. It is designed for young people aged 10-16 and runs over 8 weekly, 90-minute sessions.

14 young people (at an average age of 12.8 years) attended the WISH Centre’s Young People’s Recovery Toolkit programme over a 13-month (52 weeks) period between March 2018-April 2019). This was out of a total of 61 referrals (70% White British). 5 young people completed the whole course (=36% completion rate). 79% (11) of participants attending were of White British ethnic background with 14% (2) from Asian Pakistani ethnic origins.

The self-assessment tool showed the participants’ improvement across the 3 factors used for measurement overall. However, a slight deterioration in the “ability to cope with conflict” is noted.

Fig.5.3 Young People’s Recovery Toolkit - Attendees

YOUNG PEOPLE’S RECOVERY TOOLKIT (14 attendees)	Average score (1-5) at start	Average score (1-5) at end	Percentage change	Average percentage change across all factors
Health & Wellbeing	3.15	3.6	+14%	33/3 = 11%
Ability to cope with conflict	4	3.8	-5%	
Knowing where to go for help	3.7	4.2	+14%	

The referral numbers and attendance rates at both Helping Hands and Young People’s Recovery Toolkit programmes follow a consistent pattern: both programmes generated much higher numbers of referrals than actual attendances. This was a feature repeated across other programmes (See fig.5.1a) and we discuss the issue of non- or low attendance in Section 7.5.

5.4 Expect Respect

Expect Respect is aimed at girls aged 11-18 and usually runs for an hour-per-week for 8 weeks, supporting young people to manage conflict. It is designed to empower young girls to build self-esteem and self-confidence and to identify healthy and unhealthy relationships, learning how to stay safe and how to get help.

We ran the Expect Respect programme over a 12-month (48 weeks) period between October 2018-October 2019 with 20 young people attending with an average age of 14.2 years from 46 referrals received overall; 13 young people (65%) completed the programme. Both referrals and eventual participants were from predominantly White British backgrounds (70%) with the remainder BAME identifying as Asian Pakistani, Asian

British, Asian Indian, Polish, Dual Heritage, Black Caribbean and Pakistani. Almost half the young people attending the programme also received 1:1 support.

Fig 5.4 Expect Respect - Attendees

EXPECT RESPECT PROGRAMME (20 attendees)	Average score (1-5) at start	Average score (1-5) at end	Percentage change	Average percentage change across all factors
Health & Wellbeing	3.1	3.9	+26%	79/3 = 26.3%
Ability to cope with conflict	3.2	3.7	+16%	
Knowing where to go for help	3.0	4.1	+37%	

The numerical-based assessments from the Expect Respect programme indicate positive outcomes for the programme; though once again, we discuss the validity and reliability of such an arithmetic method as a performance measure later.

5.5 Parachute Programme

The Parachute Programme is a project for children and young people who need help in managing conflict in their relationships. It is aimed at young people who may have already have a history of resorting to violence to try and solve conflict. They may have a history of frequent conflict at home, in their relationships, or at school. It is designed to develop self-awareness and self-control and to promote positive social skills.

The Wish Centre received 71 referrals for the Parachute programme between April 2018 – November 2019 with 70.4% from White British ethnic backgrounds. (The remainder were BME or non-specified.) 18 young people (88% White British) attended the January 2019 course with 8 completing the course at a 44% completion rate. The average age of attendees of the Parachute (Group) programme was 13.1 years.

The numeric self-assessment method for the Parachute group programme showed substantial and consistent improvements across all 3 factors.

Fig.5.5a Parachute Group Programme - Attendees

PARACHUTE GROUP PROGRAMME (18 attendees)	Average score (1-5) at start	Average score (1-5) at end	Percentage change	Average percentage change across all factors
Health & Wellbeing	2.8	3.7	+32%	97/3 = 32.3%
Ability to cope with conflict	2.6	3.5	+35%	

Knowing where to go for help	3.3	4.3	+30%	
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The Wish Centre also received 20 referrals (average age of 12 years – all White British) who were considered for 1:1 support on the Parachute programme between March 2018-November 2019; 11 young people attended the course with 5 completing. The scoring in the numerical self-assessments for the 1:1 programme show striking improvements in the perceptions of the young participants against the 3 factors of wellbeing, ability to cope and knowing where to go for help. These assessments form a similar pattern of consistent improvement as shown in the Parachute ‘group’ programme and illustrate the beneficial impact which one-to-one support with young people can bring.

Fig.5.5b Parachute One-to-One Programme - Attendees

PARACHUTE 1:1 PROGRAMME (11 attendees)	Average score (1-5) at start	Average score (1-5) at end	Percentage change	Average percentage change across all factors
Health & Wellbeing	2.7	4.1	+52%	356/3 = 119%
Ability to cope with conflict	1.8	3.8	+111%	
Knowing where to go for help	1.5	4.4	+193%	

6 DISCUSSION OF FINDINGS

The overall findings are consistent with the Wish Centre’s previous years’ work with children and young people. Headline features from the data are:

Referrals/Attendances

- ✚ 349 referrals and 135 children and young people attended the programmes
- ✚ Delivery took place over a 21-month period to November 2019
- ✚ 61% of referrals did not attend any of the programmes

Age range

- ✚ The ages of the children and young people attending programmes ranged from 8.5 years (Helping Hands); 12.8 years (YPRT); 14.2 years (Expect Respect); and 13.1 years (Parachute Group).

