



Action for Change

Desk review: Summary Report

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Introduction

This report summaries key findings from literature and desk based reviews carried out by evaluators spread over four different jurisdictions within the European Union, seeking to collate existing evidence relating to the experience of intimate partner and domestic violence and child protection, and any interaction between these significant issues.

The desk-based research was carried out as part of wider evaluation of the *Action for Change* project, funded by the European Commission. The summary draws together key findings from the desk based research conducted by *Action for Change* partners representing the UK, Romania, Hungary and Italy, with a view to providing an overview of the existing evidence base, and some context to current service delivery. In doing so it provides an initial assessment of the need for support geared towards domestic violence survivors at risk of having their children taken into protective care and the current gaps in this type of service provision. In the broadest sense, pilots being implemented by partners through the Action for Change project, are designed to test models which can effectively address this gap and highlight any key learning in doing so.

Action for Change Overview

‘Action for Change’ is a project funded by the Daphne Programme that is sponsored by the European Commission. It is a two year project that commenced in January 2015 and aims to improve outcomes for survivors of domestic abuse who have had their children taken in to care. The project is spread over four different countries in Europe, these being Italy, Romania, Hungary and the United Kingdom.

The project seeks to advance knowledge and understanding of service models that effectively address the needs of women who have had or are at risk of having their children removed from their care because of domestic abuse and/or associated factors such as substance misuse and mental health. Indeed, a common feature among all the models being piloted though the project is the interlinking of support services to address the often multiple and complex needs of women exposed to domestic violence. Through delivery of multifaceted support which directly addresses the underlying needs and risk factors associated with having a child removed into the care, the pilots aim to break often entrenched behaviour that drive the removal of a child into protective care. The project is premised on the belief that failing to assertively break such behaviours, perpetuates and possible even amplifies the cycle of risk associated behaviour, significantly increasing the likelihood of having a subsequent child placed into care. As well as the tragic consequences for both the women and children, there are major economic and social consequences for both local communities and nation states.

In order to ensure lessons learnt from the pilots are underpinned by a strong evidence base, a key element of the Action for Change project is that it is robustly evaluated at both the national and project level. The evaluation will seek to demonstrate the effectiveness of the delivery models being tested through Action for Change project and highlight key learning gathered throughout the duration of the project.

Evaluation research questions

The evaluation for the Action for Change project seeks to address the following research questions:

1. What are the risk factors that may trigger children being taken into care in household where inter-parental domestic violence has occurred
2. How would the circumstances of a parent who has experienced domestic violence need to change to facilitate the return of a child or prevent a further child being taken into care
3. What support is available to parents who have experienced domestic violence to help make the changes necessary to facilitate the return of a child/prevent a further child being taken into care (to explore form, function, effectiveness/outcome)
4. How does support delivered through the Action For Change pilot add value to the existing delivery models
5. To what extent does the support offered by Action for Change help to reduce risk factors associated with having a child placed into care

As an initial step, evaluators from each participating country were required to carry out a review of existing literature and research, and other desk based activities, such as the analysis of currently available local and national level statistics. The purpose of the literature review is to provide context about the underlying need (if any) and gaps in service provision for support from *Action for Change* pilots.

Other elements of the evaluation include longitudinal depth interviews with participants, depth interviews with front line delivery staff, and secondary analysis of any management information being collated as part of the project. Additionally, evaluators operating within each of the partner states, had the discretion to carry out scoping interviews with senior stakeholders to establish the policy intent behind the project, and the expectations from it.

Findings from these latter elements of the evaluation are not presented here, but will be reported on in subsequent publications.

Methodology

To ensure consistency of approach across evaluation teams, a systematic approach to searching for and reviewing literature was developed by the lead evaluators. With agreement from all partners, it was felt that the literature and desk based review should use a Rapid Evidence Assessment methodology.

