

NSPCC

Prevent, Protect and Support

Developing evidence-based services

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EVERY CHILDHOOD IS WORTH FIGHTING FOR

Children & Young People

- **UNCRC Article 19**

“...to promote physical and psychological recovery & social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery & reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.”

- **UNCRC Article 39**

“ ... take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.”

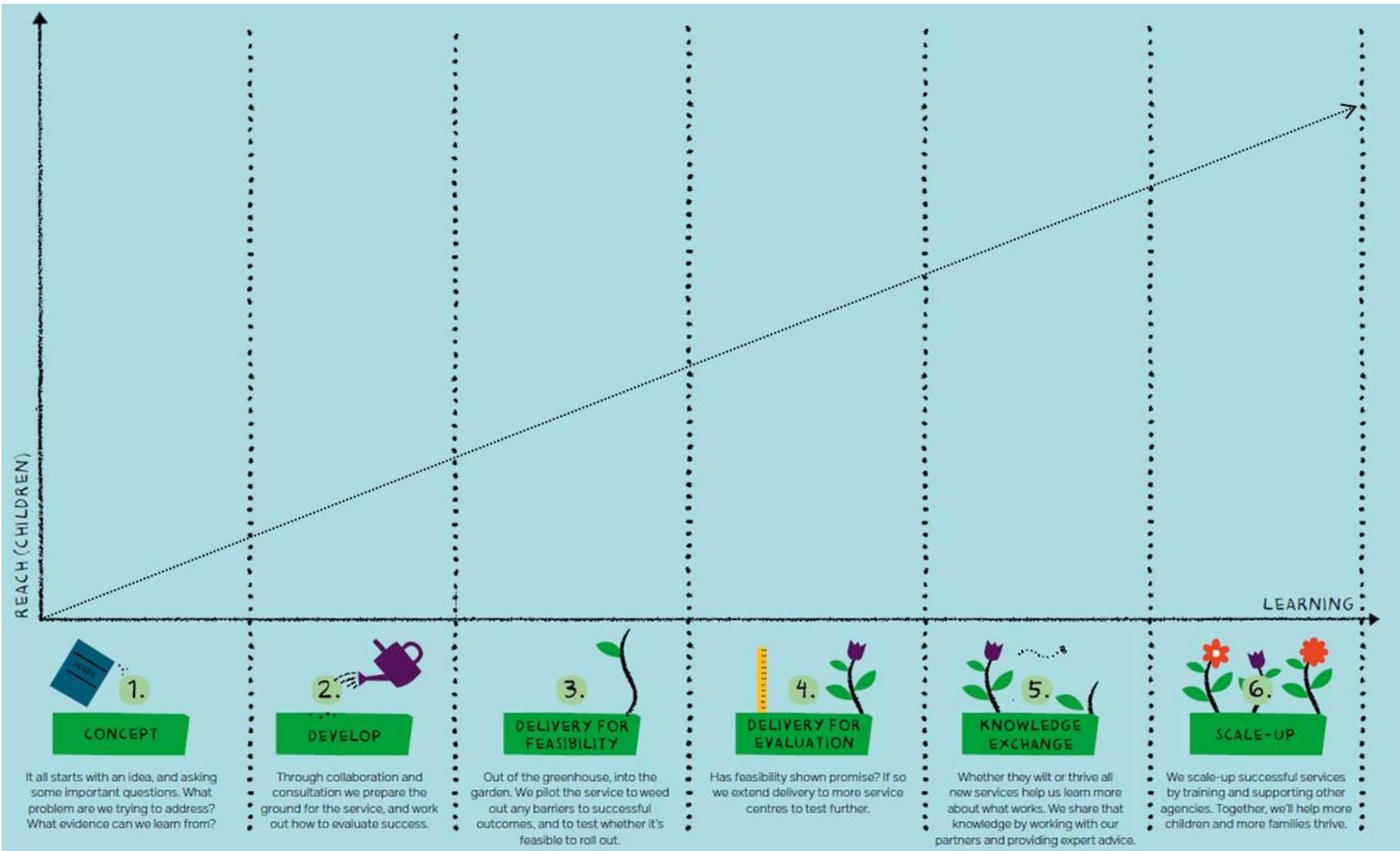
Developmental impact

- All children who are exposed to domestic abuse, whatever their age, risk being traumatised by the experience. It can have an impact on the way children think about themselves, regulate their emotions, and interact with those around them
- Exposure to domestic abuse can have a profound impact on a child's developing brain, sense of self and capacity for regulating emotions

'A child with a brain adapted for an environment of chaos, unpredictability, threat, and distress is ill-suited to the modern classroom or playground.'

