



Rethinking Domestic Abuse in Child Protection: responding differently.

The Final Report



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Report Authors:

Emeritus Professor Kate Morris (University of Sheffield), Emeritus Professor Brid Featherstone (University of Huddersfield), Professor Rick Hood (Kingston University), Dr Claire Cunnington and Dr Lois Liao (University of Sheffield), Dr Susannah Bowyer and Dr Jess Wilde (Research in Practice).

Additional members of the research team:

Emma Retter, Jennifer Daw and Suzanne Jacobs (SafeLives), Owen Thomas (Future Men), and Sharon Inglis (Circles), Professor Rachel Armitage (University of Huddersfield).

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1. Executive Summary

1.1 Introduction

This is the final report for ‘Rethinking domestic abuse in child protection: responding differently’ (known as RDAC). The research was funded by the Nuffield Foundation and ran from 2022 – 2025.

Within child protection in the UK, it has become accepted, over a number of decades, that exposure to domestic abuse and violence is harmful to children, and that harms to adults (often women) can coincide with those to children (see Cleaver, 2025 for a recent review of the evidence). Domestic violence and abuse (DVA) is argued to be a primary driver of need in children’s services, with data suggesting over 827,000 children in England and Wales may have experienced DVA by the end of 2023 (Foundations 2023). However, there is a lack of detailed empirical research on how child protection decision makers conceptualise domestic violence and abuse, how this informs their decision making, and how the differing circumstances of children, women and men shape their experiences and the services they receive.

There is a substantial literature containing critiques of responses by child protection (CP) systems and practices to families impacted by domestic violence and abuse, and detailing attempts at reforms. However, patterns of responding have appeared stubbornly resistant to change, and the evidence is that there has continued to be a disproportionate focus on mothers to protect children, with a lack of engagement with those causing harm (usually men) (Research in Practice, (RIP) 2022). These concerns are shared nationally and internationally, with increasing numbers of organisations seeking change as a result of frustration with the limitations of current responses. Such responses have increased families’ fears about engagement with child protection. These fears include unrealistic professional expectations about protection and separation that are placed on women, the long term risks of harmful behaviours that go unchecked, and the absence of those that harm from CP plans and interventions.

RDAC was developed following a two year ‘Change Project’ with over 30 Local Authorities in England exploring responses to DVA in the context of child protection (<https://www.researchinpractice.org.uk/all/content-pages/digital-resources/change-project-dva/>). This work was facilitated by Research in Practice and led by Professors Featherstone and Morris. The project identified deep disquiet among professionals about existing approaches, with concerns expressed about the experiences of women, children and men. Specifically, concerns included mothers being held responsible for safety when they were the subject of DVA, children’s trauma being under recognised and responded to, and the absence of men in assessments and planning. RDAC was developed as a result of this Change Project, and participating practitioners went on to form part of the Community of Practice that supported RDAC.

RDAC also built upon the evidence that social and economic circumstances shape the experiences of children and families. In particular, the findings from the Nuffield funded

Child Welfare Inequalities Project (CWIP) that highlighted the impact of poverty and deprivation on intervention rates, informed the RDAC aims and frameworks.

1.2 Aims and methods.

RDAC had three aims:

- to address the gaps in current knowledge by building an empirically driven analysis of the operational definitions and understandings of domestic violence and abuse in child protection
- to examine the relationship between child protection, domestic violence and abuse (CPDVA), and socio-economic circumstances, identifying how intersectional inequalities may shape experiences and outcomes.
- to build evidence-based principles to support new approaches in policy and practice.

RDAC had the following objectives:

1. Using a mixed methods design, including case studies, detail the nature, characteristics and understandings of domestic abuse and violence in the context of child protection, producing an empirically driven description of CPDVA.
2. Using available data about socio-economic circumstances and system demands map the relationship(s) between intersecting socio-economic circumstances and CPDVA interventions.
3. Combining the outcomes of objectives 1) and 2) to produce a detailed description of the phenomenon of domestic violence and abuse in child protection, including the influence of context on how DVA is understood, and child protection responses are shaped.
4. Drawing on this rich, detailed understanding of CPDVA, create, through a process of co-production with practitioners, family members and policy makers, principles that can be utilised in policy and practice.
5. Harnessing the potential of the study's participatory arrangements, and the extensive networks of the research team, support the translation of the frameworks into messages for policy and practice.

The research team worked in three sites, two in England and one in Scotland. Embedded in the design was a dynamic process of engagement and involvement of those most impacted by current practices. This included a Community of Practice and a series of family engagement forums.

1.3 Key Findings

1.3.1 Data:

RDAC revealed multiple challenges in how data was understood, and responded to, in the three case study sites. The analysis of the administrative data revealed how little routine data was collected about the nature of DVA and the contexts for families.

RDAC originally aimed to use the administrative data to capture evidence about the types and nature of DVA and the impact and interplay of socio-economic factors and to integrate this with the fieldwork themes and data. This proved difficult given the constraints posed by the administrative data. Overall, these limitations in the data available curtailed the intended integration of the administrative data with the fieldwork data. RDAC's aim to produce a detailed description of DVA in CP, in fact, became an exposure of the critical limits to existing evidence and knowledge.

The RDAC team explored administrative data collected in each site (Children in Need data in England and Child Protection Conference data in Scotland). Our analysis highlighted that a 'social gradient' operated in patterns of intervention. Namely, poorer families were more likely to be the subject of children's services interventions. The existence of this gradient (and this was also evident in the CWIP study) highlights the need for data to be gathered on the contexts in which families are living. An important finding was that these existing data sets were unable to provide details about the socio-economic circumstances of families where DVA is a cause for concern, this was only possible by the work of the team linking different data.

This is a key finding of the study; the existing data and practice knowledge is inadequate given the complexity and scale of need. In order to build empirically informed responses significant developments in data and knowledge are required.

1.3.2 Intersectionality

The literature on intersectionality underlines the need to understand how the experiences and perceptions of help-seeking by families are impacted by intersecting inequalities arising from class, ethnicity, disability and other structural relations. The limitations in the data available restricted attempts by the research team to explore how intersecting inequalities such as the relationship between class, gender and ethnicity shaped experiences. Despite these limits, our analysis raised questions that indicated the importance of exploring the impact on children's pathways of intersecting inequalities in class, gender and ethnicity.

Building upon the quantitative analysis, the team completed fieldwork with professionals and gathered file data in each site. Collectively these revealed that the socio-economic circumstances of children and families (including those causing harm) were rarely addressed in plans. While there was awareness of the fear and distrust felt by families generally about child protection services, there was limited awareness of the specific fears of families from minoritised communities including experiences of racism and exclusionary policies and practices. This was linked to a more general lack of awareness by all stakeholders of the international evidence in this regard and the intersecting nature of inequalities.

1.3.3 Understanding abuse

Evidence about the nature and characteristics of DVA, particular local trends and patterns that might shape services and practices was not routinely gathered or utilised

in either the administrative data or the practice data. Generic 'catch all' terms such as 'DV' and 'coercive control' were routinely used, resulting in 'one size fits all' assessments and responses. Ground-breaking work in one specialist project demonstrated the value of developing and using evidence informed typologies to support differential assessments and responses, but there remained challenges in embedding these in everyday casework.

Practice responses were largely case-work based and focused on individual households, except in one case-study site where group work and innovative approaches to engaging local employers were used. Case work approaches were time consuming and routinely focused on mothers, irrespective of the whereabouts of their partner or those causing harm. This was despite professional awareness of the ethical issues attached to placing primary responsibility for protecting children on those experiencing the harm. Engaging with children themselves, and hearing about their hopes and fears, did not feature in the longer-term planning in the case files. Despite a consensus in interviews that engaging men who cause harm was vital, they were largely absent from plans.

Programmes to address abusive behaviours were limited. Reliance on a language of 'individual choice' by practitioners, particularly in relation to men causing harm, was common. This emphasis on the rational exercise of choice reflected and reinforced fears that seeking to understand what contributed to abusive behaviour carried the danger of excusing such behaviour. Services responses were often generic and based upon a model that did not address specific issues for men from differing ethnic communities.

A lack of engagement with the scholarship on mental health and substance misuse meant that policy and practice responses did not routinely address such issues and their possible contribution to DVA. Services focused on mental health or substance abuse struggled to address DVA, and programmes focused on those harming rarely simultaneously addressed addiction or mental health.

1.3.4 Engaging with families and communities.

The policy consensus on the importance of multi-agency working was universally shared. By contrast, there was very limited emphasis on consulting with families and communities about how they understood the risks and resources in their own local contexts. The voices of those needing and using services were rarely at the forefront of service planning (whether in relation to specific plans for children or broader commissioning).

There was evidence of innovative approaches to working with whole families in specialist projects in two sites and creative engagement evident across the life course. But professional multi-agency forums, where family members were often absent, were key to practice. Long term trauma informed services for children were rare, and services targeting those causing harm were also sparse and difficult to access.

The team completed a further small-scale study focused on families where there had been historical patterns of DVA and long-term, if episodic, service involvement. This fieldwork offered rich insights into the importance of understanding, and engaging with, the inter-generational dynamics of abuse. It highlighted the dangers of incident driven responses that were informed by binary assumptions of abuser and victim and neglected understandings of relational dynamics that had developed over time. It revealed the importance of exploring the consequences of system interactions and, in particular, those stemming from a lack of trauma informed responses over time. This small sub-study also highlighted the need for further research into the issues that can arise in the use of kinship care where DVA has been a feature over time.

Throughout the research process, key findings were sense checked with the RDAC Community of Practice, and the family meetings facilitated by members of the research team.

The findings were used to develop a series of principles that aim to support policy and practice. These are set out below.

1.4 Principles

These principles are drawn from the evidence developed by the RDAC study and are intended to inform and support practice and policy developments.

1. DVA is a serious social problem that requires national and local agencies to tackle inequalities in income, housing, mental and physical health and develop differentiated responses that understand how gender, class, ethnicity, sexuality and (dis)ability intersect in people's lives to impact their choices and constraints

Principle One: Move on from casework.

DVA is a complex social problem, children's services casework should, therefore, be embedded in a broad preventative approach that addresses the causes of violence and abuse.

RDAC data and analysis revealed the pressure on caseworkers and the frustrations that limited time and resources generated for practitioners and families. The ways in which inequalities shaped experiences and responses were poorly understood and acknowledged. Casework, as a response to DVA, has significant limitations and the RDAC analysis demonstrated the reactive nature of such practices. Current responses are incident driven and struggle to offer sustained, trauma informed preventative approaches. The clear evidence of a social gradient in DVA and the resulting child protection interventions reinforces the limits of a response built on individual practice. Understanding the way in which inequalities shape DVA experiences as part of a holistic approach to practice would ensure that plans respond directly to family experiences.

The harmful consequences of DVA for children and families will continue to require casework intervention, but if it is the only response, it is a reactive one that is neither

sustainable nor desirable as it fails to tackle the underlying causes and drivers of DVA. Without casework being located in evidence informed, coherent social policies that respond to the consequences of intersecting inequalities, children's services will continue to struggle to prevent or meet demand.

2. DVA framing as a child protection matter has opened up possibilities for support to be offered to children and their families, but has too often served to reinforce individualised responses focused on behaviour management, especially of mothers, and obscured the systemic drivers of DVA at local and national levels

Principle Two: See the whole person.

Adopt a holistic approach to assessing and responding to DVA and understand that explaining behaviours does not equate with excusing them. Practitioners need confidence in exploring the causes and contributory factors for the experiences of all family members.

RDAC data revealed that practices continue to reinforce persistent tendencies to place responsibility for safety on those subject to harm (usually mothers) while simultaneously failing to engage with those causing harm. The dominance of a language of choice has contributed to approaches that fail to explore context or history, particularly in relation to those that harm.

Practices that engage all those impacted are vital going forward and need to be rooted in joined up thinking and services that address mental health, substance misuse and socio-economic circumstances.

If casework is to move on from holding those experiencing the harm responsible for protection, sustained attention has to be paid to children's needs and to those causing the harm. This requires a significant shift in current practices, including child protection assessments and planning.

3. For responses to be meaningful within the child protection arena, a confident and curious workforce should be supported by data systems that capture the dimensions of the problem and encourage the use of such data to inform the service offered

Principle Three: Fit for purpose data

Data frameworks should be developed that support effective practice and policy by capturing data that is critical to improved understanding.

RDAC sets out the possibilities, but also the limits, of existing data sets. The analysis of the CIN and CPC data indicated how administrative data could be used to inform the commissioning of services and practices. However, the existing data have serious limitations. The administrative categories used in assessments and plans fail to capture the reality of the violence and abuse and provide narrow insights into the needs children's services are seeking to meet. The categories used in the government's Children in Need census, struggled to promote better knowledge of DVA

in children's services, indeed they reinforced the inadequacy of existing understandings.

The absence of children and families' socio-economic data is a significant omission. RDAC contributes to the evidence of a social gradient, and there is an obvious need to collect and interrogate data about children's and families' circumstances. Some localities are attempting to integrate relevant local data sets, but a national approach would benefit all services and reduce costly localised attempts to merge data. An intersectional approach to data development is required to understand the differing experiences and needs of families where intersecting inequalities (such as class and ethnicity) inform their contexts.

Alongside the development of useful data sets, increasing data literacy in the workforce would encourage confidence in using data to improve the development of services and practices that respond directly to local communities and groups.

Too little is known and understood about domestic abuse and violence in the context of child protection. Differential assessments and responses are undeveloped, and there is limited evidence of confidence in addressing the causes, and consequences of, the different types and characteristics of DVA. The CIN and CPC plans created for children are largely generic 'DVA' plans, with little evidence of differential responses based on evidence informed assessments.

4. Policy makers and practitioners should have access to the growing body of international work that is attentive to the diverse needs and circumstances of children, women and men in a range of families and communities, and be supported to engage with this work by open and enquiring cultures

Principle Four: Evidence informed understandings

Developing nuanced, detailed understanding of the types and nature of DVA and its consequences is necessary for practices that can support change for children and families.

There is a growing body of international literature that was rarely cited or used by stakeholders in the RDAC data. The international research and knowledge were not accessible, or available, to those developing policies and practice. Differential assessments and responses were not consistently understood or used, and there was limited evidence of nuanced understandings of elements of DVA such as coercive control. The scholarship on the relationship between substance misuse or mental health and DVA was not well known or understood. This reduces the confidence of staff in working with DVA, and their ability to respond using evidence informed approaches.

Forms of DVA that did not reflect the dominant experiences of male to female violence and abuse were under recognised and resulted in shortfalls in practice acknowledgement and service responses for different groups (such as those in same-sex relationships).

There was limited evidence in the RDAC data of attempts to explore and use evidence-based approaches to the different needs of diverse communities and groups. The

impact of wider experiences of core DVA services on minoritised communities was rarely discussed or addressed in plans.

5. Developing fora for meaningful engagement with families and communities about how risk, safety and support issues are understood should be accorded equal priority with developing systems for multi-agency working

Principle Five: Building Confidence

Utilising the expertise of those that have experienced DVA, both individually and at a community level, will support services and practices that are directly relevant to lived experiences.

There is a powerful policy and practice on the importance of multi-agency working. This needs to be accompanied by meaningful engagement with families and communities about their perspectives. RDAC contributes to an established body of work that highlights the frustrations and fears of families using children's services. Parents (often mothers) were fearful of using children's services because of concerns about child removal, stigma and professional judgements. Communities' confidence in state services involved in DVA (police, health and child protection) are undermined by wider social challenges and histories. The emphasis on multi-agency working must be balanced with a corresponding focus on engaging families and communities in meaningful dialogue about the risks and resources to be found in local contexts.

Fresh approaches, utilising data available on community needs and experiences, which can provide opportunities for collaborative work will open up new conversations and developments. Such approaches can engage positively with the expertise of those with lived experiences.

1.5 Next steps

Members of the research team continue to work with practitioners and policy makers to explore the implementation of the learning from RDAC. There are resources available on the RDAC website (hosted by Research in Practice) [RDAC: Rethinking Domestic abuse in child protection: responding differently | Research in Practice](#).

The team is grateful to all the practitioners, families, policy makers and managers that have contributed to the work. We hope that the messages from RDAC are able to help all involved to 'do and think differently' in our responses to families and communities where DVA continues to cause painful, harmful experiences. Working collaboratively with communities to change the experiences of children, women and men would be a significant and important next step.

2. Introduction

This report concludes the work of the RDAC study, which ran from March 2022 to March 2025. The initial nine months of the project focused on recruiting staff, setting up fieldwork and securing ethical and governance arrangements. Fieldwork was undertaken throughout 2023 and the early months of 2024. Following additional funding, a further wave of fieldwork was completed in late 2024 and early 2025 alongside a focused programme of knowledge transfer in the North West of England. This report was completed during the early months of 2025.

2.1 Overview of the team

The research team involved a partnership between the Universities of Sheffield, Huddersfield and Kingston, SafeLives, Future Men and Research in Practice. The research team members included:

Professor Kate Morris, Dr Claire Cunnington and Dr Lois Liao (University of Sheffield)

Professors Brid Featherstone and Rachel Armitage (University of Huddersfield).

Professor Rick Hood (Kingston University)

Drs Susannah Bowyer and Jess Wild (Research in Practice)

Emma Retter, Jennifer Daws and Suzanne Jacobs (SafeLives)

Owen Thomas (Future Men)

Sharon Inglis (Circles Consultancy)

2.2 Acknowledgements

Dr Calum Webb and Professor Paul Bywaters made significant contributions to the research design and development of the project, and their inputs were invaluable.

The co-operation of managers and staff at the three case study sites was essential to the work of the team and, indeed, the study could not have been completed without their willingness to share their time, data and knowledge with us.

The practitioners who formed the Community of Practice and the families that provided advice and reflections in a series of Family Forums were important members of the project and offered the research team essential opportunities to test and refine findings, drawing from practice wisdom and lived experience (see Appendix 4 for further details).

Staff at Nuffield provided ongoing support and their input was greatly appreciated, in particular the advice provided by Ellen Wright and Ash Patel.

The Advisory Group, chaired by Professor Anna Gupta, also provided valuable expertise and support throughout the project (see Appendix 2 for a list of members).

3. Background to the study and the literature

3.1 The rationale for RDAC

There has been an important shift over the decades from viewing domestic violence and abuse (DVA) as a social problem, centred on gendered power relationships between adults, to one that also foregrounds the impact on children. This shift initially focused on children as secondary victims of abuse perpetrated on their parents/carers and its consequences for the quality of care and parenting. More recently, children have come to be seen as victims of domestic violence in their own right with significant legislative and policy developments reflecting this shift. The implications for services, in particular Children's Social Care (CSC) services, have been far reaching in terms of increased demand for interventions (see reports on Safeguarding Pressures from Association of Directors of Children's Services (ADCS), 2021 and 2025).

In England, section 120 of the Adoption and Children Act 2002 identified 'impairment suffered from seeing or hearing the ill-treatment of another' as a form of significant harm. This legislation reflected the shift from a view of domestic violence as an issue of concern to adults, to one that recognised that children were affected and centrally involved. It also had the effect of drawing a new and potentially large number of children and families into the auspices of children's services and resulted in a significant growth in police notifications and referrals to Children's Social Care.

The reframing of a social problem from one that highlighted gendered power relationships between men and women to one that involves services in a risk assessment project for children has been recognised for some time as having the potential to impact workloads and professional priorities (see for example, Stanley, 2011). However, despite concerns about the impact of DVA there have been significant gaps in the current evidence. For example, while high figures are reported in terms of the presence of DVA in child protection (CP) referrals, and it is reported to be a feature of the backgrounds of looked after children, we know little about how domestic abuse is being defined conceptually or operationally by key decision makers. We know little about whether differential approaches such as typologies, for example, those developed by Johnson (2008), are being used to explore the differing types of violence and control patterns in adult relationships and the implications for children's safety, and the interventions devised in response.

In recent years the findings from research such as the Child Welfare Inequalities Programme (Bywaters, 2020) have highlighted the importance of understanding the relationship between deprivation and children's chances of becoming subject to child protection and/or looked after services and the associated implications for services. The findings of the Child Welfare Inequalities Project revealed a social gradient in care and protection interventions, and the need to ensure that understandings of DVA in child protection engage with this complexity and context if social harms are not to be perpetuated.

Locating differing levels of vulnerability within an inequalities frame has provided important opportunities to think beyond individual risk factors in families, explore the

social determinants of maltreatment and how intersecting inequalities operate. The implications for DVA and child protection are an important, as yet underexplored, area and provided an important impetus for this study.

Research from a range of countries, over the decades, has highlighted the persistence of an individualised case work approach that focuses on mothers to take responsibility for the protection of children and the associated lack of focus on those causing harm (see, for example, Featherstone et al, 2014, 2018, Humphreys and Absler, 2011, LaPierre, 2010). While there continues to be a lack of evidence on why this practice focus persists, Humphreys and Ablner (2011) suggest that it can be seen as one way of managing expanding workloads in a context of resource shortages.

There is a substantial literature containing numerous critiques of responses by child protection systems and practices to families impacted by domestic abuse, and detailing attempts at reforms. Funding has in recent decades been made available through the Children's Social Care Innovation programme to promote alternative service responses. However, patterns of responding have appeared stubbornly resistant to change and there has continued to be a disproportionate focus on mothers to protect children and the lack of engagement with those causing harm (usually men), a particularly long-standing concern. These concerns are shared nationally and internationally, with increasing numbers of family organisations seeking change amid frustration with the limits evident in current responses. The concerns include families' fear of engagement with child protection, unrealistic professional expectations about protection and separation placed on women, and the long term risks of harmful behaviours going unchecked as men are often absent from CP interventions.

It is widely accepted that exposure to DVA is harmful to children, and that harms to women can coincide with those to children (Cleaver 2025). However, there is a lack of detailed empirical research on how CP decision makers conceptualise DVA, how this informs their decision making, and how the differing circumstances of children, women and men shape their experiences and the services they receive. RDAC builds directly on a national Research in Practice (RiP) 'Change Project' led by Featherstone, Morris, Wild and Bowyer that included over 30 agencies concerned with CP DVA (Appendix 3). This programme generated an initial analysis of current child protection practices when domestic abuse and violence is a concern and included a pilot case file audit of over 200 CP DVA files. The project included family members and supported the manager and practitioner participants to interrogate the challenges and possibilities within existing practices. The Change Project served as the foundation for the aims and design of RDAC.

3.2 Summary of Background Literature

The team undertook a targeted literature review in the early stages of the RDAC study. This explored whether, and how, an intersectional analysis had been applied to DVA in child protection. Intersectionality has its roots in Black feminism and critical race theory, drawing on a long history of activism among diverse groups of women across the world (McCall, 2005; Nash, 2008; Winker and Degele, 2011; Mattsson, 2014; Crenshaw, 2017; Almeida et al., 2019; Collins and Bilge, 2020). Professor K.