An initial workshop involving evaluators, project managers and delivery partners was carried out to develop the methodology, including the inclusion criteria (setting out the parameters of the review, e.g. reference period, jurisdiction, language, etc) and a set of search terms. Importantly, the workshop also identified specific research questions to be addressed by this element of the research.

From this, a *priori* review protocol template was prepared and disseminated to the evaluation teams. The protocol template provided sufficient detail to ensure a structured approach could be adopted across all four evaluation teams, while still allowing for local tailoring (for example, the inclusion/ exclusion criteria, literature databases to be searched, search terms, etc). A copy of the draft guidance and protocol can be found in Annex A.

Key findings

This section draws together findings from the reviews carried out across the partner states. It begins by broadly describing the nature of evidence identified during the course of the review. It then provides headline figures on the prevalence of child protection interventions and domestic violence and identifies risk factors associated with having a child removed and placed into protective care, and effective ways of reducing these. Finally, the paper describes existing support structures for both women and children.

Existing evidence base

Domestic violence and child protection are clearly of interest to public bodies across the partner countries. However, the rhetoric around these profound issues is not reflected by the evidence base that has developed in recent decades (see for example Hamel, Langhinrichsen-Rohling and Hines 2012). The most readily available source of data relating to the experience of domestic and intimate partner violence is often derived from data drawn from the criminal justice system (e.g. detection, arrest and conviction figures). Such statistics often fail to capture true exposure to such violence. Indeed, comparing reported figures with estimates based upon survey research (discussed below) show a gaping difference between levels of violence perpetrated and those that are brought to the attention of policing and justice agencies.

Likewise, data sources related to child protection largely focus on reporting procedural interventions by social or court services (such as the number of children taken into care, the number of child protection orders issued, etc), providing little insight into the true level of need among families and households to support them to ensure they provide a safe and nurturing home to bring up children.

As well as underplaying the true extent of prevalence, data from administrative sources published as governmental statistics, lack depth and richness required to truly understand complex nature of the support needs or drivers for intervention.

Overall, the evidence landscape relating to the interrelationship between intimate partner violence and child protection is weak with few, high quality empirical studies being identified through this exercise. Such was the paucity of the evidence, evaluators had to depart from literature search protocol and not apply any formal weighting to publications identified. In particular, significant evidence gaps remain in both Hungary and Romania.

Overview of the need for child protection services

Statistics regarding the number of children placed into care were by and large obtained from Government bodies, and appeared readily available.

Figures provided for Italy suggest that in 2011 in excess of 30,000 children were placed into care outside of their family (equating to around 1 child per 1000) of which a near equal proportion were in foster or residential care (National Centre of Documentation and Analysis on Childhood and Adolescence 2011). More recent data suggest that 457,453 children are in some way currently engaged in the social care framework (National Observatory on Childhood and Adolescence *et al* 2015). Reasons for being engaged into the social care framework include, material and/or emotional negligence, witnessed violence, psychological maltreatment, problematic care, physical maltreatment, and sexual abuse. More than half of the abused children are a victim of serious negligence, while one out of five is a witness of domestic violence.

Also in Italy, 19% of children who have experienced abuse are removed from the family and placed in a community while 14% are placed with a foster family. The remaining children are supported through different care pathways, which do not include removal from their family: 10% are supported in day semi-residential communities; 18% are supported within the family of origin through home assistance; 28% receive economic support within the family of origin; 38% receive other forms of support; and, 8% are not provided any assistance (National Observatory on Childhood and Adolescence *et al* 2015).

In Romania, there were 12,542 cases of child abuse, neglect or exploitation in the year to 31 December 2014 (ANPDCA 2015). Of these, 11,721 took place in the family home. Though the cause for children to be included in this count included work and criminal exploitation the clear majority of children (97%) had experienced some form of abuse or neglect. Of the 11,721 around 28% of the children were removed into protective care. This compares to 58% of the 68,840 children in the UK who were placed into care during the year up to 31 March 2014 (Department for Education 2014).

