

**STRENGTHENING KNOWLEDGE
AND AWARENESS IN FAMILY
SERVICES OF DOMESTIC ABUSE
(SKAFADA)**

ORIGINAL RESEARCH



Authors

Joanne Westwood, Professor of Social Work Education, University of Central Lancashire

Mary Baginsky, Reader in Social Care, King's College London

Sophie Hallett, Senior Lecturer, Cardiff University

Leslie Humphreys, Senior Lecturer, University of Central Lancashire

Helen Richardson Foster, Research Fellow, University of Central Lancashire

Nicole Steils, Research Fellow, King's College London

Nicky Stanley, Professor of Social Work, University of Central Lancashire

The study team has extensive experience of and an international reputation for research on harm and interpersonal violence, including domestic abuse and its impact on children and families.

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About Foundations, the national What Works Centre for Children & Families

Foundations, the national What Works Centre for Children & Families, believes all children should have the foundational relationships they need to thrive in life. By researching and evaluating the effectiveness of family support services and interventions, we're generating the actionable evidence needed to improve them, so more vulnerable children can live safely and happily at home with the foundations they need to reach their full potential.

About Connect Centre for International Research on Interpersonal Violence and Harm, University of Central Lancashire

The Connect Centre for International Research on Interpersonal Violence and Harm, based in the School of Health, Social Work and Sport at the University of Central Lancashire (UCLan), is a multi-disciplinary team with established expertise and an international reputation for research on domestic abuse and other forms of child violence and abuse. The Centre specialises in research that prioritises the experiences and perspectives of service users, including children and young people, to better understand what works, with which groups and in what contexts.



About Health and Social Care Workforce Research Unit, the Policy Institute, King's College London

The National Institute for Health and Care Research (NIHR) Health and Social Care Workforce Research Unit exists to develop research knowledge in the health and social care workforce field and to disseminate findings to policymakers, service providers, employers, and patient, service user, and carer groups. The Unit is part of the Policy Institute at King's College London.

Terminology

Victims and survivors of domestic abuse are those who have experienced or are experiencing domestic abuse. Throughout this report we refer to those who have experienced domestic abuse as victims and/or survivors. The language associated with these terms is contested and our position recognises the different stages/ways people experience or understand their experiences of abuse.

Accessibility

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GLOSSARY OF TERMS / ABBREVIATIONS & ACRONYMS

Abbreviation / acronym / terms	Description
BASW	British Association of Social Workers
CSC	Children's Social Care
CPD	Continuing Professional Development
DA	Domestic abuse
DAP	Domestic abuse practitioner
DASH RIC	Domestic Abuse, Stalking and Honour Based Violence Risk Identification Checklist
DfE	Department for Education
EH	Early Help
FS	Family Support
KCL	King's College London
LA/LAs	Local authority/local authorities
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning and other communities, including allies
MARAC	Multi-Agency Risk Assessment Conference
NICE	National Institute for Health and Care Excellence
NVQ	National Vocational Qualification
PSW	Principal Social Workers
UCLan	University of Central Lancashire
VAWDASV	Violence Against Women, Domestic Abuse and Sexual Violence



EXECUTIVE SUMMARY

Introduction

Early Help (EH) is designed to intervene before challenges in families reach the threshold where statutory safeguarding services are required. Family Support (FS) provides services and interventions for vulnerable families and where children are defined as ‘in need’. These local authority (LA) workforces often collaborate with other partners to work with adults to develop parenting skills as well as in direct work with children. Early Help/Family Support practitioners have high levels of contact with families experiencing domestic abuse. Best practice guidance in England and Wales establishes that all multi-agency staff should be able to recognise domestic abuse and they should know about and have access to information regarding services, policies, and procedures, including local referral pathways. This rapid scoping study provides evidence about the knowledge, understanding, and skills of the Early Help/Family Support workforces in England in respect of domestic abuse and identifies their training and development needs. The findings can be used to inform future workforce planning and strategy for these staff at local and national levels.

Objectives and research questions

The study was designed to inform policymakers, LAs, multi-agency partnerships, training providers, third sector organisations, and the research community about the skills, knowledge, training, and development of the Early Help/Family Support workforces in England following the government response (Department for Education, 2023) to the Independent Review of Children’s Social Care (MacAlister, 2022).

The research questions addressed by the study were:

- What are the skills and knowledge of domestic abuse in the Early Help/Family Support workforces?
- What training/CPD on domestic abuse is currently provided to the Early Help/Family Support workforces?
- How is the current identification/referral/knowledge/skills/and understanding of domestic abuse assessed?
- How do specialist domestic abuse staff interact with the Early Help/Family Support workforces?
- What multi-agency practice models are currently used in Early Help/Family Support domestic abuse work?
- What are the gaps in the knowledge/skills/understanding of domestic abuse in the Early Help/Family Support workforces?
- What specific domestic abuse topics/skills need to be included in training/development for the Early Help/Family Support workforces?



Methods

This rapid scoping study was undertaken by the University of Central Lancashire and King's College London between April and October 2023. An online survey was distributed to the Early Help/Family Support workforces in 11 English LAs selected to provide a diverse sample in respect of region, urban/rural location, ethnicity, and social deprivation. The survey explored knowledge, skills, attitudes, and training needs. The survey was distributed alongside an online training module developed with input from SafeLives Pioneers. Case studies were conducted in five of these LAs; the case studies included interviews with Early Help/Family Support practitioners and managers alongside analysis of strategic documents. A review of English and Welsh national policy documents addressing domestic abuse was undertaken as were interviews with four domestic abuse training organisations. In total, 350 surveys were completed across the 11 local authorities, and 46 interviews were carried out in the case study sites. Survey completion rates varied across LAs; however, a varied LA sample provided multiple perspectives. Bi-variate analysis of survey data used chi-square tests to identify significant associations ($p < .001$). Survey results were synthesised with case study findings.

The study has some limitations: there was considerable variation in the numbers of survey responses received from different LAs which was attributable to contextual factors. Those practitioners responding to the survey may have already had a particular interest in domestic abuse work and training. Some bias may also have informed interview selection. Finally, the survey was largely distributed to practitioners working in LAs and so we received few survey responses from Early Help/Family Support practitioners working in the independent sector.

Findings

Characteristics of Early Help/Family Support staff and their work

- Survey respondents from the Early Help/Family Support workforce had high levels of experience in work with children and families.
- The majority (84%) had worked on cases involving domestic abuse in the last six months.
- Almost 40% of respondents reported personal experience of domestic abuse.

What are the skills and knowledge of domestic abuse in the Early Help/Family Support workforces?

- Practitioners' confidence levels in working with domestic abuse reflected the training they had received.
- The majority of respondents were confident in their knowledge of the impact of domestic abuse on children and young people. While most had received training which addressed this, there was a substantial minority (32%) who felt they were not sufficiently trained on the topic.



- Most practitioners were confident and knowledgeable about making referrals if necessary. Prior training was statistically significant with confidence referring. The majority were also confident in their understanding of the impact of parental conflict and contact disputes. Respondents understood that statutory intervention could act as a barrier to disclosure of domestic abuse and reported that they understood coercive control.

What training/CPD on domestic abuse is currently provided to the Early Help/Family Support workforces?

- Most practitioners responding to the survey (85%) and interviewed in the case study sites reported having received training in domestic abuse.
- LAs are employing a range of strategies for delivering domestic abuse training to their staff, using both internal and external sources of expertise.
- Clear links between training and confidence and knowledge were identified, including understanding of roles and responsibility, readiness to enquire about domestic abuse and knowledge of appropriate local resources.
- Case study local authorities were providing support which included reflective supervision, debriefing, group sessions, access to counselling and clinical supervision.

How is the current identification/ referral/ knowledge/ skills/ and understanding of domestic abuse assessed?

- There is no one form of skills assessment for this workforce in relation to domestic abuse, and LAs did not ask for relevant skills or experience when recruiting to these posts. Attitudes and values were seen as important factors in hiring.
- Identification of training needs for this workforce is aided by specialist domestic abuse practitioners or coordinators. Additionally, training needs are identified through regular case reviews and discussions with staff.

How do specialist domestic abuse staff interact with the Early Help/Family Support workforces?

- LAs were supporting staff to work in this area by offering access to specialist knowledge and advice in a range of ways, including domestic abuse champions, coordinators, and domestic abuse practitioner posts, who could also provide training and case support.
- While staff valued this input, there were indications emerging from the survey that, in some areas, these specialists assumed all responsibility for liaison and referrals with external domestic abuse service providers.

What multi-agency practice models are currently used in Early Help/Family Support domestic abuse work?

- All the case study sites were using a practice model: two were using the Family Safeguarding approach and three had adopted Signs of Safety. While multi-agency work is



central to both models, multi-disciplinary teams are integral to the Family Safeguarding model and domestic abuse specialists are embedded in these teams.

- While the LAs included in the case studies appeared to be working collaboratively with practitioners in other organisations to provide Early Help/Family Support to families, the mechanisms for doing this and degree of collaboration in place appeared to vary.

What are the gaps in the knowledge/skills/understanding of domestic abuse in the Early Help/Family Support workforces?

- Whilst the survey responses indicated that many practitioners do engage with children and refer them to specialist services, there were some potential knowledge/skills gaps. This included readiness to enquire about domestic abuse, seeking the views of the child, advising them of their options, continuing to check in on them, and referring to specialist services.
- These were gaps in relation to working with perpetrators of domestic abuse, people from the LGBTQ+ community, families where there were children with disabilities and people from different cultural backgrounds.

What specific domestic abuse topics/skills need to be included in training/development for the Early Help/Family Support workforces?

- Training that strengthens the skills and confidence of those working with perpetrators of domestic abuse, people from the LGBTQ+ community, families where there were children with disabilities and people from different cultural backgrounds is vital.
- The survey found a need for greater awareness of local specialist domestic abuse services, including both support groups and refuge services. The survey also identified some areas where training should address attitudes towards the causes of and misconceptions in understanding domestic abuse.
- A prototype model of online training was developed for this study with input from domestic abuse survivors. Following the training, survey participants showed significantly improved levels of knowledge of domestic abuse on a number of measures and some significant improvement in attitudes, notably in respect of acknowledging survivors' capacity to make appropriate choices.

Implications

The study findings show that the majority of the Early Help/Family Support workforce included in this study had received training on domestic abuse, and there was clear evidence of the benefit of training for this workforce. However, the research also highlighted that some gaps in skills and knowledge remained, as well as differences in the level of training undertaken and topics covered, which has led to a lack of confidence in some areas.



The implications for policy and practice outlined below are based on the survey findings and case studies.

- 1. Ensure training on domestic abuse is embedded into Early Help/Family Support workforce development strategies:** This should include training on domestic abuse from induction to advanced levels, as well as opportunities for refresher and specialist inputs. The tools used to measure staff confidence and knowledge in the present study could be used to inform evaluation of training. Interviews with managers suggested progression and retention rates could also be used to measure the impact of training.

Joined-up working

- 2. Leverage the skills and knowledge of specialists:** Domestic abuse practitioners, specialists and champions were identified as being crucial actors, with case studies highlighting how they had helped to improve support, practice and training for Early Help/Family Support staff. Where participants felt this was lacking, they expressed a desire for additional specialist input and supervision. LAs could consider formalising these relationships, where not already in place, and draw on best practice from other localities.
- 3. Support referrals to specialist domestic abuse services:** There were mixed findings in the survey around confidence in making referrals for domestic abuse. It is possible that where specialist staff take responsibility for making referrals, it can mean Early Help/Family Support practitioners do not have direct contact with local domestic abuse services, and this may affect collaborative working and referral quality. In recognition of this, LAs could consider how roles and responsibilities are defined, the appropriateness of referrals to domestic abuse specialist services and consider how the interface between specialist staff, the early help/family support workforce and specialist domestic abuse services is facilitated.
- 4. Ensure availability of specialist domestic abuse services for children:** The survey found that Early Help/Family Support practitioners were much less likely to refer children to specialist domestic abuse services than they were parents. This is likely to reflect the limited availability of such services which is evidenced by other studies (Domestic Abuse Commissioner, 2021). The capacity and spread of specialist domestic abuse services should be increased and training should ensure that Early Help/Family Support staff are familiar with these services in their local area.

Addressing specific gaps

- 5. Build confidence and skills in work with perpetrators:** This study found that Early Help/Family Support workforces have less confidence, knowledge and skills in work with domestic abuse perpetrators. The findings suggested that confidence in working with this group was associated with experience, particularly in work with fathers. Both survey and case study findings suggested that there is a training gap in this area. Domestic abuse training for these workforces should focus on providing the skills needed for engaging with domestic abuse perpetrators, alongside knowledge of relevant specialist resources and referral routes.



- 6. Equip the workforce with the confidence, knowledge and skills to identify and support children affected by domestic abuse:** While most Early Help/Family Support staff had received training on domestic abuse which had addressed the impact on children and young people, there was a substantial minority (32%) who were not certain that they were sufficiently trained. There were some indications in the survey data that the views and choices of children and young people may not be elicited as frequently by Early Help/Family Support practitioners as those of parents. Training should convey the message of the Domestic Abuse Act 2021 that children are victims of domestic abuse in their own right, this means that practitioners should be prepared to explore and respond to children's experiences and views as distinct from and separate to those of their parents.
- 7. Represent the experiences of diverse communities throughout training:** Both the survey and case studies identified a lack of confidence amongst staff when working with diverse communities, as well as a lack of knowledge of the barriers faced by migrant communities experiencing domestic abuse. Further investigation revealed that this was, in part, due to cultural differences, and that Early Help/Family Support staff based in more ethnically diverse localities had greater confidence than those who were not. Greater attention should be paid in training to how domestic abuse is experienced/can present in different communities, and practitioners should be equipped with the tools to confidently assess and provide support. Local leaders should consider tailoring their workforce development plans to ensure it reflects their local demographics. Knowledge exchange between LAs with more diverse communities, and those with less, should also be explored.
- 8. Improve awareness of children with disabilities who might be experiencing domestic abuse and upskill staff to provide appropriate support:** Respondents in the survey and case studies expressed a lack of confidence with regards to children with disabilities. This could in part be due to fewer relevant cases being seen by practitioners, as the most pronounced cases were likely to be allocated to specialist teams. Where possible, training should reflect the range of needs among children with disabilities, as well as the different ways in which indicators of domestic abuse may or may not be expressed by these children.

Workforce

- 9. Support the wellbeing of the workforces:** Case studies suggested that staff were receiving a range of support in managing and processing the personal and emotional impact of their work, including supervision with senior staff and specialists, and/or access to therapists and counselling. Practitioners valued this support highly, and expressed a desire for more. LAs should explore the possibility of integrating the provision of clinical and reflective supervision, and access to counselling for these workforces within their workforce development strategies. While this is relevant for all staff, given the proportion of staff who report personal experience of domestic abuse, this takes on a particular relevance.
- 10. Draw on best practice for retention and continuous professional development:** The study identified length of service and level of training as having strong links with the likelihood of practitioners enquiring about domestic abuse when faced with possible indicators – particularly those related to children. Case Study 1 highlighted an effective



strategy for workforce development, and LA01 and LA02 have adopted the Family Safeguarding model, which indicates an investment in the workforce. With this in mind, LAs should explore what other areas are doing successfully when drawing up their own retention and development strategies.