Crenshaw, an American legal scholar and critical race theorist, is usually credited with coining the term and pioneering its use as a conceptual framework across academic disciplines (Crenshaw, 1989, 1991). Collins and Bilge (2020: 2) define intersectionality as an investigation of how ‘intersecting power relations influence social relations across diverse societies as well as individual experiences in everyday life’, and as an analytic tool that ‘views categories of race, class, gender, sexuality, nation, ability, ethnicity and age – among others – as interrelated and mutually shaping one another. The extensive international literature on intersectionality has made a powerful contribution to our understanding of power, oppression and violence, particularly against women. However, in our review of relevant literature, we found limited application of an intersectional lens to domestic abuse in the context of state child protection systems. There was some acknowledgement of the complexities of lived experiences owing to structural inequalities, with a growing appreciation of the relationship between DVA, substance use, mental health and childhood abuse and trauma. Studies also examined the role that socio-economic circumstances occupy in peoples’ lives, influencing both lived experiences and responses to interventions. ([RDAC literature review: What does the research tell us? Episode one | Research in Practice](#))

Themes from the review:

- **Women as mothers:** As could be anticipated from the preceding discussion, the review reinforced the analysis that there is a sustained focus upon women as mothers. This takes two forms. Firstly, through the service responses that focus on mothering. Secondly, the studies that capture the actions and concerns expressed by women about their children’s wellbeing where DVA is experienced.
- **Supporting women, protecting children:** Help seeking by mothers is tempered by concerns about child removal. This theme cuts across location, culture and geography and has significant consequences for safety, well-being and mothers’ help-seeking. However, while these concerns are broadly shared, issues specific to certain groups of women (such as those with insecure immigration status) are not a sustained focus of inquiry.
- **Limited foci:** The literature has been heavily focused upon the experiences of heterosexual, cis gender people. Child protection responses to DVA in the context of LGBTQ+ families and parenting is an underexplored area.
- **Where are the men?** The experiences and behaviours of men who cause harm is particularly underdeveloped in the field of DVA and child protection. A limited number of studies examine specific topics (such as contact and family courts) but there is little that examines the way inequalities shape men’s lived experiences and how intersecting aspects of identity such as ‘race’, poverty and gender interact when men come into contact with the child protection system in the context of domestic abuse. There are, however, some explorations of the intersectional identities and experiences of men who use violence in the context of perpetrator interventions as part of a child protection response.

- **How and why does domestic violence become a child protection concern?** The nature of DVA in child protection is insufficiently interrogated and deconstructed, with studies providing little insight into the everyday experiences of families in which there is a perpetrator of abuse. Moreover, there is a lack of investigation of how structural factors operate differently in the lives of women, children and men and the resulting implications for practice.
- **Co-occurring and complex experiences.** There were some studies that explored the interplay of DVA with issues such as substance addiction, disability and mental health challenges and some that explored multiple individual and family difficulties in relation to socio-economic circumstances. The absence of robust data about the adults within families – certainly in UK child protection systems - meant it is very difficult to interrogate patterns and trends, or to accurately describe profiles of those needing support and intervention.
- **Innovative responses.** We found few studies that highlighted examples of where applied understandings of structural and social inequalities – for instance ‘race’, culture, poverty and citizenship status (in particular for migrating and relocating families) – had led to innovative policy and practice responses to DVA in the context of child protection. Some studies recognised the value of varied and intersecting experiences, and how those inform responses to state interventions. Most of these were local and culturally specific developments that built upon contextual knowledge. Few examined how localised responses might inform developments elsewhere. There appeared to be a gap in thinking about the methodological issues that might be involved in evaluating the translation of effective local approaches into broader policy and practice, or indeed the importing of ‘models’ into different contexts and settings.
- **Drawing on the insights of lived experiences.** The literature reviewed provided some insights into how social and economic histories, as well as cultural traditions, can fundamentally shape families’ help seeking and routes to services and the need for services to engage with and understand these lived experiences when delivering interventions.

The literature reviewed raised questions for future research, including for RDAC. A key question related to the ethical challenges of bringing in a range of diverse voices into policy, practice, and research development, in particular, how to respond to and accommodate opposing perspectives on the lived experiences of DVA and child protection. The different experiences and views of those impacted by DVA resulted in differing positions of the change needed and the attention that should be paid to different perspectives. However, there was a shared view that central to this was the importance of always foregrounding the voices of children and families as well as ensuring their safety and wellbeing during the research process. The review confirmed the need to explore DVA and CP in the context of intersecting inequalities and provided a useful backdrop for the RDAC study.

4. Aims and methods

The RDAC study built directly on a national Research in Practice (RiP) 'Change Project' led by Featherstone, Morris, Bowyer and Wild that included over 30 agencies concerned with CP and DVA. (See Appendix 3). This project generated an initial analysis of current child protection practices when domestic abuse and violence was a concern and included a case file audit of over 200 case files. The programme included family members and supported managers and practitioners in order to interrogate the challenges and possibilities within existing practices. The Change Project served as the foundation for the aims and design of RDAC.

RDAC had three aims:

- to address the gaps in current knowledge by building an empirically driven analysis of the operational definitions and understandings of DVA in child protection (CPDVA),
- to examine the relationship between CPDVA and socio-economic circumstances, identifying how intersectional inequalities may shape experiences and outcomes in CPDVA,
- to build evidence-based principles to support new approaches in policy and practice.

In order to translate these aims into the study, RDAC had the following objectives:

1. Using a mixed methods design, including case studies, detail the nature, characteristics and understandings of domestic abuse and violence in the context of child protection, producing an empirically driven description of DVA in CP.
2. Using available data about socio-economic circumstances and system demands map the relationship(s) between intersecting socio-economic circumstances and CP DVA interventions.
3. Combining the outcomes of objectives 1) and 2) to produce a detailed description of the phenomenon of DVA in child protection, including the influence of context on how CP DVA is understood, and responses are shaped.
4. Drawing on this rich, detailed understanding of CP DVA, create, through a process of co-production with practitioners, family members and policy makers, principles that can be utilised in policy and practice.
5. Harnessing the potential of the study's participatory arrangements, and the extensive networks of the research team, support the translation of the frameworks into messages for policy and practice.

Embedded in the design was a dynamic process of engagement with those most impacted by current practices. This included an embedded Community of Practice and a series of family engagement forums.

4.1 RDAC DESIGN

RDAC was a three-year mixed methods study, with a continuous strand of engagement, impact, and co-development. The team worked with three case study

sites, one in an English inner-city area, one in an English post-industrial town and one in a Scottish city (respectively C1, C2, and C3). The design built upon previously tested approaches in other, complex studies of child welfare interventions (Mason et al. 2020) and inequalities and system studies in child protection (Bywaters et al, 2021).

Administrative data for CSC services in each site were analysed in order to examine the nature of need and demand placed by DVA on children's services, and the fieldwork focused on establishing practice understandings and family journeys. Early analysis of the administrative data provided the sampling strategy for case file documentary analysis. Each site was supported by two researchers in the field, and each site was provided with feedback during the study. The first wave of fieldwork focused on understandings of DVA in CP, and, following a project extension, a further wave of fieldwork focused on families where long term DVA and children's services involvement had occurred. Initial analysis of the data after the first wave of data gathering indicated the potential for rich learning from the second wave of fieldwork.

The project was supported by an Advisory Group (see Appendix 2) and a Community of Practice (CoP) and various family meetings and forums (see Chapter 5 for details).

4.2 Ethics and data management

Ethical review was undertaken by the Research Ethics Committee of the University of Sheffield. Primary ethical considerations and governance issues focused on data protection and privacy for case-level data provided by local authorities. To facilitate this, data-sharing agreements were established between the University of Sheffield and the three local authorities involved in the study.

4.3 Methodology

The following sets out the overall design of RDAC, the data gathered, and the analysis undertaken.

4.4 Administrative data

A secondary quantitative analysis of administrative data was undertaken in each of the three case study sites (C1, C2 and C3). Child-level data on children's social care (CSC) provision over a three-year period were combined with demographic data on small neighbourhoods. The CSC data consisted of extracts from data collections prepared by local authorities, which are reported on an annual basis to the national governments in England and Scotland.

The analysis focused on cases in which at least one of the concerns identified was about domestic violence and abuse (DVA). It proceeded in three main stages: 1) Descriptive analysis of the social gradient of assessment and intervention, based on neighbourhood demographics (C1 and C3 only); 2) Latent class analysis to identify clusters of concerns recorded in social work assessments (C1 and C2), or at CP conference (C3); 3) Intervention pathways following assessments/conferences for different clusters of concerns, and for different intersectional groups (all sites).

4.4.1 Datasets

The following datasets were used for the quantitative analysis:

1. **CSC services data:** in England, administrative data on CSC provision are collected by local authorities and reported annually to government as the Child in Need (CIN) Census. In Scotland, equivalent information is collected as part of children's social work statistics, which include the child protection data collection¹. These data returns include demographic information about children, as well as information about referrals, assessments and services, including any child protection interventions. Each case is assigned a unique LA case identifier.
2. **Local neighbourhood data:** publicly available information about small neighbourhoods is reported at LSOA-level in England and at data zone-level in Scotland. The data includes ethnicity data, population census data and deprivation data. England and Scotland use different metrics to measure deprivation. In this study, the Index of Multiple Deprivation (IMD) was used for England² whilst the Scottish Index of Multiple Deprivation (SIMD) 2020 was used for Scotland³. A limitation of the data for C2 was that no information on child addresses had been retained by the LA, so that LSOA neighbourhood codes could not be provided.

A summary of the indicators and their data sources can be found in Appendix 1.

4.4.2 Analysis

This study analysed administrative data from three local authorities (two in England and one in Scotland) to examine domestic violence and abuse (DVA) within children's social care (CSC). Data were drawn from social work assessments and child protection (CP) conferences, with analyses focusing on the prevalence of DVA, related risk factors, and intervention pathways.

Further details on the analysis can be found in the technical appendix (Appendix 1). There follows a brief overview of samples, procedures and tests.

Assessments (C1 and C2)

For the two English sites, extracts from the Children in Need (CIN) Census covered all children receiving assessments over three years (2018–21 in C1; 2019–22 in C2). Records included 3,204 assessments in C1 and 4,237 in C2, with most containing factors identified from a government checklist of 40 concerns. One-third of assessments flagged DVA, recorded either as the parent, the child, or another household member experiencing domestic violence. Low-prevalence concerns were merged into broader categories (e.g., "risks outside the home").

CP Conferences (C3)

¹ <https://www.gov.scot/collections/childrens-social-work/>

² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/833951/loD2019_Technical_Report.pdf

³ <https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/>

In Scotland, only CP conference data included multiple concerns. Data covered 4,690 conferences (2018–21), each recording factors from a 15-item checklist. About 29% of cases noted DVA. Low-frequency factors were collapsed into “other concerns.”

Descriptive statistics

Summaries for each site included children’s age, gender, ethnicity, neighbourhood deprivation (C1 and C3), and service outcomes—provision following assessments in England and CP conference decisions in Scotland. Population baselines were derived from Census data.

Social gradients

Analyses examined whether neighbourhood deprivation and ethnic composition affected the likelihood of assessment or intervention. For C1, children’s postcodes were matched to Lower Super Output Areas (LSOAs), linked to Index of Multiple Deprivation (IMD) deciles. For C3, Scottish data zones and the SIMD were used. Equivalent analyses in C1 and C3 assessed ethnic density effects and tested the correlation between ethnicity and deprivation.

Latent class analysis (LCA)

Because assessments and conferences could include multiple concerns, LCA was used to identify clusters of DVA-related cases. The unit of analysis was each assessment/conference containing at least one DVA factor, yielding samples of 1,052 (C1), 1,073 (C2), and 1,361 (C3). Models were tested with 1–10 classes, with optimal solutions chosen using Bayesian Information Criterion (BIC), Akaike Information Criterion (AIC), and researcher judgement. Clusters were then profiled by demographics and service outcomes. LatentGOLD software was used.

Regression analysis

Logistic regression examined how child characteristics predicted intervention outcomes. For C1 and C2, outcomes included: Child in Need status, no further action, Section 47 investigation, or Child Protection Plan. For C3, the outcome was CP registration. Independent variables were age, gender, ethnicity, and deprivation (C1 and C3). Margins analysis estimated the likelihood of outcomes by these characteristics while controlling for others.

Intersectional analysis

Children were grouped by combined characteristics (age, gender, ethnicity, deprivation) to explore overlapping inequalities. For example, a “1111” code represented under-10, female, White children from deprived backgrounds, while “0000” denoted older, male, Minoritised children from less deprived areas. This enabled analysis of how intersecting identities shaped experiences of assessment and intervention.

Case file sampling

Clusters, combined with demographic profiles, were used to purposively select case files for qualitative analysis: 12 each from C1 and C2, and 8 from C3. Ethnic categories were grouped into White, Black, Asian, Mixed, and Other.

4.5 Qualitative data gathering and analysis.

The two sites in England completed CIN data categories at the end of assessments. Practitioners selected from a series of options to record the needs of the child. These categories were used to arrive at an analysis of the clustering of needs in each site. This analysis then shaped to case file audits and informed the fieldwork. The tables below set out the options for those completing the CIN return:

Table 4.1 CIN options

Child's alcohol misuse	Another person's physical disability
Parent's alcohol misuse	Young carer
Another person's alcohol misuse	Privately Fostered
Child's drug misuse	UASC
Parent's drug misuse	Going/being missing
Another person's drug misuse	Child sexual exploitation
Domestic violence relating to the child	Trafficking
Domestic violence relating to the parent	Gangs
Domestic violence relating to another person	Socially unacceptable behaviour
Child's mental health	Self-harm
Parent's mental health	Neglect
Another person's mental health	Emotional abuse
Child's learning disability	Physical abuse
Parent's learning disability	Sexual abuse
Another person's learning disability	Other
Child's physical disability	FGM
Parent's physical disability	Abuse linked to faith or belief

In the Scottish site RDAC used the data generated by child protection conferences, when concerns are captured using the following options.

Table 4.2 CP options

Child Exploitation
Child Sexual Exploitation
Child Trafficking
Children placing themselves at risk
Domestic Abuse
Emotional Abuse
Neglect
Non-engaging Family
Other Concern(s)
Parental alcohol misuse
Parental drug misuse
Parental mental health problems
Physical Abuse
Sexual Abuse
Temporary Registration Category

The limitations of the categories that are currently used are discussed in Chapter 7, and recommendations are made in Chapter 8.

The time delays in securing access to the CIN and CPC data sets resulted in the qualitative fieldwork running in parallel rather than sequentially with the quantitative analysis. However, the research team was able to complete all of the planned fieldwork. This involved two waves, the first focused on a broad approach to understanding DVA in CP (2023/4), the second follow up wave (2024/5) was focused on families where there was multi-generational DVA and long-term children’s services involvement. The fieldwork proceeded as set out below.

An overview of each site was produced using the available administrative and local data. This included site demographics, levels of funding, rates of care and protection interventions, and specific local issues impacting communities or providers. This analysis provided context for the qualitative fieldwork and shaped the interviews and the data analysis.

Background material was gathered and reviewed for each site, this included service structures and flow diagrams, audit reports, annual planning reports, safeguarding

reports and any service mission or vision statements. This material helped shape the focus and the nature of the fieldwork in terms of questions for senior leaders and decisions about staff to be interviewed.

Initial meetings were held with senior leaders in each site to explain the research and to ensure the research staff familiarised themselves with service arrangements and environments. These interviews gathered a range of data about the site, strategic policies and approaches, and specific reflections on DVA. These interviews were recorded, and sections were transcribed that were relevant to the RDAC research questions. Background site information was used to inform the fieldwork.

Initial individual interviews were conducted with members of the children's services leadership teams in each case study site. These were recorded and aimed to capture overarching narratives about the site, the approaches to CP and DVA, local challenges and innovations. The interviews were semi-structured and followed a template developed by the team and piloted in each site. Interviews were conducted online and were recorded, and the data gathered was used to inform the selection of the interviewees and focus groups with practitioners. The recordings were stored securely and accessed only by the research team working in the site.

Interviews and focus groups were undertaken with frontline staff and 'project' staff (including DVA specialists / project staff and FGC co-ordinators). These interviews and focus groups used a semi-structured approach, they were recorded and either fully transcribed, or summarised where themes became repetitive.

In total there were 50 individual interviews, and 4 focus groups (two with professionals and two with family members (C1)).

While two focus groups were possible with families in C1 (in total 21 participants), the other sites did not have established forums that the researchers could interview or consult. These focus groups were held at two stages of the fieldwork. The first focus group explored existing experiences and responses to the services families received where DVA was a concern. The second focus group explored the themes emerging from the analysis of the site data, and in part served as a process of verification and expansion.

Table 4.3 Overview of interview data:

Site	Roles / sources
C1	3 x Senior Leaders 4 x Middle managers / team leaders 4 x SW Practitioners (wave 1) + 5 practitioners (wave 2) 1 x FGC coordinator focus group. 1 x Specialist practitioner (DVA) 2 x Family advisor focus groups. 10 case file reviews (plus two pilots reviews) 5 case reviews (wave 2)
C2	2 x Senior Leaders 3 x Middle managers 4 x Practitioners (wave1) + 4 practitioners (wave 2) 1x Practitioner focus group. 3 x Specialist practitioners 10 case file reviews 5 case reviews (wave 2)
C3	3 x Senior Leaders 6 x Middle managers 4 x Practitioners 3 x Specialist practitioners 1 x NGO practitioner

Structured document analysis of case file data was undertaken in each site. The purposive sampling of the files was guided by the Latent Class Analysis. The LCA utilised the CIN and CP categories set out earlier in this chapter. The LCA generated 'clusters' (see Chapter 6) and files were identified from each cluster ensuring that the files reflected the local profile of children and families. The file was accessed by research staff once they had completed the relevant local data protection training, and no identifiable data was transferred from the files. Instead, each researcher used a pre-agreed template to draw together anonymised data from the file that was directly relevant to the RDAC research aims. The researcher also explored the 'match' between the cluster analysis and the case record of the child and family in the file. In the first wave 32 files were reviewed using the same template across all three sites.

Interviews and focus group data were initially organised using NVivo. The case file data templates were reviewed and analysed, guided by the research questions and cross referenced to the themes identified from initial analysis of the interviews and focus groups. The emerging themes from each site were then considered through reading the detailed site reports, shaped by the overarching research questions. A summary analysis was also developed for each case study site. This analysis was shared with the sites in feedback sessions, and their feedback was used to shape the overarching thematic analysis.

A further ten cases were reviewed in partnership with practitioners in the second wave. These case files were identified by practitioners in C1 and C2 and involved families where there had been long term children's services involvement because of DVA. (Over a decade in the majority of cases). Detailed practice narratives were captured through interviews with the social workers, and, where possible, the case files were reviewed.

The research team met on a regular basis to develop the analyses and identify core messages for policy and practice. Data from the file analysis were reviewed and summarised by each site team using a common framework and then merged to enable a thematic analysis of family journeys through the services, and the associated practices. Each site research team completed a case site report using a common format that brought together the quantitative and qualitative data and analysis. These site reports were shared within the research team and themes for further investigation by the team and with the CoP and family forums were identified.

The team returned to each site to share the findings and the emerging themes. This provided an opportunity to offer feedback to the site and to verify and deepen the analysis. The site reports were then subject to a broader thematic analysis that addressed the RDAC research questions. The sites were assured that the reports would remain confidential to the site and the research team.

The CoP met six times during the life of the project to ensure that the analysis and the themes resonated with practitioners and local managers. Discussions with the extended our understandings and enriched the analysis. Family forums were co-ordinated by SafeLives and provided feedback on the focus of the study and the messages emerging from the analysis.

4.6 Impact and Engagement

The team worked closely throughout the life of the project with multiple stakeholders, this included DVA and CP agencies and professionals, NGOs, families and policy makers.

This research was developed and co-designed by an established partnership that reflected the stakeholders in this field (practitioners, families, policy makers and researchers). The impact and engagement strand ran concurrently with all other work packages throughout the project. SafeLives and Research in Practice (with support from Future Men and the Domestic Abuse and Child Protection Change Project members) utilised their extensive existing networks to create adult family member, practitioner and policy maker forums that met during the life of the project. During the fieldwork these forums expanded the analysis and reviewed and 'made sense of' emerging study findings from diverse perspectives.

Appendix 4 sets out the details of this work.

4.7 Limitations of the study

This was a novel study, bringing together a diverse partnership of DVA and CP and practice experts, with a team of established researchers. The key challenges that faced the team were:

1. The focus of the study was only DVA, this was a deliberate decision as the aim was to deepen understandings of DVA in CP. As a result, no comparative data was generated in terms of the experiences of families where DVA was not an issue. This is an area for further study.
2. All the sites were very keen to participate but had to build appropriate systems and mechanisms in order to facilitate access. This delayed the work of the researchers and slowed down the work of the quantitative analysis. Consequently, some of the sequential 'testing out' of the administrative data themes anticipated in the field was curtailed.
3. The quality of the administrative data was uneven – this is addressed in the themes emerging from the study. In addition, local changes to C2's systems meant RDAC could not access a full set of data, limiting the more advanced analysis of intersecting inequalities for this site.
4. The data held in case files varied significantly across the sites, some had full and comprehensive family histories and chronologies, for other sites the researchers needed to complete lengthy reviews to arrive at clear accounts. This slowed down the case file reviews and prevented any additional exploratory work in this area.
5. Auditing files in the second wave of the fieldwork was more challenging, in part because of significant delays in securing access. This resulted in the adoption of a hybrid method of data gathering, with a mix of direct file access and in depth, lengthy focused practice interviews. However, the wave was able to capture ten rich accounts of long term service use, with the associated practice narratives focused on multi-generational families where DVA and CP were issues.
6. The family engagement work was difficult to embed, the very diverse experiences of different family members meant shared repeat forums were not possible (these were the original plans). These challenges are discussed in a blog produced by the team and was published on the website. Instead of a forum that was able to meet regularly with a regular membership, a flexible model was adopted ([Learning from 'experts by experience': family involvement in Rethinking Domestic Abuse in Child Protection | Research in Practice](#)).

5 Findings

This chapter summarises the themes emerging from the analysis of the quantitative and qualitative data.

5.1 Demographic characteristics of DVA cases

Table 5.1 provides a summary of demographic characteristics for children assessed in relation to DVA in C1 and C2. In C1, the sample included more females than males and under 5s were the most prevalent age group. White children were the most prevalent ethnic group, followed by children from Asian and Mixed backgrounds. In C2, the sample included more males than females, and under 5s were the most prevalent age group. White children constituted a large majority of the sample, with those from Mixed backgrounds the largest minority. Differences or similarities between the two sites may not be meaningful due to the greater amount of missing data in C2,

Table 5.1 Demographics of children receiving an assessment in which domestic violence was recorded (C1 and C2, 2018-21)

Characteristic	C1 Assessments		C2 Assessments	
	N	%	N	%
Gender				
Male	501	47.6%	544	50.7%
Female	531	50.5%	456	42.5%
Unknown	20	1.9%	73	6.8%
Total	1052	100.0%	1073	100.0%
Age (start of episode) ¹				
Under 5	446	42.4%	459	42.8%
5-9 years	266	25.3%	263	24.5%
10-15 years	251	23.9%	251	23.4%
16-17 years	82	7.8%	46	4.2%
Unknown	7	0.7%	54	5.0%
Total	1052	100.0%	1073	100.0%
Ethnicity				
White	342	32.5%	879	81.9%
Black	158	15.0%	13	1.2%
Asian	275	26.1%	19	1.8%
Mixed	196	18.6%	40	3.7%
Other	55	5.2%	34	3.2%
Unknown	26	2.5%	88	8.2%
Total	1052	100.0%	1073	100.0%

Table 5.2 shows the demographic characteristics of children receiving a CP conference in which domestic abuse was one of the concerns recorded. These descriptive statistics cannot be compared directly to C1 and C2 as they relate to CP conferences not assessments. They show that the sample included slightly more

females than males and over half of the children were under 5. White children were a large majority, and children from Asian backgrounds the largest minority.

