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Sure Start Local Programmes and Domestic Abuse

By Lisa Niven and Mog Ball¹

Sure Start Local Programmes (SSLPs) support children under 4 and their families by integrating early education, childcare, healthcare and family support services in disadvantaged areas. This study looked at the practice through which SSLPs gained the trust of parents who needed help with the issue of domestic abuse. It also aimed to establish how SSLPs developed partnerships with local agencies, services and networks, and what were the essentials of providing services for domestic abuse which are sensitive and confidential via an integrated programme aimed at young families.

Key findings

- ▶ Since SSLPs were originally commissioned, there has been a growing emphasis from central Government on tackling domestic abuse. SSLPs identified links between ante and post natal violence and depression in mothers. Central developments, such as the National Domestic Violence Action Plan and the appointment of a National Domestic Abuse Co-ordinator incorporate these ideas.
- ▶ Considerable progress in SSLPs has been made in breaking down barriers in communication and working practices and developing constructive relationships between practitioners, which are required to achieve effective joint working between agencies and professionals.
- ▶ There is a continuing need to raise awareness of the impact of domestic abuse on children, both with the public at large and also to those who are experiencing abuse but who may not have realised how it can affect children.
- ▶ SSLPs used their responsibility to address the needs of children at risk to develop innovative and effective methods of informing and supporting their communities around the dangers of domestic abuse.
- ▶ All staff in contact with children and families should have a basic introduction to the issue of domestic abuse, recognising and querying signs, knowing about the relevant agencies for referral and legal essentials.
- ▶ SSLPs should try to minimise any risks from domestic abuse, particularly by facilitating discussion about the worrying issues.
- ▶ All early education and play services provide an opportunity to develop similar mutual understanding between children, by modelling non-violent solutions and facilitating cooperative activities.

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Background

Sure Start Local Programmes – which are now Sure Start Children's Centres – operate in neighbourhoods where there are typically between 400 and 800 children under four. 524 programmes were rolled out in six stages or 'rounds'. The National Evaluation of Sure Start (NESS) is assessing their impact, implementation and cost effectiveness by examining the first 260 programmes – the first four rounds. The earliest of these programmes began operating at the end of 1999, the later ones by early 2002.

Working with victims of domestic violence was not an explicit or 'core' service for SSLPs, but it did come under the umbrella of family support. No targets were set, nor was it suggested centrally that programme planners should work this support into their plan. Although it was far less widespread than other types of support, it was delivered where there was a need identified because it was widely understood that domestic abuse undermines the well-being of children.

This study looked at the practices and services surrounding domestic abuse, namely partnerships working and the provision of sensitive services through the integrated provision aimed at young families.

What does 'domestic abuse' mean?

The term 'domestic abuse' extends beyond the physical violence that is often associated with it and can therefore be difficult to define. The UK Home Office gives the following definition:

'Any incident of threatening behaviour, violence or abuse between adults who are or have been in a relationship together, or between family members, regardless of gender or sexuality'
(Home Office, 1999)

The categories of domestic abuse are now recognised to include:

- **financial abuse:** for example, being prevented from having a fair share of the household income, having debts accrued in your name;
- **emotional abuse:** being called stupid or ugly and having confidence and independence undermined constantly;
- **psychological abuse:** being isolated from contact with relative and friends; experiencing verbal aggression and having children and others close to you threatened;
- **sexual abuse:** including forced sex, refusals to practice safe sex;
- **physical abuse:** being bitten, kicked, punched and subject to other physically violent acts often on areas of the body hidden under clothing. (DoH, 2005)

It is psychological abuse - living in fear, being humiliated and bullied - rather than physical abuse that is cited by survivors as the hardest thing to bear (Saunders and Humphreys, 2002).

Abuse is not always carried out by male partners. The Crown Prosecution Service recognises others in its definition, including elder family members, siblings, parents and in-laws regardless of age or sex. Although women can also be violent, and abuse exists in some same-sex relationships, the vast majority of partner abuse is perpetrated by men against their female partners (Ellsberg et al, 2005). In the main this report refers to male on female domestic abuse as this was the typical situation within the SSLPs, however we acknowledge that men can be the victims of domestic abuse by their female partners and this was evident during the course of this research.