(Bruce Perry)

Our Approach



NSPCC and Domestic Abuse

- Caring Dads: Safer Children
- Domestic Abuse, Recovering Together (DART)
- Steps to Safety

Caring Dads: Safer Children



Caring Dads: Safer Children

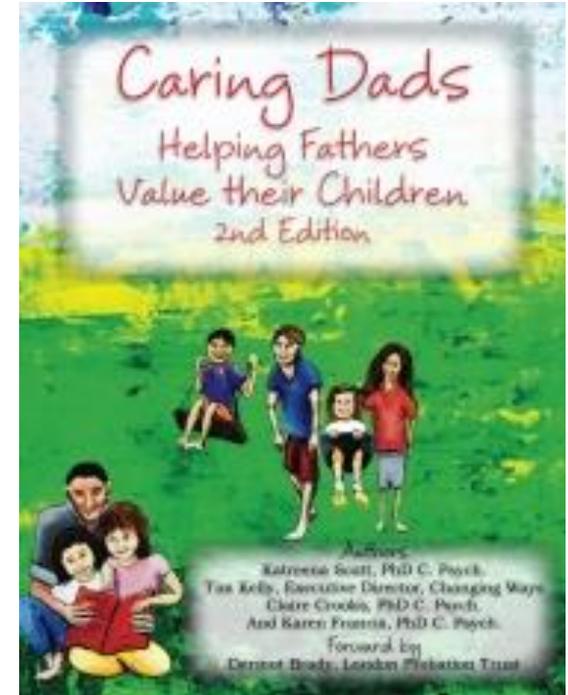


**CARING
DADS™**

Scott, K., Kelly, T., Crooks, C. and Francis, K., 2006. Caring dads: Helping fathers value their children. Victoria: Trafford.

Caring Dads programme

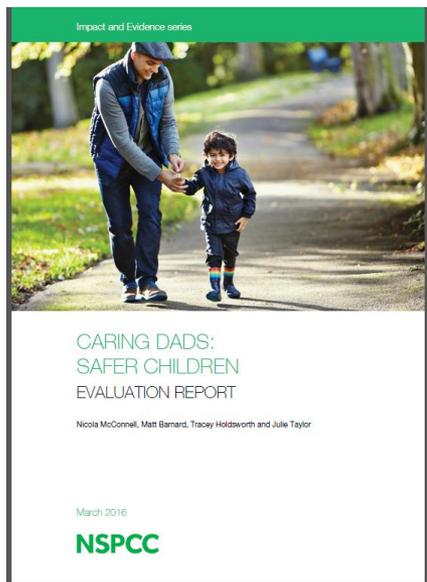
- Group work programme
- Fathers attend for 17 weeks
- Weekly 2 hour sessions
- Two group facilitators
- Partners and children contact
- Co-ordinated case management



"Caring Dads is devoted to ensuring the safety and wellbeing of children through working with fathers who have abused and neglected their children or exposed them to abuse of their mothers."

Summary of findings: evaluation

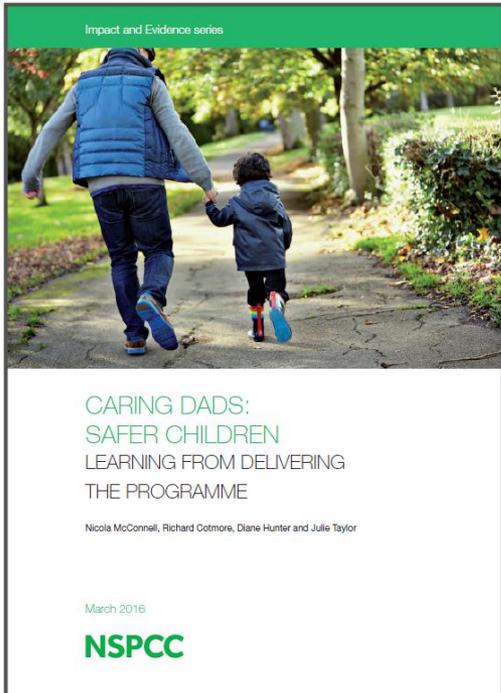
Promising evidence that CDSC can help to improve the welfare of children who have lived with domestic abuse.