Ethnicity

- ✚ 74% of the attendees were of White British ethnicity; 26% BAME which closely reflects the demography of the local district of Blackburn with Darwen.²

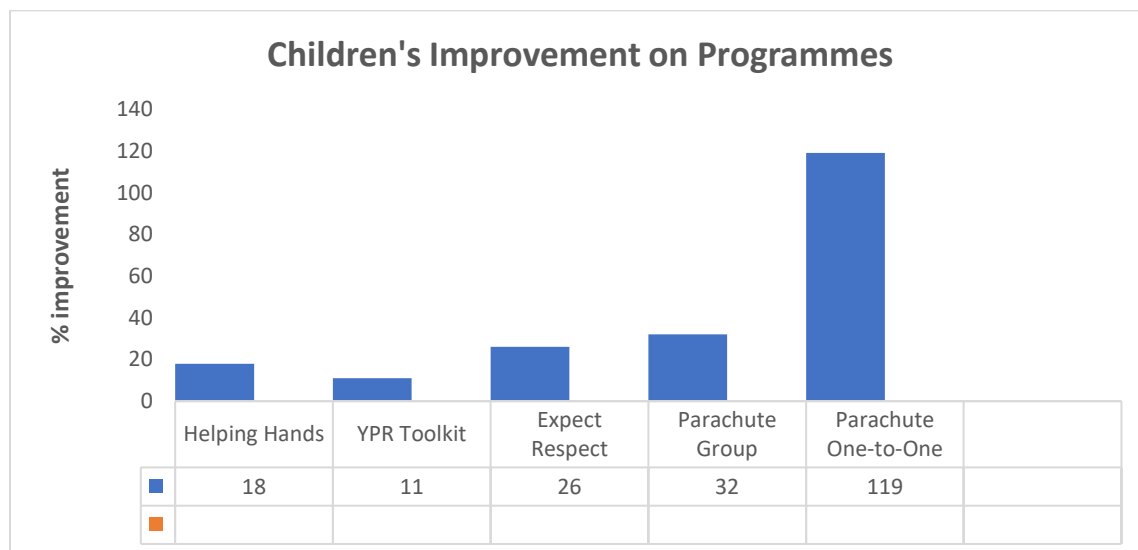
² Blackburn with Darwen in Lancashire has a diverse ethnic population profile where 27% are Muslim, predominantly from South Asian (Indian and Pakistani heritage) backgrounds.

- ✚ The Helping Hands Programme (younger children) supported the largest proportion of BME children. These were predominantly South Asian and the largest single ethnic group self-declared as Asian Pakistani.
- ✚ The ethnicity of participants at the Expect Respect (teenage girls) programme reflected Blackburn with Darwen’s ethnic demographics.
- ✚ The Recovery Toolkit and Parachute Programmes each supported larger percentages of White British ethnicities, whilst the Parachute 1:1 programme had an exclusively White British entry.
- ✚ By implication smaller percentages of BAME beneficiaries attended the Recovery Toolkit and Parachute Programmes than proportional to the local demographic breakdown.

Progress and Improvement

- ✚ Of those children and young people who attended programmes, on average 61% completed all sessions on the course.
- ✚ Attendees in all the programmes reported progress by the end of the course against the 3 factors used for self-assessment.³
- ✚ The greatest average percentage improvement was against the factor of “knowing where to go for help” @ 30%. The lowest average percentage improvement was against the factor of “ability to cope with conflict” @ 12%.
- ✚ The greatest and most striking improvements in self-assessment scores were recorded in the Parachute 1:1 programme where progress from initial scores increased by 52%, 111% and 193% against the 3 factors. These scores represent much higher levels of improvement than recorded in the group programmes.

The bar chart (below) shows the average improvement made by the children and young people who each attended one of the five recovery programmes delivered by the Wish Centre. The percentages represent the average improvement measured against the three factors of health & wellbeing, coping with conflict and knowing where to go for help.



³ Health and wellbeing; the ability to cope with conflict; and knowing where to go for help and support.

We are very pleased that these basic findings show the Wish Centre’s delivery of these programmes in a positive light. The ethnicity of young participants is in-line with the demographic breakdown of the Borough’s population; only the Parachute Programme (One-to-One |) has supported children of a single white ethnicity so far; an average completion rate of 61% of the courses is a positive outcome; and the young people on the programmes demonstrate progress and improvements against the 3 measures used for assessment.

This, however, is not the whole picture. Behind these data lie important features which provide a more nuanced assessment of providing support for children and young people who have been affected by domestic abuse.

7 SUPPORTING CHILDREN – READING BETWEEN THE LINES

7.1 Targeted Support Works

There is compelling research evidence which confirms that targeted support for children and young people does work. Appropriate support and interventions have a positive effect on children’s outcomes following domestic abuse. As highlighted in *Action for Children* (2019):

“Specialist support services for children also reduce the impact of domestic abuse and improve children’s safety and health outcomes.⁴ While not all children and young people who experience domestic abuse need intervention, for those who do, access to meaningful support at a time and in a way that is useful to them is important for their long-term recovery. Children themselves have emphasised the psychological damage caused by living with domestic abuse, and their need for emotional support as a result of such experiences.

