

Vision for services for children and young people affected by domestic violence

guidance to local commissioners of children's services

Leaders in social care 



Dear Colleague

Shaping the agenda for children experiencing domestic violence

Every Child Matters and the 2004 Children Act have set out the vision for children's services for the next decade. Safety and Justice and the Domestic Violence, Crime and Victims Act 2004, offer positive improvement in responses to domestic violence across Government.

This draft publication "A Vision for Services for Children and Young People affected by Domestic Violence" offers a pathway for services for children experiencing domestic violence which connects the two.

It is produced by the LGA, ADSS, Women's Aid and CAFCASS, with input from Refuge, and with professional comments from advisors at the DfES, Department of Health and the Home Office. It offers a template which Directors of Children's Services, Cabinet Members with lead responsibility for children and their local Safeguarding Children's Boards, working with Domestic Violence Partnerships can use to incorporate the needs of children experiencing domestic violence in planning children's services.

Domestic violence is a children's issue and it is widespread. Research clearly evidences the key relationship between children's experience of domestic violence and our challenge to improve the five outcomes for all children.


Commissioning guidance cannot of itself produce new resources to fill the gaps in services for children experiencing domestic violence, but it does provide a tool to identify their needs, assess gaps and incorporate them into service planning and priority setting. The aim is that children affected by domestic violence have their voices heard too.

This draft is for consultation and we welcome your comments, which should be sent by 31 January 2006 to:

LGconnect
Local Government Association
Local Government House
Smith Square
London SW1P 3HZ

E-mail: info@lga.gov.uk

Yours sincerely



Chair, LGA children and young people board



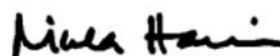
Corporate director,
CAFCASS



Chair, LGA safer communities board



Director of children's services,
Hampshire County Council



Women's Aid chief executive

Vision for services for children and young people affected by domestic violence

- guidance to local commissioners of children's services

introduction

'At least 750,000 children a year witness domestic violence. Nearly three quarters of children on the 'at risk' register live in households where domestic violence occurs.' (Department of Health, 2002¹)

The list of local partnerships and services which need to collaborate effectively to address domestic violence is impressive. The Community Safety and Crime and Disorder Partnership, Supporting People Commissioning Board, Local Criminal Justice Board, the Family Justice Council, the Area Child Protection Committee, multi-agency public protection arrangements (MAPPA) and arrangements to protect vulnerable adults (POVA) all have a part to play. To be effective, each partnership needs to be clear about its own responsibility, and how it supports the whole. Each agency needs to carry out its part competently. Failure on the part of any one agency or partnership will be most keenly felt by the thousands of women and their children who experience domestic violence every day.

With the implementation of the Children Act 2004, the leadership responsibility for children experiencing domestic violence now lies firmly with the Director and Lead Member for Children's Services and Local Safeguarding Children Boards.

This commissioning guidance aims to assist Children's Directors and lead members working through their children's strategic partnerships or children's trusts, to undertake that responsibility. It provides a framework to assess the needs of children affected by domestic violence and to design, or redesign, services to address those needs as part of implementing the Children Act 2004. Many of these children will have a range of needs to be met and there is much research evidence that domestic violence may be an underlying factor in many of those other needs. This guidance is designed to ensure that the range of different needs that children/young people experience in relation to domestic violence is

systematically identified and addressed. It will support improving outcomes for all children.

Commissioning guidance will not itself produce new resources, but it will help commissioners assess the shortfalls and determine priorities within the context of the five outcomes for children.

executive summary

The majority of those, mostly women, affected by domestic violence are between the ages of 16 and 35 and frequently have children living with them. Research evidence shows that children experiencing domestic violence can be negatively affected in every aspect of their functioning, safety, health, school attendance and achievement, economic well-being and emotional development, but service responses are patchy and frequently fail to address the needs of these children. In the most extreme cases children are at risk of serious injury or death. Every Child Matters, the National Service Framework for Children, Young People and Maternity Services and the Children Act 2004 aim to deliver a comprehensive strategic response to improve outcomes for all children in a locality. This guidance focuses on improving outcomes for the significant numbers of children affected by domestic violence. It takes as its starting point the need to give priority to the safety of the child and non-abusing parent at all times.

The most effective intervention for ensuring safe and positive outcomes for children living with domestic violence is usually to plan a package of support that incorporates risk assessment, trained domestic violence support, advocacy and safety planning for the non-abusing parent who is experiencing domestic violence in conjunction with protection and support for the child. The focus of this guidance is children and young people, but commissioners will need to ensure corresponding services and safeguards are in place for the abused parent and to assess and manage

the risk an abusive parental partner presents. Such services will need to be commissioned with other strategic partnerships, recognising the fundamental cross-cutting nature of domestic violence.

The guidance uses an adapted version of Pauline Hardiker's 'Tiers of Intervention and Need' (page 9) to provide a conceptual framework and the format of one of the Department of Health's National Service Frameworks, as a convenient tool to set out these aims, standards, rationale and services in an accessible way. This executive summary identifies some key priorities across the tiers of need and intervention.

children

All children and young people should have healthy relationships education and prevention built in to their curriculum, or equivalent programme (tier 1).

Children and young people vulnerable as a result of domestic violence (tier 2) should be identified and supported wherever possible within the universal setting, eg in Children's Centres, peer mentors etc). Vulnerable children and young people whose needs cannot be met within that setting should be able to be referred to specialist services including community-based domestic violence support, group work and advocacy services.

Children and young people with complex needs whose lives are (or have been) seriously disrupted by domestic violence (tier 3) and children with acute needs who are at risk of death or serious harm from an abusive parental partner (tier 4) should, dependant on need, have access to:

- individual support, advocacy and counselling with skilled practitioners knowledgeable about domestic violence; and
- a group work programme suited to their needs.
- Children in temporary accommodation should have access to appropriate children's activities as well as access to domestic violence support services in the community.

Children in tier 4 should have multi-agency child protection services linked to support/safety plans for the non-abusing parent and MAPPA² or equivalent responses to the perpetrator. Family court services should focus on the safety of the child and the non-abusive parent in all cases involving domestic violence.

Access to the most suitable service should be based on individual assessment and re-assessment of that child's needs and what services will best match those needs.

services

All services across the tiers should have:

- trained staff knowledgeable about domestic violence;
- policies and procedures to identify and respond to domestic violence at the level appropriate to that service; and
- be able to make appropriate referrals to specialist domestic violence or child protection services.

Universal services should incorporate:

- domestic violence best practice, reflecting national service standards in to how they do their core tasks, e.g. introducing a child into a new school at short notice.

Vulnerable children's services should incorporate:

- domestic violence best practice built into their service design, e.g. common assessment, direct work with children;
- appropriate referral to community-based domestic violence support and advocacy services for the abused parent and child;
- access to refuge based support where this is appropriate; and
- domestic violence issues built into their parenting work.

² Multi Agency Public Protection Arrangements (MAPPA) provide the statutory framework for inter-agency co-operation in assessing and managing violent and sex offenders in England and Wales. Under the arrangements, police, probation and prisons, supported by additional agencies including housing, health and social services combine forces to manage the risk to the public posed by dangerous offenders.

Services for children with complex needs or at acute risk of death or serious harm should encompass:

- multi-agency risk assessment and safety planning for both the children and non-abusing parent, co-ordinated through child protection and/or multi-agency public protection arrangements (MAPPAs);
- specialist domestic violence services (individual support including refuge-based support and advocacy, counselling, group work and activities for children); and
- skilled responses within other specialist services, e.g. CAMHS and social services family support services.

strategic planning

Every Children's Services authority should have in place:

- joint planning and commissioning arrangements with other key partnerships with responsibilities for addressing domestic violence in conjunction with local domestic violence partnerships;
- individuals within each agency and partnership with a responsibility to develop the domestic violence agenda;
- the single plan for children's services should outline how the children's partnerships have identified the needs of children experiencing domestic violence and their plans to meet those needs; and
- an implementation plan that identifies the key priorities for improving outcomes for children affected by domestic violence in the context of improving outcomes for all children.

contents

- 2 introduction
- 4 Outcomes: Every Child Matters
 - be healthy
 - stay safe
 - enjoy and achieve
 - make a positive contribution
 - achieve economic well-being
- 8 tiers of intervention and need within a commissioning framework
- 11 principles for commissioning services for children and young people affected by domestic violence
- 13 standards and services
 - protection and safety
 - services to promote well-being, achievement and self esteem
 - early identification, assessment and information sharing
 - prevention and education
 - co-ordination and planning
- 27 membership of the Children and Domestic Violence Inter-Agency group
- 28 references

introduction

the guidance

The purpose of this commissioning guidance is to assist Children's Strategic Partnerships (and/or Children's Trusts) to assess the needs of children affected by domestic violence using the framework of Every Child Matters, the National Service Framework for Children, Young People and Maternity Services and the Children Act 2004 to design, or redesign, services to address those needs as an integral part of implementing the provisions in the Children Act 1989.