- Fewer incidents of domestic abuse after completing the programme.
- Risks to children reduced because fathers generally found being a parent less stressful and interacted better with their children.
- Evidence of positive improvements in the fathers' behaviour (although some fathers did not change sufficiently despite completing the programme).
- Increased feelings of safety and wellbeing within families.
- CDSC practitioners influenced decisions made about children, either by providing evidence of changes in the father's behaviour or highlighting additional safeguarding concerns

Summary of findings: learning

Key learning about engaging fathers, referrals, and the resources and skills required.



- Fathers' motivation is the focus on parenting and their relationship with their child.
- Better communication between father and child
- Patterns of referral and attrition.
- Advice on effective working with referrers.
- Delivering CDSC is complex. Practitioners need the right level of skills and knowledge of domestic abuse and interagency working.
- Learning shared with Port Talbot and Afon Women's Aid

Domestic Abuse, Recovering Together



*Outcomes for children
exposed to domestic abuse
can be improved if a non-
abusive parent takes an
active role in their recovery
after they have left the
abusive environment*

(Humphreys et al. 2006).



DART is...

- An innovative, evidence-based groupwork programme
- Children and young people aged 7 – 14
- Working in conjunction with their mothers
- Aims to help children and young people who have been affected by domestic abuse to deal with day-to-day living more successfully

Exposure to abuse: Disrupting the parent-child relationship

Mother, struggling for her own survival in an abusive relationship, is likely to have insufficient resources for parenting.

Child's experience of disrupted parenting causes confusion and anxiety.

Children who see their mother experiencing domestic abuse are also likely to feel unsafe.

Post-separation: Presenting difficulties

Mother has lost the respect and authority to manage the parenting task.

Child presents behavioural difficulties.

Mother underestimates the impact of the abuse on the child.

Mother and child struggle to acknowledge or talk to each other about the domestic abuse.

Mother and child have poor self-esteem.

Mother-child relationship is damaged.

Domestic Abuse: Recovering Together (DART) programme

Inputs

Manualised programme of 10 group sessions for mothers and children aged 7-14 who no longer live with the domestic abuse perpetrator

Subjects include:

- Understanding domestic abuse
- Challenging emotions
- Making healthy relationships
- Managing loss and embracing change
- Safety planning

Change mechanisms

- Improving communication between mother and child
- Modelling positive behaviour
- Breaking down the idea of "family secret"
- Helping mothers and children understand how domestic abuse has impacted their relationship
- Helping mothers and children deal with feelings – anger, guilt, responsibility
- Helping mothers and children in taking responsibility without blaming self
- Improving mothers' confidence in parenting
- Helping mothers and children move forward as a family unit
- Equipping mothers and children with skills to continue to develop positive relationships at home

Domestic Abuse: Recovering Together (DART)

Outcomes

Mother has increased confidence and self-esteem, which leads to safer parenting and greater emotional availability.

Child feels less anxious and is less likely to present difficult behaviour.

Child has improved self-esteem, enabling them to make better friendships.

Mother-child relationship is strengthened.

Long-term vision: Breaking the cycle of intergenerational transmission

Child is less likely to become :

- a domestic abuse perpetrator.
- a domestic abuse victim.

Key findings from evaluation

After completing DART...

- Almost two thirds (62%) of mothers with low self-esteem reported substantial improvement.
- 88% of children who found their mothers struggled to show them affection reported substantially improved relationships.
- Over half (51%) of children with high/moderate behavioural and emotional difficulties reported substantially lower levels of need. Mother-child relationship is strengthened.



The weekly sessions aim to:

- Improve communication between mother and child
- Break down the idea of “family secret”
- Help mothers feel more confident in the parenting roll
- Provide mothers and children with a better understanding of how domestic abuse has impacted on their relationship
- Help mothers and their children to move forward as a family unit
- Equip mothers and their children with skills to continue to develop positive relationships at home
- Model appropriate behaviour
- Help mothers and children deal with feelings like anger, guilt and responsibility
- Help mothers and children in taking responsibility without blaming self

Activities, Fun, Learning

10 weekly sessions; 2 hours each group work session

4 facilitators (2 might be volunteers)

1st hour spent with mothers and children together doing the same activities

10 minute break

Mothers and children split into separate groups in separate rooms for 30 minutes

Facilitators also split; two facilitators to each group

Mothers and children come back together for the last 20 minutes to appropriately share what they have done

Does DART
work?



