Domestic Violence and Children: A therapeutic model

A therapeutic model at a strategic and operational level for working with children and young people affected by domestic violence

For Leicester, Leicestershire and Rutland's

Local Safeguarding Children Board, 2008.

Contents

1. Introduction — Page 1

- 1.1 Aim
- 1.2 Background

2. Context — Pages 2-3

- 2.1 Impact and prevalence of domestic violence on children
- 2.2 Tiered model of working

3. Model — Pages 4-9

- 3.1 Rationale for model
- 3.2 Before the Programme
- 3.3 During the Programme
- 3.4 After the Programme

4. Findings — Pages 9-13

- 4.1 Outputs and Outcomes
- 4.2 Geographical issues
- 4.3 Cost of providing the therapeutic service
- 4.4 Summary of what worked and lessons learned

5. Recommendations — Page 14

- 5.1 Partnership delivery
- 5.2 Clinical supervision
- 5.3 Strategic overview

Appendix A: Person Specification of Children's Therapeutic Worker — Page 15

1. Introduction

1.1 Aim

The aim of this document is to provide professionals, agencies, groups and forums operational and strategic advice when preparing, delivering and evaluating therapeutic programmes with children and young people who have been affected by domestic violence.

1.2 Background

The LSCB have provided funding to DVIRP (Domestic Violence Integrated Response Project) that allows for the development of a model for the setting up of a therapeutic service. The model, contained in this document, highlights what is required to deliver an effective and meaningful therapeutic programme that supports children and young people affected by domestic violence. Importantly, this model is based on a combination of theory and practice, bringing together the lessons learnt from relevant projects.

This model of working includes all aspects of a 'sample' therapeutic project, to ensure that this method can be used widely in Leicester, Leicestershire and Rutland. This programme does not ascribe to a particular theoretical framework (e.g. Cognitive Behavioural Therapy, Solution Focussed Therapy, Play Therapy etc.) but rather can be used as a template for any therapeutic ideology.

This document highlights best practice when working therapeutically with children and young people affected by domestic violence; as it has been developed from the local experience of three domestic violence children's programmes, and a multi agency panel of experienced practitioners.

It was agreed that a successful outcome of the proposed therapeutic intervention would be the provision of a safe environment for children and young people to express their thoughts and feelings. Furthermore, the children would display an increase in confidence and self esteem, and display a greater understanding of domestic violence.

2. Context

2.1 Impact and prevalence of domestic violence on children

It is not known how many children are affected by domestic violence because the problem is so hidden. However, a study by the NSPCC (*Child Maltreatment in the United Kingdom: A study of the prevalence of abuse and neglect)* estimated that one in twenty children is witness to frequent physical violence between parents. (Cawson, Wattam, Brooker, & Kelly, 2000).

The significant impact that domestic violence has on a child can only be estimated however it has recently become more widely recognised that children can also suffer indirectly through witnessing domestic violence. This has been formally recognised and the definition of 'harm' in the Adoption and Children Act (2002) now covers instances where a child has 'suffered from seeing or hearing the ill-treatment of another'.

It is clear that by witnessing domestic violence it can lead to a number of harmful concerns throughout childhood and adulthood. It has been found that Domestic violence can often be a precursor to general crime problems, furthermore 40% of boys and 25% girls in custody have experienced violence at home (Social Exclusion Unit, 2002).

There are also key child protection issues, since men who are violent to their partners are likely to be violent to their children: in 30−60% of families where either domestic violence or child abuse was occurring the other form of violence was also happening. (Royal College of General Practitioners website, accessed March 2008).

We also know that locally in Leicester, Leicestershire and Rutland, domestic violence is also prevalent. In 2007/08 over 12 000 domestic violence incidence were reported to the police in Leicester and Leicestershire and Rutland. In Leicester, approximately two out of three of referrals to Duty and Assessment, Social Care and Safeguarding feature domestic violence in some form.

During the time this model was being developed and despite limited publicity, 142 referrals were made to the Break Thru programme. The only similar programme in Leicester, Leicestershire or Rutland at the time was the Kids Matter project run by the Family Welfare Association. However this programme was limited to Loughborough and Melton Mowbray and because of funding constraints is no longer taking referrals.