Training design

11. Harness survivors' perspectives to develop domestic abuse

training: Respondents who completed evaluation of the post-survey training module highlighted the value of incorporating survivors' perspectives into domestic abuse training. There were indications that this approach strengthened learning in respect of practitioners' use of language, recording, and ability to recognise that survivors were able to exercise agency and make choices.

12. Strengthen the evidence base: Both the survey and the case studies found that Early Help/Family Support staff are currently offered a range of domestic abuse training programmes. Rigorous testing of widely delivered training programmes would provide an evidence base for their effectiveness and suitability for these workforces and inform the development of training standards. As seen with the evaluation of the training module delivered as part of the survey, there can also be value in piloting and testing different models of delivery including in-person, online and hybrid.



1. INTRODUCTION

Early Help and Family Support practitioners have high levels of contact with families at risk of experiencing domestic abuse, but little is known about their readiness and capacity for work with children and families living with domestic abuse. This study provides evidence about the knowledge, understanding, and skills of the Early Help/Family Support workforces in England in respect of domestic abuse and identifies their training needs. Training is understood to include induction into the Early Help/Family Support role and the service, ongoing development to undertake work roles and tasks, as well as acquiring knowledge and skills for specialist areas of practice such as work with families experiencing domestic abuse.

The Domestic Abuse Act 2021¹ defined children as victims of domestic abuse in their own right for the first time, and it is important for the children's social care workforce to respond to this shift. The Tackling Domestic Abuse Plan (UK Government, 2022) emphasises the importance of training for strengthening frontline practitioners' identification of and response to domestic abuse. The Government's response (Department for Education, 2023) to the Independent Review of Children's Social Care (MacAlister, 2022) reiterates this argument and sets out proposals to increase family help and enable a broader range of practitioners to be case holders for children in need.

Early Help is usually accessed through universal resources such as a children's or family centre and is designed to intervene before challenges in families reach the threshold where statutory Children's Social Care/Safeguarding services are required (Lucas & Achard, 2021). Early Help may include services for children with additional and complex needs (Edwards et al., 2021). Family Support provides community and family-based support for families where children are defined as 'in need'. These services work both with parents and directly with children.

Early Help and Family Support staff may hold cases, undertake assessments, or deliver groupwork. Practitioners can be located in a range of settings, including social work teams, early help or family hubs, edge of care services, schools, family, neighbourhood or children's centres, youth services or housing associations. These practitioners are often experienced and knowledgeable about working with families in community settings but may not have a professional social work or clinical qualification. They may hold university degrees in subjects including Children, Schools, and Families (Early Years Graduate Practitioner Pathway), as well as Health and Social Care/Social Sciences degrees and other vocational qualifications, such as Non-Vocational Qualifications (NVQs) or apprenticeships in, for example, Early Years work, Family Support work and Working with Parents.

This study focused on those Early Help/Family Support practitioners employed directly by local authorities (LAs). The research comprised a survey of Early Help/Family Support practitioners in 11 LAs and case studies across five of these. This approach provides depth and some breadth and

¹ See: <https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted>



detail about these workforces and draws on quantitative and qualitative data to address the research questions.

Research questions

A protocol for the study was published prior to the commencement of fieldwork (Westwood et al., 2023). The following research questions informed the study:

- 1.** What are the skills and knowledge of domestic abuse in the Early Help/Family Support workforces?
- 2.** What training/CPD on domestic abuse is currently provided to the Early Help/Family Support workforces?
- 3.** How is the current identification/referral/knowledge/skills/and understanding of domestic abuse assessed?
- 4.** How do specialist domestic abuse staff interact with the Early Help/Family Support workforces?
- 5.** What multi-agency practice models are currently used in Early Help/Family Support domestic abuse work?
- 6.** What are the gaps in the knowledge/skills/understanding of domestic abuse in the Early Help/Family Support workforces?
- 7.** What specific domestic abuse topics/skills need to be included in training/development for the Early Help/Family Support workforces?



2. METHODOLOGY

Overview

This rapid scoping study was undertaken between April and October 2023. It was a mixed methods study, which included a structured online survey, qualitative interviews, and documentary analysis. The survey was completed in 11 LAs selected to provide a diverse sample in respect of region, urban/rural location, ethnicity and social deprivation (see table 2 below). Case study data were collected alongside the survey in five LAs and included analysis of strategic/policy documents and 46 semi-structured interviews with Early Help/Family Support practitioners, managers, and heads of Early Help/Family Support services. Four interviews were also carried out with key organisations delivering domestic abuse training, and national policy documents addressing domestic abuse policy and training in England and Wales were also analysed. For further detail on the study protocol see Westwood et al., 2023. Mixed methods were valuable in this study as they enabled an in-depth analysis of the local authority policies and practices and practitioner experience which extended the survey findings.

Survey

A structured online survey of the Early Help/Family Support workforces was carried out in 11 LAs in England between June and August 2023.

As an incentive to survey completion, an online domestic abuse training module was developed in collaboration with SafeLives, a national domestic abuse training provider. The training benefited from extensive involvement from SafeLives Pioneers, an Experts by Experience group. Participants were invited to fill in the online survey, access and complete the training module, and finally to fill in a short post-training survey (see [appendix A](#)). Participants were offered a Continuous Professional Development (CPD) certificate to evidence their completion of the training module.

A cascade approach to distributing the survey across LAs means that we are not be able to calculate response rates. There is very limited data available currently on these workforces or their training and so it was not possible to provide an accurate check on the extent to which the population surveyed is representative of the national picture. However, the inclusion of 11 diverse LAs in the survey increases the likelihood of the sample being representative of these workforces in England.

Areas of investigation

The research questions as agreed between the commissioners, Foundations, and the research team are shown in table 1 which identifies the data used to answer the research questions.



Table 1. Research questions and data sources

Research question	Data sources
1. What are the skills and knowledge of domestic abuse in the early help/family support workforces	Survey completed by practitioners Interviews with practitioners, managers, and stakeholders
2. What training/CPD on domestic abuse is currently provided to the early help/family support workforces?	Survey completed by practitioners Interviews with practitioners, managers, and stakeholders
3. How is the current identification/referral/knowledge/skills/and understanding of domestic abuse assessed?	Survey completed by practitioners Interviews with practitioners and managers Documentary audit
4. How do specialist domestic abuse staff interact with the early help/family support workforces?	Interviews with managers, senior managers, and stakeholders
5. What multi-agency practice models are currently used in early help/family support domestic abuse work?	Interviews with senior managers and stakeholders Documentary audit
6. What are the gaps in the knowledge/skills/understanding of domestic abuse in the early help/family support workforces?	Survey completed by practitioners Interviews with practitioners and managers
7. What specific domestic abuse topics/skills need to be included in training/development for the early help/family support workforces?	Survey completed by practitioners Interviews with practitioners and managers

Sampling

The LAs were selected to provide a diverse sample in respect of geographical spread, urban/rural settings, ethnicity, and social deprivation. A number of networks, including the research team's own contacts, assisted recruitment of LAs. These include Research in Practice's network for Principal Social Workers in Children's Social Care (CSC) and the Early Help network in south-east England. Initially, 12 LAs confirmed their participation but one withdrew from the study shortly before the launch of the survey, leaving 11 LAs taking part in the survey. Five LAs were designated as case study sites with the aim of providing a diverse sample against the above characteristics. All LAs were asked to sign a Memorandum of Understanding articulating the expectations of both participating LAs and the research team.



Table 2 provides information on all 11 English LAs participating in the study and includes demographic details and information on specific CSC interventions or programmes adopted as well as domestic abuse training previously delivered to CSC staff.

Table 2. Key characteristics of LA sample

Local authority	Region	Model of practice	Demographics			
			Population	Ethnicity collapsed*	Type	Social deprivation: (Index of Multiple Deprivation 2019 quintile (1 is most deprived)**
LA 01	North	Family Safe-guarding Model	1.2m	White 87%; Asian, Black, Caribbean, multiple ethnicities 13%	Mixed rural and urban	3
LA02	South	Family Safe-guarding Model	1.2m	White 82%; Asian, Black, Caribbean, multiple ethnicities 18%	Mixed rural and urban	5
LA03	East	Signs of Safety Part of the Family Hubs and Start for Life programme	225k	White 45%; Asian, Black, Caribbean, multiple ethnicities 55%	Urban	2
LA04	London	Signs of Safety Part of the Family Hubs and Start for Life programme	300k	White 52%; Asian, Black, Caribbean, multiple ethnicities 48%	Urban	1
LA05	Midlands	Signs of Safety Part of the Family Hubs and Start for Life programme	825k	White 66%; Asian, Black, Caribbean, multiple ethnicities 34%	Urban	1
LA06	North	Signs of Safety Part of the Family Hubs and Start for Life programme	552k	White 57%, Asian, Black, Caribbean,	Urban	1



				multiple ethnicities 43%		
LA07	North	Signs of Safety Part of the Family Hubs and Start for Life programme	266k	White 91%, Asian, Black, Caribbean, multiple ethnicities 9%	Urban	2
LA08	Midlands	Signs of Safety Part of the Family Hubs and Start for Life programme	342k	White 57%, Asian, Black, Caribbean, multiple ethnicities 43%	Urban	1
LA09	South	Use their own collaborative working model	553k	White 80%, Asian, Black, Caribbean, multiple ethnicities 20%	Rural/mixed	5
LA10	South	Use their own practice framework	1.4m	White 93%, Asian, Black, Caribbean, multiple ethnicities 7%	Rural/mixed	5
LA11	South	Signs of Safety Part of the Family Hubs and Start for Life programme	570k	White 97%, Asian, Black, Caribbean, multiple ethnicities 3%	Rural	2
Total population England (Census 2021)			56.5m	White 81%, Asian, Black, Caribbean, multiple ethnicities 19%		

*Census 2021 data as reported by 2021 Census profile for areas in England and Wales (ONS, 2023).

**Based on average rank for upper tier local authority areas taken from File 11: upper-tier local authority summaries (UK Government, 2019). Please note that the average rank is a summary measure, local authority areas can have very different patterns of deprivation.

Recruitment/dissemination

Qualtrics software was used to format and distribute the survey to contacts in the 11 LAs who, in turn, disseminated the survey to their teams, focusing on encouraging participation of their Early Help/Family Support practitioners. Information about the survey was provided in email format and was included in regular communications to practitioners and in team meetings and other



forums to encourage completion. Repeat messages encouraging survey completion were sent to LA contacts throughout the survey period.

Response rates, distribution across and profile of respondents

The distribution of the main and post-training survey responses received from the 11 LAs participating in the study is shown in table 3:

Table 3. Survey responses by site

Local authority	Region	Main survey		Post-training survey	
		Number	% of total	Number	% of total
1*	North	65	18.6	11	15.3
2*	South	28	8.0	3	4.2
3*	East	18	5.1	0	0
4*	London	9	2.6	0	0
5*	Midlands	59	16.9	12	16.7
6	North	43	12.3	10	13.9
7	North	5	1.4	1	1.4
8	Midlands	44	12.6	24	33.3
9	South	12	3.4	1	1.4
10	South	12	3.4	1	1.4
11	South	55	15.7	9	12.5
Total		350	100	72	100.0

*= case study site

In total, we received 450 survey responses. Data cleaning is the process of preparing and formatting the raw data so that it is suitable for analysis. This included removing cases/individuals where responses may bias the results and 'empty' responses where the survey URL was accessed but no answers were submitted by the individual. Some respondents returned to the survey to access the training link, and this also resulted in null/empty responses. This process led to the



exclusion of all those respondents who answered none or less than 50% of the questions (n = 100) which resulted in a total sample of 350.

Analysis

The survey data was initially checked for missing values and internal validity before being summarised descriptively. Bi-variate analysis using chi-square tests was undertaken subsequently to identify significant associations between variables. Chi square tests are appropriate for assessing whether two categorical variables are associated. A categorical variable is a variable that has a finite (usually small) number of categories such as gender (e.g. men, women, non-binary).

Z-tests were used in analysis of the post-training survey data to measure change in knowledge and attitudes. Z-tests are appropriate for determining whether two populations or groups differ significantly in terms of a measure of a proportion of a single characteristic such as the proportion that answer 'Yes' to a question. In other words, they test whether two populations are the same or different.

Statistical tests were carried out in order to be able to make statements about the extent to which any prima facie relationships/associations evident in the data exist in the population beyond the sample.

Standard convention in statistical reporting prescribes that p-values of less than .05 can be used as evidence of statistical significance/difference/association (i.e. there is a 5% chance of getting the observed data if there were no differences/association between groups in the population(s) from which the sample data was taken). In order to be able to rely on stronger evidence of a difference/association, p-values of less than .01 can be used as the criteria for making such decisions (i.e. there is a 1% chance of getting the observed data if there were no differences/association between groups in the population(s) from which the sample data was taken). We used p-values of .01 or less as evidence of an association/difference.

Case studies and interviews

The case studies describe the local context, training and development needs of the Early Help/Family Support workforces in five LAs. They also provide additional detail on Early Help/Family Support staff's knowledge, skills, and experiences of working with families where domestic abuse was a factor. In each of the five case study sites, semi-structured interviews were undertaken via telephone or online Teams calls with middle managers and Early Help/Family Support practitioners (see table 4). We also interviewed senior managers in each LA.

Table 4. Case study sites: interview participants

Local authority	Early Help/Family Support practitioners	Middle managers	Heads of Service	Total
LA 01	5	3	2	10



LA02	6	3	2	11
LA03	2	4	1	7
LA04	5	0	2	7
LA05	5	3	3	11

The rapid timescale of this study meant that there was some overlap of the survey completion and data collection for the case studies. In order to avoid interviewees' responses being influenced by their participation in the survey or in the online training, practitioner interviews were undertaken prior to them completing the survey and training. In some instances, we contacted interviewees and asked them not to complete the survey until after they had been interviewed.

Four interviews were also carried out with representatives of specialist domestic abuse organisations and training providers in England to provide a national picture of the needs and current specialist training and specialist domestic abuse support available to these workforces.

Recruitment/dissemination

Recruitment of interview participants was carried out by designated LA contacts in the case study sites. These contacts were provided with information about the study, and they recruited interview participants who were working in Early Help/Family Support roles on behalf of the study. In selecting specialist domestic abuse organisations for interview, we focused on those with a history of developing and delivering training and consultation to CSC. Key representatives from national and regional organisations were identified and contacted via the Connect Centre's networks and with the support of Foundations. Key personnel in these organisations were asked to identify their training leads and share participant information with them prior to being contacted for their participation in the study. Participants were provided with consent form and detailed information about the study in advance of the interviews, and consent was confirmed at the start of each interview. Findings from these interviews were included in the case studies section and the results of the documentary analysis of national policy documents are reported in the Context section (see chapter 3).