Evaluation

- Mixed method approach
- Standardised measures administered at Times One, Two and Three
 - Child and Parent Acceptance and Rejection Questionnaire
 - Child and Parent Rosenberg Self Esteem
 - Strengths and Difficulties Questionnaire
- Comparison group
- Qualitative interviews
- Survey

Key improvements and statistical findings

DART Mothers

Greater self esteem

More confidence in parenting

Warmer and more affectionate to child

Fewer 'rejecting' parenting behaviours

Rated DART highly (4.8 out of 5)

Most improvements maintained at T3

DART Children

Fewer emotional and behavioural difficulties

Greater improvements than comparison group

Reported mother as warmer and more affectionate

Rated DART highly (4.7 out of 5)

Most improvements maintained at T3

What worked well? (key facilitators)

Joint sessions:

Bonding activities, tailored parenting advice, discuss abuse

Creative activities:

Child-friendly, suitable for sensitive topics, considered fun, child able to illustrate experience of DA (very powerful)

Skilled practitioners:

Open-minded, non-judgemental, safe environment created

Separate sessions:

Peer support, experiences shared in more depth

What were the barriers?

Contact with perpetrator

Could disrupt progress when child hears negative things about mother. Some mothers resumed abusive relationship.

Disruptive group members

Some overly dominant, inappropriate comments

Mothers not ready for group work

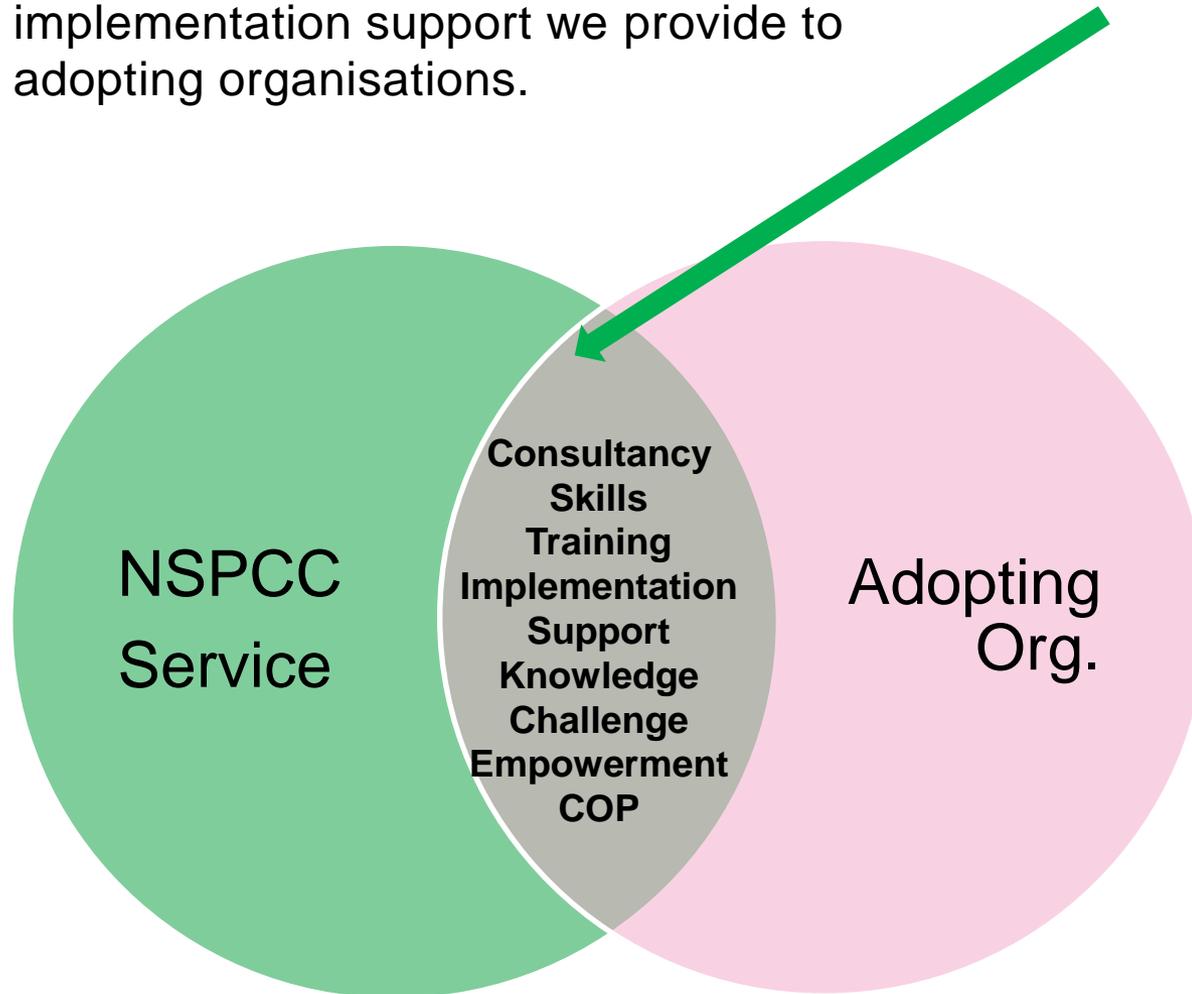
Some mothers are so anxious, overwhelmed, not ready to focus on child's needs