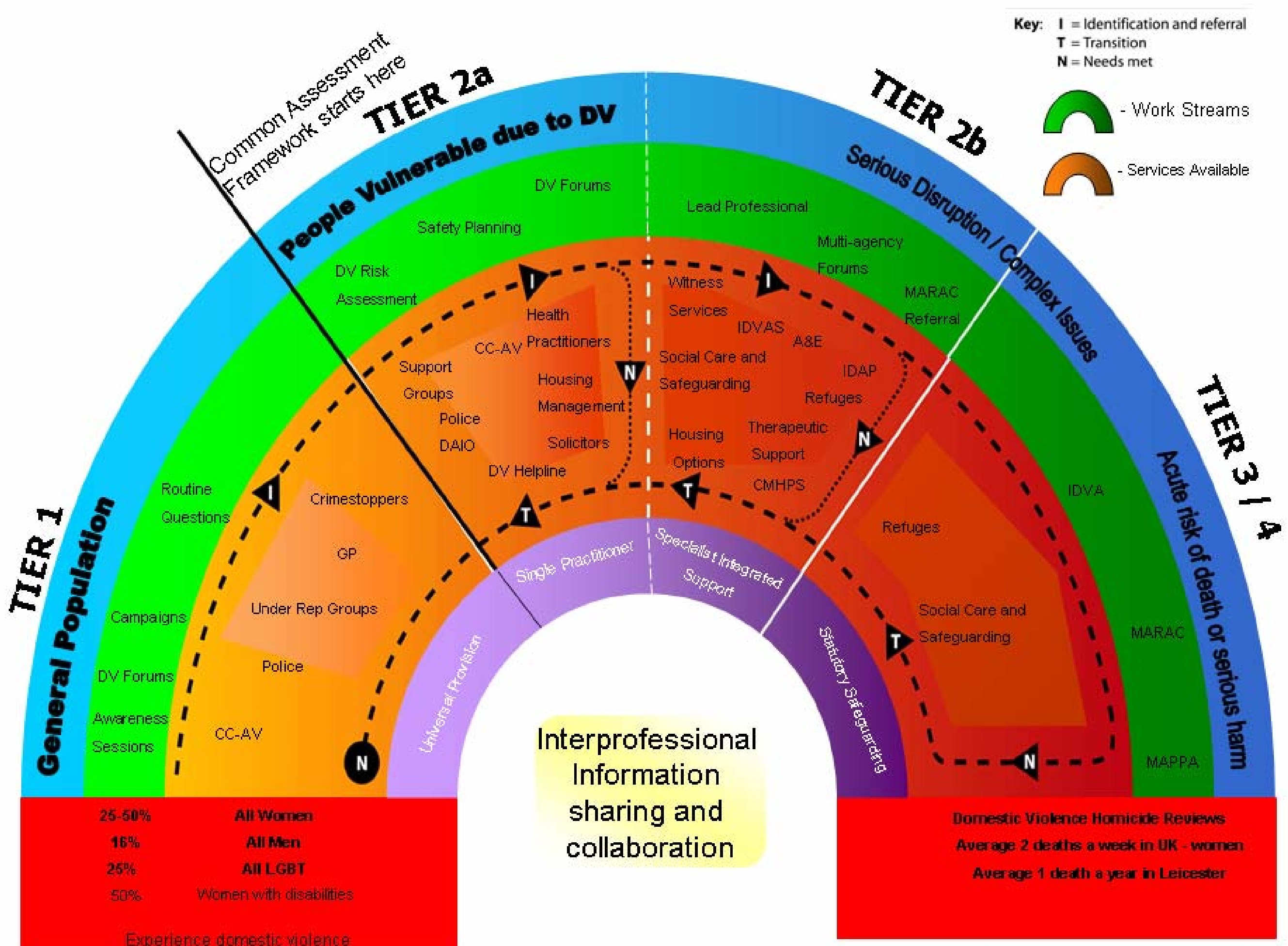
Domestic violence is damaging for children and this model of therapeutic working provides some support for children in such a situation.

2.2 Tiered model of working

The therapeutic model of working in this document is designed to fit into the Tier 2 level of need. Tier 2a and 2b represent those who are in a relatively safe and stable environment, but still with unmet needs. In this instance, they are children who could benefit through therapeutic intervention, as they do not present an acute risk of death or serious harm.

In this way, this Tier 2 level of intervention can be provided to children who have unmet needs though the universal services (Tier 1), but before they reach the threshold for statutory service involvement. Conversely, children could be coming down from Tier 4 or 3, and this could be a stop before moving back into the Tier 1 services.