Table 5.2 Demographics of children receiving a CP conference in which domestic abuse was recorded (C3, 2018-21)

Characteristic	N	%
Gender		
Female	693	50.9%
Male	668	49.1%
Unknown	0	0.0%
Total (reported) ¹	1361	100%
Age (when episode started) ¹		
Pre-birth	40	2.9%
Under 5	738	54.2%
5-9 Years	352	25.9%
10-17 Years	231	17.0%
Unknown	0	0.0%
Total (reported) ¹	1361	100.0%
Ethnicity ¹		
White	1090	80.1%
Black	32	2.4%
Asian	84	6.2%
Mixed	32	2.4%
Other	c	c
Unknown	123	9.0%
Total (reported) ¹	1361	100.0%

Note:

1 Counts < 5 are suppressed (denoted 'c') and not included in totals. Totals therefore reflect reported values only.

5.2 Intervention pathways (C1 and C2)

Intervention pathways for each CSC episode in C1 and C2 are shown in Table 5.3. The pathways were summarised as a single variable with three mutually exclusive groups:

- *Not-CIN* – episodes in which an assessment was carried out, but the child was not found to be 'in need' and therefore did not receive a statutory CSC service.
- *CIN only* – episodes in which children were assessed as being 'in need' and went on to receive statutory CSC services but were not subject to a CP plan.
- *CP plan* – episodes in which children were made subject to a CP plan.

Table 5.3 Intervention pathways in C1 and C2 (DVA cases)

Intervention pathways	Number (C1)	% (C1)	Number (C2)	% (C2)
Non-CIN	145	13.8%	326	30.1%
CIN	720	68.4%	492	45.4%
CP Plan	187	17.8%	265	24.5%

For C3, the outcome of a CP conference was summarised as the decision to place the child on the child protection register (or not). Overall, one third of conferences in relation to DVA resulted in a decision to register.

Table 5.4 Intervention pathways of C3 (DVA cases)

Conference outcome	Number	%
Registered ¹	455	33.3%
Not registered ²	906	66.7%
<i>Total</i>	<i>1361</i>	<i>100%</i>

Notes

¹ Includes the decisions: Continued Registration, Continued Registration and Referral to SCRA, Registration, Registration and Referral to SCRA

²Included the decisions: Child not Registered, Child not registered-Referral to SCRA, Monitoring and Review, Need for further/formal investigation, No further action, Null, Proceed to CP Conference, Name removed from register, No longer requires YPSP proc risk reduced.

5.3 Case Site Reports

It was agreed with key personnel that the fieldwork undertaken in each case study site would be neither evaluative nor comparative, and the detailed reports are confidential to the site. Due to the agreements about anonymity, details that could identify the sites are omitted and this limits the details of descriptive data for each site that can be shared. The fieldwork in each site focused on understanding how DVA was approached within children's services, and how the available administrative data could be analysed to improve understanding of needs.

Individual site reports were used as a means of (a) feedback for each site, b) organising the data to enable the broader analysis and c) sharing with sites the analysis of the administrative data that revealed local patterns and needs. (See Chapter 4 for the description of the fieldwork). We summarise below the findings for each site, with particular focus on the analysis of the quantitative data, with short summaries of the qualitative fieldwork. The qualitative data analysis is mainly presented in Chapter 7, which builds upon the case study site reports to address the RDAC aims and research questions.

5.4.1 Case Study Site 1 (C1)

This was an inner-city Local Authority area, with a diverse population, containing both very affluent and very poor communities and families. Using the IMD data the site does not contain any of the most deprived areas in the UK, but it faces specific challenges in relation to the availability of affordable housing. The LA has dedicated specialised DVA services that form part of the local DVA partnership that includes children's

services. The LA has a well-established Family Group Conference service that works with families entering children's services.

5.4.2 Identifying clusters of DVA/CP

Results of latent class analysis (LCA)

In C1, goodness of fit statistics from the LCA (which show how well a statistical model fits a set of observational models) were not conclusive for determining a definitive number of clusters (see Appendix 1). However, an 'elbow', or point of diminishing returns, was discernible at, or around, the six-model solution. The interpretability of clusters within different solutions was also examined by the research team consultation with stakeholders. On this basis, the six-model solution was found to be most evidentially grounded and were taken forward. DVA cases in C1 could therefore be summarised as a set of six clusters, each characterised by the probability that certain factors would be recorded in a social work assessment.

Description of the clusters

The latent classes, or DVA/CP clusters, were first described in terms of their frequency in the dataset and the conditional probabilities, i.e. the likelihood that a particular factor will have been recorded in an assessment assigned to a particular cluster. These findings are presented in Figure XXX, in which red coloured cells indicate the concerns that were most recorded within each cluster. Clusters were labelled based on the factors with the highest probabilities of occurring, and in consultation with stakeholders. Finally, the profile of children whose assessments appeared in the clusters was described via a breakdown of gender, age and ethnicity, and compared to all children assessed.

The findings can be summarised as follows:

1. Domestic violence and abuse

This was the most common cluster, accounting for 64% of all cases. It was characterised by concerns about the child's parent/carers being the subject of domestic violence, sometimes in combination with emotional abuse, or concerns about the parent's mental health. Compared to the average, children in this cluster were more likely to be younger and were relatively less likely to be subject to a CP plan.

2. DVA (child)

This cluster, accounting for 13% of cases, was characterised by concerns about the child being the subject of domestic violence. Concerns about DVA (parent/carer) and physical or emotional abuse of the child were also sometimes recorded. Compared to the average, children in this cluster were more likely to be older and relatively less likely to be subject to a CP plan.

3. DVA and substance misuse

This cluster accounted for 11% of cases. It was defined by concerns about the child's parent/carers being the subject of domestic violence, combined with concerns about parental drug or alcohol misuse. Concerns about the parent's mental health, and

neglect or emotional abuse of the child were also sometimes recorded. Compared to the average, children in this cluster were more likely to be under 5 and from White backgrounds, and were relatively more likely to proceed to CP.

4. DVA (another person)

This cluster accounted for 5% of cases and was characterised by concerns about another person living in the household being the subject of domestic violence, sometimes in combination with another person’s drug or alcohol misuse, or concerns about another person’s mental health. Compared to the average, children in this cluster were more likely to be older, female and from Asian backgrounds.

5. DVA with multiple risks

This cluster accounted for 5% of cases and was characterised by concerns about the child’s parent/carers being the subject of domestic violence, combined with parental mental health concerns and emotional abuse of the child. Other risk factors were also likely to be recorded, such as parental drug or alcohol misuse or parental disability, and concerns about child neglect or physical abuse. Children in this cluster were more likely to be male and the majority went on to be subject to a CP plan.

6. DVA and child mental health

This cluster accounted for 2% of cases and was characterised by concerns about the child’s parent/carers being the subject of domestic violence, combined with concerns about the child’s mental health. Concerns relating to the child’s disability, parent’s mental health and risks outside the home were also frequently recorded. Compared to the average, children in this cluster were more likely to be older, male, and from White backgrounds, and were predominantly assessed as CIN.

Figure 5.1 Probability means table for LCA 6-class model (C1)

	Domestic violence and abuse	DVA (child)	Substance misuse and DVA	DVA (another person)	DVA multiple and needs	and risks	DVA and child mental health
Cluster size	64.2%	12.8%	11.1%	5.1%	4.9%		1.9%
<i>Child's substance misuse</i>	1.2%	4.5%	0.9%	0.0%	0.0%		0.0%
<i>Parent's alcohol misuse</i>	12.5%	4.9%	43.2%	1.9%	36.9%		0.2%
<i>Parent's drug misuse</i>	0.1%	3.1%	95.9%	4.0%	52.0%		0.1%
<i>Another person's substance misuse</i>	0.6%	2.3%	0.7%	28.2%	7.9%		0.0%
<i>Domestic violence relating to the child</i>	1.0%	99.9%	1.2%	0.1%	35.4%		0.2%
<i>Domestic violence relating to the parent</i>	100.0%	24.9%	98.2%	21.2%	99.9%		99.9%
<i>Domestic violence relating to another person</i>	0.0%	5.9%	3.4%	99.6%	0.0%		9.9%
<i>Child's mental health (inc self harm)</i>	1.8%	17.3%	0.9%	5.7%	11.2%		98.4%

<i>Parent's or another person's mental health</i>	20.4%	19.3%	52.9%	20.9%	94.2%	50.6%
<i>Child's physical or learning disability</i>	4.5%	7.5%	5.0%	0.0%	10.4%	62.7%
<i>Parent's physical or learning disability</i>	4.9%	2.7%	1.9%	7.5%	29.3%	0.1%
<i>Risks outside home</i>	3.7%	7.9%	1.4%	0.0%	15.0%	47.6%
<i>Neglect</i>	2.7%	3.7%	20.7%	0.0%	39.3%	39.4%
<i>Emotional abuse</i>	16.6%	18.9%	17.3%	7.6%	91.5%	48.7%
<i>Physical abuse</i>	5.1%	18.8%	3.9%	13.2%	39.6%	0.1%
<i>Sexual abuse</i>	0.9%	1.0%	0.0%	1.9%	1.0%	9.9%
<i>Other</i>	3.8%	0.7%	3.5%	7.5%	6.6%	19.9%

Note: The colours represent a heatmapping of values, so that red indicates a higher percentage and blue a lower one, within each column.

5.4.3 Analysis of social gradients

Descriptive statistics showed how the rate of assessments and interventions (per 10,000 child population) varied for each local area (technically, local super output area, or LSOA), stratified by 1) the proportion of households experiencing deprivation (average IMD score) and 2) the proportion of households from minoritised backgrounds. Here we use the term 'social gradient' to describe results for both 1) and 2). Only episodes in which DVA was one of the factors recorded at the end of an assessment were included in the analysis.

1) Deprivation

Figure 5.2 shows the rate of child and family assessments (per 10,000 child population) for each decile of deprivation. The figure shows a social gradient, with rates of children assessed in decile 1 (most deprived) nearly five times the rate of children assessed from decile 10 (least deprived). Similar results were found for children receiving other types of CSC provision:

- rates of children assessed as CIN in decile 1 were more than five times the rate of children assessed in decile 10.
- rates of children who are subject to CP plans in decile 1 were more than four times the rate of children assessed in decile 10.

2) Ethnicity

Figure 5.3 shows the rate of C&F assessments (per 10,000 child population) for each decile of local areas ranked by the density of the minoritised child population. It shows a social gradient, in that areas with the highest density of minoritised children (Decile 10) had nearly five times the rate of DVA cases assessed than areas with the lowest minoritised child population density (Decile 1).

Compared to the social gradient for IMD, the pattern was less continuous between deciles. Similar results were found for children receiving other types of CSC provision:

- rates of children assessed as CIN in decile 1 were nearly five times the rate of children assessed in decile 10.
- rates of children who are subject to CP plans in decile 1 were over seven times the rate of children assessed in decile 10.

However, we also found that rates of deprivation were positively correlated with the proportion of children from a minoritised background in local areas (correlation coefficient: 0.76).

Figure 5.2 DVA per 10,000 child population based on IMD.

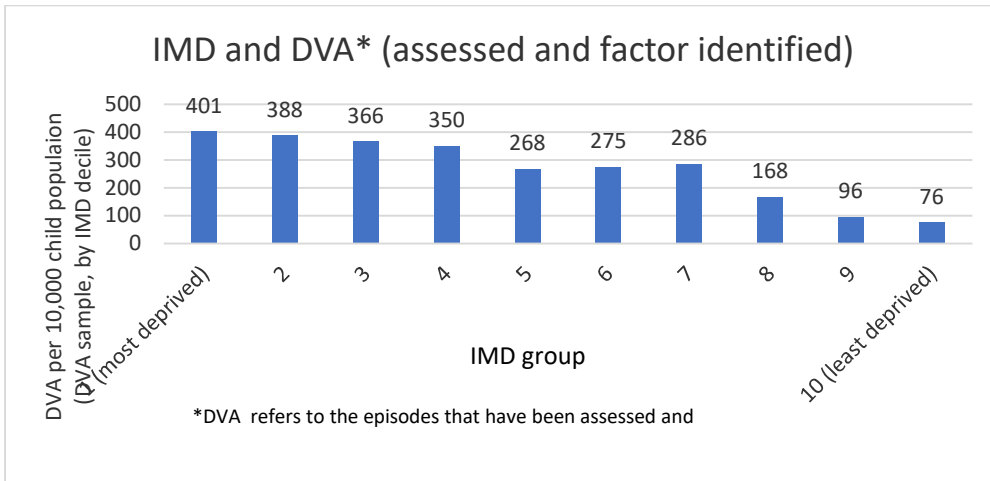
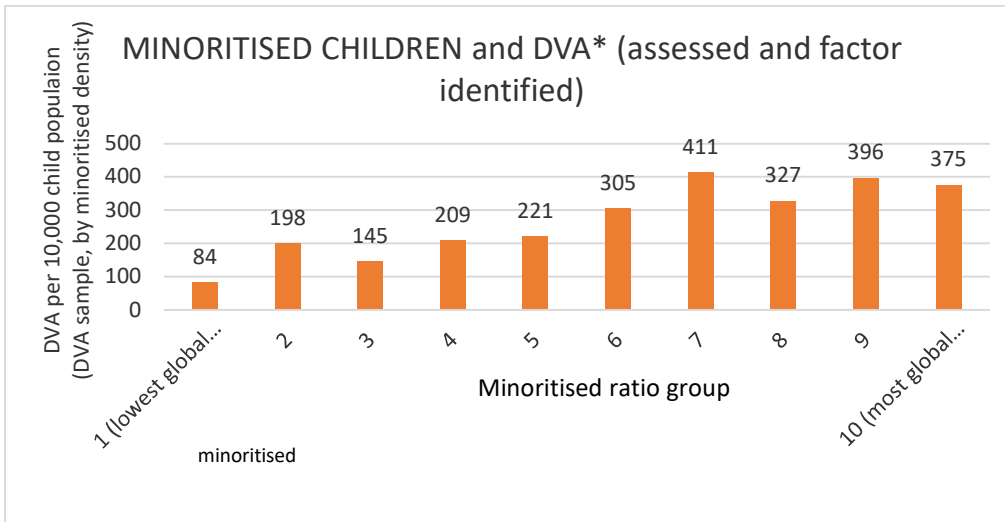


Figure 5.3 DVA per 10,000 child population based on density of Minoritised child population.



5.4.4 Factors affecting threshold of provision.

Regression analysis was undertaken to examine the impact of child characteristics and DVA assessment clusters on the likelihood that children would receive statutory services as CIN or be subject to CP interventions. Results reported here for each characteristic are after adjustment for other co-variates. Tests for statistical significance are reported for any observed differences (see Appendix 1). Clusters 5 and 6 were excluded from the model due to very low numbers. The findings are summarised as follows:

Gender

- Male children were more likely to be assessed as CIN, even after other co-variates were considered. This difference was statistically significant.
- Male children were slightly more likely to have a CP Plan, after other co-variates are considered, but the difference was not significant.

Ethnicity

- Children from Mixed and Other groups were the most likely to be assessed as CIN, and White children the least likely. The difference between White children and children from Mixed or Other backgrounds was statistically significant.
- Children from Black and Asian backgrounds were the most likely to receive a CP plan, and children from Mixed backgrounds were the least likely, after other co-variates were considered. The differences between children from Mixed backgrounds and Asian and Black children were statistically significant.

Age

- The probability of being assessed as CIN was slightly higher for children aged under 5 (but not statistically significant). It is worth noting that Under-5s were over-represented amongst the children assessed in relation to DVA factor, compared to the overall child population in C1.
- Under-5s were more likely than the other age groups to be subject to Section 47 enquiries. This difference was statistically significant.
- Under-5s were slightly more likely than the other groups to be subject to a CP plan following assessment, but the difference was not significant.

Deprivation

- The deprivation quintile in which children lived was not associated with differences in the decision to assess a child as CIN, once other co-variates including ethnicity were taken into account. However, it should be noted that children who have received social work assessments are already disproportionately from more deprived areas.
- While there were differences between deprivation quintiles in terms of the likelihood of being subject to CP Plans, confidence intervals were wide and there was no clear pattern when comparing more and less deprived areas. Therefore, it is not possible to conclude that deprivation was a significant factor

affecting the likelihood of a CP Plan following an assessment, once other co-variates are considered. However, it should be noted that this was a sample of children who were already disproportionately from more deprived areas.

Cluster

- Children in the ‘multiple needs’ clusters (2-4) were more likely to be assessed as CIN than children in the ‘single DVA factor’ cluster, after other co-variates are considered. These differences were statistically significant. Clusters 5 and 6 were excluded due to very low numbers.
- Children in cluster 5 (DVA with multiple risks) were more likely than children in other clusters to receive a CP plan following assessment. The difference between this cluster and the others was significant.

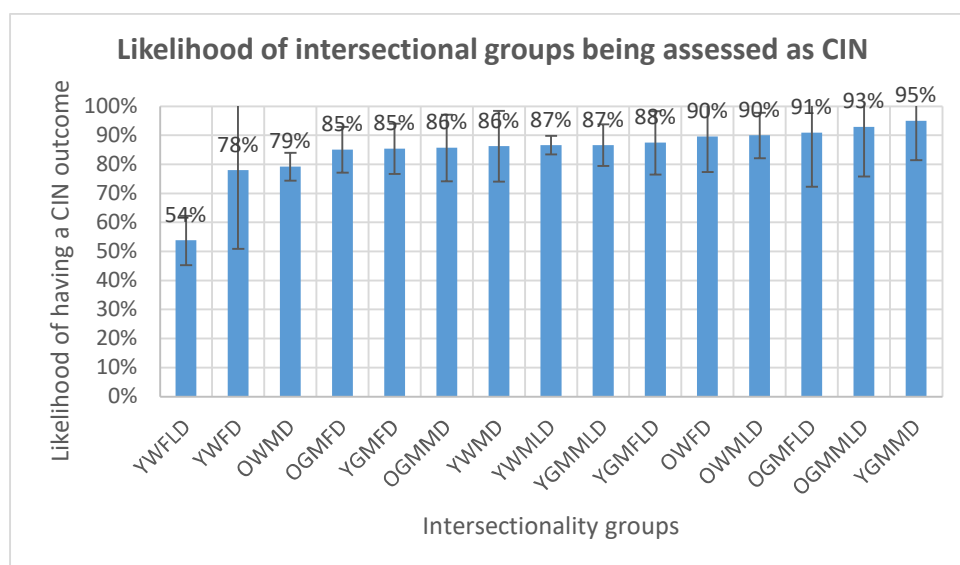
5.4.5 Analysis of Intersectional groups

Further analysis was undertaken to explore the likelihood that different intersectional groups would receive statutory services as CIN, or be subject to CP interventions, following a social work assessment.

While some differences were identified, caution in interpretation is needed due to very low numbers in some of these groups, as indicated by wide confidence intervals in places.

Figure 5.5 shows that younger White females from less deprived areas were the least likely to be assessed as CIN. Older Minoritised females from less deprived areas and older White males from less deprived areas also had a relatively high likelihood of being assessed as CIN. In contrast, younger Minoritised females from less deprived areas, younger White males from less deprived areas, and younger Minoritised males from less deprived areas had a similar (relatively low) likelihood of being assessed as CIN.

Figure 5.5 Predicted probabilities of being assessed as CIN for intersectional groups, (DVA cohort)

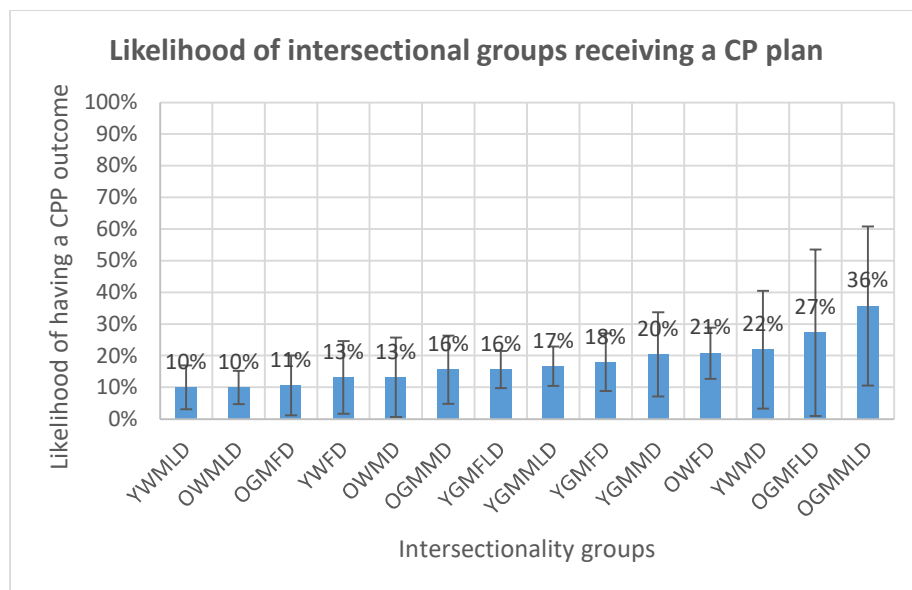


Key: Y (younger), O (older), W (White), GM (Minoritised), F (female), M (male), D (more deprived), LD (less deprived)

Note: Estimates are not relative to a reference category

An equivalent analysis for CP plans showed that white male children from less deprived areas were the least likely to have a CP plan. Older non-white males from less deprived areas were the most likely.

Figure 5.6 Predicted probabilities of intersectional groups receiving a CP plan (DVA cohort)



Key: Y (younger), O (older), W (White), GM (Minoritised), F (female), M (male), D (more deprived), LD (less deprived)

5.4.6 Themes from C1 fieldwork

- There was widespread evidence of a commitment to supporting families, and desire to avoid interventions that were perceived as punitive or mother blaming. This approach can be best understood as a maximum stretching / bending of the traditional CP system to work differently with families.
- There was extensive evidence of embedding family involvement in children's services, with an established Family Group Conference services, family advisors, peer supporters and peer researchers. All these developments included families where DVA was a concern.
- The data indicated that, wherever possible, support services (multi agency) were used where DVA was an issue, in preference to more formal CP interventions.
- There was routine evidence in the plans and practice narratives of safety planning in partnership with local DVA services.