Sharing DART learning



Our method of Scaling-up

This diagram demonstrates the overlap between an NSPCC service and the implementation support we provide to adopting organisations.



Scale-up and implementation support

We support partner organisations to implement and embed our tested services through the new **Scale-up unit**, whilst continuing to learn about how to implement services in different contexts.

We support others to develop skills and knowledge and by providing support and challenge.

Implementation Science

Research from the US suggests that research based programmes often had little or varied impact on individuals when replicated due to poor implementation.

17
years

14 %

It takes an average of 17 years for only 14% of research to translate into practice



What is a DART licence?

- How we work with partners who wish to deliver DART
- It's more than just training
 - Readiness assessment
 - 5 year licence
 - Training
 - Telephone consultation
 - Ongoing implementation support

Why be a DART licence holder?

- An evidence-based intervention
- Sharing learning
- Support to succeed
- Contribute to the evidence base
- Contact dartenquiries@nspcc.org.uk

Hi

IF YOU'RE READING THIS THEN I GUESS YOU
SAT WITH ONE OF THE GUYS FROM D.A.R.T

HERE'S JUST A FEW WORDS TO SAY IF
YOU'RE BEING OFFERED A PLACE ON THE GROU
DONT TURN IT DOWN, GRAB IT WITH BOTH
HANDS.

I THOUGHT AT THE BEGINNING THAT
THEY COULDN'T DO ANYTHING FOR ME AND MY
FAMILY THAT HADN'T ALREADY BEEN DONE,
BUT I WAS SO WRONG, MY LIFE HAS TOTALLY
TURNED AROUND, MY CHILDREN ARE HAPPY AND
I SMILE AND LAUGH SOMETHING I THOUGHT I
WOULD NEVER DO AGAIN.

THE STAFF ARE THE MOST AMAZING PEOPLE
I HAVE MET IN A LONG TIME AND NOW MY
TIME IS DONE I'M GOING TO REALLY MISS THEM
XXX