The framework proposed in this guidance is designed to ensure that the range of different needs that children/young people experience in relation to domestic violence are identified and addressed. It is based on evidence from research and best practice, and has been jointly produced by the Local Government Association (LGA), the Association of Directors of Social Services (ADSS), Women's Aid, and Children and Family Court Advisory and Support Services (CAFCASS). Advisers at the Department of Health, the Department for Education and Skills, the Home Office and Refuge have made a professional contribution to this document. We are very grateful for their assistance.

The guidance starts by examining research evidence on the impact of living with domestic violence for children and young people as this cuts across the five outcomes identified within Every Child Matters. It then goes on to outline a tiered model that matches the level of children's need to the complexity of the intervention(s) required to meet that need. The document then sets out a series of overarching principles that must underpin interventions.

The main body of this guidance sets out five tables of standards and services. Each table is presented under an over-arching aim (what we want to achieve) tied to a limited number of standards (what needs to happen to achieve this); a rationale; and, a list of services (the range of services/interventions which

need to be available in every children's planning area to improve outcomes for children). We recognise that many of these children will have other needs which the children's trust is responsible for planning services to address. However, domestic violence may well be an underlying factor in some of these other needs.

context

Domestic violence is widespread, and involves a range of abusive behaviours, some of which constitute a criminal offence. Most domestic violence is perpetrated by adults on their current or recent partners. The Government defines domestic violence as: "Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality."

Domestic violence is rarely a single incident but typically involves an escalating pattern of coercive and controlling behaviour. Crime statistics and research both show that domestic violence is gendered (i.e. most commonly but not exclusively experienced by women and perpetrated by men) and that any woman can experience domestic violence regardless of race, ethnic or religious group, class, disability, sexuality or lifestyle. Domestic violence also includes forced marriage and so-called 'honour crimes' including female genital mutilation.

The emphasis of recent public policy is to strengthen the response of the criminal justice agencies, the police, CPS and the courts to domestic violence crime, to bring perpetrators to justice, to reduce its incidence and its harmful effects and to support the victims through the process.

The majority of those (women) affected by domestic violence are between the ages of 16 - 35 and frequently have children. According to the British Crime Survey 1996, half of those who suffered

domestic violence in the previous year were living with children aged 16 years or under (Mirrlees-Black, 1999).

From January 2005 the legal definition of harm to children was extended to include the impairment suffered from seeing or hearing the ill treatment of another - particularly in the home, even though they themselves have not been directly assaulted or abused. This amendment, Section 120 of the Adoption and Children Act 2002, was in response to evidence that children can suffer serious long term damage through living in a household where domestic violence and abuse is taking place, even though they have never themselves been directly harmed.

Domestic violence is also identified within Every Child Matters (the Government's approach to the well-being of children and young people from birth to age 19), as a cause of vulnerability in children which has a negative impact on children's ability to achieve their full potential across the five outcomes identified:

- be healthy;
- stay safe;
- enjoy and achieve;
- make a positive contribution; and
- achieve economic well-being.

In re-designing all children's services to achieve these outcomes, the needs of children and young people affected by domestic violence are at risk of being overlooked due to the secrecy, fear and shame typically associated with domestic violence. In reality, children's ability to achieve their full potential is seriously undermined across all five domains by their experience of domestic violence. Local Children's Strategic Partnerships need to address the needs arising from domestic violence if they are to achieve their targets for children in their locality.

The principles for commissioning services for children and young people affected by domestic violence reflect the impact of experiencing domestic violence

across the five outcomes as well as the key service standards outlined in the National Service Framework for Children, Young People and Maternity Services. However, for purely stylistic reasons the guidance is broadly based on the format used in the National Service Framework for Services to Older People.

Outcomes: Every Child Matters

The Outcomes Framework published with Every Child Matters: Change for Children 2004, identifies the following target: *"Children affected by repeat domestic violence are identified, protected and supported"*. This target is located under the 'staying safe' banner.

Yet all of the five key outcomes for children/young people identified in Every Child Matters can be adversely affected by living with domestic violence.

Domestic violence can have an impact on every aspect of a child's life, but the impact on a particular child varies greatly and will be dependant upon the total context of the child and their environment.

Evidence of the impact of domestic violence set against the five key outcomes for children/young people

be healthy

i.e. physical, mental, sexual and emotional health, choose not to take drugs

Children's health is inextricably entwined with children's safety and security. Children living with domestic violence are at risk of significant harm both from direct abuse by the violent parent and from hearing or witnessing harm to the non-violent parent. Section 120 of the Adoption and Children Act 2002, reflects this. Harm can be to physical, mental, sexual and emotional health. It can be immediate, short term or long term. Children's health can also suffer if the domestic abuse reduces the ability of the non-abusing parent to parent effectively and may impair the parent/child relationship.

In families where there is domestic violence, children are frequently abused by the violent parent and this can have very damaging long term effects on their mental health, sense of identity and ability to form relationships. Other common effects on children's health include anxiety, panic attacks, nightmares and bedwetting. For young people there are increased risks of self-harm, drug and alcohol misuse and running away from home (Mullender and Morley, 1996³).

"Upon referral the children were generally reported to be displaying behaviour problems, exhibiting aggressive/angry behaviour, have low self esteem/little confidence, be experiencing difficulties within the school setting, have relationship problems with peers, be quiet/withdrawn, be soiling or suffering from enuresis, having nightmares/sleep disturbance, be self harming, described as depressed or having difficulties in relationships with family."(NSPCC, 2000⁴).

Babies under one who witness domestic violence have been characterised with poor health, poor sleeping habits and excessive screaming (Jaffe et al., 1990⁵).

The Experts' Court Report by Dr Claire Sturge and Dr Danya Glaser (Family Law, Sept 2000⁶) states that research is entirely consistent in showing deleterious effects on children of exposure to domestic violence. Emotional trauma continues to be experienced with persecutory images and the fear of one parent being killed. Research also tells us that for some children this fear becomes a reality: two women are killed each week in England and

Wales by a partner or former partner (Home Office, 2001⁷) and 90% of children are in the same or next room when violence occurs (Hughes, 1992⁸).

The Children in Need Census in Cheshire (Cheshire County Council, 2003⁹) showed that in 41% of all social services department cases domestic violence was a significant factor. These children were twice as likely to experience mental ill health themselves and to live in households where parents/carers have mental health problems. They were also five times more likely to live in households where substances are misused.

stay safe

i.e. safe from neglect, violence, abuse, accidental injury or death, have security, stability and be cared for

"About 750,000 children witness domestic violence every year and nearly three quarters of children on the 'at risk' register live in households where domestic violence occurs." (Department of Health, 2003¹⁰).

Men who are violent to their female partners are also likely to be violent to their children. The overlap between men's violence towards women and the physical abuse of children is estimated as in the range of 30 - 66% (Edleson, 1999¹¹).

A 1999 survey of 130 abused mothers, all in contact with Women's Aid, found that 76% of the 148 children ordered by the courts to have contact with their estranged parent were said to have been abused in the following ways during visits: 10% were sexually abused; 15% were physically assaulted; 26% were abducted or involved in an abduction attempt; 36% were neglected during contact, and, 62% suffered emotional harm. Most of these children were under the age of five (Radford, Sayer and AMICA, 1999¹²).

A case file analysis of 250 children in substitute care who had been sexually abused or were sexually abusing found that 39% came from families where there was domestic violence, primarily violence towards the child's mother (Farmer and Pollock, 1998¹³).

Domestic violence is associated with a raised incidence of miscarriage, low birth weight, prematurity, foetal injury and foetal death (McWilliams and McKeirnan 1993¹⁴).