The diagram below shows the way in which domestic violence services work through the Tiers, and where this model would fit between Tiers 1 and 3.



3. Model

3.1 Rationale for model

The rationale for this model predominately stems from the local experience of three domestic violence children's programmes, and a multi agency panel of experienced practitioners.

In 2006 DVIRP and NSPCC Bal Raksha developed a therapeutic programme to work with children affected by domestic violence. One pilot programme was delivered due to funding restrictions; however the lessons learnt were recorded for future reference. These points of interest are summarised below:

- The age discrepancy between child participants should be no more than one or two years in age; any greater difference lead to difficulties in the group setting.
- The venue must be well planned. Difficult to access venues were particularly off-putting for parents dropping off children and young people.
- Transport issues caused a barrier for many families; however providing transport for families was very costly and unrealistic given the funding.
- Holding the sessions after school appeared to be more difficult due to children and young people lacking concentration and/or being tired.

This pilot was also the starting point for DVIRP's Break Thru programme, which also feeds into this model, as does the partnership work between Break Thru and the Family Welfare Associations programme Kids Matter.

Therefore with the experience of two children's therapeutic workers and three well-informed domestic violence programmes, the model below has been created. This model has been openly discussed at a multi-agency meeting pulled together solely for this purpose. This has allowed for far greater experience and expertise also influencing the development of the model. In total, the agencies and partnerships that have contributed to this model are:

- NSPCC Bal Raksha
- Domestic Violence Integrated Response Project
- Leicester City Primary Care Trust
- Family Action (Formerly Family Welfare Association)
- Leicestershire NHS Partnership Trust including Child and Adolescent Mental Health Service
- Leicester Domestic Violence Forum Partnership

It was agreed that the programme would follow the following structure:

Across the entire programme, some main issues should be included:

Beginning

- Individual introductions.
- Discussions about expectations, differences and similarities.
- Icebreakers and shared rules are also important.

Middle

- Discussions about anger and aggression, witnessing domestic violence.
- Healthy coping strategies are also discussed.

End

- Summing up with a positive conclusion.
- Discussions about having a safe person to talk to.

Within each session, the content should include the following:

Beginning

-Icebreaker to remind each other of their names and group rules
-Reflect on discussions or topics that took place during previous sessions.
- The focus of the session should be explained to the group for discussion / participation.

Middle

- Art and craft activities should be encouraged at this stage to ensure each child is given the opportunity to express their feelings, anxieties or experiences etc.

End

-Each child should be given the opportunity to share their work.
-Discussions within the group to be encouraged.
-Share the message of the day

Healthy refreshments can be given out after the session, as this gives the children time and space to reflect on the message of the day and hopefully will leave with positive feelings/attitudes. This has worked well in many of the Break Thru sessions.

It was agreed that each session should run for approximately one hour, with an additional half an hour for healthy refreshments and 'checking out' at the end. These one and a half hour sessions should be run one per week for six consecutive weeks, to cover all of the necessary topics with the children. It is important for each child to attend all six sessions to ensure that all areas of the programme are covered.

Experience from Break Thru, Kids Matter, and the 2006 Pilot programme showed that six weeks allowed for sufficient time to touch upon a number of issues, but also was not long such that the family would become dependant on the therapeutic workers

3.2 Before the Programme

A venue is required for all group and individual programmes and as such, there are some key requirements for a venue that must be considered.

Requirements:

- Low cost venue; ideally develop partnerships with agencies to come to agreement about the use of rooms.
- The size of room needs to be comfortable for at least eight children and two adults, meets health and safety requirements, has room to move and desk space for activities with large paper.
- A kitchen to prepare the refreshments.
- A room that can be open to accessible to the facilitators and children; with confidentiality in mind.
- Suitable chairs and tables to accommodate the number of children invited
- Ease of accessibility for the children and those with disabilities/special needs
- Child friendly/safe environment

When choosing a venue it is vital to ensure that it is suitable for therapeutic sessions. During the development of this model this once again became apparent:

A room within a youth centre was used for a group programme. This proved to be unsuitable due to local youths standing at the entrance/exit doors to the building. The feedback from the young people attending the group, said they found this quite intimidating. On occasion, personal comments were made, even though the other youths didn't know why the group was taking place; understandably this created an atmosphere where group members felt bullied or nervous. At times there was also shouting and bad language being used that could be heard within the building. This particular programmes attendance was poor from certain group members who were affected by this and this was likely to have been the cause. The therapeutic workers used this as an example and a learning tool when organising all future venues.