Methodology

There were four components to the study design

1. literature review;
2. interviews with key respondents (academics and staff from health and specialist voluntary sector organisations);
3. identification of SSLPs with interesting responses to domestic violence (from existing NESS research and from an information request sent to all 260 SSLPs). Semi-structured telephone interviews were then carried out with programmes that showed extensive or innovative approaches;
4. field visits to 10 selected programmes (based on evidence of good or innovative practice). Visits to selected programmes included interviews with managers, staff, volunteers, and a small sample of parents.

Findings

Summary of SSLP approaches to domestic abuse

The approach of SSLPs to providing support in cases of domestic abuse has been empowerment through providing information and choices. Family support has generally been provided at home, unless it is unsafe, for a period of time long enough to establish a relationship of trust with the woman. She has been encouraged to join groups in Sure Start centres or other venues, accompanied if need be. Many SSLPs had a stipulated period of time after which the family needs were re-assessed and a new plan of care drawn up. Parents were made aware that if there was a danger to the child it would become a Child Protection issue and a referral made to the Social Services Department.

Reaching Families

The majority of programmes depended on health workers, such as midwives and health visitors who routinely ask about domestic abuse, to put them in touch with families living with domestic abuse. Many SSLP midwives asked about domestic abuse during the ante-natal visit or booking session. In some areas midwives informed the SSLP directly when they had concerns over a family. The onus was then on the programme to follow-up with those families through phone calls and visits to assess need and formulate a care plan, usually done by family link workers. In other areas midwives told the family about the services available to them in the area, leaving the responsibility for action in their hands.

The majority of SSLP staff understood that a woman should never be harassed into disclosing or into leaving her partner but that they appreciated knowing help was there for when they were ready to request it.

Being told about families

In the majority of cases midwives and health visitors referred families to the SSLP. But in some cases, the victims, their neighbours, family or concerned friends might respond to poster campaigns or leaflets they had picked up from discreet locations, like ladies toilets. They victims may self-refer or raise questions or concerns that make it clear to workers that they are living with abuse. Discussions about relationships within mother and baby, parenting or other groups also prompt women to open up. *'Women may come to a group and cracks appear, or they drop a phrase, usually this means they are ready to talk'.* (Family support worker, SSLP).

Good Practice: An Integrated Approach

An SSLP link worker was a health development worker with the local domestic violence refuge. She supported women and children as they moved into the area and connected them with parental involvement workers and family support workers and groups to prevent isolation. The Sure Start health visitor was also part of the multi-agency domestic abuse partnership working to address safety and influence practice and policy. In this area, being represented on the local domestic abuse forum or partnership has proved an effective way of gaining access to training, to police statistics on current local need and feedback from local survivors' group members.

Encouraging families to use services

Once the SSLP identified families where there was a problem of abuse, the approaches used divided into two types; those led by practitioners and those led by families themselves.

Some SSLPs established a work plan agreed at home with the family, this included all the agencies they would work with and was signed off by the family before going ahead. In other SSLPs the role of staff was to highlight the services that were available in the area, but the choice of which to attend, and whether to attend at all, was for the family to make.

All SSLPs noted that building a relationship with an abused woman took a long time and involved a number of Sure Start workers and the input of other women in support groups that she attended

Disclosure

All staff interviewed recognised that the prerequisite for disclosure to occur is a trusting relationship. SSLPs were in a good position to nurture such relationships, since they were secure and reliable, and, in focusing on their well-being of the child, could build trust with a woman based on their shared commitment to the child. It was important that SSLP nursery staff were trained to listen to women, knew not to give advice, and knew who to pass the information on to who could help directly or link the woman with appropriate advice and support. Nurturing a relationship with a woman did not guarantee that she would disclose, or that she would want to be helped out of her situation. SSLP staff described situations where women disclosed domestic abuse to a worker and then did not return - most often for fear of Child Protection.