A third of domestic violence starts or escalates during pregnancy (National Service Framework for Children, Young People and Maternity Services¹⁵). A survey of women in GP's waiting rooms in Hackney showed that 2% reported a miscarriage they believed to have been caused by a violent partner (Stanko, 1998¹⁶).

A study of 29 child homicides occurring in England and Wales as a result of contact arrangements with a violent parent found that, despite the involvement of statutory services with most of the families, children were often not spoken to or assessed and domestic violence was viewed as an 'adult problem' rather than a child protection issue. With regard to 3 of the 13 families contact orders had been granted to very violent fathers against professional advice, without waiting for professional advice or without requesting professional advice¹⁷.

enjoy and achieve

i.e. school attendance and achievement, personal and social development

Children experiencing domestic violence often miss school or cannot concentrate because they are worried about what may happen to their mother. Their education may be disrupted severely by having to flee from domestic violence repeatedly often in the middle of term. They are also likely to experience isolation and bullying, because of the fear, shame and secrecy surrounding abuse.

Kitzmann et al. (2003¹⁸) found from a meta-analysis of 118 studies of psychosocial outcomes of children exposed to domestic violence, that there was a significant association between exposure to domestic violence and child problems. Children who had witnessed domestic violence had significantly worse psychosocial outcomes, similar to those of physically abused children.

Children who had recently left violent situations showed significantly lower levels of competence on a number of indicators, including school performance, reduced social competence and problems with peer relationships, than children from a comparison group (Wolfe et al. 1986¹⁹).

The most marked difficulties have been observed in pre-schoolers (Hughes, 1988, Rossman et-al²⁰, 1997) who are thought to witness more violence than school age children, yet have fewer emotional and cognitive resources to withstand the impacts. For example there is some evidence to suggest that witnessing violence in preschool years is a risk for behaviour problems at age 16 for both boys and girls (Yates et-al 2003 cited in Gerwitz and Edelson; 2004²¹).

A survey of children living in refuges in Cheshire revealed: 78% needed help to strengthen relationships with key people in their lives, 37% were unable to pursue their interests much or at all and 29% had difficulties with school attendance. 69 barriers to school attendance were identified for this group of children, with safety of journey and means of transport the most commonly identified. A further survey of 798 year 8/9 pupils revealed that 22% had witnessed domestic violence at home. Those pupils with direct experience were more likely to commend secrecy as a coping strategy (Cheshire Domestic Abuse Partnership/Cheshire County Council).

make a positive contribution

(i.e. engage in law abiding and positive behaviour, develop positive relationships and develop self-confidence)

Children often feel they are to blame for the violence in their family, and this diminishes their self-esteem and makes it difficult for them to develop positive relationships.

Children who have been both physically abused as well as witnessing the violence tend to show the highest levels of behavioural and emotional disturbance (Sternberg et al. 1993 and O'Keefe, 1994²²).

Children react in very different ways to the violence they have witnessed or experienced. Some children are reported to be more aggressive and anti-social (O'Keefe, 1995²³), others have higher rates of depression, anxiety and trauma symptoms (Mathias et al. 1995²⁴, McCloskey et al. 1995²⁵).

Some research has suggested that children growing up with domestic violence are more likely themselves to become perpetrators or victims. However, these results are increasingly contested. For example, Mullender notes that the majority of victims or perpetrators in fact come from non-violent backgrounds: "Many young people (and their parents) are frightened that living with violence marks them out as inevitably bound for a violent future themselves. It is important to dispel such myths, while also providing positive opportunities for parents to learn to discipline in non-violent ways and for young people to learn at home and at school that violence is wrong and is not appropriate as a means of conflict resolution." (Humphreys and Mullender²⁶)

achieve economic well-being

(i.e. access to further education, living in decent homes, access to material goods and live in households free from low income.

"Children who have experienced, witnessed or lived with domestic violence are at risk. They are at greater risk of exposure to poverty and homelessness, and detrimental effects on their short-term welfare and long term life chances" (Home Office, 2005²⁷).

Children living with domestic violence may suffer financial hardship, because abusers often control the family's finances rigidly. Abused parents can often face difficulties in gaining/maintaining employment. They are also likely to suffer financial hardship if they flee from the family home, because this will usually mean experiencing homelessness and losing most of their possessions. They may have to stay in a refuge or temporary accommodation, and if re-housed by the local authority or a housing association, may have a very limited choice of accommodation available to them.

tiers of intervention and need within a commissioning framework

This commissioning guidance uses the tiered model of levels of need and intervention adapted from Pauline Hardiker, Exton and Barker 1992, and used within the Department of Health's assessment framework²⁸.

This provides a conceptual framework for matching the level of children's need to the complexity of the interventions required to meet that need. It assumes as its starting point that most children's needs can be met within universal services, those available to and accessed by all children, with additional services added at each level and more complex multi-agency responses at the higher levels of need or risk. The aim of intervention is to support the child wherever possible, within the universal setting and to enable the child to return to the universal services following a period of more intensive or specialist support and to avoid social exclusion.

The model applies equally to the needs of children affected by domestic violence, as it does to children with other needs. It has to be recognised that outcomes for children affected by domestic violence will not be improved without support and empowerment of the abused parent.

The focus on one area of need should not imply that children only experience vulnerability in one area. More typically, especially in tiers 3 and 4, children have a complex variety of different needs. In addition, the model is not static - children will move between tiers as their situation changes.

At its simplest, the need for services at the various tiers are defined as:

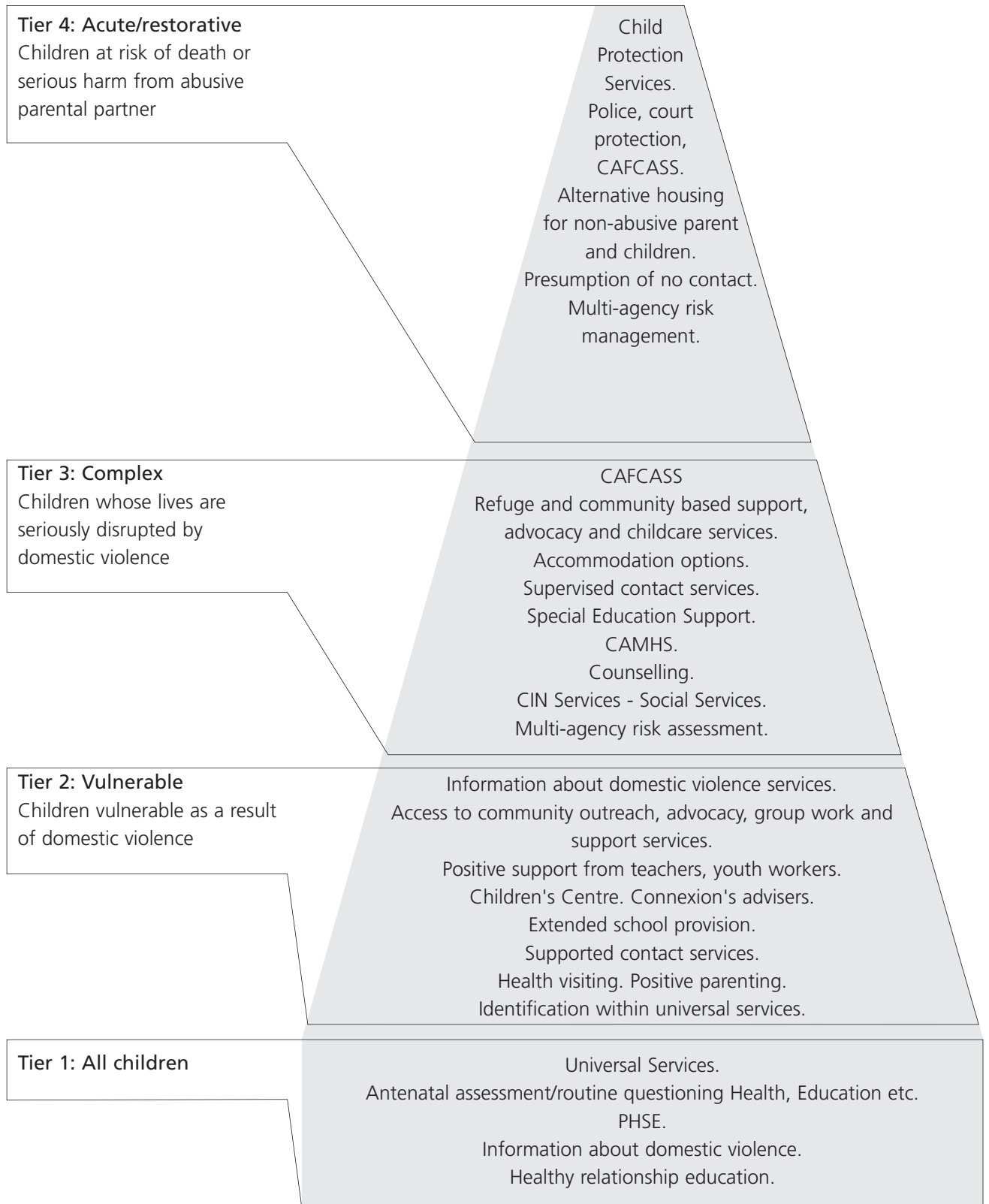
Tier 1 Universal provision (i.e. in schools)