GOOD LUCK AND
ENJOY YOURSELF

Steps to Safety



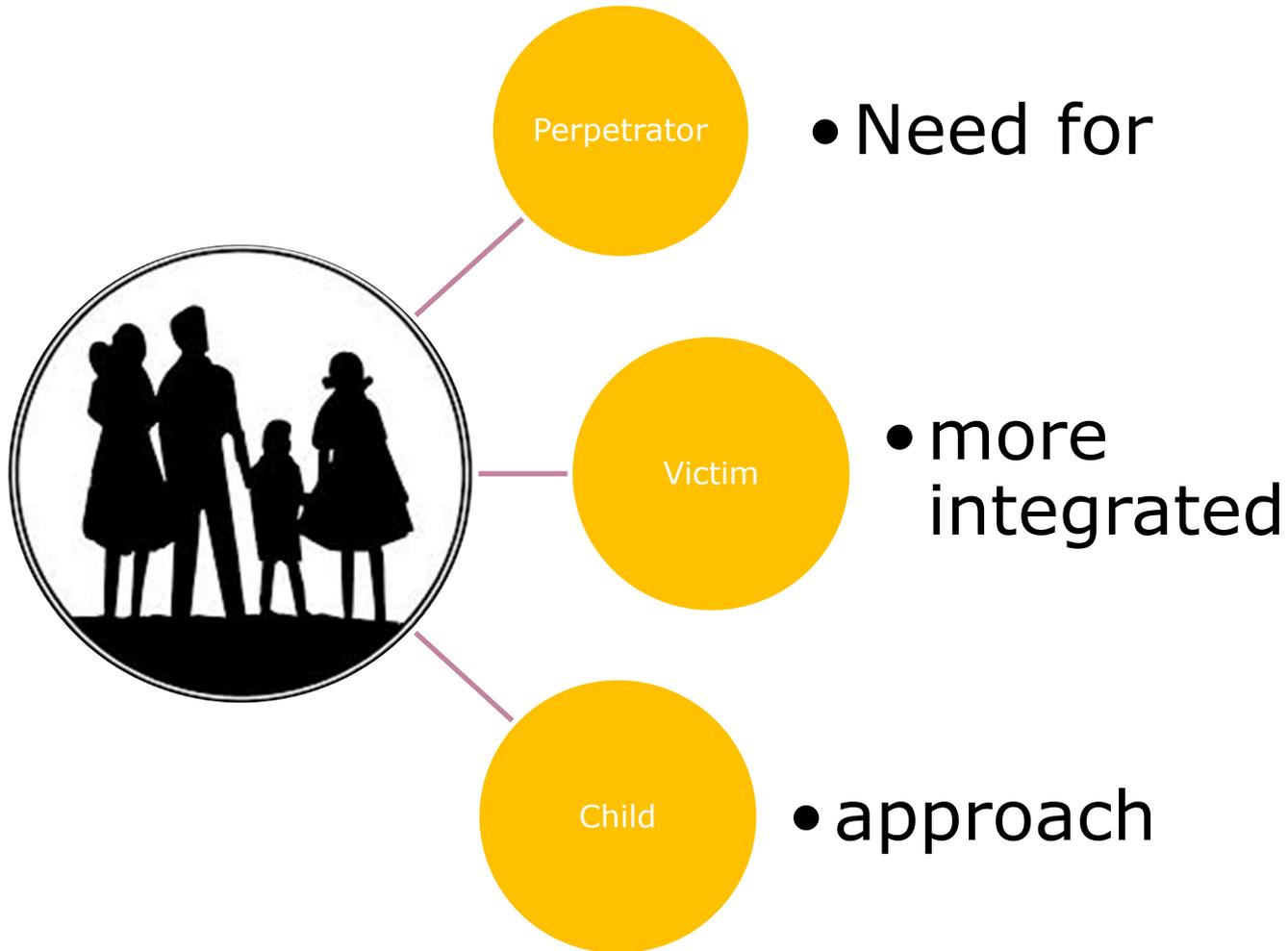
Development Process

- April 2013 - Need for new domestic abuse development highlighted in the NSPCC scoping reports identifying gaps in service provision, particularly for families remaining together following domestic abuse
- Early process led by Development Managers (Gwynne Rayns and Di Hunter) comprising:
 - Literature search
 - Scoping of perpetrator typologies
 - Service Mapping exercise
 - Identification of gaps in practice (focus on innovation)

Research Findings – National Picture

- Current models of intervention are largely based on the Duluth model: domestic abuse is seen as a product of patriarchal ideology and societal sanctioning of men's use of power and control over women
- Little robust evidence re outcomes of perpetrator programmes, yet known high recidivism rates. Focus on conviction rather than treatment
- No clear focus on “prevention” of violence, with limited services for those not convicted of offence and early interventions preventing further abuse
- Victim support provision largely for female victims
- Limited service provision that is focused on children and their recovery needs with very little parent-child dyadic work
- Lack of focus on:
 - early parenting where there is domestic abuse
 - whole family intervention or services pre-separation

Children live in families, within relationships



Development Process – March 2014

The NSPCC Programme Board approved the development of a new model for domestic abuse to be designed to provide:

- An innovative new intervention for families currently living with domestic abuse, based on the psychological drivers of domestic violence, attachment theory and underpinned by an understanding of child development
- A whole family home based approach, including dyadic parent-child relational work, where the child has been exposed to domestic abuse and remains living within the family.
- Targeted intervention to expectant parents of those experiencing domestic abuse with children up to 5 years.
- The intervention should address outcomes for the adult perpetrator, victim, unborn child and child development outcomes, as well as targeting a reduction in violent episodes and child maltreatment.