Support offered to parents

Once an SSLP has identified that a woman is living with abuse, usually through the ante-natal or early post-natal check, the usual response is to invite the woman to use SSLP services at which she will be offered information about agencies in the area who may be able to help her. Women are absorbed into generalised groups with specific help offered from outside agencies. In a very few cases, a domestic violence policy has been established within the SSLP. More frequently, SSLPs had developed a centralised referral system, assigning a key-worker to a family from the most appropriate agency: health, social services, psychology service or Home Start. Few SSLPs advertised groups or activities aimed exclusively at women who were experiencing domestic abuse. It is assumed that they will not attend a stigmatised group, or if they do it will only be when they have already left the relationship. However, a small number of SSLPs offered a Freedom Programme. This intervention,

deriving from the Duluth approach to harm reduction, involves holding perpetrators accountable and placing the onus for intervention on the community, rather than individual women.

Good Practice: Freedom Programme

Aims:

- to help women understand the beliefs held by abusive men and which of these beliefs they have shared;
- to illustrate the effects of domestic violence on children;
- to assist women to recognise potential future abusers;
- to help women gain self-esteem and the confidence to improve the quality of their lives; *'The reassurance I get from the group that it wasn't me ... it's not your fault, you don't have to feel guilty, you are able to talk.'* (Mother at Freedom Programme)
- to introduce women to community resources such as Women's Aid, the Police domestic violence unit, rape and sexual abuse support, etc.

A number of Sure Start workers had been trained to deliver this 12 week rolling programme. The women who attend, hear about it through other workers at Sure Start, health workers or from social services.

Information and advice

SSLPs reported that there was confusion among women about what constitutes domestic abuse and when it is justifiable to seek help and advice. Much advice is given informally to women attending groups and staff then rely on their training to dictate what information to give to parents and who to talk to next about their concerns. It is never the job of any member of staff to advise a woman to leave her violent partner.

Almost all staff are given Child Protection training which advises them to tell the parents that although what they say is heard in confidence, if they know a child is in danger they have a duty to inform social services.

SSLPs helped families to get access to information and advice either by providing it directly themselves through written materials or talking people through what is available in the area; or by making it easier for people to gain access to information from other bodies. Crèche support and SSLP venues were offered to housing advice, Citizens Advice Bureau, health workers, Relate or other counselling services. Where the service was provided in a non-Sure Start venue, the SSLP offered transport help and crèche support.

Where leaflets were provided, they were left in places where staff and parents could access them confidentially, usually in women's toilets. Similarly, advice and support was given discreetly in a private room at a Sure Start centre or during home visits. It was particularly difficult to get information across to members of the community who did not speak the predominant language.

Support offered to children

Because the children who use Sure Start services are very young, SSLP services tend to be focussed on parents, raising awareness of the effects of abuse on young children and helping them to deal with behavioural problems that may arise. Despite the undisputed short and long term effects on children of living in a house where abuse is taking place, very little direct work with children who were affected by abuse was carried out by SSLPs. Parenting education courses were offered by SSLPs, and these provide advice and encouragement for parents whose relationship with their child is challenging, or where the child has developed difficulties. In one SSLP early years and parental involvement workers did creative work with children and older siblings focusing on respect rather than domestic abuse alone, to try to break the cycles of domestic abuse.

Good Practice: Working with the Whole Family

SSLPs that had taken a proactive role in combating domestic abuse often went beyond the age remit of Sure Start, working with older children in families. This blurring of boundaries may well be easier for Children's Centres to sustain. To raise awareness in the community of the effects of abuse on children, one SSLP ran a Community Fun Day featuring artwork, poems and drama on the theme of domestic abuse, drawn and performed by children from local schools with the support of their head and class teachers. In preparing work for the day, opportunities arose for the children to discuss violence in relationships within the safety of the classroom. Outcomes from the day were increased awareness amongst teaching staff, children and parents. A number of women approached support workers during this day to arrange to meet and discuss personal situations.

Referring families

SSLPs and other agencies were well-positioned to work together to help families experiencing domestic abuse problems and the majority of SSLPs operated a system of mutual referrals to and from community midwives, health visitors, police domestic violence coordinators, local domestic abuse helplines, counselling services and the local Women's Aid refuge. Working with other agencies could be as simple as improving community access to their service by providing space for them in a Sure Start centre. Citizens Advice Bureau, debt and money advisers, housing, Connexions and Relate hosted drop-ins and advice sessions in Sure Start venues. Some SSLP held regular formal inter-disciplinary meetings where health, social services and SSLP staff met to create a care plan for every family in need.