- The reflections about DVA in families using children's services included recognition of the national broadening of DVA definitions and its consequences for children, with greater knowledge of some elements (such as coercive control).
- There was clear evidence in plans of the importance of schools in monitoring children's wellbeing where DVA a concern, and in contributing to reflections on children's everyday lives.
- There was evidence of understandings of different minoritised groups and communities in the assessments and practice narratives, and in some service responses.

The challenges facing C1 were also evident in the data and reflect local and national tensions in this area. The challenges identified were:

- There was limited evidence of in depth understanding of the different forms and types of DVA and differential assessments and plans drawing on this knowledge. This included comprehensive mapping of the types and nature of episodes.
- Despite the evidence from the case files of varied harms (including single sex, adult child to parent, women to men) the practice narrative consistently focused only on abuse from men to women. While this was the primary type of DVA, the other forms were under recognised in narratives and responses.
- The engagement of men was limited, there was widespread evidence of a recognition that men were often missing from assessment and plans, changing this was felt to be very difficult.
- Holistic approaches that interrogated causes, as well as consequences. were limited, and recognition of the role of socio-economic circumstances was uneven in CIN and CP plans.
- Despite evidence of awareness of the different needs and experiences of the different communities being served, plans did not always capture the wider social and economic context, and the different DVA types and their implications.
- The practice and case file data revealed the challenges of working with families where there had been long term concerns about DVA and the CP implications. Practice narratives and case file data indicated the problems practitioners felt in achieving change, and the difficulties families experienced when dealing with long term involvement.

5.5.1 Case Study Site 2 (C2)

This site was a metropolitan borough in a deprived post-industrial city. The population was largely White British (with relatively low social mobility). The population profile noted a profile that was older than national averages with lower educational attainment levels. The site has a specialist DVA service that is well-established. The service is non-statutory although located within local authority CSC.

5.5.2 Identifying clusters of DVA/CP

Results of latent class analysis (LCA)

Goodness of fit statistics from the LCA were not conclusive for determining a definitive number of clusters (see Appendix 1). However, an 'elbow', or point of diminishing returns, was discernible at, or around, the 6-model solution. The classes were qualitatively interpretable and made sense to the research team, and to stakeholders when the results were presented. DVA cases in C2 could therefore be summarised as a set of six clusters, each characterised by the probability that certain factors would be recorded in a social work assessment.

Description of the clusters

The latent classes, or DVA/CP clusters, were first described in terms of their frequency in the dataset and the conditional probabilities, i.e. the likelihood that a particular factor will have been recorded in an assessment assigned to a particular cluster. These findings are presented in Figure 5.7. The clusters were labelled based on the factors with the highest probabilities of occurring, and after discussion with the research team and LA contacts. Finally, the profile of children whose assessments appeared in the clusters was described via a breakdown of gender, age and ethnicity, and compared to all children assessed.

The findings can be summarised as follows:

1. Domestic violence and abuse

This was the most common cluster, accounting for 66% of all cases. It was characterised by concerns about the child's parent/carers being the subject of domestic violence, sometimes in combination with concerns about parental mental health or alcohol misuse. Compared to the average, children in this cluster were more likely to be male and were slightly less likely to be subject to a CP plan.

2. DVA, mental health and substance misuse

This cluster, accounting for 14% of cases, was defined by concerns about the child's parent/carers being the subject of domestic violence, usually combined with concerns about parental mental health and/or drug or alcohol misuse. Concerns about emotional abuse of the child were also sometimes recorded. Compared to the average, children in this cluster were more likely to be male, younger and more likely to be subject to a CP plan.

3. DVA (another person)

This cluster, accounting for 7% of cases, was characterised by concerns about another person in the household being subject to domestic violence, sometimes in combination with concerns about another person's drug or alcohol misuse, and/or another person's mental health. Concerns about emotional abuse and/or domestic violence towards the child's parent/carer were also sometimes recorded. Compared to the average, children in this cluster were less likely to proceed to a CP plan.

4. DVA and multiple risks

This cluster accounted for 6% of cases and was characterised by concerns about the child's parent/carers being the subject of domestic violence and the child being subject to emotional abuse, combined with parental mental health concerns and often other risk factors as well, such as concerns about parental drug or alcohol misuse, the child's mental health, and about neglect or physical abuse. Compared to the average, children in this cluster were more likely to be female, older, and were more likely to proceed to a CP plan.

5. DVA (child)

This cluster accounted for 4% of cases and was characterised by concerns about the child being the subject of domestic violence, sometimes in combination with concerns about the child's mental health and/or the parent/carer being subject to domestic violence. Compared to all children assessed, children in this cluster were more likely to proceed to a CP plan.

6. DVA and risks outside the home

This cluster accounted for 3% of cases and was characterised by concerns about the child's parent/carers being the subject of domestic violence, combined with concerns about risks outside the home. Concerns about the child's mental health and/or physical/learning disability were sometimes also recorded, as were concerns about parental mental health and emotional abuse. Compared to the average, children in this cluster were more likely to be older, male, and were less likely to proceed to a CP plan (although more likely to have a S47 enquiry).

Figure 5.7 Probability means table for LCA 6-class model.

	DVA parent	DVA mental health/substance misuse	DVA another person	DVA and multiple risks	DVA child	DVA and risks outside the home
Cluster Size	65.5%	14.3%	6.9%	6.0%	4.2%	3.2%
Child's substance misuse	0.0%	0.0%	3.7%	6.7%	11.1%	14.5%
Parent's alcohol misuse	19.0%	59.1%	11.2%	28.1%	8.3%	0.2%
Parent's drug misuse	7.6%	46.6%	0.1%	36.8%	2.6%	4.1%
Another person's drug or alcohol use	1.3%	15.1%	16.7%	5.1%	2.4%	0.0%
DVA re. Child	6.1%	12.5%	13.5%	33.1%	99.6%	4.1%
DVA re. Parent	100.0%	100.0%	24.1%	96.6%	22.5%	100.0%
DVA re. another person	0.0%	6.2%	99.7%	26.3%	0.1%	24.0%
Child's mental health	0.3%	0.5%	0.0%	38.4%	28.0%	34.4%
Parent's/Another person's mental health	20.7%	79.2%	23.1%	77.0%	14.4%	42.2%
Child's physical/learning disability	1.4%	1.4%	1.7%	0.0%	4.4%	49.4%
Parent's physical/learning disability	1.4%	8.3%	0.0%	0.0%	4.4%	10.5%
Risks outside home	0.0%	9.7%	0.0%	9.7%	12.6%	64.5%
Neglect	0.9%	11.2%	1.4%	24.9%	2.3%	0.0%

Emotional abuse	12.7%	22.5%	14.0%	99.5%	0.1%	30.3%
Physical abuse	1.0%	5.3%	0.0%	39.8%	0.0%	0.0%
Sexual abuse	1.0%	0.9%	0.0%	0.0%	0.0%	16.0%
Other	2.4%	0.0%	8.2%	0.0%	8.9%	3.2%

5.5.3 Factors affecting threshold of provision.

Regression analysis was undertaken to examine the impact of child characteristics and DVA assessment clusters on the likelihood that children would receive statutory services as CIN or be subject to CP interventions. Results reported here for each characteristic are after adjustment for other co-variables. Tests for statistical significance are reported for any observed differences (see Appendix 1). The findings are summarised as follows:

Gender

- Female children were more likely to be assessed as CIN, even after other co-variables were considered. This difference was statistically significant.
- Male children were slightly more likely to have a CP Plan, after other co-variables are considered. This difference was statistically significant.

Ethnicity

- Children from Mixed groups were the most likely to be assessed as CIN, and White and Asian children the least likely. The difference between children from Mixed backgrounds and White or Asian children was statistically significant.
- Children from Mixed groups were the most likely to have a CP plan, and White and Asian children the least likely. The difference between children from Mixed backgrounds and White or Asian children was statistically significant.

Age

- The probability of being assessed as CIN was higher for children aged under 5, and this was statistically significant. It is worth noting that Under-5s were over-represented amongst the children assessed in relation to DVA factors, compared to the overall child population in C2.
- Under-5s were more likely than the other groups to be subject to a CP plan following assessment, and this difference was statistically significant.

Cluster

- Children in clusters 5 (DVA/child) and (6) DVA/risks outside the home) were more likely to be assessed as CIN than children in clusters 1 (DVA) and 3 (DVA/another person). These differences were statistically significant.
- Children in clusters 2 (DVA with mental health/substance misuse), 4 (DVA/multiple risks) and 5 (DVA/child) were more likely than children in clusters 1,3 and 6 to receive a CP plan following assessment. The difference between this cluster and the others was significant.

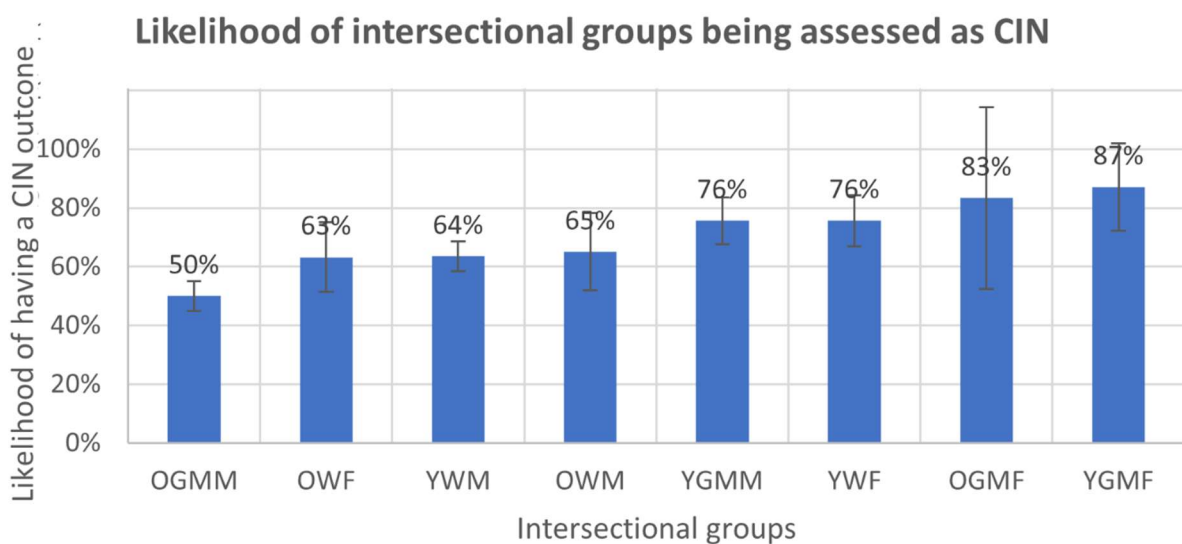
5.5.4 Analysis of Intersectional groups

Further analysis was undertaken to explore the likelihood that different intersectional groups would receive statutory services as CIN, or be subject to CP interventions, following a social work assessment. While some differences were identified, caution in interpretation is needed due to very low numbers in some of these groups, as indicated by wide confidence intervals in places.

Figure 5.8 shows that older Minoritised males were the least likely to be assessed as CIN, whereas Minoritised females of all ages were the most likely to be assessed as CIN.

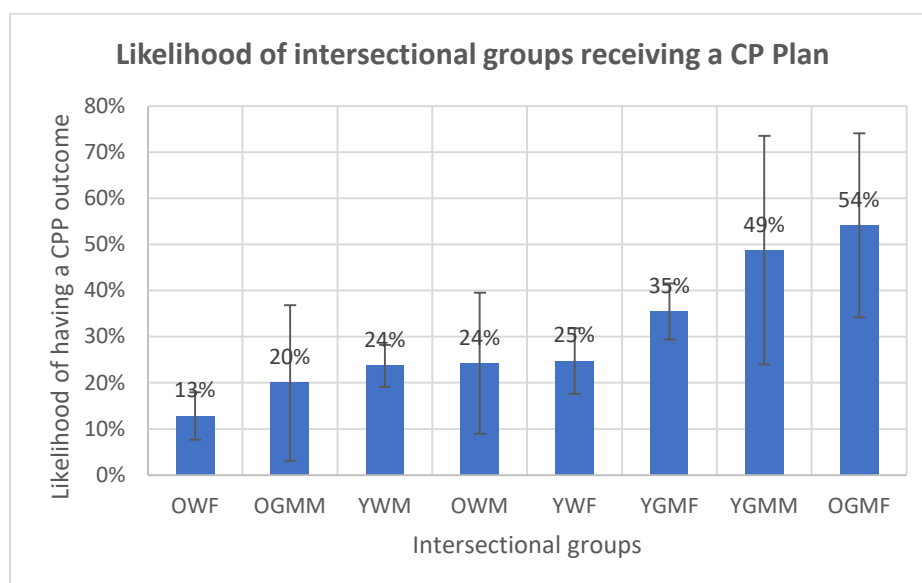
An equivalent analysis for CP plans, shown in Figure 5.8, showed that older white females were the least likely to be subject to a CP plan, whereas Minoritised males of all ages were the most likely.

Figure 5.8 Likelihood intersectional groups being assessed as CIN (DVA cohort)



Key: Y (younger), O (older), W (White), GM (Minoritised), F (female), M (male)

Figure 5.9 Likelihood of intersectional groups receiving a CP plan (DVA cohort)



Key: Y (younger), O (older), W (White), GM (Minoritised), F (female), M (male)

5.4.5 Themes from C2 fieldwork

. The site presented a number of strengths, these included:

- It hosted a service that was undertaking innovative work with families where DVA was a concern. This included the use of evidence informed typologies of DVA and thoughtful assessment approaches.
- The site, through the dedicated service, had adopted whole family approaches with sustained attention to men and their experiences and roles within the families evident.
- Individual case-work approaches were deployed alongside group work and strategies that sought to engage community and employer representatives.
- Group work with children and young people was a feature of the work in the specialist project.
- Across the case-study site, staff, at all levels, displayed a willingness to think broadly about DVA as a complex social problem, not a narrow child protection matter. This included links drawn with contextual safeguarding and with broader social policy initiatives.

The data also indicated a number of challenges when addressing DVA in children's services. These included:

- The casefiles sampled did not usually reflect the interest in, and understanding of, typologies and implications for risk. The reasons given for the disconnect were linked to workforce instability, risk aversion, levels of demand, and the limited reach of the small specialist service.
- Socio-economic difficulties were not routinely addressed in casefiles, although housing was a significant concern.

- In case-files engagement with the cultural and social issues for families from different countries/ethnicities, was sometimes cursory, with limited capacity to respond to particular needs or experiences.
- Non-specialist practice was largely process driven, with limited evidence of sustained approaches to the children's experiences.
- Families where DVA was entrenched and multi-generational, demonstrated the challenges and consequences of repeated interventions and periodic involvement from children's services.

5.5 Case Study Site 3 (C3)

This site was a large Scottish city containing areas of high deprivation and relative affluence. The different policy and legal frameworks meant that the relevant dataset was the Child Protection Conference data.

5.5.1 Identifying clusters of DVA/CP

Results of latent class analysis (LCA)

Goodness of fit statistics from the LCA were not conclusive for determining a definitive number of clusters (see Appendix 1). However, an 'elbow', or point of diminishing returns, was discernible at, or around, the 4-model solution. The classes were qualitatively interpretable and made sense to the research team, and to stakeholders when the results were presented. DVA/CP cases in C3 could therefore be summarised as a set of four clusters, each characterised by the probability that certain factors would be recorded at a child protection conference.

Description of the clusters

The latent classes, or DVA/CP clusters, were first described in terms of their frequency in the dataset and the conditional probabilities, i.e. the likelihood that a particular concern will have been recorded in a CP conference assigned to a particular cluster. These findings are presented in Figure 5.10. The clusters were labelled based on the concerns with the highest probabilities of occurring, and after discussion in the research team and LA contacts. Finally, the profile of children in each cluster was described via a breakdown of gender, age and ethnicity, and compared to all children whose CP conferences identified concerns about DVA.

The findings can be summarised as follows:

1. Domestic abuse and neglect/non-engagement

This was the most common cluster, accounting for 44% of all cases in C3. It was characterised by domestic abuse, often in combination with concerns about neglect and/or family non-engagement. Concerns about a parent's alcohol misuse, drug misuse or mental health were also sometimes recorded. Compared to the average, children in this cluster were more likely to be White. Children in this group had a similar age and gender profile to the average. The likelihood of being registered at conference in this group was almost the same as average (66%).

2. Domestic abuse

This cluster accounts for 41% of all cases in C3. It was characterised mainly by concerns about domestic abuse, sometimes co-occurring with concerns about emotional abuse of the child or parental alcohol misuse. Compared to the average, children in this cluster were more likely to be younger and female. The likelihood of being registered in this group was the same as average (67%).

3. Domestic abuse and emotional/physical abuse

This was the second most prevalent cluster, accounting for 8% of all cases in C3. It was defined by domestic abuse, often in combination of physical abuse and emotional abuse. There are also some concerns of parental mental health problems. Compared to the average, children in this cluster were more likely to be older, Asian and male. The likelihood of being registered in this group was higher than average (72%).

4. Domestic abuse and child abuse/neglect

This cluster accounted for 7% of all cases in C3. It was characterised by domestic abuse combined with concerns about emotional abuse, neglect, physical abuse and non-engaging family. Concerns about the parent's mental health were sometimes recorded. Compared to the average, children in this cluster were more likely to be older, male and of Asian and mixed ethnicity. The likelihood of being registered in this group was lower than average (61%).

Figure 5.10 Probability means table for LCA 4-class model

Cluster label	Domestic abuse and neglect/non-engaging family	Domestic abuse	Domestic abuse and emotional/physical abuse	Domestic abuse and child abuse/ neglect
Cluster Size	44%	41%	8%	7%
Concerns recorded				
Child Exploitation	0%	0%	0%	0%
Child Sexual Exploitation	0%	0%	0%	0%
Child Trafficking	0%	0%	0%	0%
Children placing themselves at risk	0%	0%	1%	0%
Domestic Abuse	100%	100%	100%	100%
Emotional Abuse	28%	28%	75%	85%
Neglect	54%	1%	8%	90%
Non-engaging Family	42%	12%	1%	99%
Other Concern(s)	20%	3%	26%	31%
Parental alcohol misuse	27%	21%	11%	0%
Parental drug misuse	20%	14%	0%	13%
Parental mental health problems	30%	6%	23%	32%
Physical Abuse	2%	0%	78%	82%
Sexual Abuse	1%	2%	0%	11%
Temporary Registration Category	0%	0%	0%	0%

5.5.2 Analysis of social gradients

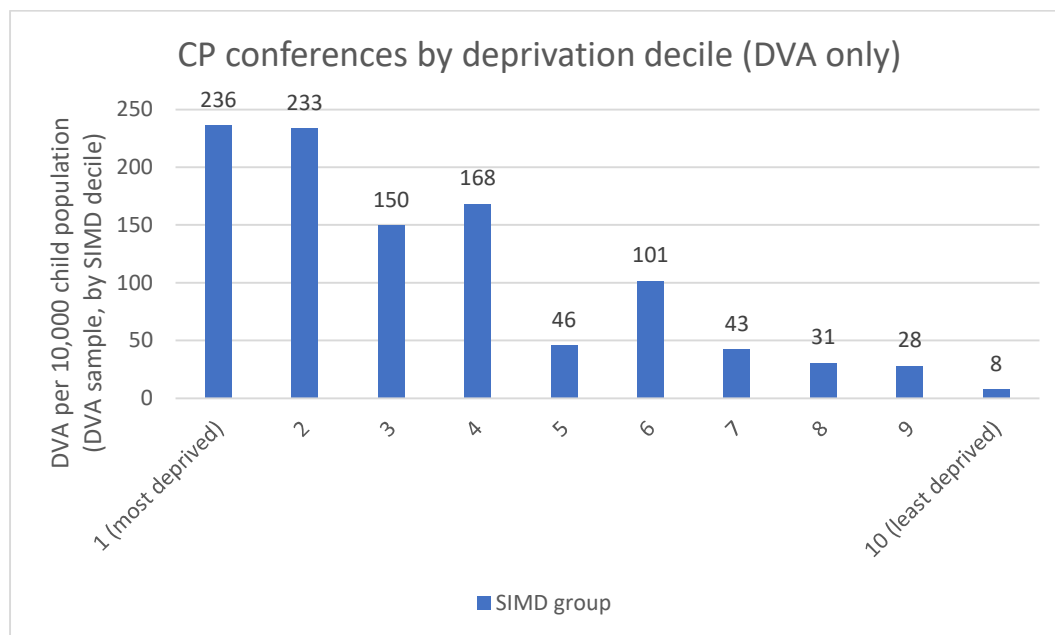
Analysis of social gradients made use of statistics on local areas (technically, data zones) from the Scottish Index of Multiple Deprivation (SIMD) and the Scotland Census (2022).

Descriptive statistics showed that the rate of conferences and registrations (per 10,000 child population) varied for each local area, stratified by 1) the proportion of households experiencing deprivation (average SIMD score) and 2) the proportion of households from minoritised backgrounds. We have used the term 'social gradient' to describe results for both 1) and 2). Only conferences in which concerns about domestic abuse were recorded were included in the analysis.

1) Deprivation

Figure 5.11 shows the rate of CP conferences (per 10,000 child population) for each decile of deprivation (SIMD). The figure shows a social gradient, with rates of children assessed in decile 1 (most deprived) nearly ten times the rate of children assessed from decile 10 (least deprived):

Figure 5.11 Rates of CP conferences by deprivation decile (DVA concerns only)

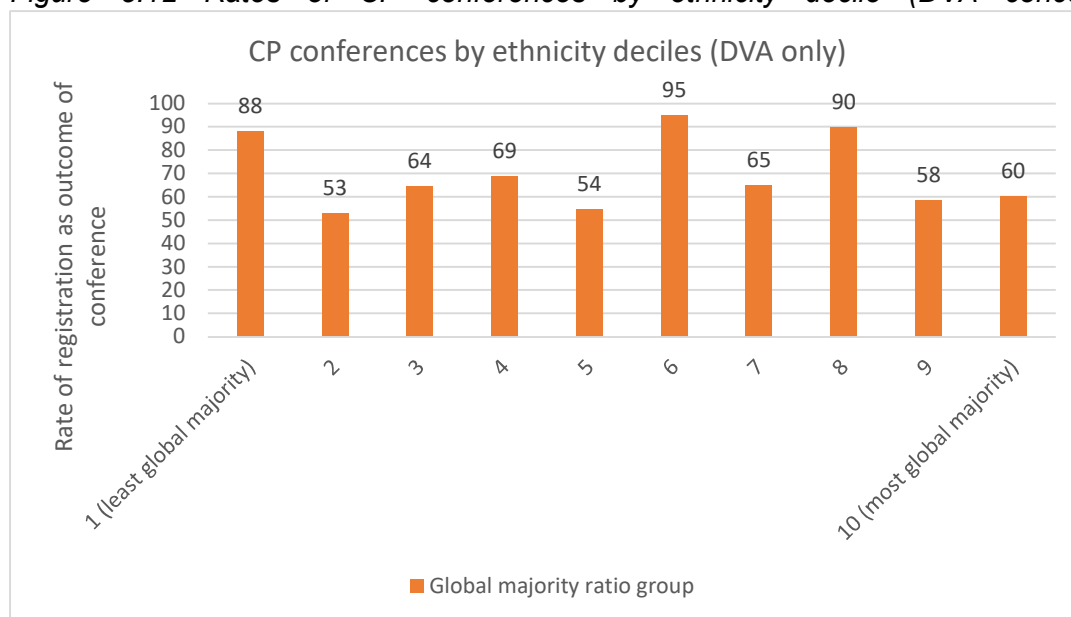


2) Ethnicity

Figure 5.12 shows the rate of DVA related conferences per 10,000 child population, stratified by the percentage of children from a minoritised background within data zones in C3. The graph shows a social (ethnicity) gradient, with rates of children who had conferences in Decile 1 (lowest population percentage of minoritised) around thirty times the rate of the children who had conferences from Decile 10.