“Children who took part in a study of domestic abuse services spoke about the importance of receiving support to move on, make new friends, settle in at school and enjoy a childhood free from fear.⁵ Domestic abuse affects children and young people in different ways, and so each individual must be offered support that meets their needs. A range of interventions should be available across local areas, so that every child can get specialist help.”⁶

7.2 Measuring Progress – A Reality Check

With national research confirming the value of targeted interventions, it is important that funders and commissioners encourage the use of assessment tools which reflect the reality of the children’s lives and the progress they make on a course. Simple numerical assessment tools rarely do this. The nature of our work as a domestic abuse charity is not always reducible to easy-to-measure evaluation methods.

Funders and grant providers often insist on them in reports-back from grantees and are attracted to those tools which seem to offer visible and quantifiable results. This is understandable, given their need to demonstrate the impact which their financial and other support has and the difference it seems to make to the lives of beneficiaries. They need to know where the money’s gone.

Such numerical and linear assessment tools to measure the progress which the children make as they complete a recovery programme can be an attractive prospect. In theory. They tend to use a simple scoring system; they can be used at any stage and on any number of occasions during a course; completed by self-assessment, and they reduces demands on staff time; they use consistent criteria; results are easily quantified and compared;

⁴ SafeLives, In plain sight.

⁵ Refuge, NSPCC and City Bridge Trust, Meeting the needs of children.

⁶ Callaghan, J. et al, ‘Promoting Resilience and Agency’; Fellin, L. et al, ‘Empowering young people’; MacMillan et al., ‘IMPROving Outcomes for children exposed to domestic Violence (IMPROVE)’.

concerns over performance are quickly identified and a remedial action-plan can be put in place. Results from the data can be simply expressed and presented.

On the face of it such an assessment tool has a lot going for it.

However, our experience at the Wish Centre in delivering children's programmes has shown that numerical scales to measure a performance can be rather simplistic; they need to be supported by more nuanced and qualitative methods to be meaningful.

At the Wish Centre we use numerical-based tools very sparingly and treat their results with caution. In our experience scoring methods can be unreliable for a number of reasons.

- ✚ Children tend to benchmark their scores too high at the start of a course [on a 1 to 5 grid] which can leave insufficient space to demonstrate their distance travelled when they score their progress in later sessions.
- ✚ They tend to pitch their initial scores too high from a desire to please; to avoid showing what they see as their lack of understanding, especially in front of others; or out of a perceived desire to please the trainer.
- ✚ Some children will miss information and learning if they miss sessions which can affect scoring
- ✚ Some children simply don't like numbers and resist using them at all, despite encouragement and support; for children in this category a numerical-based assessment tool doesn't work and data from it are unreliable.
- ✚ Similarly, some children simply resist scoring themselves at all; or are just careless about what they do score "to get it out of the way".
- ✚ Scores may be heavily influenced by recent/current external experiences in their lives away at home or school etc, rather than a true reflection on the course content and their appreciation of it.
- ✚ Children can be more reliable with their scoring at the end of programme than at the beginning. By that stage they have got to know the trainers better, have more trust and confidence in them and are more likely to provide an honest score. Yet when this is presented numerically, they may give a "low" score but this doesn't reflect the reality of actual progress made.

Given these limitations, the Wish Centre recommends that funders and grant providers consider more reliable, qualitative assessments of impact.

7.3 The Real World – Children's Lives beyond Service Users

Our advocacy of more reliable assessment methods is also based on the 'real life' circumstances in which the children and young people live and in which they take part in the support our Centre provides.

These circumstances militate against the use of a simple numerical tool to measure their progress on any given programme. The *Action for Children (2019)*⁷ report provides a clear contemporary account of the scale and wide-ranging impact of domestic abuse on children. From physical pain and flashbacks to suicidal tendencies.

We are working with children and delivering programmes in fluid, changing and challenging circumstances – the personal world in which the children live constantly impinges on our own work with them and puts into context what we are trying to achieve. While attending the programmes, the children may still be living in challenging

⁷ Section 3 - Action for Children (2019) "*Support for Children Affected by Domestic Abuse*"

circumstances at home, school and/or socially – this naturally affects their behaviour at the sessions and how they view things. The reality is that we are with them for just a small amount of time each week and for the rest of the time turmoil can be happening around them. Children and young people can make progress but then sometimes regress and take a step back. A numerical assessment tool will often lack the flexibility and imagination to capture these realities.

As we mentioned earlier in Section 3, children victims of domestic violence and abuse can be so traumatised by chronic stress that ability to function normally in a support group environment can be severely affected. Their improvements and recovery are very difficult to capture with snapshot numerical scoring methods.

Also, the programmes are not based on straightforward conventional teaching and learning, week-by-week, session-by-session, with a linear acquisition of information, culminating with a planned body of knowledge and facts. Knowledge of fact-based information may not extend to the child's grasp of the important emotional learning on the course - and different children will acquire each at different rates and stages. The extent to which a child has absorbed important information may not be revealed until well after the end of the course and their attendance.

Given the family circumstances and psychological context in which we deliver the programmes, over-reliance on a numeric/arithmetic approach of assessing progress can fail to capture the reality for the children and young people involved.