In addition to the venue, equality and diversity issues must also be considered.

The programme should have a fair referral process to enable all to participate and to have equal opportunity to fulfil their potential and individual needs. Consciously the therapeutic workers and the young people must recognise that everyone is different in a variety of visible and non-visible ways. The sessions should develop and create a culture and practise that recognises respect, and values differences. This can be done most effectively in an accepting and confidential environment.

Certain issues would have to be considered when the child or young person or their parents/carers/referrers have highlighted individual preferences or special needs for their child. These may be;

- Same sexed groups (not comfortable with or would prefer)
- Language barriers
- Disability
- When places of worship are used as a venue
- Dietary requirements/medical needs

Referrals
The programme needs adequate promotion, so that referrals can come from many difference sources. This includes any organisation or agency that may have contact with the child or family -including social services, the child's family, parent or carer, or even from the child themselves.

Once a referral is made to the programme, contact should be made with the referrer within one week. At this time some brief discussion about the programme should take place, and the therapeutic worker should complete a checklist for the referral (if it hasn't been completed already in the first instance).

A checklist should include the following questions as relevant:

- Is the child in a safe, secure and stable environment?
- Does the abusive parent/carer still have contact?
- Does the perpetrator pose a risk to the child?
- Has the child expressed an interest in the programme?
- Is the child or has the child been known to Social Care and Safeguarding?
- Can the parent/carer provide transport for the child to and from a session?
- Has a Common Assessment Framework (CAF) or similar, been completed for the child?

Additionally a risk assessment checklist should also be competed at this time as well. This should ask a variety of questions such as:

- Does the perpetrator still pose a risk to the safety of the child?
- Has the child ever directly received physical injuries from the perpetrator?
- Is there conflict over child contact?
- Has the child ever threatened or attempted suicide or self harm?
- Has the perpetrator acted in a sexual nature towards the child?
- Does the non-abusing parent victim suspect she/he is being stalked?
- Is there anything else to mention that would suggest a risk of harm to the child?

In addition to the risk assessment, with the parent/carers' consent a Common Assessment Framework (CAF) is also completed. This is to ensure the therapeutic programme does not become a 'one off' for the child, but rather part of a bigger holistic approach to supporting the child and family (if required).

The referrals should be organised into age appropriate groups so for example 6-7yr olds, 7-9yr olds, 9-11yr olds, 11- 13yr olds, 13-15yr olds and 15-16yr olds. This is to ensure of age appropriate session planning and sensitivity around discussions that may occur during the group. Before commencing the programme the therapeutic worker will liaise with the child and family. This should be face to face contact to ensure the Common Assessment Framework (CAF) form is complete and consent is

signed, and also to identify any special needs/medication or dietary requirements the child or young person may have.

Approximately 3 weeks before the programme is due to commence. The parent or carer should be sent a letter of confirmation of the child's place on the programme, as well as a list of all of the dates and times and the location for the upcoming 6 weeks. What the child and parent/carer hope to gain from the programme will be discussed, as well as the content, the possible benefits and also answers to any questions that the parent/carer or child may have.

Confidentiality will also be discussed, highlighting that all information that the therapeutic worker has will be kept confidential, unless there are concerns about child protection or an adult in need of safeguarding. This approach to confidentiality must be consistent with the latest guidelines from the Local Safeguarding Children's Board and Safeguarding Adults Board.

3.3 During the Programme

Throughout the duration of the programme each parent or carer should be contacted by the therapeutic worker either in person or by telephone on a weekly basis. The purpose of this is to offer feedback on each session to the parent/carer on their child's progress. Upholding the child's confidentially is still paramount, however some general comments are often well received and appreciated by the parents/carers. The therapeutic workers should complete individual child's records immediately after each session. This helps the worker to debrief and to document all progress and relevant information for each child. In some cases it has proved beneficial to have a 10-minute discussion with the parent and child immediately after each group depending on individual needs/ concerns.

In some cases it can be beneficial to contact a day prior to each session, to remind the family of the programme. This is especially useful when potential barriers occur between sessions, such as bank holidays or school holidays.

3.4 After the Programme

Following the conclusion of the programme, any work or drawings that the child has completed during the programme should be returned to them, which they can take home to keep at their discretion. This can also help with reflection.