Analysis

All interviews were audio recorded and professionally transcribed. Case study data drawn from interviews with Early Help/Family Support practitioners, managers, and Heads of Service was analysed using the Framework approach (Spencer et al., 2003). The framework was constructed to incorporate themes and sub-themes that reflected the key research questions.



Review of documents

We analysed job descriptions and person specifications for Early Help/Family Support posts in all five case study sites with a view to determining whether and what level of domestic abuse knowledge and awareness were specified. Where case study sites made these documents available, we analysed relevant policy or training strategies that addressed the Early Help/Family Support workforces' training and/or practice in respect of domestic abuse.

Core messages and relevant guidance were extracted and summarised from the Welsh Government (2019) Violence Against Women Domestic Abuse and Sexual Violence (VAWDASV) training framework, the National Institute for Health and Care Excellence (NICE) (2014), and the British Association of Social Work (BASW) (2021) published guidance on domestic abuse for social workers and related practitioners. These findings are included in the Context section below (see chapter 3).

Data synthesis

Initially, survey and interview data were separately analysed. Findings from the survey and case study data were then synthesised (Sandelowski & Barroso, 2007) using the research questions as a framework. Both data sets addressed overlapping questions, allowing for the comparison of the findings from the two sources and the identification of patterns, and strengthening the overall validity and reliability of the conclusions.

Ethics

Ethical approval for the study was granted by the University of Central Lancashire Research Ethics Committee (Ref no: BAHSS2 01038). All participants were given information about the study and all interviewees provided informed consent. All participants were provided with information on relevant sources of domestic abuse support should they require it. Attention has been given to ensuring the anonymity and confidentiality of all those who completed the survey or interviews. Local authorities and their staff have been anonymised in this report.

Limitations/potential bias

The study reports on findings from 11 LAs in England and so some caution may be needed in terms of generalisation. The survey completion rates varied across the sample of LAs and, although several reminders were sent to key contacts in the LAs throughout the fieldwork period, a number of factors impacted on completion rates. In one case study site, the online training module was factored into the LA training strategy, and so completion rates were high. In another LA, Ofsted was carrying out an inspection which shifted the priorities of staff and managers.

Both the survey and case study interviews were completed by Early Help/Family Support staff who volunteered to do so, and it may be that the study attracted the involvement of staff with a particular interest in domestic abuse or with enthusiasm for the domestic abuse training attached



to the survey. Contacts in LA case study sites cascaded the request for interviews to managers and practitioners and some bias may have informed the selection of interviewees. However, the number of case study sites helped to ensure that a range of perspectives was captured.

The survey was sent in the first instance to LA contacts and we received few responses from those delivering Early Help/Family Support work in other settings including the independent/third sector. Future studies of these workforces should seek to include this group as LAs reported that they are increasingly delivering Early Help/Family Support services in partnership with other organisations.

Some bias may also have informed interview selection. The survey was largely distributed to practitioners working in LAs and so we received few survey responses from Early Help/Family Support practitioners working in the independent sector. Finally, the tight time-scale for this study meant that we were not able to explore questions that arose from the survey in interviews as the timing of these overlapped with the survey.



3. RESULTS

Current context of domestic abuse training

This section draws on analysis of national policy documents addressing domestic abuse training and on interviews with representatives of four large training providers delivering domestic abuse training across England.

Knowledge and training

Best practice guidance in England and Wales establishes that all multi-agency staff should be able to recognise domestic abuse and that they should know about and have access to information regarding services, policies, and procedures, including local referral pathways.

NICE Guidance (2014) sets out best standards for training, with baseline training advised for those working at levels 1 & 2 and more specialist training for those at levels 3 & 4. Early Help/Family Support staff roles correspond to level 2 (those for whom child safeguarding is part of their broader remit) and level 3 (those for whom safeguarding is their primary concern) and NICE Guidance (2014) provides the following summary of training requirements for these levels. *Level two:* professionals should be trained to ask about domestic abuse in a way that facilitates disclosure. They should understand this abuse, its effects on adults and children, and their and others' roles in responding to it. They should be trained to respond with empathy, assess safety, and offer referral. *Level three:* professionals should be trained to provide a response for risk identification and assessment, safety planning, and continued liaison with specialist services. This resembles the minimum training requirements of the recently published Welsh Government's Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Training Framework (2021), which addresses violence against women and girls, domestic abuse, and sexual violence more broadly, and is designed for those working in public services. The Early Help/Family Support workforces fall under 'group 2', which is those who are likely to be in jobs where violence against women, domestic abuse, and sexual violence may be an issue for their client group. This group is required to undertake 'Ask and Act' training, which ensures that staff can recognise the signs that someone is being abused, talk to that person sensitively, and offer options and services to them quickly and efficiently.

In terms of a best practice response to domestic abuse in social care, BASW guidance (2021) is designed specifically for social workers, and aside from various references to multi-agency working there is no mention of the Early Help/Family Support workforces. Nonetheless, this guidance emphasises the need to understand this abuse in the wider context of violence against women and girls and how to respond to domestic abuse in relation to specific social groups such as Black and minoritised communities, LGBTQ+ communities, and those with special educational needs and/or disabilities.



The Welsh ‘Ask and Act’ framework (Welsh Government, 2021) includes the following four key principles that should inform a domestic abuse response:

1. Culture and leadership
2. Clarity and confidence
3. Recognition and response
4. Follow up and monitoring.

The Framework in Wales specifically identifies that the Early Help/Family Support workforces should be equipped with awareness of the indicators of domestic abuse; have clear internal processes which follow recognition/identification and include targeted enquiry; should provide an efficient and positive response; and engage in partnership and collaborative processes which facilitate provision of specialist support.

Models for training

NICE guidance (2014) establishes that domestic abuse training at basic/universal level can be delivered through distance or online learning, with increased levels of in-person content for more specialised levels of training. There is no stipulation as to what content should be delivered, or by whom. In Wales, training is contracted to local agencies for delivery, only accredited ‘Ask and Act’ trainers are permitted to deliver this training and the aims, content, and outcomes are determined by the Welsh Government’s Violence Against Women, Domestic Abuse, Sexual Violence (VAWDASV) Training framework. In England, a number of specialist domestic abuse organisations deliver domestic abuse training; four large independent providers, two of which operate nationally, took part in this research.

We draw here on four interviews undertaken with domestic abuse training providers (see chapter 2 for details). Representatives of these national and regional organisations noted that delivery of domestic abuse training is largely determined by tendering and procurement arrangements by LAs, who may have their own in-house or preferred provider. Training for the Early Help/Family Support workforces is largely incorporated within training commissioned for individual teams or the wider multi-agency workforces rather than there being anything specific designed for Early Help/Family Support staff.

Women’s Aid has developed a ‘Nationally recognised qualification: ‘Tackling and Preventing Domestic Abuse Award’ (see [appendix B](#)), aimed at those new to the sector, and suitable for staff working in social services and housing for example. This training covers:

1. The nature and impact of domestic abuse
2. The nature and impact of domestic abuse on children and young people
3. Professional responses to domestic abuse.²

All their training is currently delivered in-person.

² See: <https://www.womensaid.org.uk/what-we-do/training/qualifications/tackling-preventing-domestic-abuse-award/>



Two other specialist domestic abuse training providers described delivering foundational training on understanding domestic abuse, dynamics of domestic abuse and coercive control, while also providing tailored training based on commissioners' needs and gaps. One of these organisations noted the impact of the Domestic Abuse Act³ on children's status in relation to domestic abuse, remarking that this is a developing area of practice for children's social care (CSC) and for training providers in the domestic abuse sector, while another described bringing in other organisations to support training on specialist issues such as domestic abuse in the context of children with disabilities and LGBTQ+ communities. These organisations offer both online and in-person training.

A fourth interviewee from a specialist domestic abuse training organisation described delivering a suite of in-person and online training at a foundation level to promote: understanding domestic abuse, recognising indicators, and knowing how to respond effectively. More specialist areas addressed by their training included: work with children impacted by domestic abuse, understanding and responding to perpetrators, and skills in understanding coercive control and managing counter allegations. This interviewee commented that training aims to develop professional curiosity and skills, but this needs to be combined with 'whole family' approaches, which the Early Help/Family Support workforces are uniquely placed to deliver. Two of the providers also stressed the need for workers to be supported, in order to mitigate the impact of working with these issues, emphasising the importance of opportunities for group reviews or group practice sessions, alongside supervision and specific training on managing vicarious trauma: "making sure that the workforce itself is being cared for in the same way that the people they're working with should be being cared for".

Survey findings

In this section we draw on the survey data to present the key demographic characteristics of the survey respondents and their work experience. Survey findings on domestic abuse training, practice, knowledge, understanding, and confidence among Early Help/Family Support practitioners follow.

The sample

In total, 350 valid responses were received to the survey. The breakdown by site is shown above in table 3.

Sample characteristics

Table 5 shows that, as anticipated for these workforces, the majority of the sample was female (90.9%), 8.6% were male, and 0.6 % were gender variant, non-binary, or preferred not to state. This picture is similar to the children's social work workforce which reported an 87% female workforce (UK Government, 2023).

³ See: <https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted>



Table 5. Gender, age, and ethnicity of survey sample

	Number	Valid %
Gender (n=350)		
Female	318	90.9
Male	30	8.6
Gender variant or non-binary / prefer not to say	2	0.6
Age (n=350)		
21–30	39	11.1
31–40	86	24.6
41–50	91	26.0
51–60	107	30.6
61 or over	20	5.7
Prefer not to say	7	2.0
Ethnicity (n=345)		
White	294	85.2
Black – African / Caribbean / Black other	16	4.6
Asian / Asian British	20	5.8
Mixed – White and Black Caribbean	6	1.7
Other ethnic group / prefer not to say	9	2.6

There was a wide age range among survey respondents, from 21 to over 60. The majority were aged over 30, with around one third (36%) over 50, indicating older/ageing workforces. This is again similar to the children’s social work workforce (UK Government, 2023) which reported 49% over 30 and 37% over 50.

The majority of respondents (85.2%) described themselves as White (White British/White Irish or White other), compared with 76% in the children’s social work workforce (UK Government, 2023). This over-representation of White staff may be explained by the small number of completed surveys received from some of the inner-city sites. Most of the Black, Asian, and Mixed staff were working in the large urban or city local authorities (e.g. 27% in Site 5, 27% in Site 8).



Table 6 shows that 12.4% of respondents said they considered themselves to have a disability of some type. This is lower than the national average for England, which was 17.1% in the 2021 Census.⁴

Table 6. Do you consider yourself to have a disability?

	Number	Valid %
Yes	43	12.4
No	290	83.8
Prefer not to say	13	3.8
Total valid responses	346	100

Nearly half the sample (46.8%) reported frequent and regular caring responsibilities.

Work background and current job

Table 7 shows that the 350 Early Help/Family Support staff had high levels of professional experience, with 42% having worked for their current employer for more than 11 years and 57.4% having worked for their current employer for more than five years. In response to a separate question about work experience with children and families, the majority (89%) reported working with children and families for more than six years.

Table 7. Time with current employer

	Number	Valid %
Up to 5 years	149	42.6
6–10 years	54	15.4
11+years	147	42.0
Total valid responses	350	100

We limited recruitment to those Early Help /Family support practitioners who were based in a local authority and so most respondents (98%) worked for a local authority (LA). Those who did not work for a LA worked in Children’s Trusts, third sector family support or health services. Table 8 shows that those working for LAs were predominantly working in an early help or family hub or family service (43.8%), child and family wellbeing (22.8%) or family intensive support (20.8%). A small number worked specifically in children’s centres, education, youth services, and other areas such as family support for refugee families. One respondent was from a local authority

⁴ See: <https://www.ons.gov.uk/census>



Domestic Abuse service; independent specialist Domestic Abuse services were excluded from the sample.

Table 8. Local authority service area

	Number	Valid %
Early Help/Family Hub or Family Service	149	43.8
Child and Family Wellbeing Service	78	22.8
Family Intensive Support	71	20.8
Social Work/Safeguarding Team	8	2.3
Children's Centres	8	2.3
Education/Team around the School	11	3.2
Youth Services	7	2.0
Behavioural and Emotional Health	3	0.9
Disabled Children's Service	3	0.9
Domestic Abuse Service	1	0.3
Other	3	0.9
Total valid responses	342	100

The majority (73%) of the survey respondents who provided a job title were practitioners, 18% were managers or senior practitioners.

Child protection/child support work

Table 9 shows that just under half of Early Help/Family Support staff (48.3%) worked in both statutory child protection services and child support and 39.9% worked in child support roles only. Twelve per cent used the 'other' category which included those who worked in learning support or neighbourhood support roles.

Table 9. Area of work

	Number	Valid %
Child protection and child support	167	48.3
Child support	138	39.9



Other	44	11.8
Total valid responses	346	100

Work with families

The majority of respondents (90.8%) said that they worked with both children and parents, with the remaining split between working mainly with children (3.5%) or with parents (5.8%). There was some clustering with the 20 respondents who reported working mainly with parents located in one authority (Site 5).

Table 10 shows the majority of participants (75.5%) worked with children of all age groups, from under 5s to over 11s, with 7.5% working only with pre-school-aged children.

Table 10. Age group of children worked with

	Number	Valid %
Under 5s only	26	7.5
5–11	14	4.0
Under 11s only	22	6.3
Over 11 only	23	6.6
All ages	262	75.5
Total valid responses	347	100

As shown in table 11, nearly two-thirds of the sample (62.3%) reported that they often or usually worked with fathers. In contrast, 37.7% said they sometimes or never worked with fathers.

Table 11. Frequency of work with fathers

	Number	Valid %
Never	4	1.1
Sometimes	128	36.6
Often	169	48.3
Usually	49	14.0
Total valid responses	350	100



Workload

Over two-thirds of respondents held their own cases and had responsibility for leading or coordinating services for a family/parent or child/ren (n=243, 69.4%). This was seen across all sites apart from Site 1 where 61.5% did not hold their own cases.

Table 12 shows that, of the 243 respondents who held their own cases, the majority (57.6%) held fewer than ten cases, and 35.4% between 11 and 20. However, it is likely that some respondents were working part-time so caseloads may not reflect those of full-time staff. Participants who were not case holders (n=107) were also usually working with small caseloads with 53.7% working with under ten families. However, a quarter of those who were not direct case holders said they were working with over 40 families, and this was seen across most sites.

Table 12. How many cases do you hold at the moment?

	Case holders		Non-case holders	
	Number	Valid %	Number	Valid %
Under 10	140	57.6	51	53.7
11–20	86	35.4	9	9.5
21–30	5	2.1	6	6.3
31–40	4	1.6	3	3.2
41–49	1	0.4	26	27.4
Over 50	7	2.9	0	0
Total valid responses	243	100	107	100

Qualifications and personal experience of domestic abuse

Table 13 shows that our respondents were mostly highly qualified, with 58.5% having completed a university degree.