In the case of C3, we found that rates of deprivation were not significantly correlated with the proportion of children from a minoritised background in local areas (correlation coefficient: -0.07).

Figure 5.12 Rates of CP conferences by ethnicity decile (DVA concerns only)



5.5.3 Factors affecting the registration decision

Regression analysis was undertaken to examine the impact of child characteristics and DVA conference clusters on the likelihood that children would be placed on the CP register at conference. Results reported here for each characteristic are after adjustment for other co-variables. Tests for statistical significance are reported for any observed differences (see Appendix 1). The findings are summarised as follows:

- Male children were more likely to be registered at conference, even after other co-variables were considered. However, these differences were statistically significant.
- Children aged between 10-15 were less likely to be registered at conference than children in younger age groups. This difference was statistically significant.
- Asian children were more likely than children from the other groups to be registered. However, these differences were not statistically significant.
- There were no significant differences in the likelihood of registration based on the deprivation decile of children’s local area.
- Children in cluster 2 (domestic abuse) and cluster 3 (domestic abuse and emotional/physical abuse) were more likely to be registered than children in the other two clusters, but these differences were not statistically significant.

5.5.5 Themes from C3 fieldwork

The qualitative data focused on one area of the city. Staff in this area had expressed a strong commitment to rethinking the approach to DVA in CP, with considerable concerns about the inadequacy of historical responses. This rethinking was integrally

linked to a wide-ranging transformation agenda being undertaken across the city for a number of years. This agenda highlighted the importance of family support, anti-poverty strategies and strengths based approaches to helping children stay safely within families.

The *Safe and Together* model was being piloted in the area as part of the rethinking process and was at an early stage of implementation at the point the fieldwork was being carried out. While it was not part of the remit of RDAC to evaluate any programmes or specific projects adopted in the sites, staff did refer to developments such as *Safe and Together* in interview accounts.

The data indicated various strengths in the site, these included:

- A strong commitment to changing how DVA was dealt with, particularly in relation to mother blaming and low levels of engagement with men who harm.
- Staff trained in *Safe and Together* considered their confidence levels about dealing with domestic abuse had increased. The emphasis on supporting and highlighting the strengths of the non-offending parent and keeping children safely with her (usually) was seen as a comfortable fit generally with wider approaches to families as outlined above.
- Safe and Together was providing helpful tools for mapping patterning and promoting helpful conversations between men, women and children.
- Poverty was identified as a key issue in interviews and very evident in case-files. Addressing the consequences of poverty was considered a core aspect of the transformation agenda in children's services.
- The strengths-based practice that the site was committed to, and all cases, including domestic abuse cases, were informed by this approach. This was helpful in re-framing practice particularly in relation to families categorised as 'failing to engage'.

The data also revealed a series of challenges being faced in the site, these included:

- The data revealed a degree of moral distress felt about past practices by staff, and an awareness of a legacy of distrust within communities left by such responses.
- Risk assessment tools were not being utilised, and differential assessments and approaches to DVA were not used or referred to generally.
- References to intersectionality were limited and there appeared be low levels of knowledge and understanding about how 'race', class, gender and other power relationships intersect to inform family experiences and service practices.

Chapter 6 brings together the individual site reports to explore the themes that address the overarching RDAC research questions.

6. Addressing the Research Questions

This chapter summarises the themes from the data that address the initial aims of RDAC, specifically:

- to address the gaps in current knowledge by building an empirically driven analysis of the operational definitions and understandings of DVA in child protection
- to examine the relationship between CP DVA and socio-economic circumstances, identifying how intersectional inequalities may shape experiences and outcomes in CP DVA

The preceding chapter summarised the findings emerging from each case study site. The site reports were not intended to be comparative, rather they were planned to contribute to a collective analysis to better understand the issues and experiences. The research team developed an overarching analysis, reading across the data from the three sites, structured by the research questions. Emerging themes were shared with the members of the Community of Practice to sense-check and strengthen the analysis. Similarly, the family groups were consulted on the themes, and their reflections further developed the analysis. This chapter summarises the overarching findings and the concluding chapter then suggests the principles that could address the issues raised and shape future developments.

6.1 The context

The Child Welfare Inequalities Project (CWIP) (Bywaters et al 2020) revealed the relationship between children's socio-economic circumstances and the possibilities of child welfare interventions. The study identified that in the UK the poorest children faced the greatest chance of care or protection interventions. RDAC built upon this analysis and sought to explore how socio-economic circumstances shape the experiences of children and their families where DVA is an issue. The case study reports set out in detail the local analysis and the local learning.

The social gradient identified by CWIP (and other studies) was also evident in the RDAC data. Where DVA was a concern, children from the most deprived areas were disproportionately represented in assessment and CPC rates. The analysis of DVA CP intervention pathways for children revealed differences in the child protection response depending on the concerns recorded, but also according to some demographic characteristics. In C1 and C2 male children were more likely to be subject to a CP plan even after adjusting for other co-variates (including the cluster). In C3 male children were more likely to be registered at conference. In all three sites the child's age was also relevant, with younger children more likely to experience CP interventions. In terms of ethnicity, children in C1 and C2 from a mixed background were more likely to receive a CP plan than other groups, whereas in C3 children from an Asian background were more likely to be registered at conference. The data set is limited, and caution is needed, but further analysis based on intersectional groups showed that underlying these broad patterns were potentially more specific differences. For example, in C1, the least likely group to receive a CP plan was younger white males from a less deprived background, whereas the most likely group was older minoritised males from a less deprived background. In C3, the least likely group to be registered

at conference in C3 was older minoritised females from a less deprived background, and the most likely was younger minoritised females from a less deprived background. These differences suggest the importance of understanding patterns of response towards specific groups and communities, who may have quite different experiences of child welfare services, and the need for further research in this area.

What was striking from the analysis was, despite the evidence of a social gradient, there was an absence of plans and interventions that addressed children's social and economic circumstances as a priority. This echoes the findings from the CWIP project. The CIN and CP plans where DVA was a concern routinely engaged with parenting attitudes and behaviours and managing immediate presenting risks. While the socio-economic contexts of families' lives were acknowledged to a limited extent, issues such as employment and income became 'background' factors as assessments developed. Some practitioners acknowledged frustration with their remit:

“At this stage I suppose you could say I’m engaged with second order not first order change....” (Social Worker)

However, housing issues were apparent in assessments across all the sites and were also raised frequently by families in the family consultations. The issues were two-fold. Lack of housing was perceived to serve as a barrier for adults wanting to separate but also insecure and overcrowded housing meant families were subjected to considerable stress.

The attention paid to the impact of inadequate housing on family life was addressed in CP and CIN plans was uneven across the sites, reflecting the framing of service responses in terms of managing parental behaviours (especially that of mothers) and short-term risk management.

6.2 Understanding the problem.

In this study, domestic violence in a child protection context (DVA/CP) emerged as a varied phenomenon that could meet with a variety of responses from CSC services. Evidence for this differentiation was found in the analysis of DVA/CP clusters using administrative data recorded in social work assessments (in C1 and C2) and child protection conferences (C3). (See Chapter 4 for the details of the options used by practitioners to generate this data.) The clusters highlighted the extent to which DVA was identified as a sole concern, or as one of multiple risk factors, by professionals, and what other risks to children's safety and wellbeing were often recorded alongside DVA. As found by previous research into the needs identified by social work assessments (Hood et al., 2021; 2024), different clusters were associated with differences in the profile of children, and in the likelihood of statutory interventions.

However, there are important limitations to the data used to construct these clusters, and to the insights that administrative data can provide into the nature of DVA/CP. Some of these limitations were highlighted in discussion with the CoP. Most importantly, these are safeguarding categories that reflect professional concerns about risks to children. They are not designed to capture the lived experience of families. Moreover, our case file analysis suggested that the recorded factors do not always reflect the detail contained in the social work assessment, which is a text document. Both factors at assessment (in England) and concerns at CP conference (in Scotland) are recorded from a checklist of items – there is no scope to add factors or concerns that do not appear on the checklist. Moreover, use of the checklist, e.g.

whether one or multiple factors are identified, is not standardised and may vary depending on the practitioner and local practice. The factors only identify risk factors to do with the individual child and their parent/carer, leaving no scope to record concerns about structural factors such as poverty and racism.

The analysis of the CIN data (C1 and C2) generated six 'clusters'. As the previous chapter described, these clusters allowed some understanding of how needs co-occur. However, in both sites the most prevalent cluster was the 'single factor' category, where there were concerns about a parent/carer being subjected to violence and abuse. In C3, four clusters were identified at the CPC, the most common being DVA combined with neglect/non-engagement. The analysis in the preceding chapter indicates that those clusters where multiple risks were identified, or those in which DVA was explicitly combined with concerns about child abuse, were more likely to receive a CP intervention. The development of the clusters provides insights into the profile of families that may be driven primarily by concerns about DVA but also intersect with other issues in families' lives. The analysis also provides further evidence that DVA/CP is a differentiated phenomenon and, therefore, is ill-suited to one-size-fits-all frameworks of understanding and response.

The administrative data suggested that DVA as a single issue was the most common cluster. However, the case file data indicated that DVA as a single issue was rare with assessments revealing a multiplicity of needs and problems, of which DVA was just one. This poses questions about the capacity of the administrative data to reflect needs accurately. Moreover, it poses questions about whether the existing CIN and CPC categories are appropriate for the needs they are assessing. While the quantitative analysis undertaken in this research does indicate the possibilities that using the current data offers for producing more tailored services at the local level, further work on refining the categories would be helpful.

The fieldwork data highlighted the extent to which practitioners felt overwhelmed by the coexistence of needs in families and concerned about how change could be supported. The CIN data does not currently capture this complexity, but it is evident in the narratives of the staff interviewed when they reflect on understanding and assessing the complexity of needs:

"I don't want to go there because it's so complicated. I just don't want to go there. And, and, you know, the idea of having this understanding and meeting feels like, you know, it's just not, you know, it's just overwhelming..." (Team Manager)

6.3 Nature and type of DVA

The practice data reinforces the picture provided by the administrative data analysis. The non-specific use of terms such as 'DV' was routine in the case file and interview data and there was limited evidence of these terms being interrogated or the differentiating of types of abuse and violence being done. Generally, the data gathered rarely offered a detailed account of the DVA as experienced either by those being harmed or those causing the harm. Sites C1 and C3 did not use approaches that utilised a nuanced understanding of types and forms of DVA, and while C2 had a service that had developed an innovative approach to using typologies, the case files in this site suggested a limited impact upon mainstream child protection practice.

Practitioners discussed specific forms of abuse, but this was necessarily anecdotal in the absence of local data. For example, in one site strangulation was noted by

interviewees to be increasingly evident, but there was limited evidence of assessments or service plans being informed by an understanding of the particular experiences or responses required. Coercive control was cited by many practitioners as a feature of DVA in the families they worked with, but few provided further details about the actual nature of the coercive control, its causes and consequences. Indeed, we noted a degree of confusion among some about how to understand and assess coercive control.

Practitioners did recognise the limits of their knowledge, and the challenges they faced in developing their knowledge further:

“..... not condoning any of the violence or the abuse, but I do think the context in which any particular incident or happens needs to be fully understood and.... I don't think we always really tell that that deeply...” (Social Worker)

We have described the tendency for practitioners to use loosely applied generic terms to describe the domestic abuse within families. This catch all label of ‘DVA’ within families was coupled with a modified adherence to what Hester and Donovan (2009) have termed ‘the public story’. While they noted that this story saw DVA as involving physical harm by men to women within heterosexual relationships, our data suggests this framing remains intact except that non-physical abuse is now recognised. In the interview data the practice descriptions almost exclusively used examples of male to female violence and abuse. However, while the file data showed that male to female violence was the most common form, it also revealed a more complex story. The files described men harming women, adult children harming parents (predominately mothers), women harming women, intergenerational adult abuse, sibling abuse of extended family members and adult abuse of children. The latter reflects the difficulty at some points of distinguishing child abuse from adult domestic abuse.

“I think one of the things that I think historically we've probably struggled with is what we categorize as it, categorized domestic abuse as because I've seen it certainly sit in the neglect category, but I've also seen it in the emotional harm, because I think when I started doing some work on the neglect ...you would actually finding the domestic abuse.” (Manager)

The lack of detail about the type and characteristics of the abuse, occurring within the context of child protection concerns, compounded the limited insights offered by the CIN and CPC data. Practice narratives struggled to offer insights into the different forms and DVA and their consequences, and the administrative data, as currently gathered, can offer only limited understandings of the patterns of needs. Overall, the analysis suggests that understandings of DVA within child protection remain underdeveloped, and as such limit the capacity of practitioners and services to develop nuanced differentiated responses.

6.4 Family Journeys

The documentary analysis of file data was, in part, a means of verification for the LCA. As the analysis showed, the extent to which family experiences matched their ‘cluster’ was uneven, and as discussed above, the file data routinely revealed a complexity of need that the current CIN and CPC categories could not capture.

However, the detailed reviews of case files in each site also allowed a picture to be developed of families’ experiences and their journeys through the service(s). The

communities served were different in each site, as the preceding chapter explores. The sites also had different working practices and cultures, and these differences were evident in the plans for children and their families as evident, for example in the extent to which support services could be utilised, or the impact of specialist services on planning. However, common themes across the sites did emerge from the analysis of the case file data and these provided important insights into families' experiences and journeys through the child support and protection systems where DVA was a concern.

As explored previously, the absence of socio-economic data was a feature of plans and data, but the files provide insights into the individual circumstances of children and families. These included ongoing difficulties in securing appropriate housing, overcrowding, precarious employment, chronic health needs and lack of access to childcare. The file data also captured the difference that financial wealth made in terms of families' different experiences and journeys. Occasionally, families had significant income and were able to utilise resources that were unavailable to poorer families. Examples included the use of second homes as places of safety, and access to private therapeutic support and legal advice. Family wealth, therefore, allowed for a range of services that families reliant on state provision could not access. It is of note, however, that irrespective of the availability of alternative supports and services, the forms and nature of DVA were under explored and attention was still routinely focused on mothers. (It is also worth noting the difference in practitioner narratives when responding to affluent families, for example staff articulated concerns about complaints and family use of advocates to restrict access.)

As previously noted, DVA co-existed with problems in relation to mental health, substance abuse, and the consequences of socio-economic hardship. The file data highlighted the challenges faced by professionals when services that address the needs of the adults causing or experiencing harm were unavailable. For example, where violent adults with mental health problems could not access dedicated support, children's services plans had to manage the consequences. The difficulties in securing support services reinforced the reactive focus of the family's work with children's services, with plans managing the consequences of the absence of adult services rather than addressing contributory factors.

Reinforcing the broader RDAC findings, the file data provided limited detail about the nature of the DVA, its causes and consequences. Instead, in the files families' experiences were framed through the lens of professional systems and practices. The data reveals repeated experiences of 'stepping up' and 'stepping down' processes for children and families in that families moved between CIN and CP plans, or case closure and incident driven and episodic interactions were routine. In such contexts, collecting and interrogating re-referral data can be very valuable. For example, C2 had commissioned a study that indicated a significant drop in re-referrals after involvement with the dedicated DVA service. The moving in and out of the different assessment categories appeared to be influenced by multiple factors including presenting issues of children's behaviour, children's ages, adults moving in or out of households and fresh episodes of DVA. For families this created a revolving door of plans and interventions. This was particularly evident for families where there had been long term concerns about DVA. (This theme is explored further in section 7.9.)

The sites did vary in the extent to which they were addressing historical concerns about CP responses to DVA that placed pressures on non-abusing parents (usually women) to protect children by separating and leaving. All three sites had opted to

engage with RDAC because they were aiming to move to different approaches to DVA. For example, practitioners in C3 discussed the moral distress experienced when reviewing past practices that were now viewed as punitive and unfair and were exploring how financial hardship could be addressed in the context of DVA. C1 had built significant family involvement services and C2 had a dedicated project using differential assessments and plans to support families. There was clear evidence in the files in each site of planning that sought to keep children in families and provide support for the non-abusing parent (usually the mother). However, in all the sites some plans still focused on women as mothers, with the person causing harm often 'invisible,' and plans struggled to meet children's needs beyond risk management. In particular child protection plans were concerned with separation as a risk management strategy. This resulted in evidence of reunification or failure to separate provoking further CP meetings and, if necessary, legal options for removal of the children were explored.

The families' histories captured in the files provided a picture of repeated responses to concerns about children's behaviour. These concerns became greater for children who were old enough to present behaviour that schools or family found difficult to manage. Sometimes the behaviour proved to be an indicator of DVA, and subsequent assessments identified this as an issue. For other children the DVA was already known about, and CIN and CP plans had tried to manage the risks. Long term therapeutic support for children was not evident, even when assessments identified the consequences for children of DVA. Children's services responses focused on managing immediate risk from DVA, framed by procedural decisions about 'stepping up' or 'stepping down' CIN and CP plans.

The experiences of minoritised families suggested limited understandings of how intersecting inequalities shaped family experiences. The earlier discussions of the case study sites explored to what extent the pathways of minoritised children can be understood. It is evident that current data struggles to capture the impact of intersecting inequalities on outcomes and experiences. The communities in C1 were diverse with a range of histories and experiences of state services, C2 and C3 had different profiles, with fewer minoritised families. The extent to which plans addressed the issues faced by minoritised families was uneven. For example, in C2 and C3 there was limited access to translators able to work in DVA situations. In C1 and C3 there was evidence of tailored services for minoritised women and children, but all three sites had very limited, if any, provision for minoritised men. In the files in some situations language barriers were used to explain the absence of men's involvement.

6.5 Those that harm

Overall, the sites had few services targeting those with violent and abusive behaviours. Those that existed were mainly for men although, as previously noted, other family members were also involved in DVA. The eligibility criteria for services for those causing harm rarely dovetailed with CP services, and so there was evidence of a disconnect between the CIN or CP plans and the responses to the DVA. Specifically, there were services created that were only accessible to, for example, someone who accepted that they had an addiction problem, or someone who did not pose a current risk to those around them. These eligibility criteria did not easily fit with the child protection needs or safety plans being developed by children's services and reduced the effectiveness of plans.

There was very limited data in the files about the men causing the harm, their backgrounds, lifestyles or experiences. Despite evident attempts to begin to change the response to DVA in the sites, separation was often a routine and preferred option in CP plans. Plans were often positioned as 'holding operations' to minimise risk until the couple arranged separation. Once those causing harm left, cases would be closed or stepped down and it was common for there to be no follow up with the departing adult by children's services, despite the evidence about the heightened risks of harm immediately post separation.

The language of 'choice' was routinely deployed in relation to men involved in abusive behaviours and while that could be helpful especially when framed in terms of poor parenting choices, there appeared to be some reluctance to contextualise such choices by exploring the impacts of trauma due to abusive childhoods or care experiences. There was limited knowledge of the scholarship on contributory causal factors such as substance misuse and mental health issues. Professionals appeared to have little access to up-to-date knowledge about such issues, as was confirmed by participants in the CoP.

"To think about what in each individual circumstance and relationship might be the difficulties, the triggers, the behaviours, the context or happening, and they're having a very clear, bespoke plan and that takes you know that takes a lot of energy, commitment and resourcing. And so I think sometimes it's easier to say, OK, well, you know what we need here is the perpetrator program or a piece of, you know, group work..." (Senior Leader)

Generally, staff expressed high levels of concern about their responses to men with a clear recognition that it was a gap in local provision and men were often invisible in the file data. While the need to 'work with men' was often a 'solution' offered by interviewees in relation what needed to change, it was also not defined in terms of implications. There was an absence of any data that might help understand the pathways of men in and out of DVA CP services. The invisibility of men is a consequence, in part, of the focus on mothering (see the next section) but also reflects practitioner anxiety about engaging men and their worries that seeking to explain behaviours may result in excusing or colluding.

C2 had sought to develop innovative approaches to addressing abusive behaviours, in particular by engaging employers in preventative work as well as offering the programme, Caring Dads. This offered a non-shaming service which was high on challenge **and** support and that was an approach that was preferred by many staff in C2. Indeed, the specialist service in C2 was notable for its work with individual men and couples and its recognition of the need to balance challenge with support.

C1 was attempting to use FGCs to better engage fathers. For example, the FGC Co-ordinators discussed actively reaching out to engage with men and their families, hosting separate meetings where needed, to ensure safety for mothers while also exploring paternal connections and relationships. This was part of a broader approach that aimed to reduce the need for CP interventions and increase the options of family support by exploring extended networks.

Despite the evidence of some innovation and practice development, no site hosted a comprehensive strategy for tackling abusive and violent men, and co-ordination of the relevant services was very limited (if they existed). There was an absence of local data about harmful behaviours that could inform practice. Practitioners and managers

shared reflections on the prevalence of different forms of DVA but there were no mechanisms for capturing patterns in harmful experiences and behaviours.

Overall, in practice narratives men who abused were often presented as rational actors seeking to exercise power and control over women (except in the specialist service in C2 where the use of typologies was part of a broader set of understandings about tailoring responses to the needs of individuals). While there was evidence of practitioners understanding how contexts and socio-economic circumstances shaped women's capacity to make decisions, such awareness was not evident in discussions about men. Staff were anxious about being perceived as excusing behaviours if they sought to understand them. This anxiety, coupled with the invisibility of men in plans and assessments, reinforced the focus on women and their role as mothers.

6.6 Those experiencing harm.

Although all three sites elected to become part of the study because they were seeking change approaches to DVA in CP, the data, especially the case-file data indicated that problematic narratives and practices remained embedded. Repeatedly the practice data placed women, as mothers, central to protection plans where the abuse was from male to female partners. There was evidence of practitioners trying to soften this approach, in particular, by seeking to understand the difficulties women faced and the pressures on their situations. Initiatives such as Safe and Together and services such as Family Group Conferences enabled more supportive and empathic practices. Yet 'mother centric' planning was very evident, and the family consultations reinforced this analysis, setting out the fear the women felt about the consequences of children's services involvement.