Tier 2 Single agency service - providing positive support for vulnerable children

Tier 3 Multi-agency response - support, assessment and provision of specialist services

Tier 4 Multi-agency risk management

tiers of need and intervention: adapted from Hardiker, Exton & Barker 1991

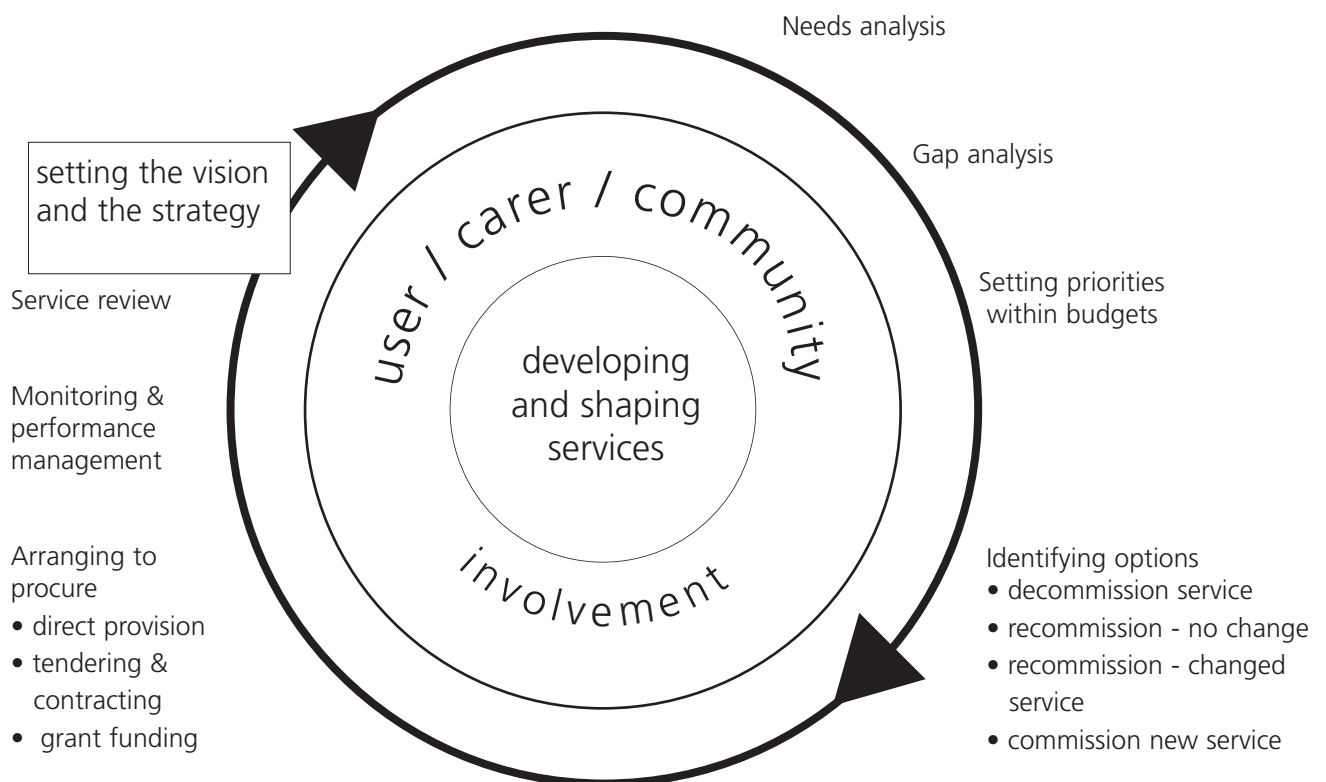


The principle of the triangle is that at each tier children have access to all the services in the tiers below and additional services relevant to that tier, and that movement up the tiers is based on assessment. Services in Tiers 3 and 4 are multi agency.

This commissioning guidance aims to clarify what services need to be available in each community for children affected by domestic violence.

The Department of Health/Audit Commission describes commissioning as: "a cycle of activity - strategic direction, analysis of need, analysis of the gap."

The Commissioning Framework



(Adapted from Audit Commission Joint Review Team model)

Local needs analysis in each community is the bedrock of local commissioning. Research shows that domestic violence occurs in all communities, regardless of ethnicity, class or faith and across all ages with a concentration in the ages 16-35.

Services therefore need to be tailored to meet needs across all four tiers of intervention and access to them characterised by good quality assessment of risk and levels of need. All children affected by domestic violence do not need the same services.

principles for commissioning services for children and young people affected by domestic violence

All services commissioned by local children's strategic partnerships or trusts will need to be consistent with both the standards in the National Service Framework for Children, Young People and Maternity Services²⁹ and the principles set out in the statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004³⁰. Some of these key principles are summarised in bold below, with points of specific relevance to commissioning services to address the needs of children and young people affected by domestic violence listed underneath each main heading.

promoting health and wellbeing, identifying needs and intervening early

- Within universal services staff need to be informed about the impact of domestic violence on the five outcomes and have policies, protocols and procedures in place to identify domestic violence and ensure the safety of all children affected, but particularly those whose needs are complex or acute.
- Support for children affected by domestic violence should be incorporated into good practice generally, e.g. arrangements for supporting children moving schools at short notice, or assessments of children's truancy or offending behaviour.
- Commissioners need to ensure that the full range of services is available within the local children's planning area, taking into account local factors, e.g. rurality/diversity variations, recognising that each area will have different agencies, and providers to suit different local circumstances.
- Services must be accessible to those who have traditionally not accessed services including black and minority ethnic groups and those with a disability.
- Commissioning specialist services for children should build on existing provision, and recognise the special contribution and experience of voluntary sector domestic violence services, particularly local women's refuge organisations, and facilitate their involvement, both in planning and delivering services.

Independence from statutory agencies can be a crucial factor for women and children seeking assistance.

supporting parenting

- Service design needs to address directly the impact of the violence on the ability of the non-abusing parent to provide safe care for their children. Supporting the non-violent parent is recognised as likely to be the most effective way of promoting the child's welfare³¹.
- Service design needs to address directly the responsibility of the abusing parent for their violence and the impact of their behaviour on the parenting ability of the non-abusing parent and the welfare of the children. It should introduce measures in order to reduce the risk to the non-abusing parent and child.

age appropriate services

- Services should recognise the specific needs of teenagers and older young people.

child, young person and family centred services

- Services should be designed around the unique circumstances of individual children. Children (even within the same family) are very different and will need a differential response.
- Interventions will need to bridge the gap between children's and adult services, so that appropriate support is provided both for the non-violent parent and the children in an integrated fashion.

involving children and families

- Children in families where there is domestic violence should have their voices heard.
- Children as well as their parents should be involved in planning and reviewing services to children affected by domestic violence.

safeguarding and promoting the welfare of children and young people

- Domestic violence services should focus on increasing safety for both the child and the non-abusing parent.
- Children whose needs are complex or acute, who are experiencing significant harm from domestic violence, should be considered within the local area child protection procedures and the multi agency public protection arrangements (MAPPA).
- Children with lower levels of need should be supported outside the child protection process, to reduce the risk of further abuse to the non violent parent through the use of the processes themselves.
- Children in the family court system following parental separation arising from domestic violence, may have complex or acute needs. These will need to be addressed within the wider system for safeguarding children, as well as within the family court. Nothing in either system should prevent children from receiving appropriate support from both.

standards and services

The tables below will assist Children's Strategic Partnerships to identify any gaps in the services which should be available in every local children's planning area. Local commissioners will need to map these against the four tiers of need and intervention.