7.4 The Wish Centre Approach to Assessment

With these realities in mind, our specialist children and young people's workers have developed a much more nuanced approach both to course planning, programme delivery and the evaluation of the Centre's young service users' progress.

We overcome the limitations of a numeric/arithmetic approach to evaluation by using a more qualitative model. This integrates our learning and teaching methods on programmes along with our assessment techniques. It recognises the challenging external environment in which the children live and is based on a continuous process of observation and conversation with the young people.

Our model is based on the following features. First, we use a consistent learning framework for each session on our programmes which revolves around a basic 3-stage plan of:

- i) Introduction
- ii) A main information/activity/learning stage
- iii) Wrap-up plenary

This provides consistency and continuity.

Second, we use a series of tools and devices to trigger discussion and learning. These include tools such as the *Ball Game*, *Coping Bingo*, *the Consequences Handbag*, *the Ripple Effect*, *Temperature Gauge*, *Toilet Roll game* and *Alright Charlie* (an online resource). These are devices to facilitate learning gradually during the sessions on each programme. They cover learning on:

- Feelings/ways of coping
- Consequences and future aspirations
- Negative-positive automatic thinking

- Communication styles and assertiveness
- Calming down and managing feelings
- Staying safe in relationships and not using violence
- Families and relationships

Third, flexibility. We don't hold rigidly to the 3-stage process and running order for each session; we take a child-centred approach throughout, judging each session on its merits and circumstances; and address any issues first which children may arrive with. We are also flexible in the time we devote to a child who may have difficulty absorbing information on a session – no child is left feeling insecure and we take as much time as necessary to help their understanding.

Fourth, we use a system of continuous assessment based on observation and conversations with the children and young people themselves. Children are engaged in their own learning and develop trust and confidence with the trainers and staff. This is built into each part of every session and enables us to assess progress, problems and next steps for each attendee. These are the core principles which underpin the model and enable us to get know and understand the children and to help us to deliver, evaluate and demonstrate the difference and observable changes which each programme make for the children and young people.

We record significant facts and features about each child and young person after each session taking part on one of our programmes, noting their progress, any difficulties, obstacles and issues of significance. Typical indicators we use include the ability to identify a healthy relationships and an unhealthy relationship; awareness of where they can access help; knowledge of positive coping strategies; increases in self-confidence, self-esteem and young people's resilience.

This represents a detailed log and profile which can be used for a full report on the young service user, as necessary. The result is a far more meaningful evaluation model which can capture the life experiences of the young people involved and the real progress they make through the work we do with them.

This qualitative method of assessment provides a more fine-grained evidence base from which we are able to identify the progress made with individual children and young people; and to identify trends and issues of more general organisational performance and systemic issues.

7.5 Systemic Problems - Referral and Non-Attendance

Our recent evaluations showed a large gap between the numbers of referrals the Wish Centre received over the period of analysis (March 2018-November 2019) and the numbers actually going on to attend the therapeutic recovery programmes. 61% of referrals did not attend any of the programmes, leaving 214 children and young people, referred during this period, without specialist DV guided support for their recovery.

There are persistent, circumstantial realities which affect the variable referral, attendance and completion rates for the children and young people's support programmes.

Common reasons for non-attendance, contributing to the mismatch between referral numbers received and the numbers subsequently attending programmes, include:

- i) Transport difficulties
- ii) Affordability of taxis
- iii) Caring for several children – practical demands on parent/family logistics
- iv) Multiple after-school activities - demands on parent family logistics

- v) The child drags their feet – just doesn't want to come and attend a programme
- vi) The parent doesn't want to send the child - doesn't see the point – reluctant to engage
- vii) The referral agencies can have a habit of holding back on any insistence for children to attend programmes – often determined by reduced parental risk rather than needs of the child or young person

In reality these are the factors driving attendance rates. Through no fault of their own, too many children fail to drop-in, let alone drop-out.

Systemic problems impact severely on the ability of the Centre to methodically receive, provide support and retain referrals. This is exacerbated by problems around working with hard-to-engage service users; whose willingness to facilitate engagement with services such as the Wish Centre, with their children and then maintain it is uncertain; where children's needs are not the priority focus of a family's assessment; where risk thresholds are set too high; and where coercive and controlling family dynamics are undervalued in assessment processes.

These are important systemic problems which present barriers to children and young people accessing the support they need. Service users (parents) can be hard to engage in the first place; some can be reluctant to support their children's attendance at programmes; few sanctions are available to insist on this; and children's needs can be relegated by services in their assessments of risk, especially when perceived risk has reduced; risk thresholds can be set too high in the first place; and the significance of coercive/controlling family dynamics is under-played.

The upshot is simply that children and young people as victims of domestic abuse are too easily left stranded by the system as it currently operates. Similar systemic flaws have also been highlighted in a recent national study by *Action for Children* (2019).

7.6 Lack of Funding

Funding to support specific, targeted and direct work with children and young people who are victims of domestic abuse is very limited. Currently, the Wish Centre receives funding only from BBC Children in Need and Garfield Weston for such direct work. (*The Centre's other direct funding, e.g. Tampon Tax via the Community Foundation has recently expired*).