Table 13. Highest level of academic qualification

	Number	Valid %
Secondary/FE	124	35.5
Any university degree	204	58.5



International/other	21	6.0
Total valid responses	349	100

Respondents were asked about their own experience of domestic abuse as this has some bearing on the development of appropriate training. As Table 14 illustrates, a considerable proportion (39.1%) of respondents had personal experience of domestic abuse in their private or family life.

Table 14. Personal experience of domestic abuse in private or family life

	Number	Valid %
Yes	136	39.1
No	176	50.6
Prefer not to say	36	10.3
Total valid responses	348	100

Work experience with domestic abuse in the past six months

Domestic abuse clearly features in the workload of Early Help/Family Support practitioners: Table 15 shows that the majority of respondents (84.3%) had worked on cases involving domestic abuse in the past six months, with only 10.9% saying they had no domestic abuse cases and 4.9% stating this was not applicable to them. In total, 62.6% had worked on between one and ten domestic abuse cases in the past six months.

Table 15. Cases involving domestic abuse in last 6 months

	Number	%
None	38	10.9
1–5	147	42.0
6–10	72	20.6
11–20	37	10.6
21 or more	39	11.1
N/A	17	4.9
Total valid responses	350	100



Training on domestic abuse

The majority of respondents (85.1%) had received training on domestic abuse in their current role. On a scale of 1–5, where 1 was low, over three-quarters (76.4%) rated the last training received highly at 4 or 5, and 90.3% of those who answered this said that the training had addressed how children and young people are affected by domestic abuse. Respondents were asked for the name of any domestic abuse training ever received, although some may have answered this question by identifying the course content. Table 16 shows that training was most frequently described as general ‘domestic abuse’ training, including identifying and responding to domestic abuse (identified by 42%). Other common answers were the ‘Freedom Programme’, including training to work as a trainer, and the ‘Freedom Programme for children and young people’ (identified by 18%), and the impact of domestic abuse on children (identified by 12%). Only ten participants reported training devoted specifically to work with perpetrators or fathers.

Twenty respondents specified a level of domestic abuse training, with five noting the training was ‘basic’ or level 1, six specifying level 2 and nine specifying level 3 training. It is not clear what formal training framework these levels refer to. Of those who identified the training provider, the majority (42/58 – 72%) reported that their training had been delivered by a specialist domestic abuse service, with others mentioning the LA or in-house training or safeguarding board.

Table 16. Name or focus of domestic abuse training received

Name of domestic abuse training course	Responses		% of respondents*
	Number	%	
Domestic abuse training/DVA awareness/identification	98	33.9%	42.1%
Freedom Programme	41	14.2%	17.6%
Impact on children/young people	28	9.7%	12.0%
Safe and Together	16	5.5%	6.9%
DASH	15	5.2%	6.4%
Parental conflict	14	4.8%	6.0%
Perpetrators	9	3.1%	3.9%
MARAC	9	3.1%	3.9%
Domestic abuse in same-sex relationships	7	2.4%	3.0%



Coercive control	6	2.1%	2.6%
Domestic abuse champion	4	1.4%	1.7%
Toxic trio	3	1.0%	1.3%
Healthy relationships	3	1.0%	1.3%
Female genital mutilation / honour-based violence	3	1.0%	1.3%
Domestic Homicide Review learning	2	0.7%	0.9%
Working with fathers	1	0.3%	0.4%
Teenagers	1	0.3%	0.4%
Stalking	1	0.3%	0.4%
Safety planning	1	0.3%	0.4%
Domestic abuse and the law	1	0.3%	0.4%
Adverse Childhood Experiences (ACEs)	1	0.3%	0.4%
Can't remember	25	8.7%	10.7%
Total	289	100	124%

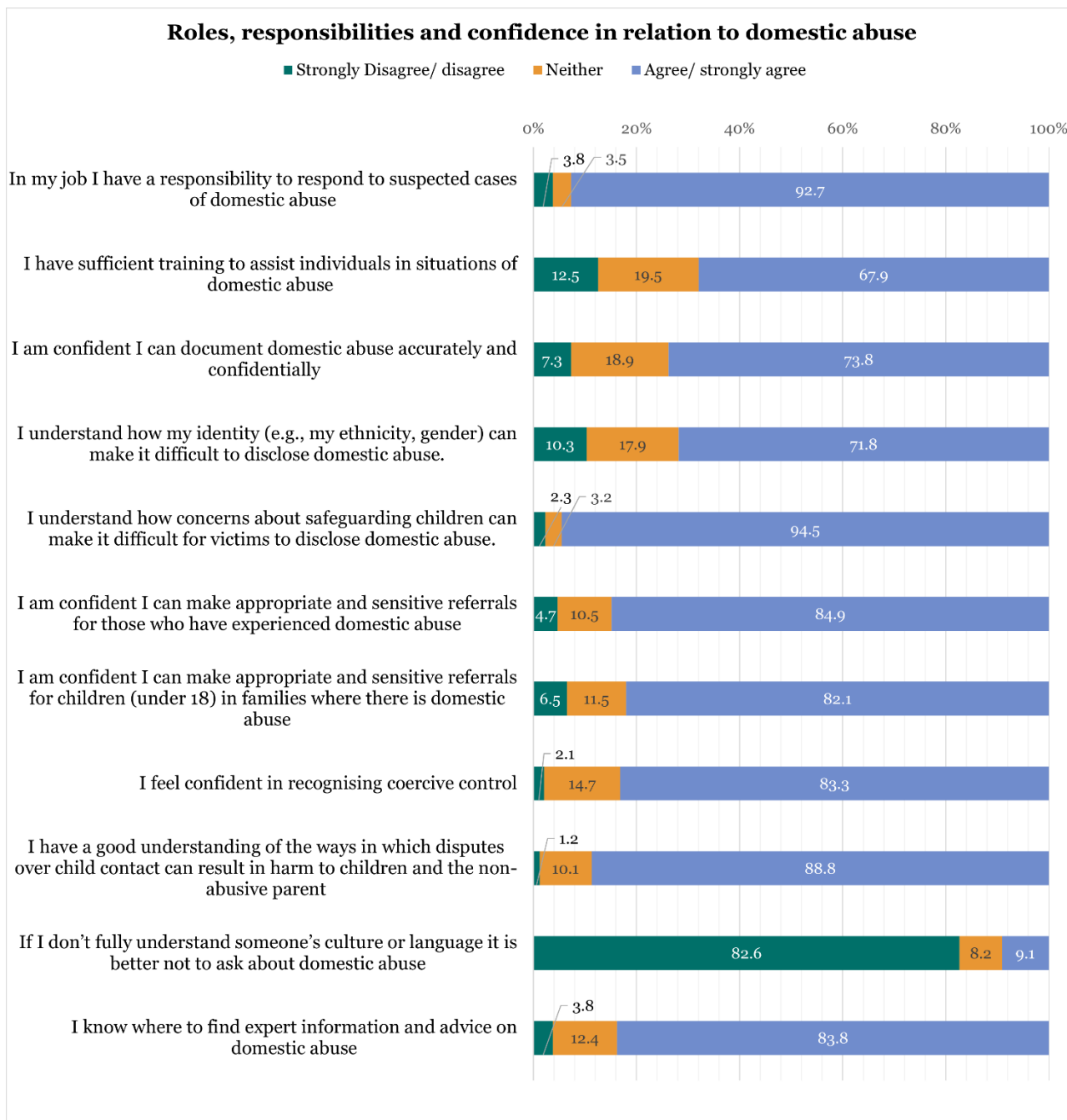
* This column shows % of total answers given as more than one course was stated by some.

Knowledge, confidence and awareness in relation to domestic abuse

In the following sections, results of statistical tests are presented along with p-values. (See the [analysis section](#) above for an outline of what these values mean and how to interpret them). As figure 1 shows, the majority of survey respondents were clear about their role and responsibilities when working with domestic abuse. They were confident they could make appropriate and sensitive referrals for victims and children, that they understood the impact of child contact disputes and that they could recognise coercive control. The majority recognised that safeguarding concerns could make it difficult for victims to disclose domestic abuse. Uncertainty or a negative response were highest in relation to recording practices and understanding about how ethnicity or gender might function as a barrier to disclosure.



Figure 1. Role, responsibilities, and confidence in relation to domestic abuse



Nearly a third of the sample (32%) did not agree or were unsure that they had sufficient training to assist individuals in situations of domestic abuse, those who had not had domestic abuse training previously were significantly more likely to feel they did not have sufficient training ($p < .001$).

Previous experience of domestic abuse training was significantly associated with responses to some statements:



- 22% of those who had not received domestic abuse training did not feel they could “document DA accurately and confidentially” compared with 5% who had received domestic abuse training ($p < .001$)
- 65% who had not received training agreed with the statement “I am confident I can make appropriate and sensitive referrals for those who have experienced domestic abuse” compared with 88% who had received training ($p < .001$).

Respondents that reported not having received domestic abuse training were more likely to disagree, or neither agree nor disagree with statements regarding their confidence and knowledge concerning referrals for children experiencing domestic abuse, recognising coercive control, responding to child contact issues and making referrals.

Experience was also relevant, with those who had worked longer for their current employer significantly more likely to report confidence in documenting domestic abuse accurately and confidentially, ($p < .001$).

Enquiring about domestic abuse

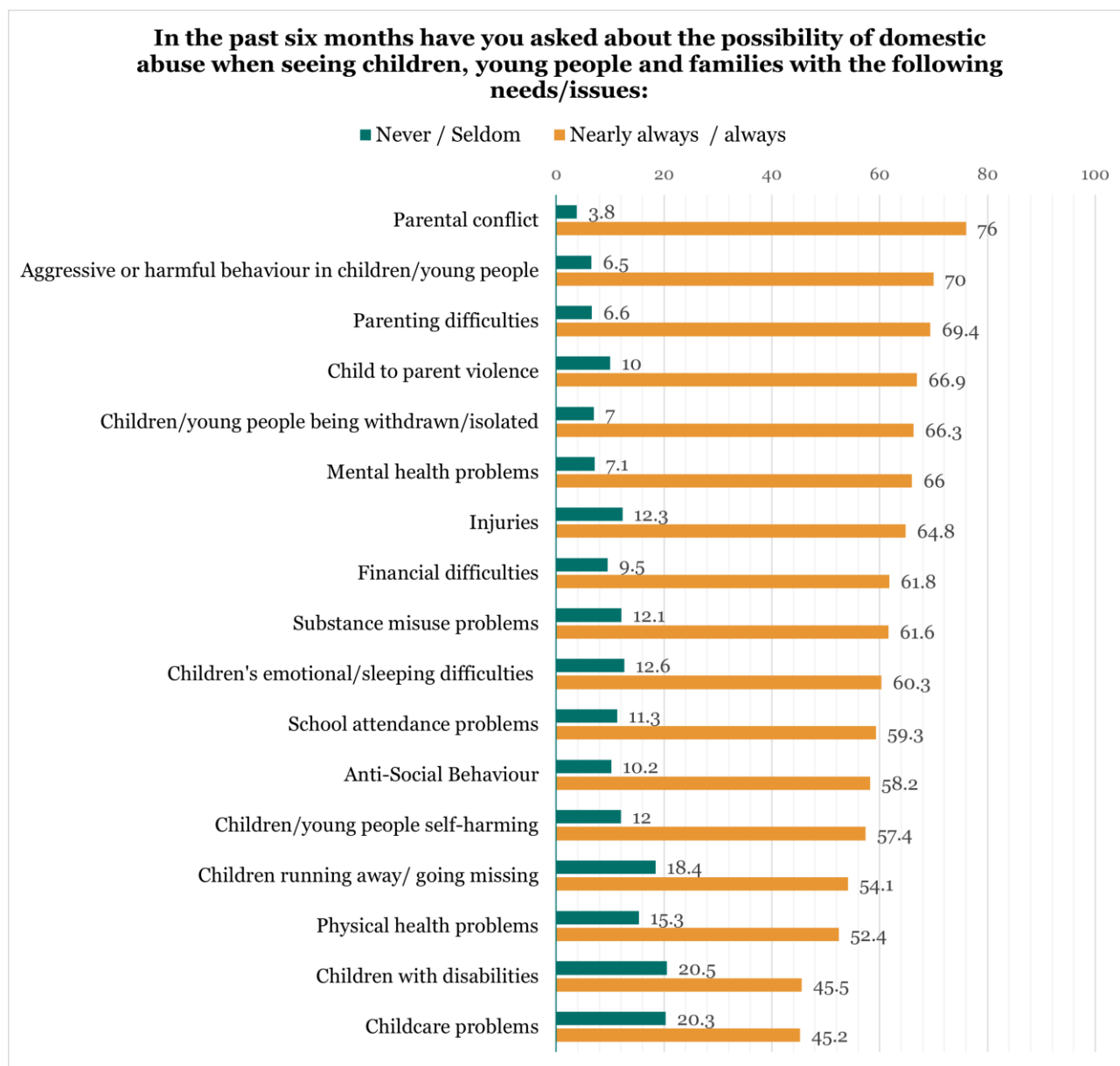
The survey asked which indicators Early Help/Family Support staff used to alert them to the need to enquire about domestic abuse in families. Figure 2 shows that over two-thirds of respondents would nearly always/always raise the possibility of domestic abuse when there was evidence of: parental conflict, aggressive or harmful behaviour in children/young people, child to parent violence, children or young people were withdrawn/isolated, parenting difficulties, or parental mental health problems. Around 20% of respondents answered that they never or seldom asked about domestic abuse in families with childcare problems, or where children were running away or going missing, suggesting that awareness of the potential of domestic abuse in these families could be increased. These factors can be understood as possible indicators of domestic abuse in families. Similarly, 20% of respondents answered that they never or seldom asked about domestic abuse in families where children had disabilities. This suggests a knowledge gap among practitioners regarding domestic abuse risk factors, as children with disabilities are statistically more likely to experience abuse and may face additional barriers to accessing support around abuse.

Those who had received training about domestic abuse were significantly more likely to always/nearly always ask in response to mental health ($p = .042$), physical health ($p = .010$), parental conflict ($p = .010$), and school attendance problems ($p = .020$). Those who were qualified at degree level or above were significantly more likely to always/nearly always ask when working with families experiencing physical health difficulties ($p = .048$) and emotional or sleeping difficulties in children ($p = .007$). Finally, those who had worked for their employer for more than six years were significantly more likely to ask in response to children running away ($p = .036$), mental health problems ($p = .009$), children being withdrawn ($p = .021$), school attendance problems ($p = .016$), and having emotional or sleeping difficulties ($p = .001$).

No significant differences were found between use of key indicators and risk factors for domestic abuse and respondents’ personal experience of domestic abuse, or for those working in child protection compared to child protection and child support.