As families moved through the systems the responsibilities for protection became heavier for mothers (this echoed the findings from the file audit in the Change Project). This was, at times, irrespective of the circumstances of the women. Social and economic constraints (for example housing, income, employment, language, residence status) become background factors in CP plans. The onus was increasingly on parenting and risk management by the women. The differential impact of the various types and forms of DVA were not routinely addressed, and referrals for women were largely generic referrals to local DVA services. There was evidence in one site of a specialised services for minoritised women, and another site had an innovative DVA service working holistically with families. Nonetheless, despite pockets of innovation, the pressure on mothers, who were subject to DVA, to be responsible for implementing protection plans was consistent.

Initial assessments paid attention to immediate risk faced by children, as noted earlier, this was particularly the case when the children were very young. Multi-agency arrangements for monitoring children's wellbeing through CIN and CP plans were common. These included schools, nurseries, and some health services. There was confidence in the practice data about recognising the risks to children and the assessment of their safety:

“Um, in terms of support for children where we know that those children who there's lots of research and I don't need to quote it to you where children have been domestic, really abused by parental relationships. How difficult, how that impacts in other ways. Whether that's mental health issues, whether it's can be peer-to-peer violence, sibling violence, it can be can in some very small cases turn to violence towards parents. And you know this is what they're learning as they're growing up. It could be issues around

a school, attendance being worried to attend school because they worried what will happen to my mum.” (Social Worker)

However, long term, trauma informed plans that aimed to address and mitigate the consequences of the DVA for the children were not evident. Once risks to children were seen as being managed (usually by mothers) cases were either stepped down from CP or closed. Overall, outside an initial risk management frame, children did not appear to be placed centrally in plans and assessments with little evidence of their views on long term risk and safety elicited.

Older children’s behaviour would lead to referrals from schools, or sometimes parents, and through such referrals the children’s services assessments would lead to an awareness of DVA. However, the capacity to work with the children long term was very limited and the plans became focused on the parents (often the mother) managing the risk and improving their behaviours. The plans for children did not distinguish between different forms of DVA and their different impacts, in part as a consequence of the limited initial differential assessments of the DVA and its trajectory and consequences.

6.7 Intervention pathways and responses

The analysis of DVA intervention pathways revealed differences in the child protection response depending on the concerns recorded but also for some demographic characteristics. For example, in both C1 and C2 male children were more likely to be placed on a CP plan even after adjusting for other co-variables (including the cluster). In C3 male children were more likely to be registered at conference. The discussions above have explored the ways in which gender shapes experiences and professional responses. However, our analysis suggests that further work is needed to better understand why male children are more likely to be the subject of CP planning where DVA is a concern. It is not clear from the RDAC data what factors are contributing to this outcome, and the finding raises specific questions for future research.

The child’s age was also relevant, with younger children more likely to receive a CP intervention in all three sites. The practice narratives frequently referred to age as a significant vulnerability factor, with younger children being seen as facing heightened direct risks and therefore meriting CP responses more quickly. The fieldwork data suggests that age was also a factor that shaped young people’s experiences, particularly those of young men. The case file data and practice accounts reveal the challenges services face when responding to the needs of young adults that are presenting harmful behaviours that reflect experiences of family violence. Young adults that begin to harm family members, often young men in the files reviewed, cause problems in categorisation. They transition from children as victims to young adult perpetrators in the narratives and assessments. The extent to which services could work with both institutional ‘identities’ was limited:

“One of the things I’ve seen on a couple of my cases now is when... they get older they then start to hit back. So they will get involved in when Dad’s threatening Mum, They will then intervene. Which is another risk for the child as well.. especially with boys. It’s very common with boys, as they get older. If they’ve grown up with it and witnessed it as they get older. So, you’re not gonna do that to my mom anymore and I’m gonna, you know, just get involved. (Social Worker)

The relationship between the severity of the DVA, and the intensity of the interventions, was not always clear. The administrative data, as currently configured, cannot provide

insights into such practice led decisions, and the fieldwork data did not evidence how the relationship between the severity of the abuse and the intervention was understood or utilised. The absence of robust data, about the nature and characteristics of the DVA, meant that it was difficult to draw conclusions about how the different harmful experiences of adults and children were (or were not) linked to the scale of the CP interventions. As explained above, age was a factor informing intervention decisions, as was levels of immediate risk, but the seriousness of the DVA did not appear as a consistent factor. For example, where adults, with sustained records of posing significant risk, left family homes, CSC cases were then closed, despite the risks, presented by the adult, remaining unaddressed.

“And all too often what we’re looking for is a simplistic solution that I don’t think really exists. So person A ends their relationship with person B and therefore problem C has been resolved and I don’t think life is that straightforward. So we’ve had cases where we’ve been seeing where children have been in the public law outline process and the public law outline process comes to an end because the relationship has ended. And then two weeks later, the relationship resumes and it probably wasn’t ever ended before....” (Manager)

In relation to ethnicity, children in C1 and C2 from a Mixed background were more likely to receive a CP plan than other groups, whereas in C3 children from an Asian background were more likely to be registered at conference. Further analysis based on intersectional groups suggested that underlying these broad patterns were more specific differences. For example, in C1, the least likely group to receive a CP plan was younger white males from a less deprived background, whereas the most likely group was older minoritised males from a less deprived background. In C3, the least likely group to be registered at conference in C3 was older minoritised females from a less deprived background, and the most likely was younger minoritised females from a less deprived background. These differences show the importance of understanding patterns of response towards specific groups and communities, who may have quite difference experiences of child welfare services.

6.8 Multi Agency Working

Multi agency working was established practice in responding to families across all three sites, as mandated by government guidance in both nations. As discussed previously, while the aim of the research was not to compare the different sites in an evaluative sense, it did appear that the quality of the local relationships varied across the sites, for example there was evidence in one site of highly developed partnerships with schools and education staff whereas another site struggled to engage education staff in CIN or CP plans. Uniformly, multi-agency working (MAW) was positioned as core to local responses to DVA within families across all three sites. The name and configuration of the MAW processes varied (for example, the extent to which local DVA services were funded and represented) but all the narratives gave prominence to the importance of MAW when responding to families in the context of CP / DVA concerns.

Local funding levels meant that while one site had a relatively extensive range of support services, another relied largely on the core services of police, schools and health. (Some staff did articulate their sense of the uneven nature of provision, drawing on their experience in other areas).

MAW meetings and forums were core elements of DVA responses, but the uneven levels of provision resulted in different experiences for families in terms of support. The incident driven nature of responses to DVA was evident in the MAW processes. Reports of a DVA episode triggered a set of processes (for example CP strategy meetings or CIN reviews) if the family was already known, or screening processes if the family was new to children's services. The focus of these processes was often immediate risk management, assessment of eligibility and/or allocation of service responsibilities. There was limited evidence of the processes being used to deepen understandings of the type and causes of DVA.

The MAW arrangements placed demands on staff time in terms of co-ordinating and managing relationships. There were mixed views about their effectiveness in enhancing understandings of the DVA or producing tailored plans that responded specifically to the child's needs:

"I think we are good at identifying it. I think what we're not good at is I suppose it's trying to get create plans that target the issues that that creates safety rather than just a shopping list of either what the professionals are gonna do or what the victim is gonna do." (CPC chair)

The importance accorded to MAW arrangements reflected both legal and policy guidance and the imperative to share resources and knowledge. The role that MAW played in enhancing understanding of the DVA causing concern was less clear. The data suggested that MAW arrangements were focused on process management and co-ordination of services and responses. Family membership of MAW meetings was dependant on the type of meeting (for example, CPC reviews usually included families whereas MAW strategy meetings rarely included any family members).

The file reviews indicated that detailed accounts of the DVA and examination of causes and contributory factors was limited. The focus was often risk management (immediate or longer term) in terms of any significant harm to the child or arriving at agreements for process management (common examples included escalating CIN to CP, or stepping down to CIN from CP). It was unclear the contribution these MAW processes made to raising overall the levels of knowledge and understanding about DVA in the context of child protection:

"..it's just incredibly challenging for practitioners because often, you know, they don't know where to start, what do they address first, often you'll find mental health practitioners will say they can't work with someone until the substance misuse is addressed or they'll say, domestic abuse kind of specialist so, they can't work with them until mental health is more stable.....So it's often social workers are very much core in the situation and thinking, Well, what do we do?" (Social Worker)

MAW meetings were also often a point of 'referring on', when individual family members were signposted or formally referred to specific services. These included mental health and / or drug services, programmes for DVA survivors or perpetrators, parenting programmes and localised DVA women's or children's provision. As the later section discussing intergenerational harm describes, this aspect of MAW allowed some family members to become 'invisible' by virtue of being allocated to services not part of the core MAW processes. The referring on (or signposting in some cases) resulted in the 'contracting out' of the development of understandings of behaviours and responses to practitioners and services that did not routinely inform or enhance SW practice.

Finally, the MAW data provided an uneven picture of collaborative working beyond information sharing. There were examples of MAW activity that revealed high quality partnerships between frontline staff to monitor children's wellbeing. School staff and social workers worked closely in one site to ensure children's welfare was monitored and any concerns shared. However, the extent to which there was *joint* working with collaborative direct provision and practice where DVA was a concern was limited.

6.9 Intergenerational DVA and CP

The data from the first wave of fieldwork identified that practitioners were concerned about families where there was long term DVA. The file data reinforced the picture from practitioners of the particular challenges and demands when working with families with intergenerational DVA and CP concerns.

A second wave of fieldwork was commissioned. A small sample of ten families was identified and in-depth interviews with practitioners and file reviews undertaken. The second wave of fieldwork aimed to address the following research question:

- Building on the analysis of the RDAC data what are the particular issues raised where families have had long term engagement with children's services because of DVA?

The research team secured ethical agreements to return to C1 and C2 to focus on families where children's services had long term involvement that included child protection assessments and planning and CIN planning. (This included families where involvement was over a decade). C3 file access arrangements meant that revisiting the site was not possible. In total the researchers completed in depth interviews with practitioners focused on ten families, five in each site, guided by the materials held in the files about the families.

The sample was identified by the team managers and the practitioners in C1, and the specialist DVA team in C2. The sample included minoritised families and over half of the group had more than five children. Involvement with children's services ranged from 8 years to over two decades. The cases selected by the sites were primarily male to female DVA (although there was also evidence of other forms of violence and abuse within the families).

In order to ensure anonymity, details about the individual families are limited here. The small sample size means that identification is a risk, so the discussion of the data is focused on emerging themes rather than descriptive information about the families.

It should be noted that practitioners were deeply aware of the difficulties faced by families and the challenges of trying to support change. At times the practitioners articulated their frustration and sense of failure:

"... they are surrounded in a society where people think it's OK or don't step in. If you live next to somebody, and that's not everybody, cause there's lots of people who do do that, but if you live in a street where people hear you screaming and nobody picks up a phone in your behalf, what they're basically doing is isolating you and telling you to think that's acceptable, and actually that cannot be how we work..... I suspect it's probably one of the biggest challenges we have, and unless we can break the generational cycle that we sometimes see I suspect we're still going to struggle with that. Because even if you get through to granny, it was too late to get through to mum.

It's too late to get through to daughter. Granddaughter might be the next and you don't say anything when you see it. Time linked by family linked by family, linked by family is the bit that I would have said tells me I have been unsuccessful.” (DVA Practitioner)

6.9.1 From boys to men

As the earlier discussion explored, boys' transition to men who harm is complex and often framed by institutional categorisation and concerns about eligibility to services (if any local services exist). The data suggested that many of the men had grown up surrounded by DVA, in a time where there was little societal recognition of this and few avenues for them as boys to explore what was happening or the impact. Responses to children that experience DVA have changed over recent years but for the men in this sample, the secrecy that had often accompanied historical experiences of DVA appears to be an important, if under recognised, aspect of the current difficulties that men presented with:

'X wanted to be taken into care – lot of social care failings – he did go into care – lots of foster parents – one tried to get through to him and then they realised that what came out of him would be pure rage so they stopped' (Social Worker)

The casefiles and discussions reinforced the importance of understanding and engaging with couple and relational dynamics as part of understanding the nature of the DVA. Some of the files noted that women had family resources to support them, whereas men were often isolated from families of origin, having experienced traumatic childhoods (e.g., as the product of sexual assaults or being inducted into criminality from an early age). This provided an additional dynamic for the couple where women had sources of support and the role of the men in the women's network was complex. There was also evidence of adult siblings of men being involved in various forms of violence and abuse, thus restricting the possibility of the man's network to be asked to support his children and partner.

The practice narratives suggested that the men's behaviour could be tempered by age, for some families the intensity of abusive behaviour was reduced as the men became older. However, there were some indications that a careful assessment of how, and why, this had happened was not always undertaken which raised questions about the desirability or feasibility of some of the kinship arrangements entered into. Kinship care in the context of DVA is discussed further below.

Family histories in the files described long term domestic abuse by men, but the point of entry for children's services intervention was 'troublesome' behaviour by adolescents, reported by parents or schools. The information about DVA only emerged in the subsequent CIN or CP assessment. The impact on children was described and discussed by the practitioners and the case files; there was evidence of long-term trauma and behavioural consequences. As discussed earlier, this had specific significance for young men in terms of how they were understood and how services responded to their needs.

6.9.2 Understanding DVA

In terms of how DVA was understood and described, the second wave of data reinforced many of the issues discussed in the analysis of the first wave of fieldwork.

Typologies were used in one of the sites (C2) but not in the other. This shaped the narratives and responses. The accounts of DVA were largely incident driven and

episodes were explored in relation to professional processes, for example whether they merited a strategy meeting or a CPC.

For C2 typologies were used and informed the work undertaken. The use of typologies allowed for more nuanced understandings of the types of abusive behaviour to be developed, although as practitioners became more experienced their use was being refined, leading to bespoke assessments and plans.

The data collected during this phase reinforced the concerns expressed in Phase 1 about the fears of women about CSC involvement, even when positive experiences of current relationships with social workers were described. In order to progress the work such fears had to be actively acknowledged and worked with throughout the current involvement by children's services.

Interviews with workers noted that for many women, DVA was a routine part of their lives and something they lived with until a problem presented that required CSC intervention (for example child behaviour, homelessness, child physical abuse).

6.9.3 *Multi-agency working in contexts where families are known over a long period*

The specialist DVA service practitioners described how pressure from agencies to women to separate could actually strengthen the bonds between couples and in so doing agencies actually added to the risks:

'I felt all we were doing is adding to pressure on her' (Social Worker)

Where agencies have known families, and especially abusive men, over long periods, judgments can become very fixed about whether they can ever change or move on from being a 'bad un'. In one case, the specialist DVA workers had persuaded the agencies concerned to adopt an approach that supported a couple to try and work out their difficulties, thus removing pressure from the agencies that was considered to be reinforcing a dangerous bond between the couple. This offered the adult experiencing harms the space to understand for themselves the risk their partner posed and, over time, come to an informed decision to separate. The practitioner was able to work with 'safe uncertainty' and 'hold the risk', thus offering the adult impacted vital resources to make safe decisions. As a result of experiences such as this, there was a view in C2 particularly that multi-agency working should be interrogated in an open and enquiring way to ensure that risks were not being increased.

Overall, there was little trust evident from families in agencies, particularly police and social work and this formed the backdrop to multi-agency working. Practitioners described needing to find ways to build trust with families and individuals in contexts of evidence of historically damaged or broken relationships. This was time consuming, and at times was the primary aim of the work. Without repair of relationships the ability to address the DVA was minimal.

It was clear from narratives and plans that the weight of responsibility lies with the social worker; the involvement of other agencies was often procedural or had a very particular role (e.g. therapy for the mother or child). Family histories were discussed through reference to professional processes, for example moving from CP conference to CIN and then to a further CP investigation. These professional systems often shaped the family story, rather than the family history and significant events shaping the narrative. In part this reflected very long histories and the practitioner's need to arrive at a coherent chronological account.

6.9.4 *Kindship care and intergenerational DVA*

A theme in this phase of the research was whether kinship care arrangements were always considered in a context of families' histories of DVA. Workers in the specialist service were particularly attuned to the issues here and were not always convinced that kinship care arrangements were sensitive enough to how historical experiences of DVA impacted upon birth parents.

An example where paternal grandparents had become the carers for children, in a context where it was not really clear whether their son was continuing to control not only them but also the birth mother (his former partner), was offered to illustrate the issues that need to be assessed very carefully. Such issues oblige ethical considerations also:

'You can feel the injustice – you can cut it with a knife. This mother got the courage to leave and now she has to sit in a room with him and his family and talk about the children' (Specialist Practitioner)

Utilising extended family support, where there was a long history of DVA and agency involvement, was complex. In C1, FGCs had been held to promote extended family involvement in managing risk to the children, particularly in terms of contact. There was an awareness that often the FGC was focused on the mother, and while seeking to give her support, the person causing the harm was often marginal to the process. Mapping the family and ensuring the capacity for safe planning was a particular challenge where there had been long term intergenerational DVA.

Examples were given of bringing in family members who had also experienced DVA to support the primary carer (all mothers in this sample). Practitioners were hopeful that this would provide an additional empathetic support for the mother. However, there were concerns that family histories that included assumptions about the value of 'coping with' DVA might reinforce rather than challenge current risks of DVA and the consequences.

Kinship care, in the context of long term intergenerational DVA is complex, and this small scale, wave of research suggests it merits careful further attention. There are both significant opportunities and risks in exploring extended family involvement, and practitioners were aware of the dilemmas presented.

6.9.5 *Different but the same*

The data from the follow up study reinforced many of the messages emerging from the first wave of data and analysis. It is the complexity and the consequences of historical involvement that practitioners identified as meriting attention:

- Long histories of fragmented and broken relationships between families and practitioners were evident in the interviews and file data. Repairing and seeking to build fresh relationship was difficult, time consuming and impacted by limits on resources and time. This resulted, in part, in family histories of DVA being defined by points of professional entry and exit, rather than a narrative of the family's problems, needs and capacities.
- The incident driven nature of responses, discussed in earlier sections, produced a 'revolving door' for the families in this sample. Cases were closed and re-opened on a regular basis, but the underlying problems facing the family were difficult to address or resolve. Practitioners discussed trying to limit the damage of long term

DVA, while recognising the difficulties of securing sustained trauma informed services.

- Policies such as kinship care pose particular ethical and practical questions where DVA has been a long term intergenerational issue. Where families have experienced generations of abuse there are complex questions about safe placements for children and how different family members perceive such placements. There is a pressing need for further research in this area.

6.10 Innovation and change

As the summaries in Chapter 6 indicate, all the sites provided evidence of a commitment to exploring change in responses to DVA in children's services and in particular child protection. This chapter has set out the challenges currently facing services and families, but it is important to also summarise the data that indicated change:

1. The practice narratives across all three sites revealed an understanding by practitioners and managers about the limits to existing responses, including the impact on women who are mothers, how services responded to men, the long term impact of DVA on children and young people.
2. All three sites had created targeted services or responses to DVA within children's services. This included attempts to develop systemic changes to multi agency approaches, dedicated services and ensuring wider principles (such as family involvement) also applied to DVA / CP.
3. There was awareness, in the practice data across all three sites, of the need to assess how children and young people were impacted by DVA.
4. Training that was focused on DVA and children and families was being utilised in all three sites to improve awareness and responses.
5. Each site was piloting or supporting innovation and these developments are already providing wider learning for the sector as they mature and are embedded.

7. Core messages to support policy and practice

This final chapter brings together the data, the reflections from multiple practice and policy forums and the experiences of families distilled into a series of core messages. These core messages are accompanied by principles that can support changes in policy and practice.

The project also generated findings that can inform future research, and these are summarised in the final paragraph of this chapter.

7.1 Principles

These principles are drawn from the evidence developed by the RDAC study and are intended to inform and support practice and policy developments.

1. DVA is a serious social problem that requires national and local agencies to tackle inequalities in income, housing, mental and physical health and develop differentiated responses that understand how gender, class, ethnicity, sexuality and (dis)ability intersect in people's lives to impact their choices and constraints

Principle One: Move on from casework.

DVA is a complex social problem, children's services casework should, therefore, be embedded in a broad preventative approach that addresses the causes of violence and abuse.

RDAC data and analysis revealed the pressure on caseworkers and the frustrations that limited time and resources generated for practitioners and families. The ways in which inequalities shaped experiences and responses were poorly understood and acknowledged. Casework, as a response to DVA, has significant limitations and the RDAC analysis demonstrated the reactive nature of such practices. Current responses are incident driven and struggle to offer sustained, trauma informed preventative approaches. The clear evidence of a social gradient in DVA and the resulting child protection interventions reinforces the limits of a response built on individual practice. Understanding the way in which inequalities shape DVA experiences as part of a holistic approach to practice would ensure that plans respond directly to family experiences.

The harmful consequences of DVA for children and families will continue to require casework intervention, but if it is the only response, it is a reactive one that is neither sustainable nor desirable as it fails to tackle the underlying causes and drivers of DVA. Without casework being located in evidence informed, coherent social policies that respond to the consequences of intersecting inequalities, children's services will continue to struggle to prevent or meet demand.

2. DVA framing as a child protection matter has opened up possibilities for support to be offered to children and their families, but has too often served to reinforce individualised responses focused on behaviour management, especially of mothers, and obscured the systemic drivers of DVA at local and national levels

Principle Two: See the whole person.

Adopt a holistic approach to assessing and responding to DVA and understand that explaining behaviours does not equate with excusing them. Practitioners need confidence in exploring the causes and contributory factors for the experiences of all family members.

RDAC data revealed that practices continue to reinforce persistent tendencies to place responsibility for safety on those subject to harm (usually mothers) while simultaneously failing to engage with those causing harm. The dominance of a language of choice has contributed to approaches that fail to explore context or history, particularly in relation to those that harm.

Practices that engage all those impacted are vital going forward and need to be rooted in joined up thinking and services that address mental health, substance misuse and socio-economic circumstances.

If casework is to move on from holding those experiencing the harm responsible for protection, sustained attention has to be paid to children's needs and to those causing the harm. This requires a significant shift in current practices, including child protection assessments and planning.

3. For responses to be meaningful within the child protection arena, a confident and curious workforce should be supported by data systems that capture the dimensions of the problem and encourage the use of such data to inform the service offered

Principle Three: Fit for purpose data

Data frameworks should be developed that support effective practice and policy by capturing data that is critical to improved understanding.

RDAC sets out the possibilities, but also the limits, of existing data sets. The analysis of the CIN and CPC data indicated how administrative data could be used to inform the commissioning of services and practices. However, the existing data have serious limitations. The administrative categories used in assessments and plans fail to capture the reality of the violence and abuse and provide narrow insights into the needs children's services are seeking to meet. The categories used in the government's Children in Need census, struggled to promote better knowledge of DVA in children's services, indeed they reinforced the inadequacy of existing understandings.

The absence of children and families' socio-economic data is a significant omission. RDAC contributes to the evidence of a social gradient, and there is an obvious need to collect and interrogate data about children's and families' circumstances. Some localities are attempting to integrate relevant local data sets, but a national approach would benefit all services and reduce costly localised attempts to merge data. An intersectional approach to data development is required to understand the differing experiences and needs of families where intersecting inequalities (such as class and ethnicity) inform their contexts.