Of course, we hugely appreciate these funders, along with their commitment to our work which over the years would simply not have been possible without them. But as highlighted in national research reports and surveys (Appendix 2), access to such funding has proved to be competitive, time-limited and uncertain. Services and charities in the domestic abuse sector are effectively competing against each other each year for limited funds. Winning funding has become a beauty contest between services with no certainty at the end of it.

The national funding landscape for children-focused support is one of sporadic and patchy coverage. Our own local experience over recent years has shown sadly that funding direct support work specifically with children – even the most traumatised – is not a high priority for the many charitable trusts and foundations - large and small - across the country. And this is not without regularly scoping suitable funding opportunities, submitting frequent applications and winning significant funding for other areas of our charity's service provision.

Where trusts indicate an interest in supporting domestic abuse services in their "what we support" funding guidelines, our experience is that this seems in practice to be restricted to support for adult (mainly female) victims of abuse, rather than their children as secondary victims. So many times in our funding applications have our requests for support for children fallen on deaf ears, however persuasive we like to think our

entreaties to them have been when applying. This may simply be the result of their need to prioritise scarce funds for dispersal each year and avoid “spreading themselves too thinly.”

If their reluctance to prioritise children’s support applications is because of their lack of awareness of the needs of children victims and the scale of the problem, we hope that this report will go some way to disabuse funders of such misconceptions and they can perhaps reassess some of their funding preferences in the future in favour of children and young people’s work.

8 REAL CHILDREN – REAL LIVES

Case studies bring to life the positive changes we see in the young people who we have supported and have taken part in our programmes. Here are some telling quotes which describe the impact, including for some of our younger children under 11 years.

- *‘I got angry at my sister and wanted to hit her but I remembered my calming down sandwich and splashed cold water on my face then had a lie down instead’ – J aged 9*
- *‘I feel special coming to the Wish Centre because it is a place where they help you’ – K aged 10*
- *‘Helping Hands is incredible’ – A aged 7*
- *‘Thank you for helping me getting through my beastly problems’ – M aged 10*
- *‘I wish I could keep coming back to Helping Hands forever’ – K aged 7*
- *‘I really enjoy talking to other people and how everyone is open with each other’ – S aged 14*
- *‘I find it useful to know about domestic abuse and learn what a healthy relationship is’ – H aged 13*
- *‘I find it useful to think about how I cope with being angry’ – J aged 14*
- *‘I learnt to try and keep calm and tell an adult and don’t build stuff up’ C aged 12*
- *‘I learnt that a fight could screw up your life’ – G aged 12*
- *‘I learnt what to do in a toxic relationship’ – H aged 13*
- *‘I have learnt what to do in a bad situation and know what to do if I am upset’ – H aged 13*
- *‘I learnt to accept myself’ – L aged 12*

Katie, 7 years old

Katie was referred to the Helping Hands programme by her Social Worker. She had been placed in foster care several months earlier and was struggling emotionally. Katie had been removed from her mother's care due to being exposed to significant domestic violence. The case came to the attention of the local authority when Katie had disclosed to her teacher that her mother's partner had stamped on her foot when she had tried to prevent him from breaking her mother's legs. He had also locked her and her mother in the property and forced Katie to sleep on the floor without a blanket or pillow. Katie is able to recall several other incidents of violence at home perpetrated by her father and other men. There were also concerns around Katie being very withdrawn and refusing to speak to professionals if her mother was present. Katie was also isolated and unable to form friendships with her peers due to low school attendance.

Katie attended the Helping Hands programme. Initially she was very quiet however she began to gain confidence as the sessions progressed. By session 3 Katie was regularly contributing to discussions and sharing ideas/experiences. During the art and craft session the children created "Feelings Boxes" and Katie's foster carer later informed staff that Katie had been using her box to communicate with her carers and share her worries/fears. In session 4 Katie commented that she felt the other group members were her "only friends" and

that she really enjoyed attending the programme. In the final session Katie said her favourite place was Helping Hands, and that she would like to write a letter of thanks to staff.

Darcy, 12 years old

Darcy was 12 when she came to refuge with her mum, she was an only child and mum treated her more as a friend rather than her daughter. Darcy's mum had lived in an abusive relationship for many years and normalised the abuse. Darcy attended Young People's Recovery Toolkit and the programme addresses the difference between healthy and unhealthy relationships. Staff also did some 1:1 work with Darcy's mum on parenting and boundaries and mum also participated in AIM our domestic abuse programme. By the end of the work with both Darcy and her mother they were both in a better place in their relationship and Darcy had a better understanding of healthy and unhealthy relationships. The peer support that Darcy got from other young people in similar circumstances was also positive.

Elisse, 14 years old

Elisse was 14 when she came with her mum and siblings into refuge. She had recently suffered a miscarriage and had spent a few months in a children's home due to on-going domestic abuse in the family home and mum's inability to manage her behavior. When mum had agreed to leave and access refuge, Elisse was moved with her. The family were open to children services from the area they had moved from and if the situation between mum and Elisse didn't improve another placement for Elisse would be considered.

We engaged with Elisse on a 1:1 basis and supported her through Expect Respect and offered mum support with parenting, building her confidence and giving her strategies the outcome was that Elisse remained in mum's care and the family have recently left refuge and resettled in the community. The case has been closed by children services. Elisse's younger siblings also attended Helping Hands.