Figure 2. Frequency of enquiry about domestic abuse



Knowledge of domestic abuse

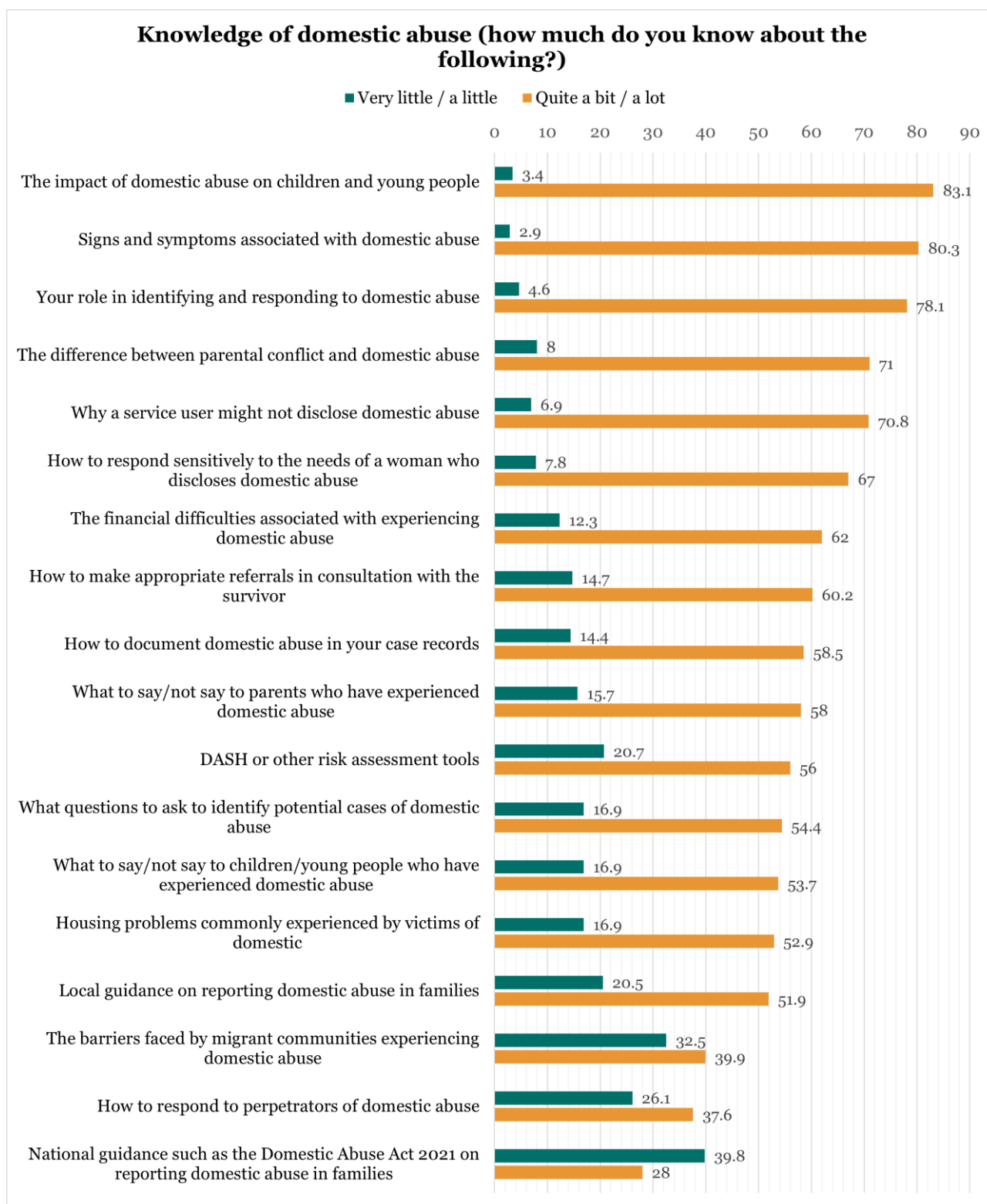
Respondents were asked how much they knew about 18 statements designed to elicit their knowledge of domestic abuse. Figure 3 shows that respondents' confidence levels were highest (responding they knew quite a bit/a lot) with regard to the impact of domestic abuse on children and young people (83%), the signs and symptoms of domestic abuse (81%) and their role in relation to domestic abuse (78%). Respondents were less confident with regard to national guidance (40% knew a little/very little), risk assessment tools (21% knew a little/very little or some) and barriers faced by migrant communities experiencing domestic abuse (33% knew a little/very little). In respect of work with perpetrators: a quarter (26%) said they knew a little/very



little about this and a further third (36%) said they only felt they knew ‘some’ about this topic. Experience of working with fathers was significantly associated with knowledge about work with perpetrators: 36% of those who never/sometimes worked with fathers knew a little or very little, compared to 20% of those who often/usually worked with fathers ($p = .003$).



Figure 3. Knowledge of domestic abuse





Previous domestic abuse training was significantly associated ($p < 0.05$) with knowledge about domestic abuse on every knowledge statement: those who had never received domestic abuse training (15%) were more likely to state that they felt they knew very little or a little. Years working for current employer were also significantly associated ($p < 0.05$) with domestic abuse knowledge of domestic abuse: with the more experienced respondents more likely to state they had quite a bit or a lot of knowledge on 14 of 18 statements.

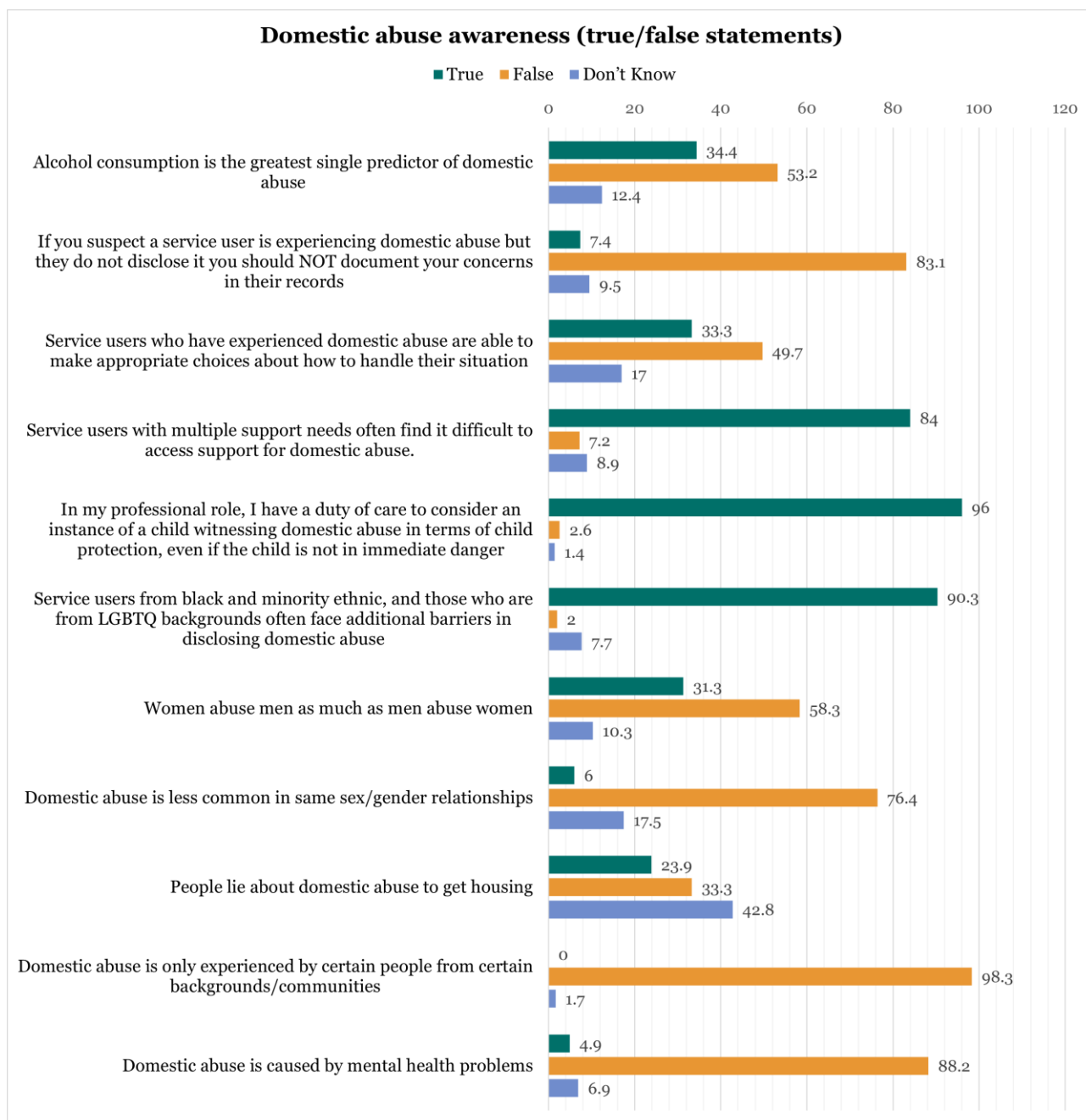
It seems therefore that both training and practice experience contribute to practitioner confidence concerning knowledge relevant for domestic abuse work. However, we need to recognise that practitioner reports of their knowledge may not reflect their actual knowledge. They may be over- or under-confident in this respect.

Attitudes to domestic abuse

Figure 4 shows the overall responses to a series of true/false statements about domestic abuse. These statements include popular misconceptions about domestic abuse. There was certainty among respondents about statements concerning professional roles and responsibilities such as duty of care to consider children witnessing domestic abuse as a child protection concern (96%) and to document domestic abuse (83% disagreed that it should not be documented in case records in cases where practitioners suspect undisclosed domestic abuse). There was also a high level of agreement regarding difficulties in accessing services for those with multiple support needs (84% agreed that this group experienced difficulties). While 90% of respondents believed that people from ethnic minoritised backgrounds and from the LGBTQ+ community may face additional barriers in disclosing domestic abuse. There was most uncertainty concerning the statement “people lie about domestic abuse to get housing” with 42% stating they did not know if this was true or false; 35% of respondents thought that alcohol consumption was the greatest single predictor of domestic abuse.



Figure 4. Domestic abuse attitudes (true/false statements)



Early Help/Family Support staff who had not received domestic abuse training were significantly ($p = .007$) more likely to think that the statement “women abuse men as much as men abuse women” was true. Those who had not received training were unsure on some items and for two statements this difference was statistically significant: “in my professional role I have a duty of care to consider an instance of a child witnessing domestic abuse in terms of child protection even if the



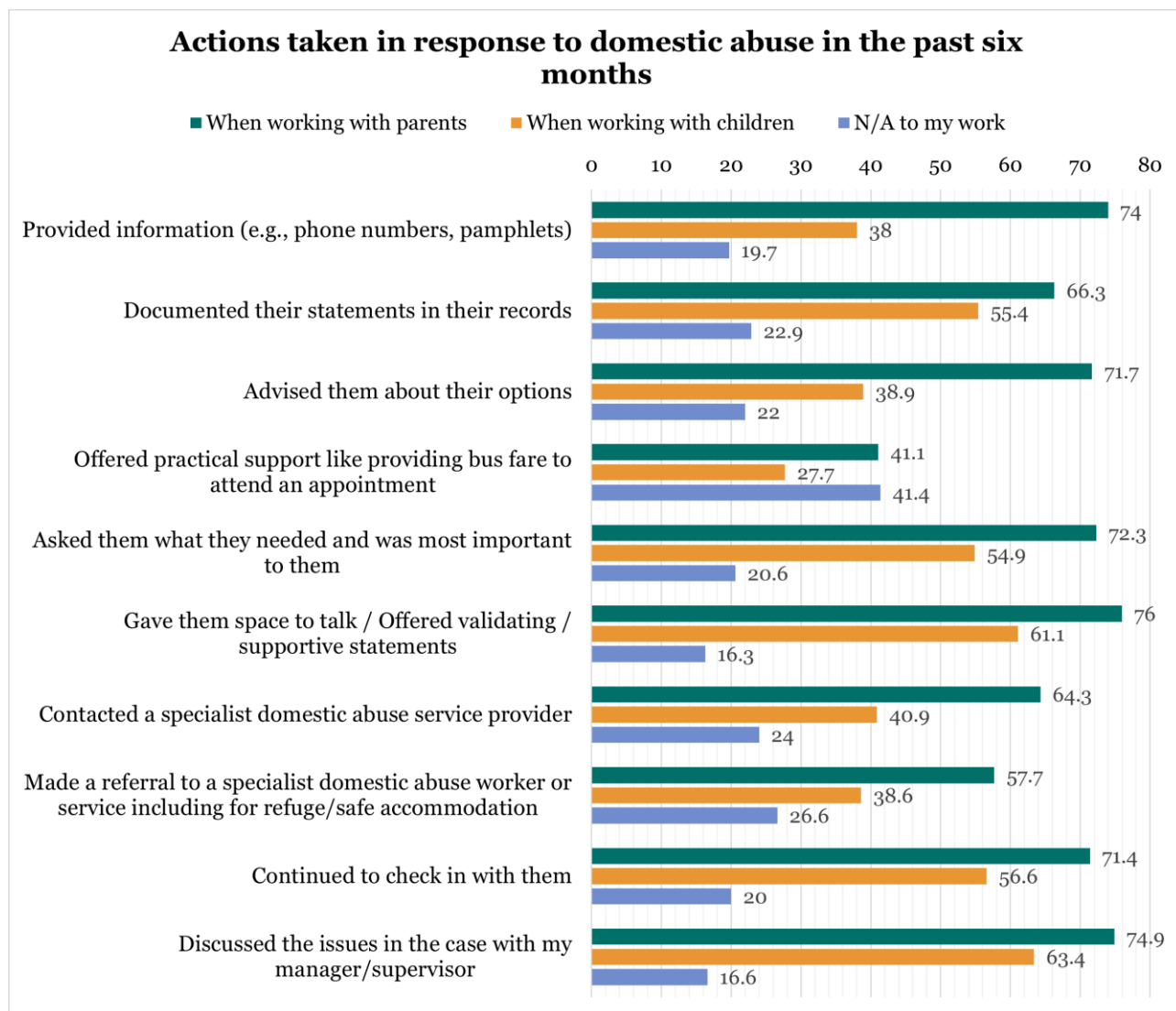
child is not in immediate danger” and “service users from black and minority ethnic, and LGBTQ backgrounds often face additional barriers in disclosing domestic abuse”. Respondents with more experience (more than 11 years with current employer) were significantly more likely ($p = .008$) to think that the statement “People lie about domestic abuse to get housing” was false, emphasising again the value of practice experience.

Actions taken in response to domestic abuse

Figure 5 shows that, in the past six months, when working with families experiencing domestic abuse, Early Help/Family Support staff were likely to have given parents information (74%), given them space to talk (76%) and checked in with them (71%). Most had also discussed the case in supervision or with their manager (75%) and documented this on case records (66%). Offering practical support such as bus fares was a less frequent form of intervention (41%). Overall, on this measure, interventions were more frequently directed at parents than at children. While 64% of respondents said they would contact a domestic abuse organisation when working with parents, only 41% said they would do so when working with children, perhaps reflecting the lower level of specialist domestic abuse provision for children. Nearly 60% had made a referral to a specialist domestic abuse service for a parent and less than 40% had referred a child to a specialist domestic abuse service in the past six months.