Not Designed to Address

- Perpetrators at the severe end of the spectrum - those using weapons, those perpetrating serious injuries that are life-threatening or lead to in-house hospitalization, those defined as having severe psychopathological needs, those exhibiting severe controlling/coercive behaviour
- Families where violence is perpetrated by multiple family members or where cultural drivers are key factor e.g honour based violence
- Families where violence is perpetrated by adolescent against parent figure
- Couples who do not have children or only have children over 5yrs
- Families who are separated at the start of the intervention

Internal Consultation - Relational Trauma

Approach

Based on an intervention that suggests that domestic abuse is not simply the result of social learning and societal models of male domination (Duluth model)

but that pre-disposition / risk starts in the womb (neuroscience)

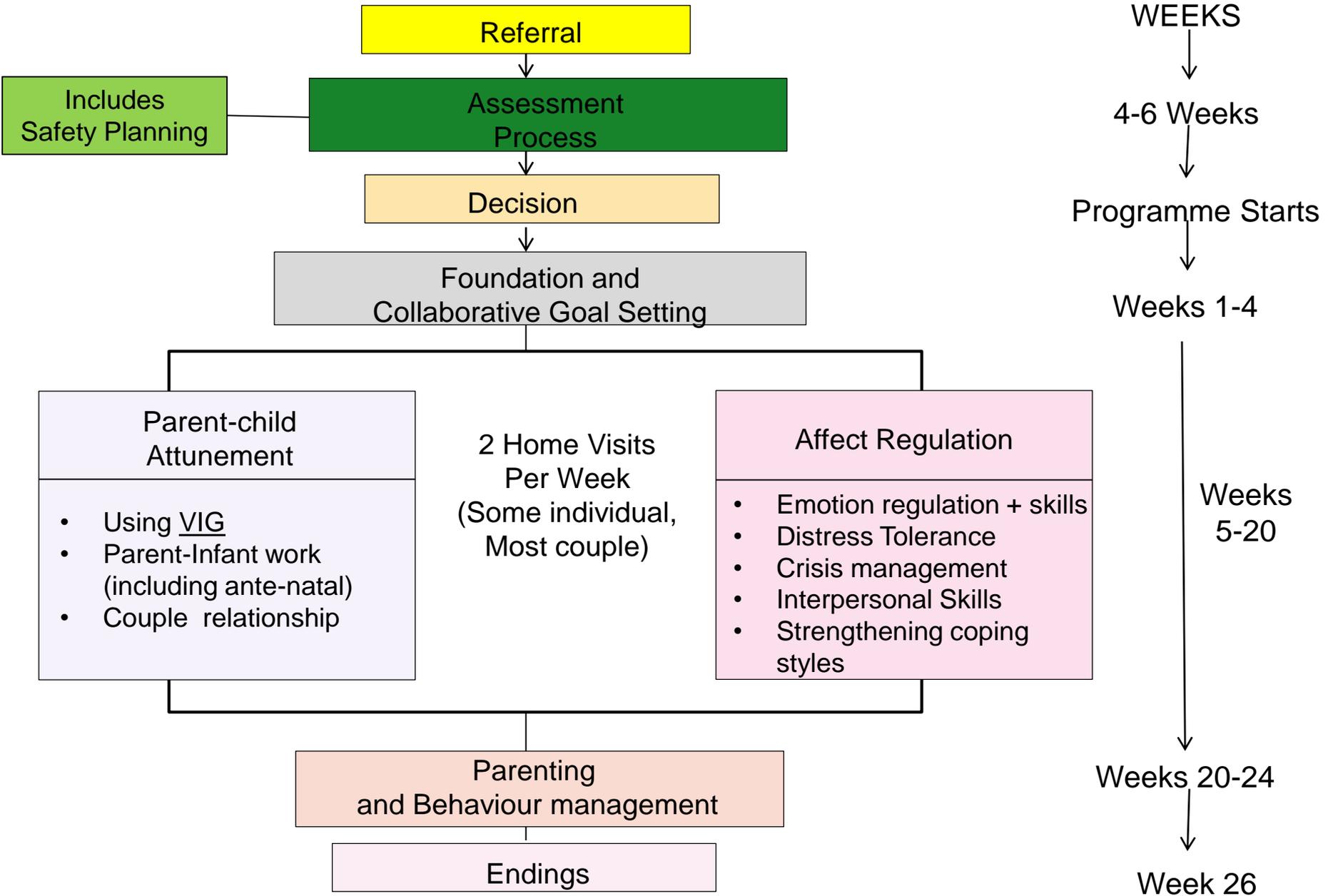
and is then nurtured within abusive and neglectful parent-child relationships (attachment) which creates emotional trauma and inability to **regulate emotions**

Which starts to manifest in early childhood behavioural problems (in the context of family, school, peer and community relationships)

and is then reenacted in intimate (attachment) relationships with adult partners... is enacted upon and in front of children (intergenerational transmission)...