Follow-up support can also be provided as appropriate, such as an individual programme with a therapeutic worker, sign posting to other agencies, or even a place on future programmes. Each situation and outcome will depend on the individual child or young persons unique needs.

Following a group, any child or young person who is offered individual support should be provided for a duration deemed acceptable by the therapeutic worker; however as

a general guide, 4 weeks should be the aim for a maximum, as to not encourage too greater dependence from the child to the therapeutic worker.

Follow up sessions for the parents/ carers could also be beneficial when measuring the impact that domestic violence has had on their child. It is suggested that these questions should be included in the evaluation questionnaires for the children, parents/carers and therapeutic workers to ensure that the aims and objectives were met.

- Has this programme provided you with a safe place to talk?
- Do you feel more confident now?
- Do you feel you have a better understanding of domestic violence?
- Do you feel that you can talk more about your feelings more now?
- Do you feel able to cope with certain feelings?

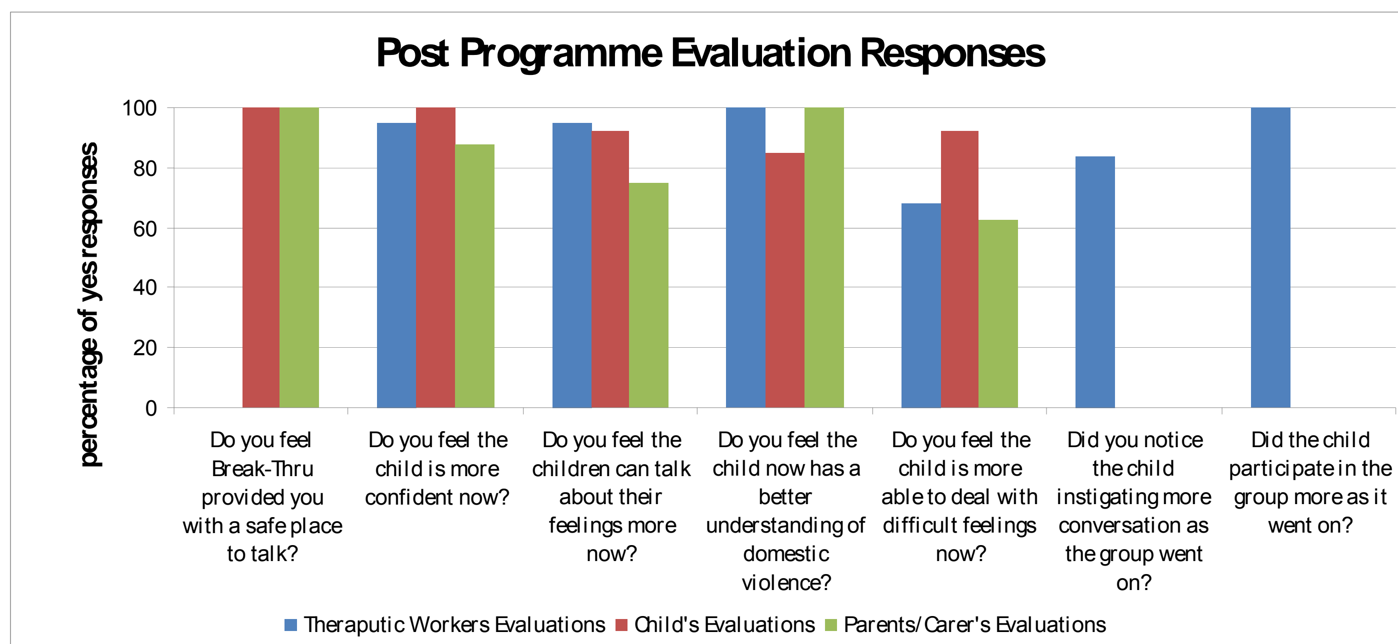
An evaluation form should be given to the parent/carer to complete when they arrive to collect their child at the end of the session. The child or young person is also asked to complete an evaluation themselves, and the therapeutic workers who facilitated the group or individual programme should also complete an evaluation.

4. Findings

4.1 Outputs and Outcomes

As this model incorporated first hand experience of the delivery of Break Thru, it is vital to report on the relevant outputs of the programme. Specifically, these outputs are based upon the direct input that the LSCB funded secondment (from Leicester City PCT to DVIRP) made. Between January 2008 and September 2008, 39 children were supported because of the LSCB; 26 from the City of Leicester and 13 from Leicestershire. In addition, 142 risk assessments were completed and 73 children had a CAF completed.