Figure 5. Actions taken in response to domestic abuse in the past six months



Around a quarter of respondents (27%) said making referrals to specialist domestic abuse services was not applicable to their role and this group was less likely to have received previous domestic abuse training than those who said they did make referrals to domestic abuse services. Some of those who said making referrals was not applicable to their role worked in LAs where specialist domestic abuse staff were responsible for making such referrals.

In respect to working with children, the most common interventions were talking to children (61%) and discussing the case with a manager (63%). Fewer respondents said they would provide information for (37%) or advise children about their options (39%).



Knowledge and availability of resources

Figure 6. Knowledge and availability of support groups & refuges/shelters

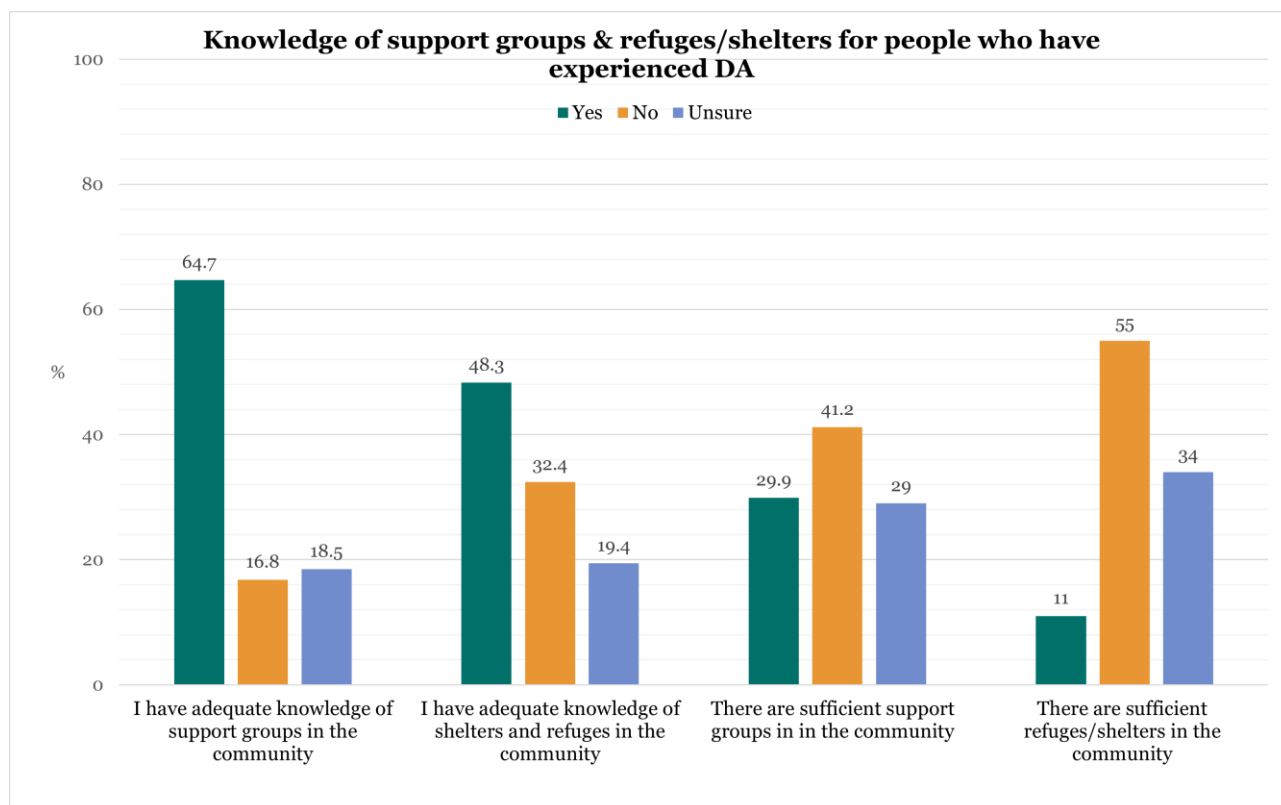


Figure 6 shows that more than half the participants considered that they had adequate knowledge of both community groups (65%). This was just below half for refuges/shelters (48%). However, they were more likely to be confident in their knowledge of support groups in the community. A majority felt there were insufficient refuges/shelters in the community (55%), and 41% thought there were insufficient support groups in the community.

Those who had not received domestic abuse training were significantly ($p < .001$) more likely to feel they did not have enough knowledge about support groups or about refuges or shelters in the community ($p = .009$). Similarly, those who had not received training were significantly more likely to be unsure about whether there were enough support groups ($p = .002$) and shelters and refuges in the community ($p = .047$).

Those who had less than five years' experience with their current employer were significantly more likely to state that they did not have adequate knowledge of shelters and refuges ($p < .001$). Respondents who had been with their current employer for more than 11 years were significantly more likely to disagree that there were sufficient support groups in the community ($p < .001$).



There were some differences found in the responses from LAs participating in the survey. Participants in Site 8 appeared to have higher levels of knowledge of domestic abuse services: 87% said they had adequate knowledge compared to 65% across all sites. Likewise, there were differences between sites regarding the perceived availability of domestic abuse resources: 64% of those in Site 6 said there were not enough support groups in the community, compared to 41% in the sample as a whole.

The online training module

Survey respondents were invited to complete an online training module. [Table 3](#) above shows the distribution of the 72 respondents completing the post-training survey across sites. The online training module was positively received with the majority of respondents rating it as good or excellent on all measures. [Table 17](#) shows that a third of respondents, 22 (32%), rated the range of training activities as excellent, and 39 (57%) considered it to be good. The relevance, content, and coverage of different groups and cultures were also rated highly. The most mixed response was found on the trainers' overall approach with 12 (18%) stating that it was poor or average.

Table 17. Comments on the training

	Poor		Average		Good		Excellent		Total number
	Number	%	Number	%	Number	%	Number	%	
I felt the range of activities, discussions, films, presentations included in the training were:	0	0	7	10.3	39	57.4	22	32.4	68
I felt the trainers' approach overall was:	1	1.5	11	16.4	42	62.7	13	19.4	67
I felt the material in the training overall was:	0	0	7	10.3	42	61.8	19	27.9	68
I felt that the way in which the training covered different groups and cultures was:	0	0	4	5.9	47	69.1	17	25.0	68
I felt the relevance of the topics covered for my work was:	0	0	1	1.5	47	69.1	20	29.4	68



Twelve Early Help/Family Support staff completing the post-training survey reported that they had completed all or part of the training in a group with colleagues. Most of those doing so came from one site (Site 8) where this approach was encouraged.

Comments on the training from 26 Early Help/Family Support staff indicated that most had enjoyed it: the section on what language to use with domestic abuse survivors was highlighted as particularly helpful: “I really liked the section on language use and how changing one word could make all the difference!” (LA02).

Participants were invited to respond to two free text comments about changes to practice and further training. General comments about the training were included in these free-text responses. Participants’ free-text comments on the format and layout of the online training were mixed with some Early Help/Family Support staff finding it clearly sequenced and easy to follow, and others finding it difficult to follow and that it took longer than indicated. A small group of practitioners would have preferred in-person training, only one person said they liked the flexibility offered by the online format. Participants were invited to comment on how the training would change their practice and the most frequent change in practice reported by 24 respondents related to being more thoughtful in their use of language when working with domestic abuse survivors and their children. Several participants also said that they would consider the words they use when reporting/recording cases: “I will reflect more on the language that I use when documenting concerns in reports” (LA06).

Three participants said that they were now more confident in challenging their colleagues’ use of language when working with domestic abuse: “I feel that I will be more considerate with my language but also with the language of others and recordings of others and challenge this where it is appropriate” (LA08).

Participants’ knowledge and understanding of domestic abuse was felt to have improved and this would inform their practice: “I will be more aware of the challenges children and families may be facing” (LA05).

Staff felt that they would be more confident and have more resources and be better equipped when working with domestic abuse cases in future: “We will have further resources to explore which will help us to assist families experiencing domestic abuse” (LA05). In particular, three participants reported being better equipped to hear and record individual’s voices, needs, and wishes: “I will be more aware and able to hear the adult, but more importantly hear the child and see their needs” (LA01).

We received 38 responses to the question asking what further training on domestic abuse would be helpful. Nine Early Help/Family Support staff said they would find more information and material on responding to or working with perpetrators helpful. There was also interest in additional training on working with survivors of domestic abuse and their children with some flagging up the need for domestic abuse training that addressed the needs of particular groups: “Tools to use that are more visual for adults/children and young people with learning needs or who are non-verbal or



have other additional disabilities” (LA05). Five respondents said that regular refresher and top-up domestic abuse training would be useful.

Knowledge and attitudes post training

In total, 72 Early Help/Family Support staff completed the short post-training survey (see [table 3](#)). Small numbers/no completed surveys were received from some sites suggesting some post-training fatigue. This study did not aim to evaluate the training module, but the post-training survey findings give some indication of the potential impact of an online training module as well as demonstrating its acceptability. Participants’ comments on the training module include some useful suggestions for future development of domestic abuse training.

We looked for changes in knowledge and attitudes on domestic abuse using one-tailed Z tests to show significant ($p < .01$) differences in the immediate aftermath of training (full details of these tests are available on request from the research team). Significantly improved knowledge was found on most of the knowledge statements (see [figure 2](#) for a list of these statements) post training. In nine statements, significant change was seen post training in the proportions of those who knew ‘very little or a little’ in the pre-training survey in the following areas: national guidance; local guidance on reporting domestic abuse; DASH and risk assessment tools; barriers faced by migrant communities experiencing domestic abuse; communication about domestic abuse (questions to ask to identify potential domestic abuse, and what to say to parents and children who have experienced domestic abuse); how to respond to perpetrators; and how to make appropriate referrals. Furthermore, there was significant change in those saying they knew ‘quite a bit or a lot’ on four statements concerning areas of practice (how to respond sensitively, how to document domestic abuse in records) and on housing and financial difficulties experienced by domestic abuse survivors. There was no difference observed in knowledge about the impact of domestic abuse on young people but levels of reported knowledge on this were high at both time points.

Fewer significant changes were found immediately post training in the statements measuring attitudes to domestic abuse (see [figure 3](#) for a list of these statements). However, the proportion of those saying that the statement “service users who have experienced domestic abuse are able to make appropriate choices about how to handle their situation” was false decreased significantly ($p < .001$). This might be attributable to survivor involvement in the design and delivery of the training package. There was also significant positive change on the statement “alcohol consumption is the single greatest predictor of domestic abuse” ($p = .004$).

The post-training survey revealed changes in confidence in respect of domestic abuse role and responsibilities (see [figure 5](#) for a list of these statements) with significantly fewer respondents strongly disagreeing/disagreeing with the statement “I have sufficient training to assist individuals in situations of domestic abuse” ($p = .001$), and significantly more agreeing with statements about documenting domestic abuse and the impact of identity on disclosure of domestic abuse ($p = .001$). Significant change was also found with an increase among those who strongly agreed/agreed with the statement “I am confident I can document domestic abuse accurately and confidentially” ($p = .001$) and also in those agreeing with the statement “I understand how my identity (e.g. my ethnicity, gender) can make it difficult to disclose domestic abuse” ($p = .00097$).





4. CASE STUDIES

Introduction to case studies

This chapter examines five case studies which describe the local context, training, and development needs of the Early Help/Family Support workforces, and provide further detail related to their knowledge, skills, and experiences of work with families living with domestic abuse. Details of sites and the interviews informing the case studies are found in tables 2 and 4 respectively. In common with respondents to the survey, most interviewees were female. A full list of training programmes reported in the interviews can be found in [table B1](#) in appendix B. We use the following acronyms to attribute quotes to different interviewees:

- Early Help or Family Support practitioner – EH/FS
- Middle manager: supervisor, senior practitioner, team leader – MM
- Head of Service – HoS

Early Help/Family Support is predominantly non-statutory work and thus relies on the consent of families for intervention to take place. Families may disengage or refuse service, and so an underpinning focus of Early Help/Family Support work is on building trusting and transparent relationships with families, and this was emphasised across all case study sites.

Early Help/Family Support work is diverse and as outlined in chapter 3 there is no single qualification to train practitioners for Early Help/Family Support posts. The background experiences of the workforces included education, youth work, early years work, and similar family work in the community. The analysis of job descriptions and job specifications provided by the case study LAs did not find any requirements or specification in respect of skills or experience in domestic abuse work as was the case with any specific area of expertise. These job descriptions and job specifications asked for generic skills and experience in respect of work with children and families.

Case study 1

Background

LA01 has restructured its Early Help/Family Support offer and work to a multi-agency Early Help Strategy. There are clear gateways to step cases across to Safeguarding teams if Early Help/Family Support find cases exceed their thresholds. LA01 has three services addressing levels 1–3: Family Intensive Support, Neighbourhood and Community, and Targeted Youth Support, as well as community-based universal services.

Workforce development

Managers noted the lack of a formal qualification route to Early Help/Family Support work:



“There’s lots of generic qualifications ... NVQ Level 3/4/5 ... but they’re quite broad in their aspect and don’t always fully equip somebody to do the kind of diverse role we expect them to do in early help.” (LA01 HoSo1)

However, there is a level 4 child/family practitioner qualification, level 5 for managers and some Early Help/Family Support staff move to social work posts through the apprenticeship route: this has to be managed to ensure that there are sufficient staff in the Early Help/Family Support posts. There is also some career progression from Early Help/Family Support practitioner to manager. Managers saw attitudes and values as key to recruitment and retention. Once in post for 12 months, new recruits into Early Help/Family Support roles tend to stay with the LA. This suggests that, prior to this, staff retention may be an issue.

Staff retention is also an issue in LA01, related to the childcare responsibilities of a predominantly female workforce, as this manager highlighted:

“We lose a lot of staff in our early help service to schools ... parents who want to pick up the children from school and have school hours or have school holidays.”
(LA01 MM02)

Retention of staff was also related to low pay in the sector and this Head of Service noted that staff argue:

“I could earn more on the tills at Aldi with minimal to negligible levels of responsibility than I can here carrying ... a complex caseload of, you know, 25 children in families with a variety of really challenging and complex needs.”
(LA01 HoSo1)

LA01 had initiated strategies to address recruitment and retention.

This LA has implemented the Family Safeguarding approach which draws on a strengths-based approach to working with families. LA01 is also developing a Family Hub model bringing services together to encourage more joint working. Senior family support workers are having early discussions about children with school staff, health visitors, and primary care staff. Early Help assessment is carried out by a range of professionals in the multi-agency partnership. The support mechanism for practitioners is based on a model which ensures that the practitioner has a team around them who they can call on for support and advice with complex cases. Evidence of any changes in practices are obtained from ‘dip sampling’ of cases which may also catch how practitioners are using their training to inform their practice. As a result, it has been found that the child’s voice is more pronounced, and a strengths-based approach is explicit in the case recording. The multi-agency partnership model has resulted in LA01 referring more level 2 cases to the early help agencies in the community.

Domestic abuse support and training

LA01 has long-term training and workforce development plans including a focus on retention. Domestic abuse training is cyclical as there are large numbers of staff requiring training. District



meetings for Early Help/Family Support teams are held regularly and are themed with contributions from other professionals.