Gary, 16 years old

Gary came to us as a referral from Children's Social Care with a diagnosis of foetal alcohol syndrome. He has not been able to control his outbursts, which has resulted in the use of alternative methods such as biting his fingers or hitting himself in the face.

College are becoming increasingly concerned regarding his behaviour within lessons. He has been referred to as disruptive, whilst refusing to do the majority of the work set for him. College are struggling to manage this and there is a concern that Jack may be removed from the course.

In the Parachute sessions he did a lot of work on self-esteem, explored potential consequences of his actions, learned and practiced new coping strategies- He told us that he had learned a lot and he has been able to stay in college.

Lucy, 15 years old

Lucy was referred to the YPVA by her Social Worker due to disclosing that she was in a violent and controlling relationship. Due to the concerns around the risk to Lucy she had also been placed on a child protection plan.

Lucy began attending sessions with the YPVA in school and completed activities around healthy/unhealthy relationships, types of abuse and controlling behaviour, warning signs of abuse, risk assessment and safety planning. Lucy began to recognise unhealthy aspects of a relationship and also began to relate these to her own situation. She displayed increased understanding of domestic abuse and challenged some of her own thoughts and beliefs. After completing the Young Person's DASH RIC with Lucy she said that she was surprised to have

been assessed as medium risk as she had not previously considered her partner's controlling and jealous behaviours as being abusive, however was now able to understand why her friends, family and professionals had concerns.

During our fourth session Lucy informed me that she had decided to end the relationship with her boyfriend. Lucy is now in a new healthy relationship and has spoken about feeling able to recognise warning signs early on. She has also spoken about feeling happier and having more confidence. Lucy feels that she has a much stronger relationship with her family and friends, and now has a healthy balance in terms of her family life, friends, school, etc. In our final session Lucy completed a feedback form about our sessions and wrote 'honestly feel like they have helped me so much'.

9 STAFF VOICES – PRACTITIONERS PERSPECTIVES

Rather than recording the views of our staff as part of a rigid consultation exercise, our report captures reflections from our two longest serving children's workers on their work at the Wish Centre. These include some of their frustrations; the wonderful, positive experiences they have gained from their work; together with some of their hopes for the future. All of these weave their way quietly through the earlier narrative.

9.1 Frustrations

The main frustrations from staff arise from the systemic problems mentioned earlier in the report. The problem remains of engaging children referrals in the first place and achieving access to them so that staff can then work with and support them consistently over a period of time. A major difficulty also comes from the lack of funding to deliver preventative work in the community: resources are no longer available to the Centre, for example, to reach a wider audience of young people in schools (e.g. assemblies), colleges and various youth and community projects and centres. Greater funding would also provide more staff time to provide one-to-one support; to run programmes in different community locations in the Borough; and provide the increased capacity to support more children and young people on waiting lists.

9.2 Positive Impact

The best experiences for staff have been seeing the positive change which has been made in the lives and prospects of the children and young people they have supported. Examples include the buzz they get: from a young person who on first contact maintains they don't have a problem but who gradually recognises the value of the support; from a former service user recommending the Centre to friends and family; and from a former service user returning as a recovered young adult to visit the Centre. Staff also noted how pleasing it has been that the Wish Centre is seen as a place by many young people to drop-in for help – they feel comfortable and confident coming here – a good measure of how well the Centre team can engage with young people and win their trust and confidence.

9.3 Future Hopes

In spite of the frustrations, staff maintain ambition and hope that the various barriers to progress and service provision can be addressed successfully in the future. Their optimism in part comes from the way in which over recent years the Wish Centre has gradually developed a significant and diverse programme of support for young victims of domestic abuse – despite all the problems and blockages in the system.

From small beginnings 10 or more years ago, provision for children began by small ad hoc bits of education support work with the occasional local youth group; no structured referral system was in place with Childrens

Services. Gradually, what amounted to an original “cobbled together” provision gradually grew to include support for the children of adult client victims of abuse at the Centre and onwards to a structured and varied portfolio of group and one-to-one support for children and young people (section 4) which is embedded in Blackburn with Darwen’s network of statutory and voluntary services – we are now the commissioned service by the local authority for domestic abuse services.

With hard work across the whole team, the Wish Centre has been able to provide consistent and stable provision for children and young people for several years now – in spite of the vagaries of the system and funding uncertainties. Experience tells us that such provision is a rarity. Our hope is that flaws in the system can be addressed and our domestic abuse service and others can offer much better-funded provision in the future which meets the needs of children and young people with the completeness that is actually required.