Data provided for Hungary suggest that between 1999 – 2002, the number of children placed into care increased from 19,887 to 20,644 representing an increase of around 4% during that period. Children are often placed into foster care; it is believed that there has been a steady growth in the number of foster careers since 1995.

The implication of the volume of children involved in various care systems presents a sizable resource burden on states accounting for more than half the budget for family and children services in both Italy and the UK (respectively, 59% (ISTAT 2011) and 55% (Harker and Heath 2014)). There are also likely to be a number of other downstream costs which are not so easily captured, such as costs associated as long term health and well being and impacts on education and employment prospects.

Within the UK, a total of 68,840 children were in care in England as of 31 March 2014. Standardising to the population of under 18's this roughly equates to 6 children per 1000. However, as reported in Italy (National Observatory on Childhood and Adolescence *et al* 2015), there is significant geographical variation in this standardised rate (Department for Education 2014).

Importantly, evidence suggests that once a family has had a child removed into the care system, it increases the likelihood of having subsequent children placed into care.

Prevalence of Interpersonal or Domestic Violence

The most comprehensive pan-European study of violence against women estimates that one in three women aged 15 or over has experienced some form of physical or sexual violence at some point since turning 15 (European Union Agency for Fundamental Rights 2014). The same survey reported that 4% of women reported experiencing some form of physical or sexual violence perpetrated by a current or former partner in the twelve months preceding the survey, equating to an estimated 7.5 million women across Europe annually.

The Violence Against Women survey found similar levels of experience being reported across all of the Action for Change participant countries with 6% of respondents drawn Hungary, Italy and Romania and 5% of UK respondents reporting the experience of Intimate Partner Abuse over the twelve month period, though there was a greater variation in reporting looking at experience since the age of 15 with Italy report the lowest rate (19%), followed by Hungary (21%), Romania (24%) and the UK with the highest reporting rate (29%). This latter rate for the UK is similar to the rate reported by the Crime Survey of England and Wales. While the true level of intimate partner violence prevalence does vary among states, it is difficult to accurately identify the extent of this variation as cultural and national normative behaviour are very likely to also influence responses to survey questions.

While the Violence Against Women survey and other crime surveys, such as the Crime Survey of England and Wales, are a useful sources of information with regards to the experience of intimate partner violence, it has been argued that they are still methodologically flawed (Kimmel 2002). Moreover, when crime surveys are compared to family conflict survey's findings are often inconsistent, with the latter reporting noticeably higher rates of violence within the home. (Desmarais *et al* 2012, also see Straus and Gelles 1986). Reasons for the reporting inconsistencies are methodologically technical and would require a full meta-analysis which is beyond the scope of this current reviews (this work has been undertaken elsewhere, see for example Desmarais *et al* 2012). Kimmel (2002) has highlighted that the conflicting and varied survey results has created ambiguity in the evidence base which has allowed policy makers and officials to selectively present research findings that support their narrative as opposed to informing it.

Within Italy, survey research carried out by European Union Agency for Fundamental Rights (2014) found that 65.2% of respondents who had experienced domestic violence, reported that such violence had been witnessed by children (around a quarter of respondents who experienced domestic violence, reported violence was also directed towards children). This finding is important because UK the law states that it is harmful for a child to witness violence, following the amendment to the Children Act 1989, which now makes clear that “harm includes any impairment of the child’s health or development as a result of witnessing the ill-treatment of another person” (Department for Education and Skills 2006).

Risk Factors

Across all the partner states, both child protection and domestic violence were underpinned by a strong legislative and administrative system. However, despite the volume of legislative material, there is little that places any obligation to support parents and families reduce violence within the home or improve household circumstances.