LAO1 has recruited specialist Domestic Abuse Practitioners (DAPs) across all districts, and these offer support to Early Help/Family Support staff on domestic abuse cases. The DAPs have in-depth training and co-work cases with Early Help/Family Support practitioners which is intended to build their confidence. They also provide support with using the Domestic Abuse Stalking and Honour Based Violence Risk Identification Checklist (DASH RIC) and liaise with safeguarding teams on cases which need to be stepped across. Currently, LAO1 delivers the domestic abuse Freedom Programme training to staff, who are then able to facilitate access to the Freedom Programme for survivors of domestic abuse but there are plans for this to be reviewed, as this programme was thought to be outdated.

The DAPs are playing a key role in identifying knowledge gaps and providing updates to Early Help/Family Support teams:

“They have helped open communications, co-working with cases, positive role-modelling in how you work with domestic abuse cases and the dynamics and the impact on the children.” (LAO1 MM03)

“The DAP has been really beneficial for the team and for the children and families because they’ll just pick up the phone ... or they’ll take her out on a visit.” (LAO1 MM01)

Similarly, the DAPs role enables staff:

“to really get down locally into each area and find out what further we need to do.” (LAO1 MM02)

The DAPs have established local information sharing and knowledge exchange forums and cascade short training sessions and information to the Early Help/Family Support workforces including advice/guidance, services, and provision of relevant resources. The DAPs also raise knowledge and training gaps with their managers. These gaps were identified as: trauma-informed training, and the use of technology in domestic abuse as well as coercive control, sexual abuse, empowerment, and recovery. Practitioners may be knowledgeable about coercive control, but not necessarily confident or experienced in using the concept in their practice. DAPs interviewed had requested that a general package of domestic abuse training for Early Help/Family Support staff be developed. In LAO1, there has been mandatory training delivered involving DAPs, and practitioners interviewed felt they were able to distinguish between parental conflict and domestic abuse. When asked about working with diverse communities, participants reported barriers to accessing support and identified that further training was needed to engage and promote access to families from diverse and ethnic minority communities.



Workforce skills, knowledge, and experience

Early Help/Family Support practitioners had a range of levels of experience: some had high levels of experience in Early Help and Family Support and other associated fields such as teaching. Practitioners illustrated their understanding of the impact of domestic abuse on children, and on victims/survivors more generally. They described their work in building relationships with families and felt they needed to be confident to inform victims about the dynamics of abuse. As well as understanding the difference between parental conflict and domestic abuse, practitioners felt confident in their knowledge about coercive control, and when victims were ready to seek support. While in some instances they might explore the impact of domestic abuse on children with perpetrators, in general their work was with victims/survivors and their children; it was not considered good practice for the same practitioner to work with both victim and perpetrator. Practitioners were aware of the local and national resources available for perpetrators.

The practitioners in LA01 were able to identify how they would access guidance or advice and were knowledgeable about where they could seek out support for their work. Early Help/Family Support practitioners reported asking managers and DAPs for advice or case discussions and were clear that risk management and risk oversight came within their manager's remit; they provided examples of cases where they had sought advice regarding safeguarding. Early Help/Family Support Practitioners discussed the use of interpretation services and translation of materials but acknowledged there were gaps in terms of understanding and working with diverse communities. Practitioners and managers reported that there were limited resources/specialists to work on domestic abuse cases where there was a child with disabilities.

Case study 2

Background

LA02 works from a 'Families First' stance, assessing the needs of families and providing direct support. LA02 also follows the Family Safeguarding model and one senior manager pointed out that the aspects of the model were embedded prior to its official introduction – for example, having domestic abuse workers integrated in the teams. The Family Safeguarding model applies a structured approach via the use of toolkits which include externally and internally developed material for domestic abuse work. Senior managers were concerned that there might be some inconsistencies between Early Help/Family Support district teams in work with families, while safeguarding services adopted one approach across the LA.

In LA02, the Early Help/Family Support service becomes involved when families are assessed as having multiple and complex needs. One of the senior managers explained that teams would also manage high need/high risk cases where domestic abuse was a factor. Cases would be escalated to the safeguarding service where consent from families was not forthcoming.

The Early Help/Family Support service is divided into teams that take responsibility for specific districts in LA02. Each Early Help/Family Support team consists of 9 to 11 workers plus a team manager. One or two practitioners were identified as domestic abuse champions, described as



“subject matter experts” (LA02 HoSo2), similar to the DAP role in Case Study 1. The domestic abuse champion’s role was to lead internal training, develop programmes for working with families and children experiencing domestic abuse, network with other domestic abuse champions and specialist providers, and to be a general point of contact for colleagues requiring support with domestic abuse cases. Consequently, domestic abuse champions had access to, and received, more in-depth training on domestic abuse.

Each team works in partnership with internal and external agencies and organisations who offer domestic abuse support. A panel of LA representatives and external partners meets weekly to discuss cases and to decide what services to involve in a multi-agency approach to support casework with families. Each panel comprised at least one domestic abuse specialist provider.

The Early Help/Family Support service itself provided several services, support, and courses in-house. This included specific courses or domestic abuse programmes, including among several others the Freedom Programme or the Who’s in Charge? course, and they were usually facilitated by the domestic abuse champions.

Workforce development

Senior managers reported that although most Early Help/Family Support practitioners were not qualified social workers, they had alternative qualifications and their professional background was in related fields and organisations, such as in youth work, family centres, education/special educational needs, housing, drug and alcohol services or probation:

“So there is a huge range of previous skills and experience that they’re bringing in to the service, which is in my mind one of the reasons why we’re so good at what we do. ... We can tap into their expertise and knowledge.” (LA02 HoSo1)

Within teams, there were also members from different ethnic and LGBTQ+ communities, who were described by managers and practitioners as able to support colleagues based on their own personal experience when working with families; this could happen in informal conversations but also in more formalised meetings.

Domestic abuse support and training

A Head of Service indicated that the provision of domestic abuse specific training had increased over the last year in response to staff requests. All but one (who had only been in post for a year) of the Early Help/Family Support practitioners interviewed described receiving comprehensive training specific to domestic abuse. Most practitioners in the interviews considered that they had good access to training in general and to domestic abuse specific training:

“There’s always training available, you can sign up for any. We have to do mandatory, certain levels of domestic abuse training and then we can select, so there’s [training] around the trio of risk, coercive control, parental conflict. There’s a whole range of courses that are more in depth.” (LA02 EH/FS06)



Aside from awareness and induction training on domestic abuse, several workers named additional training programmes – the Freedom Programme, Who’s in Charge?, Parenting Apart – which included domestic abuse material. Workers were also offered training in motivational interviewing and, more recently, working with fathers. But as one Head of Service pointed out, one of the limiting factors when it came to offering training to all staff was decreasing budgets.

The most extensive and comprehensive training was undertaken by the domestic abuse champions, and they were also given continuous opportunities to refresh knowledge and expertise. They had attended training in order to develop, adapt and facilitate evidence-based group programmes, for example the Freedom Programme. They had undertaken training on working with male victims, working with children and young people, both as victims and perpetrators, as well as with perpetrators. The latter was an area which practitioners who were not domestic abuse champions identified as a gap in their training. Most of the domestic abuse training for other practitioners was provided internally by the domestic abuse champions and through local domestic abuse specialist providers, while domestic abuse champions also attended training and networking sessions offered by national specialist domestic abuse agencies.

Practitioners received fortnightly supervision for case reflection and practical advice, once a month, a service manager joined these meetings. Early Help/Family Support staff could also ask for ad hoc supervision and were encouraged to discuss cases with colleagues, managers, and with domestic abuse champions. Senior and middle managers highlighted the importance of reflective supervision to discuss the emotional impact of the work on practitioners. While some staff in LA02 said that they had access to external supervision and support when they asked for it, this did not appear to be the case across LA02. One worker highlighted that they would appreciate access to clinical supervision to discuss absorbing emotions and distress in their work. They also felt that more time should be given for debriefing purposes. There were formal group supervisions and team meetings within the LA, and involvement in panel meetings as part of the partnership as a way to discuss and improve casework. Domestic abuse champions from the teams and external partners met quarterly for review and support.

Workforce skills, knowledge, and experience

The role of the domestic abuse champion in the Early Help/Family Support Teams was central to work with families experiencing domestic abuse. Even if they were not given a case directly, they would support other colleagues with less experience in joint working:

“[There was] an incident ... where he had been physically abusive towards her ... I did start the process of referrals ... one of the [domestic abuse] champions just sat in with me because I hadn’t done the whole process myself before.” (LA02 EH/FS06)

Practitioners’ confidence in working with domestic abuse was related to the length of time they had worked in the team or wider field. Unsurprisingly, domestic abuse champions felt most confident in comparison with other practitioners interviewed.



Another factor that related to confidence levels was close collaboration with external domestic abuse specialist providers:

“I would say on a scale of one to ten I would feel, my confidence is a six or a seven. That’s because each scenario is different ... I know that I can refer, there’s other agencies that are helping or may have helped in the past.” (LA02 EH/FS02)

Some workers reported that their own personal experience of domestic abuse assisted them to understand the impact of domestic abuse on individuals.

When asked about relevant scenarios, the domestic abuse champions and practitioners who had been in post for a long time felt that they could handle potentially challenging situations. Other staff said that they were aware of potential challenges that could occur when working with families where domestic abuse was a factor but had not really encountered them in their direct work. All practitioners had directly worked with cases involving domestic abuse after parents had separated. With one exception, all practitioners said they had some experience of working with cases that involved coercive control and most reported that they were aware of the changes to the definition of domestic abuse in the Domestic Abuse Act 2021. Practitioners indicated that they knew the difference between parental conflict and domestic abuse, although one admitted that it was sometimes “tricky” to determine that difference “in the heat of the moment” (LA02 EH/FS02) when working directly with families.

Practitioners, where domestic abuse was identified, were less experienced working with families with disabled children mainly because these cases were seen as too high risk to be supported by the Early Help/Family Support teams. They were similarly less experienced working with male victims and families from the LGBTQ+ communities, due to small numbers of cases. There was a mix of knowledge and experience of working with families from different ethnic or cultural backgrounds. All practitioners indicated that they were aware that cultural differences could affect how domestic abuse was understood by individuals. But only the domestic abuse champions had more extensive experience of working directly with these families, while others reported having less experience:

“I personally haven’t, but I know there have been a couple [of cases] in the team where we really had to unpick, was this a cultural thing or was it an abusive situation, you know, with the husband always being present and answering for his wife, we’ve had that as well.” (LA02 EH/FS06)

Regarding access to external domestic abuse specialist services, such as refuges or domestic abuse specific programmes, one middle manager indicated that availability had greatly improved over the past ten years. While participants indicated that there was a range of services available locally for those affected by domestic abuse, specific gaps were identified that reflected the national picture. Access to legal aid was limited, and there was a shortage of refuges that took women with older sons and male victims.



Case study 3

Background

In LA03, the Early Help/Family Support service works extensively with the third sector including community groups and voluntary organisations. Families are often signposted to external services, or the team partnered with external organisations, especially community groups representing residents from different ethnic backgrounds:

“Within the [partnership] we tend to work in the way that if we feel the support is better suited in the community then we signpost. And we make sure that we signpost to those agencies that we’ve developed a relationship with.” (LA03 HoSo1)

This type of joint working included undertaking joint home visits.

Managers explained that, while Early Help/Family Support practitioners provide direct support to families where domestic abuse was a factor, much of the domestic abuse work is passed on to other agencies. If statutory safeguarding services are not involved, domestic abuse cases are usually referred to specialist services. The route these cases took would depend on the age of any child/children involved and whether or not parents were engaging with services. In some cases, the Early Help/Family Support workers were commissioned by safeguarding teams to undertake joint work.

The LA had implemented ‘Signs of Safety’ strategies, but this was seen as only one element when reacting to general safety concerns or those related to domestic abuse, as the senior manager explained:

“We have a very eclectic practice framework ... we have appreciative inquiry, motivational interviewing, solution-focused, trauma-informed approaches ... we’re not wedded to a particular model, we’ve developed our own model.” (LA03 HoSo1)

Workforce development

Interviewees described the Early Help/Family Support team as very diverse, reflecting the local community and with life experiences and work backgrounds relevant to the Early Help/Family Support work. In the context of this study, it was highlighted that several practitioners and middle managers had personal experience of domestic abuse. None of the practitioners were qualified social workers, while middle managers were. The Early Help/Family Support team included a domestic abuse coordinator, whose impact was discernible to this manager:

“Having our own DA [domestic abuse] coordinator gives us a perspective of constantly keeping up to date with research developments, different approaches, and even down to the language we use in our interventions and direct work with children.” (LA03 HoSo1)



However, the domestic abuse coordinator post was not mentioned in interviews with practitioners.

Domestic abuse support and training

Early Help/Family Support practitioners had access to the same domestic abuse training as social workers and also attended domestic abuse training commissioned specifically for the Early Help/Family Support team. Managers considered the domestic abuse training offer to be “robust” (LA03 HoSo1), a view that was echoed by practitioners. Practitioners felt that the training received had increased their awareness and knowledge of domestic abuse and its impact on victims/survivors and children. However, the one-day induction/general training on domestic abuse had been online, and practitioners were keen to receive more in-person training to allow easier discussion and include group activities with colleagues. Recently, the Early Help/Family Support team had received additional training specific on parental conflict, and more experienced workers had also had training specifically on coercive control. Further training on working with victims/survivors, working with children affected by domestic abuse as well as working with perpetrators had also been commissioned.

Managers stressed the value placed on domestic abuse specific training for both new team members, as well as refresher training for more experienced workers.

“We are mindful [of domestic abuse] and we will put training in as and when, not just because there’s a new piece of legislation ... the majority of our allocations that come in do have indicators of domestic abuse or there’s something going on or there’s a history of domestic abuse.” (LA03 MM04)

All staff received training on child safeguarding and LA policies as part of induction and ongoing training. The LA had recently rolled out cultural awareness and competency training, though this was not domestic abuse specific and not all middle managers and none of the practitioners mentioned this. Similarly, only one middle manager mentioned access to training on how to capture the voice of children with additional needs and non-verbal children. Specific to domestic abuse, practitioners said that they wanted more training on working directly with children to enable them to offer better support as there were long waiting times for external support.

Practitioners received regular individual and group and/or peer supervision. A colleague in a quality assurance post aimed to oversee and improve supervision. Early Help/Family Support staff were encouraged to reach out to colleagues, line-managers, and senior managers for information or support. At least bi-monthly, practitioners received personal supervision for reflection on the emotional impact of their work. Practitioners were also aware that they had access to council-wide general clinical supervision and counselling services. One practitioner said that they could receive more domestic abuse specific supervision, provided by one of the local domestic abuse specialist agencies, if needed.