10 OUR RECOMMENDATIONS

- i. Government should introduce a properly funded statutory duty on local authorities and relevant partner agencies to ensure that children and young people who have been affected by domestic abuse are supported adequately. This would go some way to overcoming the patchy provision of support which exists currently.
- ii. Charitable trusts, Foundations and other sources of support for social causes nationally are encouraged to give a higher priority in their distribution of funds to local domestic abuse services which offer direct provision to children and young people affected by domestic abuse.
- iii. Government and all funders should be mindful of the need to provide higher overall levels of funding and support so that the sector can plan, and develop the capacity and skills to deliver the range and depth of services for affected children and young people, including those with complex needs.
- iv. Local case assessment and referral systems need to ensure that children and young people in need do not slip through the net because risk thresholds have been set too high or because the level of risk from perpetrators has been stepped down. The need for treatment for children and young people persists beyond the point where immediate risk has been reduced.
- v. Local partners should explore options for creating better conditions for ensuring higher attendance rates by children and young people, once they have been referred to local specialist support for their recovery. Options may include additional funding to cover transport costs, for example; and the consideration of sanctions for non-attendance.
- vi. In their evaluation of impact, funders and commissioners need to be mindful of the limitations of assessment tools which are based on overly simplistic scoring methods. A sample of short, narrative profiles provide more meaningful information on the progress a young participant has made following the support provided. Succinct case studies illustrating key changes work well.
- vii. Greater emphasis needs to be placed on the provision of support in schools and colleges for education and guidance on domestic abuse and its impact on young people. Specialist domestic abuse services can provide valuable prevention and early intervention work, providing there are enough ring-fenced resources in the DV or education sectors for this purpose. Such provision would meet the Munro Review’s report (2011) call for local authorities to provide early help for all children at risk. Such work has 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.

Appendix 1

The Wish Centre

The WISH Centre is a registered charity, providing crisis support and recovery services to victims, perpetrators and children affected by domestic violence and abuse (DVA). Volunteers are a crucial part of our organisation, many of whom are former service-users themselves. We are Blackburn with Darwen Council's commissioned DVA service; and Lancashire County Council's commissioned provider for perpetrator services. We are Investors in People accredited; hold the Weston Charity Award for organisational development; and the Investing in Children Award for championing the rights children and young people.

Founded in 1989 by local women, we provide a holistic range of services: a drop-in centre for practical guidance and emotional support; crisis support and expert safety planning and mentoring from qualified IDVAs (independent domestic and sexual violence advisers); a free legal surgery, two local refuges, providing safe, temporary accommodation for women and their children; and a range of therapeutic and awareness sessions to help the recovery of women victims, couples, children and young people and perpetrators themselves.

Our work supports people from Blackburn with Darwen and Lancashire in the North West and is informed by our core values of respect, equality, social justice and high-quality, non-discriminatory services. Our beneficiaries are from diverse backgrounds by ethnicity, age, faith, socio-economic groups, sexual orientation, disability.

In 2018/19 we dealt with almost 1,400 referrals; 15,000 Helpline calls; 233 refuge referrals and 150 women and children accepted; 300 children supported on programmes; 160 adults on victim programmes and 440 receiving advice; with 36% of our clients being children and young people being under 24 years old. Over the last 30 years, BDDWA has supported a new client every 30 minutes in every working day since we formed.

We work holistically, applying a 'whole family approach' (WFA), supporting children/young people and addressing perpetrator behaviour. This means working in partnership with many other organisations locally across the public, voluntary and private sectors, operating centrally from our base in Blackburn and also in community settings across the Borough and Lancashire county.

Appendix 2

National Research

Action for Children, the national children's charity's new 2019 report, "*Support for Children Affected by Domestic Abuse*", sets out the scale of the issues for children in detail. 831,000 children in England live in households that report domestic abuse. This is an underestimate of the total number of children and young people affected, as many children live with abuse without it ever coming to the attention of children's social services.

Produced by the UCL Centre for Longitudinal Studies, and the University of Stirling, the report provides a new analysis of the Millennium Cohort Study alongside research into specialist support services available for children and young people affected by domestic abuse across England and Wales. The report looks in greater depth at how children are affected by domestic abuse. It also provides details of exactly what support is available to the children who have been through these experiences and whether more needs to be done.

The report reiterates the impact on children, referencing post-traumatic stress disorder, nightmares, flashbacks and physical pains. They can also become depressed and battle suicidal tendencies. We know that such

traumatic experiences are not limited to a small number of children. Domestic violence is the most common risk factor in situations where there is a danger that children could be seriously harmed (and so need support from children's social care services) in England.

Whilst emphasising the value of targeted interventions on the health and wellbeing of children, the report highlights the weaknesses in current provision nationally which include:

- the domestic abuse and sexual violence sector, as well as local services for children and young people, have been subject to overwhelming government funding cuts which has affected provision.
- in 19 of the 30 local authority areas surveyed, services for children are dependent on time-limited funding. This suggests the future of existing provision is extremely uncertain.
- funding constraints had contributed to a focus on risk as a way of managing access to services. Many spoke about families failing to meet necessary risk thresholds and being stepped down, but then returning to the attention of agencies with more significant concerns at a later stage.
- this focus meant that children and young people with high recovery needs are not always getting the right support, because this isn't a focus of the assessment and service prioritisation process.
- concerns about the emphasis on physical safety, which obscured coercive and controlling family dynamics

To address these concerns the report has produced a set of recommendations including:

- new government legislation specifically recognising the impact of DVA on children and their needs
- a properly funded statutory duty on local authorities to address patchy provision.
- strengthen the definition of harm to children in the Children Act (1989) by explicitly taking account of the coercive and controlling aspects of domestic abuse.

The report urges the new Government to introduce legislation to address domestic abuse and support adult and child survivors.