Alongside the development of useful data sets, increasing data literacy in the workforce would encourage confidence in using data to improve the development of services and practices that respond directly to local communities and groups.

Too little is known and understood about domestic abuse and violence in the context of child protection. Differential assessments and responses are undeveloped, and there is limited evidence of confidence in addressing the causes, and consequences of, the different types and characteristics of DVA. The CIN and CPC plans created for children are largely generic 'DVA' plans, with little evidence of differential responses based on evidence informed assessments.

4. Policy makers and practitioners should have access to the growing body of international work that is attentive to the diverse needs and circumstances of children, women and men in a range of families and communities, and be supported to engage with this work by open and enquiring cultures

Principle Four: Evidence informed understandings

Developing nuanced, detailed understanding of the types and nature of DVA and its consequences is necessary for practices that can support change for children and families.

There is a growing body of international literature that was rarely cited or used by stakeholders in the RDAC data. The international research and knowledge were not accessible, or available, to those developing policies and practice. Differential assessments and responses were not consistently understood or used, and there was limited evidence of nuanced understandings of elements of DVA such as coercive control. The scholarship on the relationship between substance misuse or mental health and DVA was not well known or understood. This reduces the confidence of staff in working with DVA, and their ability to respond using evidence informed approaches.

Forms of DVA that did not reflect the dominant experiences of male to female violence and abuse were under recognised and resulted in shortfalls in practice acknowledgement and service responses for different groups (such as those in same-sex relationships).

There was limited evidence in the RDAC data of attempts to explore and use evidence-based approaches to the different needs of diverse communities and groups. The impact of wider experiences of core DVA services on minoritised communities was rarely discussed or addressed in plans.

5. Developing fora for meaningful engagement with families and communities about how risk, safety and support issues are understood should be accorded equal priority with developing systems for multi-agency working

Principle Five: Building Confidence

Utilising the expertise of those that have experienced DVA, both individually and at a community level, will support services and practices that are directly relevant to lived experiences.

There is a powerful policy and practice on the importance of multi-agency working. This needs to be accompanied by meaningful engagement with families and communities about their perspectives. RDAC contributes to an established body of work that highlights the frustrations and fears of families using children's services. Parents (often mothers) were fearful of using children's services because of concerns about child removal, stigma and professional judgements. Communities' confidence in state services involved in DVA (police, health and child protection) are undermined by wider social challenges and histories. The emphasis on multi-agency working must be balanced with a corresponding focus on engaging families and communities in meaningful dialogue about the risks and resources to be found in local contexts.

Fresh approaches, utilising data available on community needs and experiences, which can provide opportunities for collaborative work will open up new conversations and developments. Such approaches can engage positively with the expertise of those with lived experiences.

7.2 Future research

RDAC has been able to begin to explore how DVA is approached in children's service practice and how existing data can be used to explore the needs and pathways of children. RDAC anticipated that one of the project outputs would be a detailed, empirically based account of DVA in CP. Our analysis has shown that this has not been possible, for a number of important reasons:

- Existing administrative data sets cannot provide the insights necessary to understand the patterns and nature of DVA in families entering the children's services systems.
- The manner in which inequalities shape experiences is not understood, despite the evidence that socio-economic circumstances are a critical factor influencing the possibilities of children entering the children's services systems (CIN and CP).
- Practice analysis of DVA is constrained by a lack of detailed knowledge of DVA, its causes and consequences for children and families.
- Established practice orthodoxies limit the potential to understand the lived experiences of children and families and communities.

RDAC has highlighted the pressing need for developing data, data literacy and knowledge in order to support a robust understanding of DVA in child protection and children's services. Within these broad gaps in data and knowledge there are particular groups and communities whose experiences are underrepresented. Future research that can address these gaps and build the knowledge will make an important contribution to building effective responses.

There is a clear need for further research that supports a nuanced understanding of domestic violence and abuse in child protection, how this can be better understood and the practices that can support change.

8. Appendices

- 1. Technical Reports**
- 2. Membership of the Advisory Group**
- 3. The Change Project**
- 4. Impact and Engagement**
- 5. References**

Appendix 1. Technical appendix – analysis of administrative data

Data sources

The following datasets were used for the quantitative analysis:

1. **CSC services data:** in England, administrative data on CSC provision are collected by local authorities and reported annually to government as the Child in Need (CIN) Census. In Scotland, equivalent information is collected as part of children’s social work statistics, which include the child protection data collection⁴. These data returns include demographic information about children, as well as information about referrals, assessments and services, including any child protection interventions. Each case is assigned a unique LA case identifier.
2. **Local neighbourhood data:** publicly available information about small neighbourhoods is reported at LSOA-level in England and at data zone-level in Scotland. The data includes ethnicity data, population census data and deprivation data. England and Scotland use different metrics to measure deprivation. In this study, the Index of Multiple Deprivation (IMD) was used for England⁵ whilst the Scottish Index of Multiple Deprivation (SIMD) 2020 was used for Scotland⁶. A limitation of the data for C2 was that no information on child addresses had been retained by the LA, so that LSOA neighbourhood codes could not be provided.

A summary of the indicators and their data sources can be found in Supplementary Table 1.

Supplementary Table 1.1 Summary of indicators and data sources

Category of data	Indicators	Data source
Child characteristics	Age	CIN Census / Children’s social work statistics
	Ethnicity	CIN Census / Children’s social work statistics
	Gender	CIN Census / Children’s social work statistics
	Health conditions	CIN Census / Children’s social work statistics
	Home address/postcode (C1 and C3 only)	CIN Census / Children’s social work statistics
CIN Census	Start and end dates for all CIN activity	CIN Census / Children’s social work statistics
	Type of service provision (e.g. NFA, CIN, S47, CPP)	CIN Census / Children’s social work statistics
	Primary need identified at assessment	CIN Census / Children’s social work statistics

⁴ <https://www.gov.scot/collections/childrens-social-work/>

⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/833951/loD2019_Technical_Report.pdf

⁶ <https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/>

Category of data	Indicators	Data source
	Factors recorded at assessment	CIN Census / Children's social work statistics
	Reason for case closure	CIN Census / Children's social work statistics
	CP Plan category of abuse	CIN Census / Children's social work statistics
	Source of referral	CIN Census / Children's social work statistics
	Re-referrals / repeat CP Plans	CIN Census / Children's social work statistics
English LSOA characteristics	2019 IMD score for deprivation in English LAs	DHCLG
	Population gender breakdown	ONS
	Population ethnicity breakdown	ONS
	Population age breakdown	ONS
Scottish data zone characteristics	2020 SIMD score for deprivation in Scottish LA	Scottish Government
	Population gender breakdown	NRS
	Population ethnicity breakdown	ONS
	Population age breakdown	NRS

Notes

<https://www.gov.scot/collections/childrens-social-work/>
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/833951/loD2019_Technical_Report.pdf
<https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/>
<https://opendatacommunities.org/data/societal-wellbeing/imd2019/indices>
<https://statistics.ukdataservice.ac.uk/dataset/england-and-wales-census-2021-rm200-sex-by-single-year-of-age-detailed>
<https://www.ons.gov.uk/datasets/TS021/editions/2021/versions/1/filter-outputs/b880ba80-3b54-4816-b2f2-7ad97aaa66bf#get-data>
<https://statistics.ukdataservice.ac.uk/dataset/england-and-wales-census-2021-rm200-sex-by-single-year-of-age-detailed>
<https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/>
<https://statistics.gov.scot/data/population-estimates-detailed-current-geographic-boundaries>
<https://statistics.ukdataservice.ac.uk/dataset/ethnic-group-scotland-2011>
<https://statistics.gov.scot/data/population-estimates-detailed-current-geographic-boundaries>

Supplementary Table 1.2 Factors recorded for C1 and C2 in assessments concerning DVA.

Factors at assessment	N (C1)	% (C1)	N (C2)	% (C2)
Child's substance misuse [1]	15	1.4%	17	1.6%
Parent's alcohol misuse	162	15.4%	254	23.7%
Parent's drug misuse	146	13.9%	151	14.1%
Another person's drug or alcohol use [2]	27	2.6%	49	4.6%
DVA re. child	161	15.3%	139	13.0%
DVA re. parent	907	86.2%	980	91.3%
DVA re. another person	67	6.4%	109	10.2%
Child's mental health	65	6.2%	52	4.8%
Parent's/another person's mental health [3]	296	28.1%	354	33.0%
Child's physical/learning disability [4]	64	6.1%	32	3.0%

Parent's physical/learning disability [5]	58	5.5%	28	2.6%
Risks outside home [6]	55	5.2%	49	4.6%
Neglect	76	7.2%	41	3.8%
Emotional abuse	219	20.8%	208	19.4%
Physical abuse	92	8.7%	41	3.8%
Sexual abuse	11	1.0%	14	1.3%
Other	42	4.0%	28	2.6%
<i>Total number of assessments</i>	<i>1052</i>	<i>100.0%</i>	<i>1073</i>	<i>100.0%</i>

^[1] incorporating concerns about alcohol or drug misuse by the child (codes 1a and 2a)

^[2] incorporating concerns about alcohol or drug misuse by another person in the household (codes 1c and 2c)

^[3] incorporating concerns about the mental health of the parent/carer or of another person in the household (codes 4b and 4c)

^[4] incorporating concerns about the parent/carer's physical or learning disability (codes 5a and 6a)

^[5] incorporating concerns about the child's physical or learning disability (codes 5b and 5c)

^[6] incorporating concerns about the child going missing, child sexual exploitation, child trafficking, gangs, and socially unacceptable behaviour (codes 10a, 11a, 13a and 14a)

Supplementary Table 1.3 Proportion of conferences with factors and DVA recorded in C3.

Site	Conferences completed	Conferences with factors recorded	% conferences with factors recorded	Conferences with DVA recorded	% conferences with DVA recorded
C3	4690	4690	100.0%	1361	29.0%

Many CP conferences record more than one factor. However, certain factors were only recorded in a very small number of cases, or not at all, and these were merged into the 'other concerns' category. The factors used for the analysis, including merged fields, are set out in Table 4.5.

Supplementary Table 1.4 Descriptive statistics of sample in factors recorded in C3 at conferences.

Indicators	N (C3)	% (C3)
Domestic abuse	1361	100.0%
Emotional abuse	483	35.5%
Neglect	421	30.9%
Non-engaging family	413	30.4%
Other concern(s) ¹	194	14.2%
Parental alcohol misuse	289	21.2%
Parental drug misuse	208	15.3%
Parental mental health problems	268	20.0%
Physical abuse	175	12.9%
Sexual abuse	31	2.3%

<i>Total number of conferences</i>	<i>1361²</i>	<i>100.0%</i>
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Notes

¹ Including 'child exploitation, child sexual exploitation, child trafficking, children placing themselves at risk, and temporary registration category.

² The total number of factors recorded exceed the total number of conferences because some conferences have more than one factors recorded.

Supplementary Table 1.5 Proportion of conferences with factors and DVA recorded in C3.

Site	Conferences completed	Conferences with factors recorded	% conferences with factors recorded	Conferences with DVA recorded	% conferences with DVA recorded
C3	4690	4690	100.0%	1361	29.0%

Supplementary Table 1.6 Proportion of conferences with factors and DVA recorded in C3.

Site	Conferences completed	Conferences with factors recorded	% conferences with factors recorded	Conferences with DVA recorded	% conferences with DVA recorded
C3	4690	4690	100.0%	1361	29.0%

Intervention pathways (C1 and C2)

To identify the services provided after an assessment, the data was structured on an episode level. Each CIN episode, or 'case', has an opening and closure date, and all social care activity is carried out as part of an overall episode. Once a CIN episode is closed any new social care activity must be carried as part of a new CIN episode. It is important to note that children may have multiple assessments as part of a CSC episode, and that some children may have multiple CIN episodes. For the latent class analysis of factors at assessment (Section 2.5), the most recent assessment within an episode was used as the relevant assessment, i.e. factors from multiple assessments were not aggregated within episodes, but assessments for the same child occurring in different episodes were treated separately.

Supplementary Table 1.7 Intervention pathways of C3 (DVA cases)

Conference outcome	Number	%
Registered ¹	455	33.3%
Not registered ²	906	66.7%
<i>Total</i>	<i>1361</i>	<i>100%</i>

Notes

Includes the decisions: Continued Registration, Continued Registration and Referral to SCRA, Registration,

Registration and Referral to SCRA

Included the decisions: Child not Registered, Child not registered-Referral to SCRA, Monitoring and Review,

Need for further/formal investigation, No further action, Null, Proceed to CP Conference, Name removed from register, No longer requires YPSP proc risk reduced.

Supplementary Table XXX Demographics of children receiving an assessment in which domestic violence was recorded (C1 and C2, 2018-21)

Characteristic	C1 Assessments (DVA only)		C2 Assessments (DVA only)	
	N	%	N	%
Gender				
Male	501	47.6%	544	50.7%
Female	531	50.5%	456	42.5%
Unknown	20	1.9%	73	6.8%
Total	1052	100.0%	1073	100.0%
Age (start of episode) ¹				
Under 5	446	42.4%	459	42.8%
5-9 years	266	25.3%	263	24.5%
10-15 years	251	23.9%	251	23.4%
16-17 years	82	7.8%	46	4.2%
Unknown	7	0.7%	54	5.0%
Total	1052	100.0%	1073	100.0%
Ethnicity				
White	342	32.5%	879	81.9%
Black	158	15.0%	13	1.2%
Asian	275	26.1%	19	1.8%
Mixed	196	18.6%	40	3.7%
Other	55	5.2%	34	3.2%
Unknown	26	2.5%	88	8.2%
Total	1052	100.0%	1073	100.0%

Table XXX Demographics of children receiving a CP conference in which domestic abuse was recorded (C3, 2018-21)

Characteristic	Number (DVA conferences)	% (DVA conferences)	% (all conferences)	% (total C3 child population)
Gender				
Female	693	50.9%	50.3%	48.7%
Male	668	49.1%	49.7%	51.3%
Unknown	0	0.0%	0.0%	0.0%
Total	1361	100%	100.0%	100%
Age (when episode started) ¹				
Pre-birth	40	2.9%	4.0%	N/A
Under 5	738	54.2%	44.6%	24.9%
5-9 Years	352	25.9%	25.7%	13.9%
10-17 Years	231	17.0%	24.5%	22.7%
Unknown	0	0.0%	0.0%	0.0%
Total	1361	100.0%	100.0%	100.0%

Ethnicity ¹				
White	1090	80.1%	73.7%	96.0%
Black	32	2.4%	3.7%	0.7%
Asian	84	6.2%	4.8%	2.7%
Mixed	32	2.4%	3.0%	0.4%
Other	c	c	3.2%	0.3%
Unknown	123	9.0%	11.6%	0.0%
Total	1361	100.0%	100.0%	100.0%

Note:

c – suppressed due to low numbers

Social gradient of assessment and intervention

Analysis of social gradients was carried out to establish whether children from more or less deprived neighbourhoods were more or less likely than other groups to be assessed, or to receive certain types of provision. This analysis was only possible for C1 and C3, who provided geographical data on children receiving services. Population base rates for small neighbourhoods were taken from publicly available data relating to LSOAs in C1 and data zones in C3. In C1, LSOAs were grouped according to the national IMD deciles for England. In C3, data zones were grouped according to the national SIMD deciles for Scotland (see Table 2.1).

For C1, to determine levels of neighbourhood deprivation for children receiving CSC services, we first established their LSOA given the postcode and then identified the average IMD score for that LSOA. We then ranked the average Index of Multiple Deprivation (IMD) score in national deciles for England. Further details on LSOA analysis are provided in Appendix 1.

For C3, we used data zones instead of LSOA, since the administrative categorisation is different. For the Scottish data, we had postcode data from different administrative sources: information about children referred from the police due to domestic violence concerns (NORM), information from social care assessments, and information from the child's plan (GIRFEC). These sources did not always overlap or agree, depending on when the data were recorded. Where there was a conflict, we used the postcode data from NORM; otherwise, we used postcode data from the GIRFEC data, or from the assessments tab. 146 children had no address information and were excluded from the analysis. To determine levels of neighbourhood deprivation for children receiving CSC services, we first established their data zone given the postcode, then identified the average SIMD score for that data zone, before ranking in national deciles for Scotland.

Equivalent analysis was also carried out for ethnicity, to establish whether children from neighbourhoods with a higher/lower density of minoritised groups were more or less likely than other groups to be assessed, or to receive certain types of provision. For this analysis, LSOAs/data zones were grouped for each site based on the proportion of the child population from a minoritised background, again using national Census data from England and Scotland.

Latent class analysis (LCA)

Any number of factors can be recorded at a single assessment or CP conference, which creates a large number of possible combinations. Classification-based analysis, or cluster analysis, can be used to summarise such complex, heterogenous data. Latent class analysis (LCA) is one such technique, which aims to identify distinct, homogenous, and 'hidden' sub-groups within a population, based on patterns of responses to observed variables (Hagenaars & McCutcheon, 2002). The purpose for using LCA in this study was to identify a small number of mutually exclusive and distinct types of DVA/CP case, each comprising one or a combination of factors, which predictably occur across the entire population of cases.

The unit of analysis was assessments in C1 and C2, and CP conferences in C3. All assessments or conferences containing at least one DVA factor were included in the LCA (see Table 4.11). In cases where children had multiple assessments or conferences, each was included as a separate unit in the LCA.

Sample of assessments (C1 and C2) and CP conferences (C3) for latent class analysis

Site	Sample size
C1	1052
C2	1073
C3	1361

One of the key decisions in the LCA was to select the optimal number of clusters. We ran the corresponding tests for each site differing by number of classes (1 to 10). Goodness of fit is one of the outputs of the research, which is measured by Bayesian Information Criterion (BIC) and Akaike Information Criterion (AIC). A more optimal number of cluster numbers is when both BIC and AIC are minimised (Nylund et al., 2007). After selecting the number of clusters based on statistical tests, we also consulted the research team for their views. This conversation is particularly useful in situations that there is more than one 'optimal' number of clusters based on statistical findings, when BIC and AIC have different optimal values.

We used LatentGOLD version 6.0, a specialist software for LCA, for the LCA analysis. After identifying the number of clusters, we used LatentGOLD's function to output each data's posterior likelihood of class belonging. Latent Gold outputs the aggregate likelihood. More specifically, it outputs the frequency of each factor combination under each cluster. We found that nearly all our data has a 90% chance of belonging to the suggested cluster. There are some rare cases that had around 50% or less than 50% chance of belonging to the suggested cluster, but the frequencies for these cases are low.

After identifying DVA clusters, descriptive statistics were prepared to compare the demographic profiles and intervention pathways of children categorised in different clusters.

Case file selection

Clusters from the LCA analysis, along with demographic characteristics of children (age, gender and ethnicity), were used to construct a sampling frame to select case records for case file analysis. For C1 and C2, we grouped the ethnicity of the children into White (category 1 to 5), Black (categories 14 to 16), Asian (categories 10 to 13 and 17), Mixed (categories 6 to 9) and Other (see Appendix 1 for details). For C3, we grouped the ethnicity of the children into White (category 1 to 4), Black (category 12 and 13), Asian (category 6 to 10). Case files were sampled purposively with reference to the demographic profile of each cluster, to ensure that the diversity of groups was reflected in the case files. Once we decided which case to be sampled, we liaised with the corresponding LA to arrange access. The total number of cases sampled for each site are outlined in Table 2.12. More details on case file sampling are provided in Appendix 1.

Total number of cases sampled for each site.

LA	Case file distribution	Total
C1	2 from each cluster	12
C2	2 from each cluster	12
C3	2 from each cluster	8

Regression analysis of intervention pathways

Further analysis of intervention pathways was carried out for all episodes in which DVA was one of the factors identified in the assessment (C1 and C2) or CP conference (C3) (see Table 2.11). We used a binary logistic regression model to estimate the contribution of different variables to the type of provision or conference outcome. To estimate the effect of a specific variable (such as age), we used margins analysis. The purpose of the margins analysis is to understand the likelihood of outcome based on certain characteristics of the child, whilst controlling the other demographic factors. We ran margins analysis for age, gender, ethnicity and deprivation (C1 and C3 only).

The dependent variable of the regression was the type of provision or conference outcome. For the two English LAs C1 and C2, four different types of provision were measured: assessed as CIN (Child in Need), assessed as not-CIN, subject to Section 47 investigation, and subject to CP plan (Child Protection Plans). For C3, the dependent variable was the outcome of a CP conference: registered or not registered (see Table 4.10)

The independent variables in the regression analysis are: age, gender, ethnicity and deprivation (C1 and C3 only).

- For deprivation, IMD and SIMD quintiles based on national ranking were used. Children recorded as homeless were allocated to the most deprived quintile.
- For ethnicity, we grouped the ethnicity of the children into broader categories and set it as a categorical variable as below (see Table 2.13; and Appendix 1 for details of ethnicity codes).

- We also categorised the children's age (as of the date of assessment for C1 and C2 and as of the date of conference for C3) into one of the following age groups: under-5, 5 to 9, 10 to 15, and 16 and 17.

Categorisation of ethnicity of children

	Asian (=1)	Black (=2)	Mixed (=3)	White (=4)	Other (=5)
C1	Category 10 to 13 and 17	Category 14 to 16	Category 6 to 9	Category 1 to 5	Category 18
C2	Category 10 to 13 and 17	Category 14 to 16	Category 6 to 9	Category 1 to 5	Category 18
C3	Category 6 to 10	Category 12	Category 5	Category 1 to 4	Category 14

Regression analysis based on intersectional groups

Analysis of intervention pathways for different intersectional groups was undertaken to understand how different aspects of a child's identity and background (based on age, gender, ethnicity and deprivation) might overlap to create a unique experience of social care assessment and intervention in relation to DVA/CP. Table 2.14 shows how we divided specific characteristics into categories to construct intersectional groups. The categorisation for deprivation used for C3 differs from that for C1 since the sample that we looked at was children subject to CP conferences, which had a higher concentration of children from the most deprived 20% of households.

1 Categorisation of demographic characteristics for intersectional groups

Characteristics	Categorisation used for intersectional groups		
	C1	C2	C3
Age	Under 10 = 1; 10 and over 10=0	Under 10 = 1; 10 and over 10=0	Under 10 = 1; 10 and over 10=0
Gender	Female = 1; Male = 0	Female = 1; Male = 0	Female = 1; Male = 0
Ethnicity	White = 1, Minoritised =0	White = 1, Minoritised =0	White = 1, Minoritised =0
IMD	Most deprived 60% = 1; Least deprived 40% =0	N/A	Most deprived 20% = 1; Least deprived 80% =0 ⁷

These categories were then combined to create mutually exclusive intersectional groups based on gender, age, ethnicity, and deprivation (C1 and C3 only). For example, group code '1111' included all children aged under 10, female, White, from a more deprived background, whereas group code '0000' included all children aged 10 and over, male, Minoritised, and from a less deprived background.