... domestic violence occurs within relationship

STEPS TO SAFETY PROGRAMME STRUCTURE



Study aim and objectives

To assess the acceptability, feasibility, and formative impact of the new service, prior to large-scale testing:

1. The effectiveness of the main referral routes into the new service, and the potential for recruitment to a trial
2. The acceptability of its implementation within the participating local authorities to enable refinement of the intervention and delivery model
3. The acceptability of the outcome measures utilised, additional tools that could be included as part of a large scale testing, and an assessment of the formative impact of the intervention on the participating families using service level data.

Method

- Case record data (all referrals)
- Standardised measures pre- and post-intervention
- Online survey
 - Parents' rating of each session
 - Learning from delivery of each session
 - Incidents arising between each session
- Qualitative interviews with families and stakeholders (practitioners, managers, referrers, commissioners)

Steps to Safety: Theory of Change

Activities:

Outputs:

Evidence of assumptions

Long

Term Outcome S:

Enabling factors:

- Families known to other agencies
- Local authority commitment
- Referral practitioners
- VIG practitioners
- Model specific training
- Multi-agency steering group
- Good access to specialist services
- Practitioners skilled in developing a therapeutic alliance

Information sharing with referrers and other agencies. Assessment including: engagement visits, screening process, further assessment

Decisions made via multi-agency steering group

Intervention including:

- Safety planning
- Goal setting
- Video Interactive Guidance
- Emotional Literacy
- Affect Regulation
- Chain Analysis
- Couple relationship Co-parenting

Intervention only with families assessed as suitable

Excluded families referred to other services

60 families receive 6 month intervention

Regular visits to participating families

Outcome and service improvement data

Motivated parents

High uptake and continuity

Improved family functioning

Reduced episodes of domestic abuse between adults

Improved co-parenting

Development of attuned sensitive parenting

Effective adult mood management and self regulation

Evidence of reduced risk of domestic abuse following interventions that address:

- Attachment
- Affect regulation
- Mental health

Evidence of links between:

- Child outcomes and co-operative co-parenting,
- Child outcomes and parental relationship satisfaction
- Attuned sensitive parenting and attachment
- Attachment and children's social and emotional development
- Exposure of young children to domestic abuse and the transmission of trauma.

Prevention of further domestic abuse

Reduced child abuse

Improved child outcomes

Interruption of cycle of intergenerational abuse.

Evaluation

Child abuse and

Qualitative feedback so far

- Teams finding solutions to referral challenges
- Challenges informed planning for next sites
- Model – work on amendments to assessment component in March
- Some consensus already regarding intensity and delivery approach to intervention/treatment component
- Constructive and collaborative approach

Families' feedback

A father stated:

'the calmness plan has really helped us to avoid arguments. By having a few strategies which we use, stops us from rowing and these rows escalating to physical fights which used to happen before. We both are able to recognise when discussions are getting heated. When this happens I go for a walk and my wife listens to her classical music. It really works, when we calm down we can talk about things calmly. It has definitely made a positive difference to our relationship and our relationship with our children...100 percent'.

'Using the mindfulness techniques of Seven /Eleven (breath in for 7 seconds and out for 11 seconds) has helped me to pause and take time to think about things and calm down, instead of reacting straightaway without thinking things through'.

Families' feedback

'Mindfulness has been really useful and the techniques we have used I have been able to bring into my everyday life. Thanks you for the ideas and learning' I feel everyone from a very young age should have the opportunity to learn what healthy relationships look like, to recognise, understand and manage our emotions'.

A mother reported that she really benefited from the session which used the Anger iceberg:

'This helped me to understand that Anger is a secondary emotion and that we have primary emotions that are underlying and make us feel angry. When I feel angry I am now able to think of what my primary emotions are and recognise how these make me feel. I think this tool would be really good to use with the children, to help them better understand why they feel angry and the emotions that make them feel this way'.

Comments and questions?