Following therapeutic intervention- using the aforementioned model- the 39 children have completed questionnaires. In addition to this, their parents/carers and the therapeutic workers have all also completed questionnaires. A summary of their responses can be seen below.



These self reports highlight this model is effective in providing a safe place for children to talk, as well as in the majority of cases increasing confidence, increasing understanding of domestic violence and being able to more effectively deal with difficult feelings.

Further discussions of the evaluation mechanisms are included in section 4.4.

4.2 Geographical issues

The initial intention for the delivery of this model was to focus on the development of multi agency referral pathways to the Break Thru programme. The theory was to capitalise on links with Leicester Integrated Service Trial (LIST) area in the city and

the newly formed Integrated Service Hubs (ISH) (Specifically in New Parks), and also with North West Leicestershire in the County (Specifically in Coalville).

Although one therapeutic programme was delivered in New Parks and one in Coalville, the breath and number of referrals from other areas lead to a change in the focus. It was decided after consultation that the programme should be delivered in the geographical areas that it was needed most. Certainly this turned out to be the most effective course of action for the children who were on the waiting list for the programme.

Although it is beyond the scope of this project to investigate why there were fewer referrals from areas in which the CAF had been rolled out; there are still some initial hypotheses. For example; the areas in question, having had a concentred effort to increase and improve support, were in fact meeting the needs of many more local children known to services. Although it could be estimated that there are many more children affected by domestic violence in New Parks, fewer referrals could just suggest that they are not known to any service.

4.3 Cost of providing the therapeutic service

The costs of running the stated programme below are reflective of full cost recovery within a charity with annual expenditure of approximately £500,000. The host running costs would likely be reduced if the programme were housed within a larger organisation. For example if it were based within a statutory body, this notion is explored further in section 5.1. The figure of £94,388 would fund the therapeutic programme of either individual or group support to at least 50 children and their non-abusive parents in a year. This equates to a unit cost of £923 per child and £923 per parent supported.

Therapeutic Programme: Approximate costs for one year

Staff costs: Salary – Two Therapeutic Workers 37hrs plus on costs, plus associated management costs	**£68,655**
Host running costs: Rent, lighting, heating, telephone etc.	**£18,233**
Training	**£1,500**
Printing, Stationary and postage	**£1,200**
Advertising/publicity	**£1,000**
Travel	**£900**
Refreshments	**£600**
Room hire	**£300**
Total	**£94,388**

This cost includes the salaries and on costs of two full time therapeutic workers experienced in working with children and young. Two therapeutic workers are required to plan, facilitate, and deliver the therapeutic sessions. A person specification that highlights the competencies required for a therapeutic worker can be found in Appendix A.

Management support is also required. Approximately 12 hours per week is necessary for supervision, covering groups where appropriate (e.g. annual leave/ sickness), ensuring best practices are met, overseeing publicity, monitoring, the budget/funding and support with medium and high risk cases that are identified.

4.4 Summary of what worked and lessons learned

- This programme can reiterate what previous programmes have suggested- that groups should consist of children in similar ages. This certainly appeared to work very well in the 6 group programmes delivered.

- Intending to better develop the relationship between child and non-abusive parent, a worksheet was devised. These encouraged parents to answer questions with their child such as;
  - -Could you please tell us something positive that your child has done or said in the last week?
  - -Could you please tell us something fun that you and your child have done in the last week?

  These were to help support positive parenting, and although they were only used a few times, the results were mixed. Those parents were already practising positive parenting appeared to fill them in, which was very positive. But despite numerous requests, many parents were still never able to find the time. As a result it became clear that more involved work is needed with some parents. This lead to the following conclusion

  The lack of support for non-abusive parents is very concerning. Break Thru will be writing to its funders to request that more support can also be given to parents. It is suggested to maximise the benefits, programmes using this model are only started when adequate support is also given to non-abusive parents.

- Attendance in groups was very good, and 'drop out' rates were almost no-existent if parents/carers and the child know what to expect from the start. Sending letters of confirmation with details of venue, dates and times etc prior to the programme starting, as well as a phone call a day or two before the programme, did make a significant difference and result in almost no 'drop outs'. It was however quite time consuming.