Five standards have been included in this guidance. They start with protection and safety and then go on to look at welfare and the provision of services to promote well being. The third standard considers early identification, assessment and information sharing. The fourth looks at prevention and education and the final standard considers the co-ordination and planning of services. Standard five, planning and co-ordination applies to all services. While the division of the various issues is artificial (so that, for example, standard three on early identification and assessment needs to be read against all the other standards), the degree of overlap between the various standards has been kept to a minimum for the sake of clarity.

The standards have been presented in a similar format to the National Service Framework for Older People³² and include:

- aim: what we want to achieve;
- standard: what is required, needs to happen to achieve this;
- rationale: an explanation; and
- services/key interventions: the range of services/interventions which need to be available in every children's planning area to improve outcomes for children

The standards and services in this section focus solely on children/young people and do not attempt to summarise the range of necessary interventions for adults - other than in relation to their parenting role.

service standards

For wider reference, those who are commissioning services in this field should ensure that the provisions meet agreed service standards, including the Women's Aid national service standards currently under development as part of a commission from the ODPM under the Change Up Programme³³, and the Respect minimum standards for domestic violence perpetrator programmes and associated support services³⁴.

1. protection and safety

aim

Children/young people affected by domestic violence are identified and protected from further harm.

standard

- Children receive high quality assessment of need and safety planning. This should be on-going especially where circumstances change.
- Every agency understands and carries out its responsibilities to ensure the safety of the child(ren) and the non-abusing parent.

³³ Women's Aid (England) has been commissioned by the government (ODPM) to develop national domestic violence service standards for the England-wide network of local domestic violence services, providing refuge, outreach, advocacy and support to both women and children who have experienced domestic violence. Women's Aid is also developing an accredited training programme to support the development of these national service standards. The Project, which is funded as part of the national Change-Up programme, will run initially until March 2006, after which Women's Aid aims to secure ongoing funding to ensure local services are supported regionally to meet service standards and to pilot and implement the national accredited training.

³⁴ Respect is a registered charity and national membership organisation promoting best practice for domestic violence perpetrator programmes and associated support services in the UK. In 2002, Respect developed minimum standards of practice for these programmes and associated services. (convert to footnote)

- Support and work with the non-abusing parent is essential if the child is to feel safe.
- Children and parents at risk are protected from inappropriate disclosure of information through protocols and procedures.
- Statutory child protection agencies recognise the impact of domestic violence on children at risk and make appropriate services available to meet their needs.
- Priority is given to the child and abused parent's safety in family proceedings, particularly contact cases.

rationale

Children need to be safe physically and emotionally. Agencies need to make children as safe as possible through risk assessment and planning. To do this, all agencies need to recognise and respond to the breadth of needs and levels of risk for children associated with living with domestic violence. This does not always happen at present, yet if agencies fail to respond appropriately to domestic violence then they cannot be effectively protecting children.

The impact of domestic violence on children and the link to child protection is not always recognised. A documentary analysis from case files of two children and families teams (Humphreys, 2000³⁵) found failures to report to child protection conferences known incidents of domestic violence; inappropriately naming violence as 'marital conflict'; and, shifting the focus of the assessment to other issues such as mental health or alcohol abuse which, while also present, were not the cause of the danger. While the study also revealed more sensitive practice, the dominant pattern was of minimisation and failure to recognise domestic abuse and the links to child protection.

When working with non-violent parents it is imperative that practitioners identify the primary abuser and understand that domestic violence involves someone choosing to use violence in front of a child rather than seeing it as the victim's failure to protect. Violence and its effects should never be minimised or ignored because it has occurred in the family. Terms such as 'family violence' or 'abusive relationship' should be avoided, because they imply that both parents are equally responsible for the violence and that is rarely the case. Failure to identify the perpetrator also means that protection and support will not be offered to the non-abusing parent and the children. If the perpetrator is not held to account it is likely they will go on to abuse other partners and children.

It is vital that professionals are aware of the power and control dynamics of domestic violence, recognise this as a child protection issue and do not allow perpetrators to manipulate the situation. This means talking to the parents separately and recognising when the presence of an abuser makes it impossible for children, or the non-abusing parent, to express their wishes or feelings.

“Supporting the non-violent parent is likely to be the most effective way of promoting the child's welfare” (Department of Health³⁶). The parenting ability of the non-abusing parent may be adversely affected while living with domestic violence, but this parent should be offered support in making safe choices for their child(ren) because this is likely to be the most effective way of promoting the child's welfare. This requires effective and

safe multi-agency working and early intervention by the police, social workers, Sure Start workers, health visitors etc.

Removing a child from the non-abusing parent due to 'failure to protect' should only be done in extreme circumstances when there is no other way of ensuring the child's safety. In order to deal with domestic violence effectively, services need to break down the secrecy surrounding abuse and to create opportunities for the non-abusing parent and the child(ren) to speak freely about their experiences and to receive practical support. This is difficult, because many abused women say that their greatest fear is that their children will be taken into care. Perpetrators know this and often use the threat to call social services as a means of intimidating their victims.

Protection needs to be long term as violence does not always cease when the abusive relationship ends. In fact, the danger of a woman being killed may actually increase on separation; a third of women killed by male partners were already living apart and the threat may intensify during attempts to end the relationship; a third of police calls to incidents of domestic violence come from separated women who are being harassed by ex-partners (Humphreys and Mullender, 2000³⁷).

One area of persistent difficulty is child contact where unacceptable risks remain for children exposed to perpetrators who may not have their best interests at heart. CAFCASS have stated that allegations of domestic violence are involved in about 60% of the cases they deal with, but the judicial statistics for 2003 show that contact was refused in less than 1% of cases³⁸. Women's Aid has reported cases where contact orders (sometimes unsupervised) have been granted to parents convicted of offences against children. This may reflect the acute shortage of facilities for supervised contact. It is generally recognised that mediation and reparation is not appropriate in cases involving domestic violence. Policy development in relation to conciliation, mediation and parenting plans must recognise and reflect the power and control dynamics and risks involved in domestic violence cases.

Children who have witnessed abuse or been abused directly are unlikely to disclose this during a one-off interview with a stranger so assessments of children should be done in a child-friendly environment over several sessions. Professionals need to build trusting relationships to enable children to communicate in whatever way is most comfortable for them in order to find out how they view the family and to assess whether contact will be in the child's best interest.

services/key interventions

Fully accessible refuge based support and advocacy should be available in every local area.

Implementation of protocols between agencies to ensure confidentiality, particularly with regard to the addresses of survivors and refuges or any information which might indicate where they are located.

Specialist domestic violence training for identified child protection lead and nominated key individuals within children/young people's services (i.e. schools, nurseries).

Local Safeguarding Children Boards take the policy lead and are proactively involved in planning services to assess need and ensure the safety of children in relation to contact with a violent parent in private law cases.

Implementation of multi-agency risk assessment, management and monitoring processes in which each parent is assessed separately.

Implementation of a national protocol between CAFCASS and ADSS about when to notify and refer in cases of domestic violence.

Procedures to enable the family justice system to obtain information about domestic violence and risk from the criminal and civil justice systems and statutory agencies.

In the family court system, all decisions about contact and residence prioritise the safety and support of the child and the non-abusing parent. Children should have the opportunity to have their voice heard appropriately in these proceedings.

Protection and monitoring of children ordered to have contact with a violent parent.

Access to a supervised contact centre linked to a child focused perpetrator programme.

Access to perpetrator programmes with associated support services.

2. services to promote well-being, achievement and self esteem

aim

Children/young people affected by domestic violence are able to develop to their full potential.

standard

- Appropriate, safe and timely services are available to all children affected by domestic violence.
- Children's voices are heard and taken into account in decisions about service delivery.
- Support is provided to the non-abusing parent/carer to enable them to meet their child(ren)'s and their own needs.

rationale

Living with domestic violence may lead to a spiral of disadvantage with long term implications for physical, emotional, psychological development and employment potential³⁹. For children and young people living with domestic violence, this experience is core to their lives. Services that come into contact with these children and young people can't achieve their primary task unless they positively address this issue.

Research into the needs of children affected by domestic violence has found that their two primary needs are to be safe and to have someone to talk to (Mullender et al, 2002⁴⁰). Children want to be listened to, to be taken seriously, told what is going on and involved in decisions.