More common was a system of information sharing achieved by asking families directly which services they are already working with, and for permission to get in touch with them. For example:

- in one SSLP staff worked closely with Family Centre support workers who had training and experience in helping adults and children with domestic abuse issues.
- an active domestic abuse project in another area worked in partnership with the local SSLP in supporting families where the male partner was being counselled following a child protection conference.

Good Practice: Working with Women's Aid Refuges

Very little direct work was done by SSLPs within refuges, but there were instances of Sure Start support workers who visited women to help them fill in benefits forms, especially when they have fled their home without key documents. One SSLP ran a weekly arts and crafts group at a local refuge led by two family support workers, and supplied a crèche worker to take care of the children in an adjoining room. The support worker found that women tended to share experiences, empathise and problem solve together in a relaxed atmosphere.

Services for men

It was reported that SSLPs had contact with men who were the victims of domestic abuse and one SSLP had a counsellor from Relate seconded for two days a week.

Few SSLPs had contact with male perpetrators of domestic abuse:

- In one area a local domestic abuse counselling service held sessions in the Sure Start centre. It also held a group on its own premises to which the SSLP referred men.

- Another SSLP referred men to a newly established perpetrator programme but noted that it was not always appropriate because it was for those who were at the stage of admitting they had a problem.

Services for black and minority ethnic families

A common perception is that the boundaries of abusive behaviour vary between cultures, but SSLPs reported that abuse was abuse regardless of the ethnicity of the perpetrator or victim. The differences and difficulties emerged in disclosure. For example Asian workers in one SSLP area were afraid of threatening the relationships they had built with local families by encouraging disclosure from them; and in terms of the expense of interpreters and of translating awareness raising leaflets and booklets on benefits and services for women.

Training

All SSLP staff, including early years workers, family support staff, health staff and those from agencies working on behalf of the SSLP, needed to be able to either offer support to families around domestic abuse or signpost them to those who could. Training was delivered in different ways by SSLPs. Some trained one key worker who had responsibility for accepting referrals or listening to concerns raised by all staff. In others, all staff including professionals and administrative worker received a standard training.

Training in domestic abuse issues generally covered recognising signs, signposting, staff responsibilities, being able to listen without necessarily having to act, with a focus on child protection. Training staff in recognising signs rather than waiting for women to spontaneously talk about being abused is important because

domestic abuse can be a hidden problem. Good practice in training staff in this area needed to emphasise work with children and interventions to meet the child's needs.

Conclusions

Domestic abuse can be widespread among families using early childhood services, and SSLP services could provide a means to intervene in the abuse on behalf of the well-being of children: raising awareness within the community, being a contact point in times of crisis, and supporting families long term in moving on from their experiences.

- *Health* –mainstream, community and Sure Start midwives and health visitors were the first contact for parents experiencing problems, they linked families to SSLPs.
- *Education* –domestic abuse affects children's behaviour (boys tending to 'act out' and develop disruptive behaviours, girls to 'act in', becoming introverted and uncommunicative) and young children of either sex may show regressive behaviours. Nursery staff, early education and play workers partnered parents in assessing the child's needs
- *Social service* - because domestic abuse and child abuse can be associated, the role of social workers in addressing child protection issues enabled families to be connected with SSLPs for holistic support in order to reduce the dangers.
- *Outreach* – because research shows that women are unlikely to talk about domestic abuse to their friends and family, the outreach capacity of SSLPs was crucial in that it enabled staff to build relationships with individuals which led to disclosure.
- *Multi-agency work* – because domestic abuse can lead to many and various needs for a family, a multi-agency programme like Sure Start enabled all the necessary help to be brought together in one, unstigmatised venue.

Sure Start Local Programmes and Domestic Abuse

Until recently women's organisations were the sole source of support for those experiencing domestic abuse. Since SSLPs were set up, central and local government have developed multi-agency working with the NHS, the criminal justice agency and other voluntary organisations to support the individual needs of women and children. Sure Start Children's Centres are in an excellent position to contribute to the development of such multi-agency teams and work on local strategies.

Further information

Further copies of this summary are available from:

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