- Debriefing: Following every session, a brief discussion between therapeutic workers would always take place. At this time notes were also taken for each child on the group as they were fresh in the therapeutic workers mind.

- It is vitally important to fully research the venue to ensure it is appropriate for therapeutic sessions. This was also a learning point from the DVIRP/NSPCC pilot programme however it still was not initially given enough emphasis in this project. On two occasions the location of the venue caused considerable disruption to the group, which was reflected in the evaluations and when talking to the children and parents. Once because the families were not allowed to wait for their children at the venue and while having to walk the local area feet quite unsafe. The other aforementioned situation with local youths loitering around the venue, causing intimidation.

- Initially it was planned to have a follow-up session 6 weeks after the group had ended, however after offering this to the first few groups, almost every child declined- but some did request individual support. It became clear that young people did not want a six week follow-up session, and after a while changes were made to reflect that.

- Initially the intention was to also measure school absenteeism before, during and after the programme. Due to limited resources and following the outcome measures for Break Thru, this was not completed. This would require more time and better links with the schools, however is a worthwhile exercise and in the future worth pursuing. This could also link into other outcome measures that could be monitored with the schools help, such as concentration and also behaviour.

5. Recommendations

5.1 Partnership delivery

During the development of this model, working in partnership was paramount. Indeed one worker delivering the programme was from DVIRP, another was seconded from Leicester City Primary Care Trust (PCT) of the National Health Service (NHS).

The delivery through a combination of voluntary and statutory added to the support that the child received, as different perspectives allowed for a more flexible working environment. Furthermore, with more than one organisation represented signposting to other agencies and a wider understanding of additional support also was available.

Prior to this, DVIRP's Break Thru programme had delivered a programme jointly with the Kids Matter programme, run by Family Action (Formally Family Welfare Association). This again allows for organisations to learn from each other as well as developing and progressing together.

5.2 Clinical supervision

Sufficient supervision should be available for the therapeutic workers: Using this model highlighted that:

- A designated time to debrief after each session is very important
- Monthly clinical supervision should be provided from a relevant external agency. This ensures that all information that any concerns are shared beyond one or two people within one organisation. It also provides the best possible support for the worker and the children on their case load. Furthermore, this ensures emotional support and well as a 'check in' with regards to the safety of any children on the programme.
- Monthly line management supervision should also come from the manager who should ensure that the workload is manageable.

5.3 Strategic overview

There is a need to co-ordinate the work that is delivered to young people therapeutically. The benefits of the partnership delivery, as mention in 5.1 are only the beginning of a more joined up approach.

There are not enough services currently available in Leicester, Leicestershire or Rutland and therefore it is vital that the small projects and services that are available work together to maximise the outcomes for children and young people.

A clear recommendation is to have regular meetings at which services that offer support around domestic violence can share experiences, work jointly towards funding proposals and collectively progress this area of work using this agreed model.

Appendix A: Children's Therapeutic Worker Person Specification

Area	**Criteria**
Education & training	***Essential*** An honours degree or equivalent professional qualification is essential such as CQSW,RMN, Diploma in Counselling (or alternatively substantial relevant experience)
Work Experience	***Essential*** Experience in play therapy or other therapeutic work with children A comprehensive understanding of issues relating to children of domestic violence. Experience of providing support to young people Experience of individual of group work with young people. Awareness and understanding of current legal requirements; national, local and departmental policies, guidance and procedures on safeguarding and promotion of the well-being of children and young people. Experience in working in a multi agency environment A competent user in MS Word and email ***Desirable*** Experience of working with survivors of abuse. An understanding of the criminal and civil justice systems related to domestic violence. Understanding of working in/with voluntary sector services Proven ability to identify risk and initiate child protection intervention Evidence of knowledge of up to date child protection best practice, research and legislation. Evidence of child centred approach
Personal Attributes	***Essential*** • Ability to provide support with sensitivity • Motivated and enthusiastic • Excellent interpersonal skills. • Excellent verbal and written communication skills, with the ability to present clear well-structured professional reports • Good presentation skills • Ability to work to tight deadlines and to take responsibility for meeting agreed targets • Ability to organise and prioritise work • Ability to work on own initiative, to be proactive and take responsibility for actions • Ability to work independently and as part of a team towards a common objective • Commitment to continuing professional development • Ability to recognise discrimination, in its various forms, and to take appropriate action • Willingness to work flexibly, as and when required • Ability to resolve conflict