Several studies point to the fact that children have the ability to recover from the effects of violence once they are in a safer, more stable environment (Church, 1984; Wolfe et al, 1986; Johnson, 1995; Merlin, 1995⁴¹).

Children/young people affected by domestic violence benefit from: reassurance and encouragement; knowing that they are safe and don't have to worry about the safety of other family members; opportunities to explore and express their feelings; meeting other children/ young people and realising that they are not the only ones who have experienced domestic violence; help to communicate with the non-violent parent about what has happened; opportunities to disclose abuse to someone whom they know and trust; positive male role models; work that challenges negative gender stereotyping or tolerance of sexual/physical violence; help in dealing with behaviour problems; help to catch up at school; and, contact with the perpetrator if they want this, but in a way which ensures their safety both physically and emotionally.

Children's needs vary, even within the same family. Service provision must be responsive to this. Services must be based on the individual needs of the child, so that a range of provision should be available in every area.

Direct work with children should help them to cope appropriately with the abuse they have heard or witnessed and to learn not to blame themselves for what has happened. The Home Office report on delivering support to children who have experienced domestic violence⁴² recommends that individual or one-to-one work can be undertaken with children from age 4/5 upwards. Interventions can include all forms of individual face-to face work including counselling, play therapy, life story work, crisis work and safety planning. Group work with children can have the added benefit of helping children discover that they are not alone in having bad experiences. Groups tend to work best if fairly narrow age bands are chosen always allowing that a child's developmental age may be different from their chronological age. Organisers will also need to consider the type of abuse children have suffered when undertaking group selection.

Children need a voice. It is important for many children to feel that they are able to have a say in what they want to happen without feeling the weight of responsibility. This will also help to identify existing protective factors.

Children cannot be supported in isolation from the non-abusing parent. A good parent-child relationship, particularly with the mother, can buffer children from inter-parental conflict and is the best predictor of good outcomes (Johnston, 1994⁴³). Supporting the abused parent is an essential ingredient of effective services for children.

Current services are patchy. Child protection services, social services and CAFCASS reach only a minority of children where there is domestic violence. In any area refuges, voluntary sector children's services, counselling services, schools, GP's, CAMHS, Sure Start and Children's Centres may all be making a contribution to reducing the harm to children from domestic violence. But equally, children may not have access to any suitable service at all.

Two thirds of refuge residents are children. Inevitably they will have needs for protection and emotional and psychological support, but most services to children in refuges are not commissioned by any statutory agency and existing children's services in refuge organisations are constantly under threat of closure because the majority do not receive on-going, statutory funding. Children's support services are needed in all refuges and domestic violence outreach services for children are vital in bringing services to otherwise inaccessible children. There is also a shortage of trained people to provide such specialist domestic violence services for children and young people.

services/key interventions

Children/young people affected by domestic violence are offered appropriate support within universal and specialist services:

Access to services and support within nurseries, schools and extended schools. For example, extended schools projects, pupil support services, learning mentors and Special Education Support should be able to access specialist advice for children affected by domestic violence.

Continuity of education where possible and safe.

Access to health services.

Police, domestic violence services and children's services liaise and agree on safe ways of making contact with non-abusing parents, who are living with perpetrators, in order to offer information and support.

Key workers are trained to provide skilled responses within specialist services such as CAMHS, counselling and psychology services, social services family support services, CIN services social services, education welfare, Connexions, YOT teams and services designed to meet the needs of marginalised children.

Access to supervised and supported Contact Centres.

Access to therapeutic interventions for vulnerable children, including counselling, psychology and CAHMS services.

Children/young people have access to specialist domestic violence services:

Access to children's services activities within all refuge organisations (that meet national Women's Aid service

standards) and other temporary accommodation services.

Access to individual community-based domestic violence support, outreach and advocacy services for children and young people.

Appropriate domestic violence group work programmes for children and young people affected by domestic violence, with links to complementary programmes for non-abusing parents and perpetrator programmes that meet Respect minimum standards.

Parenting programmes geared to needs of parents who have survived domestic abuse to recognise and respond to their children's needs.

Local mechanisms to gain children/young people's views about services: consultation, reference group, internet etc.

3. early identification, assessment and information sharing

aim

Children who are vulnerable as a result of domestic violence are identified, and these children and the non-abusing parent are assured of a co-ordinated response from agencies who share information appropriately and safely.

standard

- The common assessment process identifies domestic violence and children's level of need and signposts them to an appropriate level of service with the right degree of urgency.
- Information sharing and assessment protocols recognise domestic violence as a key trigger for safe information sharing.
- Risks to the safety of the non-abusing parent and their children through inappropriate information sharing of confidential information are recognised and guarded against.

rationale

Experiencing domestic violence can impact on key outcomes for children. To begin to mitigate this impact and improve outcomes the individual needs of children/young people affected by domestic violence must be

identified and acted upon. There is evidence that this does not happen at present, or at least only on a patchy and inconsistent basis.

In 2002 the LGA, NHS Confederation and ADSS published 'Serving children well - a new vision for children's services'⁴⁴. This paper highlighted how there had been investment in both universal services for all children and, at the opposite end of the spectrum, specialist services for vulnerable children. However, this investment, and the corresponding performance indicators from different government departments, left substantial numbers of children in the centre who are vulnerable, but for whom there are few targeted services. For many children living with domestic violence, this is the window for early identification before the situation becomes acute.

Given the high degree of under-reporting of domestic violence, especially at an early stage, there is a key need for early identification by all agencies. To undertake routine questioning staff will need to have an awareness of the nature and dynamics of domestic violence and training to be able to recognise it, to ask the right questions and undertake appropriate follow through action including referral. For example, health professionals providing universal services can take preventative and protective action by raising the issue with all women and routinely providing information about safer options⁴⁵.

Experiencing domestic violence can have a wide range of impacts on children/young people. This will be influenced by a number of factors including age and ethnicity as well as existing support networks, the mother's behaviour and mental health and the child's own personality and coping strategies. In response, individualised and age appropriate assessments are necessary so that services are built around the child rather than around organisational structures.

All practitioners who come into contact with survivors and perpetrators of domestic violence will need to assess whether and how to share personal information with other professionals. Failing to share information or doing so inappropriately can put domestic violence survivors and their children at risk. There is a serious risk that perpetrators will attempt to use systems to track survivors down. Professionals need to be aware of these dangers and systems need to be designed and used to maximise the safety of domestic abuse survivors and their children.

Sharing information is not a protective activity in itself; it is what agencies who are working together in a co-ordinated way do with this information which is important.

services/key interventions

Routine questioning and the provision of information about domestic violence by all services in regular contact with children and young people (for example maternity, pre-school, housing and homelessness services, CAFCASS, family courts and voluntary sector services).

Initial assessment within universal services should use the common assessment framework.

Feedback and re-assessment of children/young people's needs and interventions.

All agencies have in place policies and procedures to respond appropriately including assessment of need, safety planning and appropriate referrals. This requires a differentiated approach based on assessment of need and safety planning.

Multi-agency information sharing protocols are agreed across agencies that prioritise safety, including CAFCASS and the family courts.

Sharing of information on high risk cases worked together (multi-agency risk assessment and risk management).

Secure documentation and robust systems to ensure safety of personal information (e.g. school records for hard to reach and mobile children and young people).

Client confidentiality policy includes children and child protection and a clear explanation of what will happen if a disclosure is made.

4. prevention and education

aim

All children/young people and their parents/carers are informed about healthy relationships and the impact of violence and abuse.

standard

- Learning, play, youth, connexions and childcare services use their curriculum, or programmes to promote healthy relationships.
- A whole school, cross-curricular approach to domestic violence is adopted, which makes the connections to school attendance, attainment and behaviour.
- Services to parents/carers recognise the impact of domestic violence on relationships and provide opportunities to improve self-esteem and for parental development.

rationale

Research into the attitudes of children and young people demonstrates the need for preventative work to start early. A large study, involving 2,039 14-21 year olds in Scotland and the North West of England, revealed that

almost half the young men and a third of the young women could envisage circumstances in which they thought it would be acceptable for a man to hit his female partner. One in eight young men, for example, considered 'nagging' a justification for violence. In addition, as many as one in five young men were tolerant of the idea of a man forcing his wife to have sex (Burton and Kitzinger, 1998⁴⁶).