Adverse Childhood Experiences (ACE's) - extensive research has been undertaken in recent years on the impact of ACEs on subsequent adult behaviour. The seminal work by Dr VJ Felitti, 1998, *Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study* specifies how domestic abuse can have long term physical and emotional impacts. This is reinforced in the work of American pediatrician Dr. Nadine Burke Harris who has written about how the impact of experiencing stress in childhood isn't something you just get over as you grow up. It has tangible effects on the brain which unfold over a lifetime and demands the head-on treatment and prevention of trauma as early as possible.

Supporting children who are suffering from toxic stress [the constant overdose of the stress hormones that are meant to protect the individual but have become overwhelming] is crucial, recommending trauma-informed approaches by schools, for example, for children who live with domestic abuse and thereby avoiding pathologizing them with a medical diagnosis or labeling them as "difficult". The recommended approach is to say, "what has happened to you?", rather than "what is wrong with you?".

Unfortunately, myths surrounding domestic abuse still often go unchallenged and there remains inadequate understanding of the dangerousness or the psychological impact abuse has on adult victims and their children.

Department for Education (2011) Munro Review of child protection: a child-centred system. The association of parental problems, such as poor mental health, domestic violence, substance misuse, and learning disabilities with child abuse and neglect is well-established. Adult services are therefore vital in recognising the possible impact that such problems may be having on children. Babies and young children are particularly vulnerable.

Council of Europe - Article 19 of the United Nations Convention on the Rights of the Child (UNCRC) guarantees this right to every child and obliges States Parties to take appropriate measures to protect the child from all forms of violence. The Council of Europe (Istanbul) Convention on violence against women and domestic violence introduces criminal offences when the offence is committed against or in the presence of a child.

World Health Organisation, June 2019: Global estimates of upto 1 billion children aged 2–17 years, have experienced physical, sexual, or emotional violence or neglect in the past year. WHO stresses the impact of violence on children in terms of their lifelong health and well-being. As such, violence against children can negatively affect cognitive development and results in educational and vocational under-achievement.

CAADA Insight Report, 2014: Findings from the dataset revealing a troubling picture of harm experienced by children exposed to domestic violence. Key issues cited were the multiple physical and mental health consequences for children exposed to domestic abuse; 62% of children exposed to domestic abuse were also directly harmed themselves; 25% of children (equal numbers of boys and girls) exhibited abusive behaviours, most frequently towards their mother or sibling.

Women's Aid – Impact of DVA on children and young people, 2019: Research in conjunction with Queen Mary University, London (2018) highlighted the lack of understanding about the impact of DV on children and in particular risks around child contact. One in seven young people under the age of 18 will have lived with domestic violence at some point in their childhood; between 2005-15, 19 children and two women were killed by perpetrators of domestic abuse in circumstances relating to child contact; gaps and inconsistencies in understanding and awareness of domestic abuse and its impact on children, is blocking the effectiveness of policies and practices to ensure safe child contact and increase awareness of domestic abuse within child contact procedures.

Royal College of Psychiatrists – Impact of DVA on children and adolescents, 2017: About half the children in families where DVA has taken place have themselves been badly hit or beaten; children of any age can develop symptoms of 'Post-traumatic Stress Disorder' - nightmares, flashbacks, become very jumpy, and have headaches and physical pains; children dealing with DVA often do badly at school; as adults, children who have witnessed violence and abuse are more likely to become involved in a violent and abusive relationship themselves - children tend to copy the behaviour of their parents: boys learn from their fathers to be violent to women; girls learn from their mothers that violence is to be expected, and something you just have to put up with.

Home Office – Economic and Social Costs of Domestic Abuse, 2019: The analysis relies on the information gathered through the Crime Survey for England and Wales (CSEW), both from the main survey and the interpersonal violence self-completion module. Unlike many other crimes, domestic abuse is not a single time-limited event. While the 'Economic and Social Costs of Crime' report estimates the cost of individual incidents, the repeated and ongoing nature of domestic abuse makes it difficult to measure the precise number of incidents involved so the costs in this report relates to individual victims and the harms they will suffer during their period of abuse and the costs as a consequence and in response to victims. The average length of abuse for a victim is three years (SafeLives, 2018).

Overall, in the year ending 31 March 2017, domestic abuse is estimated to have cost over £66 billion in England and Wales. The biggest component of the estimated cost is the physical and emotional harms incurred by victims (£47 billion), particularly the emotional harms (the fear, anxiety and depression experienced by victims as a result of domestic abuse), which account for the overwhelming majority of the overall costs.

The cost to the economy is also considerable, with an estimated £14 billion arising from lost output due to time off work and reduced productivity as a consequence of domestic abuse. Some of the cost will be borne by Government such as the costs to health services (£2.3 billion) and the police (£1.3 billion). Some of the cost of victim services will also fall to Government, such as housing costs totalling £550 million, which includes temporary housing, homelessness services and repairs and maintenance. Victim services costs also include expenditure by charities and the time given up by volunteers to support victims.

DVA Services and EU Funding: UK charities have expressed concerns that after Brexit, UK women’s organisations could lose vital EU funding. It has provided grants for research into violence against women (VAGW) and training to support survivors of domestic abuse. In its 2018 report “Pressing for Progress: Women’s Rights and Gender Equality”, the Equality and Human Rights Commission (EHRC) has specifically warned that women’s rights could be under threat after Brexit.

Appendix 3

Glossary – Domestic violence and abuse

<https://www.nice.org.uk/guidance/ph50/chapter/7-Glossary>