Research has also identified a tension between child protection procedures, and the reporting of violence within the home. There appears to be a perception among some that drawing attention to the experience of interpersonal violence within a home may highlight exposure to risks and set in motion or augment child protection interventions. Indeed, at the pan-European level, around 2% of women who had experienced physical violence and 4% who had experienced sexual violence perpetrated by a current or former partner did not report it to anyone for fear of having their children removed (European Union Agency for Fundamental Rights 2014). This certainly suggests that the perceived threat of having child protection processes initiated may act as a barrier to the violence being reported: a finding also demonstrated by Bertotti and Bianchi’s research in Italy, published in 2005.

Further, the desk based research has suggested that the current configurations of support often puts the onus upon the victim of violence to extricate herself and her children from the exposure to violence in the first instance. In practice this may mean leaving their home and possibly community. Some evidence from the sector suggests there have been instances where women are advised by social workers to immediately move out of their current residence with their children or risk having care proceedings issued. It is not possible to validate this claim.

However, the direction fails to recognise that such an abrupt upheaval may strip the women and their children of existing support structures, and provides a clear example where the imperative to focus on the interest of children supersedes the need of the domestic violence survivor, which may be better served by maintaining and fortifying existing support networks within the home.

Approaches to assessing risk factors when considering whether to remove a child into care appeared to differ across the partner countries. However, all were resolutely child focussed. Where described, risk was assessed using multiple indicators related at the individual, parental and household level and involved input from numerous key professionals (including health workers, psychologists, educators, criminal justice bodies, and lawyers).

Despite this intensive assessment of risk with regards to children, identifying and assessing the exposure to risk of intimate partner violence appears to be a perfunctory action. Indeed, despite the rhetoric around the need to tackle intimate partner violence, there remains ambiguity with regards to what domestic abuse is, as well as the role of the wider network of professionals and key workers in identifying, and responding to instances where domestic abuse is apparent.

Risk assessment is considered an ongoing process when working with a family, with a number of 'rehabilitative' markers identified such as the rejection of violence, intrinsic maternal characteristics, confidence in parenting and, importantly resilience.

Support services

The development and maturity of the support services varied both among partner countries and by the type of support being considered. For example, in Romania, while the provision of support is legislatively underpinned, with procedural guidance on what should be expected in response to a victim of abuse coming to the attention of support service it is suggested that social workers and support services are insufficiently resourced and skilled.

Across all of the partner countries, support geared towards children appeared the most developed, and often features the intensive outreach and interdisciplinary support to meet the often complex needs of the child in care.

When considering the needs of both the child and the mother support is often fragmented, with little cross over and interaction between child protection services, services to support women who have experienced intimate partner violence and those to support parents and families at risk of having a child removed into the care system.

However, recent years have seen the development of more early intervention programmes, and programmes that seek to work with families to address underlying root causes and risks that may lead to having a child placed into care. It also appears that for all but the UK, support programmes explicitly seek to return a child placed into protective care, to the supported mother. At its most base, such programmes would seek the return of a child to the maternal home where there is "sufficient evidence to prove that the danger towards the child has passed".

Invariably, non-profit and charity sector organisations, as well as social and family services often provided the core of support to families and households which have experienced

domestic violence. Immediate advice and assistance can often be obtained from national helplines.

When asked how respondents to the Violence Against Women survey who had reported experiencing violence had overcome it the clear majority reported relying on support from friends and family (35%) or their own personal strength and decisiveness (32%). Only 6% reported receiving any professional support (such as counselling and victim support). Asked about the type of support they would be after following the most serious incidence of physical partner violence since the age of 15, 39% stated 'someone to talk to/moral support' and 15% with 'protection from further victimisation/violence' and 14% 'practical advice'. With regards to respondents who had experienced sexual violence the rates were 54%, 25% and 21% respectively.

Descriptions of support emphasise the need for personalisation, and diversity within the package offered. Within parameters, support available to survivors range from psychological counselling, legal advice, health and well being and as well as practical support such as finding housing and getting into employment, as well as the provision of refuge and temporary accommodation. As such input from professionals drawn across numerous sectors (including health, education, justice and social welfare) is often required to address the full range of support needs experienced by women who have experienced domestic violence.

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