These findings were supported by research into the attitudes of over 1,300 children aged 8 to 16, which revealed that: over 75% of 11-12 year old boys thought that women get hit if they make men angry, and that boys and girls of all ages believed that some women deserve to be hit; boys of all ages, particularly teenagers, have less understanding than girls of who is at fault and are more likely to excuse the perpetrator; and, the vast majority of children at secondary school want to learn what to do about domestic violence and how to stop it (Economic and Social Research Council, 2000⁴⁷).

To address these attitudes, messages to children and young people need to be both preventive and positive, providing information about the benefits of healthy relationships as well as the damage of abuse.

Schools and other education and child care institutions have a vital role to play in prevention by educating all children and young people about this issue so that they can identify such behaviour later in life and have the necessary skills and confidence to form relationships based on respect. Schools are legally obliged to promote pupils 'moral, spiritual and social development'. Helping pupils to take responsibility for their own actions and preparing them for dealing with the actions of others is a crucial part of this legal obligation.

Attitudes towards women and girls that regard them as inferior to men and boys lie at the heart of most domestic violence. Work needs to focus on gender stereotypes, on mutual respect in intimate relationships, and on challenging the condoning of gendered violence, within a broader context of work on respect, safety and peaceful conflict resolution. This overall non-violence approach can usefully incorporate work on racist and homophobic abuse.

Work on domestic violence should be integrated into the range of issues that schools already address e.g. bullying, emotional literacy, teenage pregnancy etc. A whole school approach is necessary so that messages are embedded and reinforced. Initiatives are less successful if they are tacked on; in fact this may have adverse consequences as it can raise issues which school staff can feel ill-equipped to deal with. Youth services and Connexions services also have a key role to play with older young people.

Parents also need support in their parenting role as well as positive opportunities to learn to discipline their children in non-physical ways. It is important to provide single sex groups to work on this issue. Couples counselling is not recommended if domestic violence is an issue. Parenting programmes need to take issues of domestic violence into account in planning their programmes.

services/key interventions

Services that work with children, young people and families promote healthy relationships as part of their mainstream service delivery (this includes health visitors, youth services, Connexions advisers, children's centres,

services for looked after children, colleges, schools and nurseries, etc.)

Education institutions include healthy relationships/domestic violence prevention in the curriculum.

Schools integrate this work into other aspects of school life e.g. by using work done by children/young people on rights, roles and responsibilities into the development of behaviour policies; anti-bullying strategies (particularly at primary level education) and national healthy schools standards.

Awareness training is provided for key personnel who come into regular contact with children, young people and families. The training should include skills development for dealing with conflict, attitudes to abusiveness in relationships and gender issues.

Parenting skills and support programmes are available for all parents, including perpetrator programmes that meet Respect minimum standards and support programmes for victims of abuse.

5. co-ordination and planning

aim

To ensure that services for children affected by domestic violence are systematically planned and co-ordinated in each local council area

standard

- Interagency work is effective and co-ordinated ensuring that domestic violence is embedded in both the multi-agency strategic and the practice agenda
- The impact of domestic violence on the five outcomes is recognised and the planning of services at each tier of need incorporates a plan for how the service will support these children and the non abusing parent
- Domestic violence is recognised as a major safeguarding and child protection issue
- Local Safeguarding Children Boards take the lead across all the partnerships, including family and civil courts, in promoting the safety of children affected by domestic violence
- Voluntary organisations providing specialist support services to women and children are included in planning services and developing safeguarding arrangements for children affected by domestic violence

rationale

Responsibility for the safety, welfare and well being of children affected by domestic violence is shared between a number of key partnerships and agencies in each locality, dealing with children or their parents/carers, as vulnerable children, young offenders, perpetrators, or private law litigants. Leadership of this agenda has not been clearly allocated or owned at a local level but now falls clearly within the leadership of the Director of Children's Services and from April 2006 the Local Safeguarding Children Boards.

Key agencies and partnerships with statutory responsibility:

- the local Children's Strategic Partnership, led by the Director of Children's Services;
- the Local Safeguarding Children Board;
- the Family Courts and CAFCASS dealing with residence and contact;
- local Crime and Disorder Reduction or Community Safety Partnership, responsible for planning and coordinating work to tackle domestic violence, focusing on ensuring that domestic violence is treated as one of the major categories of violent crimes and ensuring that Police, CPS, Probation, Courts and local authorities work together to reduce it and to provide adequate support to victims; and
- the criminal courts and Local Criminal Justice Boards which deal with offenders.

The impact of domestic violence on the five outcomes is not routinely understood and embedded in thinking and planning around the implementation of the Children Act 2004. Equally, Crime and Disorder Reduction Partnerships, local Domestic Violence Forums or voluntary sector domestic violence services for children may have limited involvement with statutory children's services and no clear relationship with the Children's Strategic Partnership. Funding services for children in refuges is not clearly the responsibility of any agency. There is little overlap between the family courts dealing with private law cases and children's strategic partnerships. Facilities for child contact centres fall outside local planning arrangements.

Voluntary sector specialist domestic violence services, especially local Women's Aid organisations are not generally well established within strategic planning for children's services in local partnerships. Planning needs to recognise the need for services which are accessible, non statutory and within the community. These specialist services are vital and should work with front line statutory services to minimise risk and increase safety, and to improve outcomes for children.

The performance framework is also fragmented, with only one performance criterion within the inspection framework for children's services and no performance indicators for services to children within the ODPM's best value framework for local government services related to domestic violence.

This fragmented planning and performance framework is reflected in the significant disparity between services available within each local area, with good practice and innovation dependent on local champions and erratic funding opportunities.

Improving co-ordination in this area is timely given the wide ranging reforms to children's services in Every Child Matters and the Children Act 2004. The aim is to encourage integrated planning, commissioning and delivery

of services as well as to improve multi-disciplinary working, remove duplication, increase accountability and improve the coordination of individual responses to children.

It is important that domestic violence is mainstreamed and integrated throughout the children's agenda. Guidance on the duty to safeguard, development of a Common Core of Skills and Knowledge, development of Children and Young People's Plans, setting up the new Safeguarding Boards and the inclusion of domestic violence in the new framework according to which new children's structures will be inspected - all provide opportunities for this issue to be taken forward but only if acted on/implemented locally and adequately resourced.

services/key interventions

- A framework in every local Children's Strategic Partnership for planning and commissioning domestic violence services and co-ordinating responsibilities for reducing the harm done to children affected by domestic violence, within the context of the five outcomes for children.
- This framework is jointly owned by the Children's Strategic Partnership, the Crime and Disorder Reduction Partnership and the Domestic Violence Forum.
- The needs of children and young people affected by domestic violence are incorporated in the single plan for children's services, and services are commissioned to meet those needs building on existing voluntary sector domestic violence services.
- Services are commissioned to meet the needs of vulnerable children, e.g. community-based domestic violence support and advocacy services, children's centres and extended schools should have in their planning responses to children affected by domestic violence.
- Policies and procedures for protecting children from harm include the requirement to work with the non abusing parent and to safely challenge the abusing parent to take responsibility for their abuse.
- Appropriate domestic violence training on a multidisciplinary basis is available to staff working at all levels of the tiers of intervention to enable them to appropriately identify and support children affected by domestic violence.
- Strategy alignment: domestic violence impacts on the targets and responsibilities of a number of key strategic partnerships (eg CDRP, the local Criminal Justice Board, Children's Boards/Strategic Partnerships, Safeguarding Boards, Supporting People Commissioning Boards and Local Strategic Partnerships). A co-ordinated approach to service planning, commissioning and delivery is required.
- Appropriate links are made between Local Safeguarding Children Boards and Family Justice Councils in order to ensure that children's needs are addressed within both systems in a complimentary rather than a contradictory way.

- Clear links are made and maintained between Local Safeguarding Children Boards and Domestic Violence Partnerships.
- Children and young people are consulted and involved in the planning and maintaining of services through youth councils/schools etc.

suggestions for future action

As with Every Child Matters this is an evolving agenda. When drawing up this commissioning guidance it became clear that there are a number of further pieces of work that are necessary, but which we were unable to include within the scope of this document. The most important next step is for every children's strategic partnership to pick up this guidance now and use it in planning the implementation of Every Child Matters. That way needs arising from domestic violence will be incorporated into needs assessment and planning for children locally.