Appendix 2: Advisory Group Membership

Professor Anna Gupta (Chair) Royal Holloway, University of London

Professor Paul Bywaters, University of Huddersfield

Nicola McConnell, Domestic Abuse Commissioner, England and Wales

Professor John Devaney, University of Edinburgh

Dr Magnus Harrison, CMO Leeds NHS Trust

Angela Frazer-Wicks, Chair of Trustees, Family Rights Group

Professor David Gadd, University of Manchester

Professor Phil Brown, University of Huddersfield

Harmesh Bhogal, Chief Officer and Assistant Director for Children's Services at Bedford

Jahnine Davis, National Kinship Care Ambassador

Rachel Wardell, Director, Essex County Council

Rob Street, Director, Justice, Nuffield Foundation

Professor Gale Burford, Professor Emeritus, University of Vermont

Professor Joan Pennell, Professor Emerita of Social Work North Carolina State University

Sarah Tough, Executive Director for Children Services, Norfolk County Council

Dermot Brady, Kingston University

Appendix 3: Details of the Change Project

Domestic abuse and child protection change project: Changing the conversation, making a difference for children and families.

Participants (including social work, police, domestic abuse and policy professionals):

Cohort 1: Action for Children, Barnardo, Barnsley Metropolitan Borough Council, Bedford Borough Council, Bristol City Council, London Borough of Camden, Coventry City Council, Doncaster Children’s Services Trust, Hertfordshire County Council, Kirklees Metropolitan Council, Knowsley Metropolitan Borough Council, Leeds City Council, North Yorkshire County Council, Southend on Sea Borough Council.

Cohort 2: Bath and North East Somerset Council, Reading Children’s Trust, Derbyshire County Council, Essex County Council, Hampshire County Council, Haringey Council, North Somerset Council, Redbridge Council, Salford City Council, Shropshire Council, Stockport Council, Swindon Borough Council, Wigan Metropolitan Borough Council, Wirral Council, Leicestershire County Council.

About the project

The Project was one of a series of [Change Projects](#) run by Research in Practice. This Change Project aimed to support new conceptual and practice developments when responding to families where there is Domestic Violence and or Abuse (DVA). Drawing from international conceptual and practice developments, and family expertise, it sought to open up new possibilities for re-thinking why DVA is such a key driver of demand in child protection and how it might be responded to by approaches that are humane and socially transformative. Together these contributed to the broader aim of radically reconceptualising dominant practice and policy approaches in order to facilitate broad based systems and culture change as regards to children’s social care work with families in which DVA is a feature.

The Project supported participants to explore how their child protection services currently understand and respond to concerns about DVA and, using a local file audit and a range of research and practice expertise, support the development of new ways of working and approaches. Outcomes and learning from the project have informed the development of a range of resource outputs aimed at supporting practitioners and policy makers in work with families where there is a perpetrator of DVA, in order to achieve better outcomes for children and whole families.

Aims of the project

Led by Professors Brid Featherstone and Kate Morris the project aimed to support developments in child protection responses to concerns DVA. The project drew from research, practice and family expertise to consider:

- Why DVA has become such a key driver of demand in child protection?

- How might service responses be more humane, effective and socially transformative?

The Project was developed over 18 months and culminated in February 2021. Meetings were initially conducted in-person, prior to virtual online seminars being implemented, as the pandemic evolved. The Project included the triangulated perspectives and inputs from mothers and fathers with lived

experience of DVA and the children's social care system, expert practitioners and leading researchers in the field of DVA and children's social work.

Deliverables

The final resource outputs informed by the Change Project function as 'standalone' resources suitable for use across a range of services and local authorities, in order to embed change and improve practice where this enables better outcomes for mothers, fathers and children experiencing DVA.

The resource outputs include:

- **Co-produced podcast series (3 x episodes):** Rethinking children's social care responses to domestic abuse, lived experience podcast with a mother who has experienced DVA when navigating the child protection system.
- **Research digest short film series (x 6 films):** Six short films featuring Professor Brid Featherstone, presenting new and emerging research on key themes addressed during the Change Project, including (i) Intersectionality and the role of poverty and inequalities in the lives of families who experience domestic abuse, (ii) whole family approaches, and (iii) working with men who harm in families. The films are suitable for a broad readership in order to promote and embed evidence informed practice across child protection and domestic abuse services, as well as allied professions.
- **Case file analysis summary report and accompanying online seminar:** A summary report will be produced by Professors Kate Morris and Brid Featherstone, providing an insight into the national picture regarding child protection work with families where domestic abuse is an issue of concern. The report will be based on analysis of data from the case file audit conducted by Change Project participants. The report will be accompanied by a short online seminar from Professors Kate Morris and Brid Featherstone, and both outputs will inform practice and policy-decision making across child protection services.
- **Practice-led podcast series (x 4 episodes):** Practice conversation series with Change Project practice leaders from across the country highlighting new and innovative practice and ways of working in the field of domestic abuse and child protection work.
- **Communities of practice:** A national communities of practice will be established by Research in Practice and led by Professor Brid Featherstone. The group will occupy a key role in establishing a national network of child protection

professionals working in the field of domestic abuse, and will enable important opportunities for knowledge exchange, as well as to embed and disseminate key messages from the Change Project.

Feedback and evaluation

Participants on the project were asked to complete a feedback survey, which closed on 31st March 2021. Feedback indicated that involvement in the Project has made a demonstrable and valuable impact, with participants describing the project as “transformative” and “inspiring”. Further, 100% of respondents rated it ‘excellent’ or ‘good’ in terms of its contribution to their professional development.

Applicability and impact at practice and strategic levels

Feedback also indicated that participants have already begun implementing learning from the Change Project across a range of key service areas, including in direct practice, localised policy, team training, casework management and supervision, and in commissioning processes. An example of the broad applicability of the learning from the Change Project in terms of how it has informed participants’ understanding of the issues encountered by mothers, fathers and families experience DVA and child protection, is evidenced in the quote below. It also signals the substantive outcomes associated with the project and their tangible and direct application to areas at both a strategic and practice level:

“The department had already embarked on an improvement programme for how we work with Domestic abuse and the Change Project has prompted me to explore certain aspects of what we need to do - for example working with fathers/ caring dads and trauma informed practice in the context of DVA practice. “

“I was able to make a link into [another local authority] and explore the typologies of abuse. I have shared all my learning with our DVA strategy group and gained agreement for a change in how we approach casework. These were all ideas that I have had for a while but the Change Project allowed me to link into research base to support the recommendations and use evidence to convince people of why a better whole family approach will bring better outcomes, involving fathers will bring a different perspective and recognising the trauma involved for women” (Change Project participant). “

Another example of the ways in which the insights and knowledge exchange opportunities facilitated by the Project have had a substantive impact as regards to practice reform within children’s social care settings, is set out in the following quote:

“[The Change Project] has really stimulated me to include the factors such as poverty in all communication and talk to social work teams about including them in the assessments. We have small units that take families from referral (CiN & CP) to close of intervention. The team manager and the 3 [social workers] discuss each family that comes in and create a plan. Sometimes they have 1 worker and sometimes they do a joint approach. To help consider the

family deeply they now have the social GRACES laminated and go through each of them to talk about how best to approach and shape work with the family from the 'get go'. We have introduced the requirement for family network meetings and done more work on skills to work with fathers and helping people to acknowledge their fears and making plans to help them be less scared of approaching them" (Change Project participant).

Foregrounding the voices of people with lived experience of DVA

A central component of the Change Project was the meaningful inclusion of the voices and perspectives of people with lived experiences of the issues addressed, at all stages, alongside contributions from practitioners and research experts. The following two quotes from participants articulate the transformative potential of including these voices:

"[T]he videos of the men and women's stories were very emotional and have stayed with me and really shifted my thinking about the work we need to do in DA and CP. I have used these to run training sessions with the staff in my DV Hub, and it has evoked brilliant discussions" (Change Project participant).

"The lived experience sessions brought home to me again the impact of institutional re-victimisation and [how] services have to follow a set process rather than listening , hearing and responding to need - and how at times practice/responses can be blinkered and sometimes miss the bigger picture of what is happening for those who are impacted upon by DA - allowing for safeguarding - the immediate changes services wish to see are often unrealistic and counterproductive to what the family need and can immediately achieve - and do not reflect the issue of the trauma experienced (historic or current)" (Change Project participant).

Together all of these quotes demonstrate the extent to which the work conducted during the Change Project has made a unique and significant contribution to a growing evidence regarding the radical reconceptualization of dominant practice and policy paradigms governing this complex area of work. Reforms that will, ultimately, contribute to better outcomes for the full range of victim survivors and whole families experiencing DVA, as well as hold those that harm to account for their behaviour within the context of Children's Social Care Settings, and beyond.

Appendix 4: Impact and Engagement

This research was developed and co-designed by an established partnership that reflected the stakeholders in this field (practitioners, families, policy makers, and researchers). The impact and engagement strand ran concurrently with all other work packages throughout the project. SafeLives and Research in Practice (with support from Future Men and the Domestic Abuse and Child Protection Change Project members) utilised their extensive existing networks to create adult family member, practitioner and policy maker forums that met during the life of the project. During the fieldwork these forums expanded the analysis and reviewed and ‘made sense of’ emerging study findings from diverse perspectives.

The research was also supported by an Advisory Group that brought together an international group including academics, policy makers, family members, and practice leaders. (See the appendix 2 for full membership.)

RDAC also built on the learning from the Research in Practice [Domestic Abuse and Child Protection \(DACP\) Change Project](#) which was established some six years ago. The Change Project, which ran for 18 months and culminated in February 2021 aimed to enable new conceptual and practice developments when supporting families where there was DVA. Drawing from international literature, as well as practitioner and family expertise, the Change Project opened up new possibilities for understanding why DVA is a key driver of demand in child protection and how it might be responded to by approaches that are more humane and socially transformative than those routinely deployed.

Knowledge from the DACP Change Project informed the development of a range of [resources](#) formulated to support practitioners in their work to achieve better outcomes for children and families where DVA is a feature. It also built the early stages of a Community of Practice.

4.1 The Community of Practice (CoP)

CoPs are now used across a range of sectors and typically convene people from different organisations who don’t usually work with one another, around a shared interest in a particular issue or concern. A key component of the advanced mixed methodology employed by RDAC was the CoP, which comprised representatives from 30 local authorities and voluntary organisations across England and Scotland. The CoP meet six times during the course of the project and built shared learning and exchanged expertise and innovation.

A key aim of RDAC has been to expand the conversations among practitioners, policymakers, and researchers, and build on the learning catalysed by the Change Project. As such, RDAC continued to explore questions regarding how we might ‘think and do differently’ when it comes to domestic abuse and child protection using an analytical lens attuned to the intersecting inequalities in the lives of families from across three case study sites in England and Scotland.

The RDAC team of researchers worked in parallel with the CoP which has been a key element of the collaborative, co-production approach running through RDAC. Providing an integral platform for fostering collaboration, knowledge sharing and

'sense-checking' of the data produced, the CoP enabled mutual learning among key stakeholders and researchers involved in addressing DVA in child protection. The CoP offered a critical space for collaborative data analysis, helping the RDAC team to make sense of the data as well as initiating the development of novel practice and policy principles based on RDAC's key messages. The CoP members contributed to the dissemination events held in the summer of 2024 and provided short videos discussing the value and impact of the RDAC CoP. (All these materials are available on the RDAC website)

By leveraging the diverse expertise and perspectives of its members, the CoP informed and enriched both the qualitative and quantitative aspects of RDAC. Through the mobilisation of participatory informed approaches, the collective expertise and experience of CoP members enhanced the validity and relevance of the findings, while also strengthening the 'real world' impact and applicability of the RDAC study for both practice and policy contexts.

4.2 Family Involvement

The Family Forums, operated in parallel with the CoP and included individual and group discussions. The meetings occurred during the early stages to reflect on the aims and purpose of RDAC and then later in research cycle to consider the merging themes. The Forums enabled the research team to engage with lived experiences of domestic abuse and child protection, at various stages of the research process. The Forums were facilitated by project partner organisations including [SafeLives](#), [Future Men](#) and [Circles Training and Consultancy](#).

The Family Forums involved informal meetings with groups or individuals – victim-survivors, partners, or wider family members – from households in which there has been a person using domestic abuse and involvement from Children's Social Care. Creating 'feedback loops' at various points during the life of the study, the Forums ensured that the voices of families were heard and included in the research team's analysis of the data collected during interviews with professionals working in Children's Social Care at three case study sites.

People with lived experience volunteered to be in the Family Forums because they wanted to make a difference by contributing to work that could go some way to enhancing the child protection response to domestic abuse, for other victim-survivors and their families. Several themes in the data resonated with members of the Forums, who were able to offer various viewpoints on those themes, thereby helping the research team to make better sense of the data. A range of topics emerged from the family reflections. While it is important to note that not all the family forums repeated the same themes, some common issues emerged during the conversations about the research aims and the findings. These included:

- The importance of the study; families felt frustrated by the limitations of current responses and the consequences for individuals and families.
- The role of housing; primarily because difficulties in securing safe accommodation can leave families feeling trapped, or victim-survivors facing the risk of financial insecurity or poverty if they leave the home they share with the person causing the harm.

- The impact of poverty; this exacerbated the challenges DVA presents for families in various and complex ways. These included the financial implications of court costs which can leave people with debts long into the future. This financial penalty can also present a barrier to taking any further court action. Some family members felt that there is a greater degree of state intervention in the lives of poorer or less affluent families when experiencing DVA.
- Minoritised groups and families; participants talked about a lack of knowledge concerning cultural issues among some social care professionals, coupled with a dearth of culturally specific services to meet their needs. Others discussed how social workers can at times employ an unduly narrow cultural lens when working with families that does not accommodate for diversity in cultural norms or belief systems concerning issues such as parenting.

The discussions with families informed the overall analysis set out in Chapter 7, and the core messages set out in Chapter 8.

4.3 Outputs and dissemination:

In collaboration with Safe Lives, Research in Practice led on a dynamic impact strand providing opportunities for knowledge exchange throughout, including the website, virtual and in person events and regular sharing of blogs and learning materials. This included:

- The development of a range of materials, building upon the Change Project that practitioners, educators, researchers and policy makers can access at [Resources | Research in Practice](#)
- Blog post series and podcasts shared as open access elements on the Research in Practice website.
- Social media campaign raised the profile and coverage in mainstream and sector media.
- Interim and final project outputs were supported through a series of online seminars.
- Presentations to key stakeholders including the Office of the Domestic Abuse Commissioner, Foundations, Department for Education, local and national elected members, and children services leaders.
- Academic articles in leading UK journals.
- The research team regularly contributed to a variety of DVA / CP events and forums. This included; JSWEC annual conference, international events in Ireland, Norway, America, and Australia, EUSARF conference, CELCIS (Scotland), and a range of regional practitioners events.

The RDAC web hub launched in summer 2022. Web site data for RDAC web pages are available 2023-2025 (Google changed the functionality so 2022 stats are not available). The table below summarises the use of the site:

Asset	Views
RDAC resource hub – Total for whole hub	3,846
<u>RDAC: Rethinking Domestic abuse in child protection: responding differently – Landing page</u>	1,928
<u>RDAC: Rethinking Domestic abuse in child protection: responding differently – Resource page</u>	868
<u>RDAC literature review: What does the research tell us? Podcast</u>	288
Blogs and publications	
<u>Rethinking Domestic Abuse in Child Protection - Blog</u>	936
<u>Policing, child protection and domestic violence and abuse - Blog</u>	915
<u>Learning from ‘experts by experience’: family involvement in Rethinking Domestic Abuse in Child Protection - Blog</u>	795
<u>Rethinking domestic abuse in child protection: The importance of a Community of Practice - Blog</u>	784
<u>Policing, child protection and domestic violence and abuse (DVA): A summary of relevant literature - Research Review</u>	633
<u>RDAC: The importance of Family Forums - Blog</u>	424

In the summer of 2024 RiP, on behalf of RDAC, hosted three online seminars to describe and discuss emerging themes. In total 369 participants from more than 149 organisations attended across the three seminars.

Evaluation and feedback were overwhelmingly positive and included:

'Really good to hear the research data and highlights the need for a broader approach and not individualised case work; Understanding socio economic impact, engaging men, voice of child and lack of data around this.'

'Fabulous session, thought provoking and will support the way in which we work with families experiencing domestic abuse. I am currently developing a workshop for newly qualified social workers around domestic abuse in practice and will be able to apply the knowledge learnt. Thank you'

It was really helpful to have the opportunity to listen to a range of voices and to provide time for feedback and reflection on what was said, it really stimulated my thinking.

4.3.1 RDAC and RiP North West Region Implementation Programme:

All 24 local authorities in the North West region of England are members of the Research in Practice partnership network. As such, they have had opportunities to work with Research in Practice in tailored regional activity over 2024-26. Senior leaders across the region chose to work on an implementation programme in relation to the outputs of the Change Project and RDAC. Funded in part by Nuffield the programme was an opportunity to begin to embed the findings into local policy and practice.

RDAC hosted a series of workshops between October 2024 and March 2025 with the research leads and members the Research in Practice team. The work progressed as below:

- May-Sept 24: RiP team recruited participants – two practice leaders per authority, focused on people in a position to effect change in service/practice activity. Recruitment included a requirement for participants to attend the RDAC practice focused seminar in September as preparatory work for the programme.
- The project had twin aims for the workshops: a) implementation of learning from the Change Project and RDAC across the NW region and b) exploring how to best translate the research into policy and practice development.
- Four online day workshops were hosted between November 2024 and April 2025. Each session focused on specific aspects of the RDAC themes, and participants undertook a series of local tasks between the workshops.

The RDAC workshops brought together representation from 24 local authorities across the North West, with each local authority nominating two individuals to participate. The initial aim was to engage senior staff members—such as heads of service, strategic leads, or those in similar leadership roles—who were well-positioned to influence decision-making and had the organisational oversight and capacity to drive and embed change within their services. This was seen as critical to the success of the programme,

as the work required a strategic lens and the ability to shift culture, policy, and practice at a systemic level.

Over the course of the programme, there were challenges in sustaining consistent attendance from the same cohort of people. Changes in staffing, competing priorities, and organisational pressures meant that, at times, different individuals attended in place of the original nominees. This made it more difficult to build collective momentum, maintain shared understanding, and implement the change work as effectively as hoped.

Nonetheless, throughout the RDAC programme, attendees demonstrated a high level of engagement during the peer-learning components, which were deliberately built into each session to encourage reflection, knowledge-sharing, and collective problem-solving. These opportunities for cross-authority dialogue were consistently met with thoughtful and active participation. Many reflected on the value of connecting with peers across different local authorities, recognising common challenges and new approaches they could take back to their own settings.

Feedback from the final session was encouraging, with participants reporting that they had taken a great deal from the workshops and had already begun incorporating learning from the RDAC study into their teams' practice, training, and service improvements. There was a clear appetite for change, and many expressed that the core principles and messages emerging from RDAC strongly resonated with both their values and the needs of the communities they serve. In some cases, the connections formed during the workshops extended beyond the sessions themselves. These informal networks suggest that the programme helped to facilitate ongoing collaboration across the region, reinforcing the potential for lasting impact beyond the life of RDAC itself.

In recognition of the time it takes for systemic change to take root, a final follow-up session will be held in October 2025 to 'check in' with attendees, capture progress, and assess the extent to which changes inspired by RDAC have been implemented and sustained across the region.

Appendix 5: References

- Almeida et al., 2019; Almeida, R.V., Werkmeister Rozas, L.M., Cross-Denny, B., Lee, K.K. and Yamada, A.-M. (2019) 'Coloniality and intersectionality in social work education and practice', *Journal of Progressive Human Services*, 30(2), pp. 148-164.
- Association of Directors of Children's Services (2021) *Safeguarding Pressures Report – Phase 7* <https://www.adcs.org.uk/safeguarding-pressures/>
- Association of Directors of Children's Services (2025) *Safeguarding Pressures Report – Phase 9* <https://www.adcs.org.uk/safeguarding-pressures/>
- Bywaters, P. and the Child Welfare Inequalities Project Team (2020) *The Child Welfare Inequalities Project: Final Report* Nuffield Foundation, London
- Cleaver, H (2025) Domestic abuse and the impact on young children: A UK perspective *Children and Youth Services Review* Volume 172, May 2025, <https://doi.org/10.1016/j.childyouth.2025.108236>
- Collins and Bilge, 2020 Collins, P.H. and Bilge, S. (2020) *Intersectionality* (2nd Edition), Cambridge, Polity Press.
- Crenshaw, K. (1989) *Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics*, University of Chicago Legal Forum: Vol. 1989, Article 8.
- Crenshaw, K. (1991). Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review*, vol. 43, no. 6, 1991, pp. 1241–99.
- Crenshaw, K. (2017) *On Intersectionality: Essential Writings* Faculty Books, 255. <https://scholarship.law.columbia.edu/books/>
- Featherstone, B., Morris, K., & White, S. (2014). A marriage made in hell: Early intervention meets child protection. *British Journal of Social Work*, 44(7), 1735–1749.
- Featherstone, B., Gupta, A., Morris, K., & White, S. (2018). *Protecting Children: A Social Model*. Policy Press, Bristol
- Hester, M., & Donovan, C. (2009). Researching domestic violence in same-sex relationships—A feminist epistemological approach to survey development. *Journal of Lesbian Studies*, 13(2), 161–173
- Hood, R., Goldacre, A., Webb, C., Bywaters, P., Gorin, S. and Clements, K. (2021) 'Beyond the Toxic Trio: Exploring Demand Typologies in Children's Social Care', *The British Journal of Social Work*, 51(6), pp. 1942-1962.
- Hood, R., Goldacre, A., Jones, E., Martin, E., Clements, K. and Webb, C. (2024) 'Intervention Pathways following a Social Work Assessment: An Analysis of National Administrative Data for Children's Social Care in England', *The British Journal of Social Work*, 54(7), pp. 2937-2956.

Humphreys and Absler, 2011, Humphreys, C. and Absler, D. (2011) 'History repeating: Child protection responses to domestic violence', *Child & Family Social Work*, 16(4), pp. 464-473.

Johnson, M., P (2008). *A Typology of Domestic Violence: Intimate Terrorism, Violent Resistance, and Situational Couple Violence*. Northeastern University Press, Project MUSE

Lapierre, S. (2010). More responsibilities, less control: Understanding the challenges and difficulties involved in mothering in the context of domestic violence. *British Journal of Social Work.*, 40, 1434–1451.

Mattsson, 2014; Mattsson, T. (2014) '*Intersectionality as a Useful Tool: Anti-Oppressive Social Work and Critical Reflection*', *Affilia*, 29(1), pp. 8-17.

Nash, 2008; Nash, J.C. (2008) 'Re-thinking intersectionality', *Feminist review*, 89(1), pp. 1-15.

McCall, 2005; McCall, L. (2005) 'The complexity of intersectionality', *Journal of women in culture and society*, 30(3), pp. 1771-1800.

Stanley, N (2011) *Children Experiencing Domestic Violence: A Research Review* Research in Practice, Dartington

Winker and Degele, 2011; Winker, G. and Degele, N. (2011) 'Intersectionality as multi-level analysis: Dealing with social inequality', *European Journal of Women's Studies*, 18(1), pp. 51-66.