We would recommend that further work is undertaken either locally or nationally to look at:

- best practice - models showing how the framework can be/has been applied in a local area and the next steps for Children and Young people's Strategic Partnerships in terms of delivery;
- service standards - a range of other work is already underway both within the Children's National Service Framework and Every Child Matters. Women's Aid is developing national service standards for the England-wide network of local domestic violence services, providing refuge, outreach, advocacy and support to both women and children who have experienced domestic violence. Respect has developed minimum standards for perpetrator programmes. Building on this further work on standards is needed to encompass interventions from all agencies;
- adult social care and health services - development of similar guidance to incorporate adult social care and health services, as many perpetrators and parents affected by domestic violence, have mental health needs, or substance misuse issues in their lives, or are vulnerable adults in other ways; and
- links - to adult protection policies and procedures need to be identified and developed.

members of the Children and Domestic Violence Inter-Agency group

| Member | Organisation |
|------------------|--|
| Sue Bridge | Association of Directors of Social Services (Cheshire County Council) |
| Margaret McGlade | Association of Directors of Social Services (Derby City Council) (Chair) |
| Chelsea Bonehill | Child and Families Court Advisory and Support Service |
| Jane Booth | Child and Families Court Advisory and Support Service |
| Christine Mann | Department of Health |
| Kate Mulley | Local Government Association |
| Jane Keeper | Refuge |
| Lisa King | Refuge |
| Alison Buchanan | Women's Aid Federation |
| Eleri Butler | Women's Aid Federation |
| Hilary Saunders | Women's Aid Federation |

references

- 1 Department of Health (2002) 'Women's mental health: into the mainstream', London, Department of Health
- 3 Mullender, A, and Morley, R (eds) (1996) 'Children living with domestic violence', Whiting and Birch
- 4 Cawson, P (2000) 'Child maltreatment in the family', NSPCC
- 5 Jaffe, P, Wolfe, D and Wilson, S (1990) 'Children of battered women', Newbury Park, CA, Sage
- 6 Sturge, C and Glaser, D (2000) 'Contact and domestic violence - the expert's court report,' Family Law
- 7 Home Office Criminal Statistics, England and Wales 2000 (2001) Cm 5312, London: HMSO
- 8 Hughes, H (1992) 'Impact of spouse abuse on children of battered women', Violence Update, August 1:9-11
- 9 Sloan, D (2003) 'Children in need census/social factors: domestic violence report for the performance assurance service', Cheshire Social Services, Cheshire County Council
- 10 Department of Health (2003) 'Into the mainstream: women's mental health strategy', London, Department of Health
- 11 Edleson, J (1999) 'Children's witnessing of adult domestic violence', Journal of Interpersonal Violence, 14, 839-870
- 12 Radcliffe, L, Sayer, S and AMICA (1999) 'Unreasonable fears? Child Contact in the Context of Domestic Violence', Bristol, Women's Aid Federation of England
- 13 Farmer, E and Owen, M (1995) 'Child protection practice: private risks and public remedies', London, HMSO
- 14 McWilliams M and McKeirnan, J, (1993) 'Bringing it out in the open: women and domestic violence in Northern Ireland', HMSO
- 15 Department of Health, Department for Education and Skills (2004) 'National service framework for children, young people and maternity services', London, DH Publications
- 16 Stanko, E, Crisp, D, Hale, C and Lucraft, H (1998) 'Counting the costs: estimating the impact of domestic violence in the London Borough of Hackney', London, Crime Concern
- 17 Saunders, H. (2004) 'Twenty-nine child homicides: lessons still to be learnt on domestic violence and child protection', Bristol, Women's Aid Federation of England
- 18 Kitzman, K, Gaylord, N, Holt, A and Kenny, E (2003) 'Child witnesses to domestic violence: a meta-analytic review', Journal of Consultative Clinical Psychology, 71(2):339-52
- 19 Wolfe, D, Zak, L, Wilson, S and Jaffe, P (1986) 'Child witnesses to violence between parents: critical issues in behavioral and social adjustment', Journal of Abnormal Child Psychology, vol.14, no.1, pp.95- 104
- 20 Rossman, B, Robbie, Bingham, Richard, D, Emde, Robert, N, (1997) 'Symptomatology and adaptive functioning for children exposed to normative stressors, dog attack and parental violence', Journal of the American Academy of Child & Adolescent Psychiatry, 36(8):1089-1097
- 21 Gewirtz, A, Edleson, J (2004) 'Early childhood, domestic violence, and poverty: helping young children and their families', January 2004
- 22 Sternberg, K, Lamb, M, Greenbaum, C, Dawud, S, Cortes, R, Krispin, O and Lorey, F, (1993) 'Effects of domestic violence on children's behaviour problems and depression', Developmental Psychology, 29, 44-52 and O'Keefe, M (1994) 'Linking marital violence, mother-child/father-child aggression, and child behaviour problems', Journal of Family Violence, 9, 63-78
- 23 O'Keefe (1995), 'Predictors of child abuse in maritally violent families', Journal of Interpersonal Violence, 10, 3-25
- 24 Mathias, J, Mertin, P, Murray, A (1995) 'The psychological functioning of children from backgrounds of domestic violence', Australian Psychologist, 30, 47-56
- 25 McClosky, L, Figueredo, A, Koss, P (1995) 'The effects of systemic family violence on children's mental health', Child Development, 66, 1239-1261
- 26 Humphreys, C and Mullender, A (2000) 'Children and Domestic Violence: a research overview of the impact on children' Research in Practice
- 27 Home Office (2005) 'Domestic violence a national report', London, Home Office
- 28 Department of Health (2000) 'Assessing children in need and their families: practice guidance', London, Department of Health
- 29 Department of Health (2004) 'National Service Framework for Children, Young People and Maternity Services', London, Department of Health

- 30 HM Government (2005), 'Statutory Guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004, HM Government
- 31 Department of Health (2000) 'Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children' (6.40), London, Department of Health
- 32 Department of Health (2001) 'National Service Framework - for older people', London, DH Publications
- 33 Humphreys, C (2000a) 'Social work, domestic violence and child protection: challenging practice', Policy Press
- 34 Department of Health (2000) 'Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children' (6.40), London, Department of Health
- 35 Humphreys, C, Mullender, A (2000) 'Children and Domestic Violence: a research overview of the impact on children', Research in Practice
- 36 Department for Constitutional Affairs (2004) 'Judicial Statistics for England & Wales 2003', London, DCA
- 37 Montgomery, S, Bartley, M and Wilkinson, R (1997) 'Family conflict and slow growth' Archives of Diseases in Childhood, Vol. 77, Issue 4, October 1997
- 38 Mullender, A, Hague G, Umme I, Kelly L, Malos, E and Regan, L (2002) 'Children's perspectives on domestic violence' London: Sage
- 39 Humphreys, C and Mullender, A (2000) 'Children and Domestic Violence: a research overview of the impact on children' Research in Practice
- 40 Mullender, A (2004) 'Tackling Domestic Violence: providing support for children who have witnessed domestic violence', Home Office Development and Practice Report 33
- 41 Johnston, J (1994) 'The Future of children, children and divorce', Vol.4, No 1.Spring 1994
- 42 LGA, NHS Confederation and ADSS (2002) 'Serving children well: a new vision for children's services', London, LGA Publications
- 43 Department of Health (2000) 'Domestic violence: resource manual for health professionals', CPHVA (1998) 'Domestic violence: the role of the community nurse', BMA (1998) 'Domestic violence: a health care issue?'
- 44 Burton, S and Kitzinger, J with Kelly, L and Regan, L (1998): 'Young people's attitudes towards violence, sex and relationships: a survey and focus group study', Edinburgh, the Zero Tolerance Charitable Trust, Research Report 002
- 45 Mullender, A (2004) 'Children's needs, coping strategies and understanding of woman abuse', Economic and Social Research Council, Children 5-16, Research Briefing Number 12

promoting better local government

For further information telephone
LGconnect on 020 7664 3131

For a copy in braille, in larger print or audio tape
contact LGconnect

Fax 020 7664 3030 Email info@lga.gov.uk
Website www.lga.gov.uk

Published by LGA Publications
the Local Government Association, Local Government House, Smith Square, London SW1P 3HZ
Printed by Litho Techniques, 46-50 Godstone Road, Whyteleafe Surrey CR3 0EA
LGA code F382

© Local Government Association October 2005