Workforce skills, knowledge, and experience

Most practitioners said that they felt confident when working with families where domestic abuse was an issue, and middle and senior managers supported this judgement. But middle and senior



managers also highlighted that the Early Help/Family Support workforces were not domestic abuse specialists and that skills, knowledge, and experience usually depended on the length that practitioners had worked in the service:

“They [Early Help/Family Support workers] are not trained domestic abuse [workers], we’ve got services that provide domestic abuse support in [LA03], so we’re not doing any high end domestic abuse work. They’re doing that kind of lower level, often where there’s been one incident or a couple of incidents that were verbal and not physical.” (LA03 MM03)

Managers considered that practitioners understood the emotional impact of domestic abuse on children. When asked about relevant scenarios, practitioners appeared experienced in work directly with victims/survivors and children, including post separation. However, direct work with (mainly male) perpetrators, disabled children, and families within LGBTQ+ communities were areas where practitioners had less experience and felt less confident.

Practitioners felt that they were knowledgeable, experienced, and well equipped to work with families from different ethnic communities, where there might be different values and understandings of domestic abuse. One practitioner explained that, in eight out of ten of their cases where domestic abuse was an issue, the concern was related to cultural differences in what was understood to be domestic abuse. Workers also involved community services and collaborated with colleagues with lived experience from different cultures and nations to understand cultural backgrounds and values, but also to discuss ways to enable families to understand the differing law and understandings in England.

Most practitioners said they had knowledge of the differences between parental conflict and domestic abuse and the impact of coercive control as a consequence of training. However, there were suggestions that the response to incidents was not always consistent, and that less experienced workers might struggle to identify family dynamics. Participants were well informed about internal processes and relevant external services, as well as how to make a referral. Practitioners and middle managers explained that, on induction, workers were given a folder with information about external agencies and services and information could be accessed on the regularly updated LA intranet.

Practitioners and middle managers felt that there were often long waiting times for services, especially for mental health support for victims/survivors and children affected by domestic abuse:

“We can’t be dealing with families for years ... sometimes our service feels watered down ... like we’re just skimming the surface ... applying a thin sticky plaster ... we haven’t got the time to get into ... all the trauma that the child has suffered from the past ... possibly even with the survivor, all the PTSD and all that, we’re not able to deal with that.” (LA03 MM02)



Both practitioners and managers considered that there were insufficient services for male victims, for perpetrators, as well as for families with no recourse to public funds.

Case study 4

Background

In LA04, Early Help/Family Support practitioners hold cases assessed as lower risk than the higher risk cases being held by the safeguarding teams; however, cases were described as recently increasing in complexity and needs, with a very high rate of domestic abuse cases reported to the police:

“[Domestic abuse] comes up in at least a third, if not more, of the families we work with, and we are often working with families that have just left a relationship, so in quite a critical period. ... It’s really vital for our staff to have access to those resources and to have that training.” (LA04 HoSo1)

LA04 uses ‘Signs of Safety’ strategies as part of the Early Help/Family Support work approach. The team also uses ‘Systemic Practice’ which focuses on the whole family system and was still in the process of bringing the two approaches together.

Workforce development

All Early Help/Family Support practitioners have previous experience in related fields such as child safeguarding, education, or mental health. Some Early Help/Family Support staff are qualified social workers who have chosen Early Help/Family Support posts. The team also comprises members with personal experience of domestic abuse. One senior manager described the Early Help/Family Support workforces as being “relatively stable” (LA04 HoSo1), although increasing demands and the introduction of family hubs meant that there were ongoing changes to the wider CSC teams with recruitment and co-location of Early Help/Family Support staff to teams working on assessments and safeguarding. This was the second year that the LA had run a ‘Level 4 apprenticeship’ scheme in collaboration with a local university.

Domestic abuse training and support

Early Help/Family Support practitioners had access to the same training as qualified social workers, but more bespoke offers for these workforces were in development. Training was delivered internally, with few courses commissioned externally. Only two of the five practitioners said that they had received domestic abuse specific training, beyond training on safeguarding that had included aspects of domestic abuse. One senior manager said that there was an extensive training offer that covered domestic abuse. Practitioners and managers alike felt that constant refresher training would be useful. Some practitioners had received training on parental conflict but remained unsure about its application. Given that several practitioners said that they had not received training, several gaps were identified and interest in more comprehensive training in certain areas was also highlighted, such as working directly with families affected by domestic abuse, perpetrators, male victims of domestic abuse, neuro-diverse children, and individuals and



families from LGBTQ+ communities. Practitioners also expressed an interest in working with victims of domestic abuse to prevent them entering into similar relationships in the future.

All practitioners reported receiving at least monthly supervision from their line managers. They received weekly reflective supervision in a team meeting attended by a family therapist who offered support to help practitioners to deal with emotions or challenges arising from their work and workload:

“We’ve got our senior therapists as well that we can also speak to about some stuff that we might be experiencing. And then, if it’s something that’s really, really stressful then ... it’s the group manager ... Whether they need to take action in terms of the type of cases they’re allocating me. So, it’s not constantly people that have been in domestic violence or maybe pause my workload for a little bit.”
(LA04 EH/FS05)

Access to case advice/guidance and emotional support was also available from a domestic abuse specialist team within the LA.

Workforce skills, knowledge, and experience

Practitioners in interviews indicated mixed levels of confidence when asked about working with families where domestic abuse was a factor. Those who had received training and/or had worked either in the Early Help/Family Support team or the wider field for a long time were more confident than less experienced workers, for example:

“I haven’t really had any training in domestic abuse since I came back from maternity leave ... it feels like a while ago. ... But, yes, not really un-confident because I have good supervisors who I know would support with what to do, but ... I would lean quite heavily on my supervisors rather than being really confident to know what to do myself.” (LA04 EH/FS04)

When asked about relevant work scenarios, practitioners’ knowledge and experience were related to the length of time they had worked in this or similar services, they were familiar with working on cases post separation and in situations where there was and was not contact between partners. As LA04 was described as a multi-ethnic area, it was unsurprising that practitioners had experience of working with families from different ethnic or cultural backgrounds:

“I’ve worked with families with different ethnic backgrounds. [...] I have found challenges ... And it can be difficult when a view is more like entrenched, totally part of their family upbringing and culture. It’s more difficult to get them to reflect ... and sometimes they might not understand why we think something isn’t safe or right.” (LA04 EH/FS04)

Two practitioners had worked on domestic abuse cases involving a child or children with disabilities, especially cognitive disabilities. They felt that it was important to find out about the child’s needs even if they could not always voice them and they used other ways to communicate



than just verbally. Two interviewees had worked on cases where both parents accused one another of domestic abuse. All practitioners said that they were aware of coercive control and would look for signs of it as they would look for other signs of domestic abuse. Most workers knew about the changes to the definition of domestic abuse in the Domestic Abuse Act 2021, but not everyone had experience of cases involving coercive control. There was less confidence among practitioners about knowing and being able to distinguish between parental conflict and domestic abuse:

“I’m unsure ... if the other parent is also violent towards the perpetrator ... then would that be classed as domestic abuse or violent parental conflict, which is then obviously still impacting the child ... I’m not really sure around the difference or where that line ends. It’s a bit blurry for me.” (LA04 EH/FS03)

Practitioners had good knowledge about external domestic abuse specialist organisations in relation to those providing training and those to whom families could be referred and, they could update their knowledge through an internal directory. The team worked closely with a local refuge and, as a consequence of the high number of cases involving refugees, also with the local refugee and migration network. However, there were long waiting times for all non-crisis services at these organisations. Practitioners felt that the best way to get access to additional information and comprehensive support was via the LA’s domestic abuse specialist team that came together bimonthly:

“It’s like a committee of professionals from different disciplines who touch different areas of the kind of journey of most people who fall victim to domestic abuse from a therapeutic lens to a health lens, to education, you know, all sorts of things.” (LA04 EH/FS01)

Staff had to make an appointment with the domestic abuse specialist team, and then would get information about local and national providers, and feedback on their direct practice of working with families.

Case study 5

Background

Early Help and Family Support in LA05 has several strands with a Family Intervention Service, Family Hubs, Behaviour and Emotional Health, and Back to Work Teams, as well as early help provided through Child and Adolescent Mental Health Services (CAMHS), Youth Services, and Youth Justice Services. LA05 investment in early help was described as upstreaming and aligned to a preventative agenda in terms of domestic abuse. There is currently a high volume of domestic abuse work in the Early Help/Family Support caseloads with referrals received from MARAC.

Multi-agency and joint working is in place and includes the Police, schools, CAMHS, MASH referrals, the Freedom Programme, Women’s Aid, and Health Visitors. It was accepted that this benefited families, but resources played some part in this as one senior manager noted:



“Budgets have significantly reduced in recent years, the only way that we can ensure that women have access to services is by working with our partners.”
(LA05 HoSo4)

Practitioners described the benefits of multi-agency working in terms of support with managing risk, specialist knowledge, longer-term support being available, and with legal orders:

“There is a specific team that work within the multi-agency safeguarding hub with the police, health, etc. ... so that things are shared ... The multi-agency approach has made a difference.” (LA05 MM02)

Management oversight of cases ensures that high risk cases are prioritised, and emphasis is placed on enabling Early Help/Family Support to undertake risk assessments:

“Understanding DASH RIC process, how to complete the form, how to ask the questions, is absolutely crucial.” (LA05 HoSo4)

Workforce development

LA05 adopts a strategic approach to workforce development and the emphasis is on a coherent training offer so that families receive consistent responses and services from Early Help/Family Support. Nationally directed training initiatives were considered unhelpful as they did not incorporate knowledge of the local context of practice or strategy. Managers’ in-depth knowledge of Early Help/Family Support casework also contributed to informing the training and workforce development strategy.

Domestic abuse training and support

Domestic abuse training is commissioned externally and ranges from basic awareness of domestic abuse to more specialist and focused areas. Training needs are identified through regular case reviews, discussions, and addressed through access to formal training, team meetings, and development days as well as supervision. New staff are supported with access to training and co-working cases. The training is paced to move from the basic introduction to further advanced training. Training gaps were identified in terms of working with perpetrators and working with diversity, particularly where cultural practices are at odds with what is acceptable in England.

The externally commissioned specialist domestic abuse training organisation was praised for the range and availability of training, and practitioners felt they could access training as it was often half a day and online so could be factored into their work. As well as accessing training regularly, Early Help/Family Support practitioners regularly shared knowledge across their teams and with peers through team meetings.

Domestic abuse casework was considered to be very demanding, and staff described needing time out to reflect, process, and debrief. This was supported with workload relief. Early Help/Family Support practitioners reported that supervisions were regular, constructive, and included focus on both casework and wellbeing. Managers recognised the complexity and impact of the work on the practitioners:



“If one of my team say, I need to talk to you about a case, that I’m there for them to talk about it ... because it’s hard when you’re going into people’s homes and you’re witnessing some of these things.” (LA05 MM02)

Workforce skills, knowledge, and experience

LA05 has well-established Early Help/Family Support workforces with many having experience of working in a variety of family support settings including Sure Start. The five Early Help/Family Support practitioners interviewed described relevant experience ranging from 10 to 23 years. The practitioners reported that they were knowledgeable about domestic abuse, with a well-developed understanding of the dynamics of domestic abuse, contexts, and referral pathways, and were well informed about the impacts of domestic abuse on victims including children. Early Help/Family Support practitioners demonstrated a commitment and willingness to undertake training and develop their knowledge and skills and described plenty of opportunities for training on a range of domestic abuse relevant topics, including understanding domestic abuse, the impact of domestic abuse on children, working with survivors, DASH risk assessment, legal changes, parental conflict, coercive control, assessment skills, and so on.

Case studies cross-cutting themes

The organisational context

The LAs were drawing on specific models of practice including strength-based models such as the Family Safeguarding Model and Signs of Safety, and Early Help/Family Support practitioners were using these approaches in their work.

Early Help/Family Support practitioners were working in teams and generally felt well supported by managers and colleagues.

A significant proportion of work in Early Help/Family Support was related to families’ current and previous experience of domestic abuse. This included experience of domestic abuse in the post-separation period.

Mechanisms for reviewing cases, triage systems, and referral to safeguarding processes were described as well established, indicating the availability of systems to support decisions about domestic abuse cases being high risk and should be transferred to safeguarding teams.

Risk assessment tools such as the DASH were used by Early Help/Family Support practitioners in case study LAs where they carried, or co-worked on higher risk cases (LA01; LA02; LA05).

Early Help/Family Support work involved collaboration and co-work with other agencies including the independent sector. However, in one case study site (LA03), managers reported that most domestic abuse work would be referred onto external specialist domestic abuse organisations.



Provision of specialist domestic abuse expertise

Specialist domestic abuse practitioners were viewed as adding value to teams where they were in post (LA01; LA02; LA04). They provided advice and sometimes co-work on cases and assisted in identifying gaps in knowledge and accessing specialist training which they shared among the Early Help/Family Support workforces.

The Early Help/Family Support practitioners had limited experience of working with perpetrators, with domestic abuse specialists/champions more likely to undertake this work where it was happening.

The Early Help/Family Support practitioners reported long waiting times for accessing specialist domestic abuse services to support more complex needs, such as for example, Post Traumatic Stress Disorder (PTSD).

Practitioners' skills and knowledge

Early Help/Family Support practitioners were aware of and knew how to access domestic abuse training courses and development opportunities.

Managers noted a lack of formal professional qualifications in the Early Help/Family Support workforces but recognised the importance and value of experienced Early Help/Family Support practitioners and the need to retain them.

Early Help/Family Support practitioners recognised the need for effective supervision and support to deal with the challenging aspects of their work with families experiencing domestic abuse; the emotional and practical demands of the work were acknowledged by practitioners and managers.

Reflective and, in some instances, clinical supervision, debriefing, and “time out”, protected caseloads, and therapeutic input at team meetings offered examples of how the Early Help/Family Support practitioners were supported in their roles.

There was evidence of personal experience of domestic abuse among the Early Help/Family Support practitioners and this was acknowledged by managers who recognised that additional support might be needed for some staff.

Most practitioners interviewed in the case study sites reported being confident about recognising coercive control.

More experienced Early Help/Family Support workers appeared more confident in working with complex cases.

Training, experience, and needs

Training included formal, specialist courses and peer knowledge exchange, input into team meetings, shadowing, and co-working cases with experienced practitioners and domestic abuse specialists.



LAs provided training commissioned from specialist external providers as well as in-house training which was more generic. However, managers acknowledged the impact of budget constraints on training.

In the case study sites, Early Help/Family Support practitioners and managers reported experience of working with families from diverse communities. This included the use of interpreters, and co-working/consulting with colleagues from different ethnic/cultural backgrounds. However, there were fewer families from diverse communities being referred in some case studies and less confidence reported in working with them.

The LAs provided some generic training regarding work with families and children with disabilities, and with diverse communities and LGBTQ+ families, but Early Help/Family Support practitioners reported feeling less confident in these areas of work especially where they encountered low numbers of cases where these factors were evident.

In-person and online training were valued by the Early Help/Family Support practitioners: with regards to in-person training, they felt that they benefited from opportunities for in-person discussions and knowledge exchange with peers.

Specific gaps in training were identified, including working directly with children especially children with disabilities and enabling and supporting the child's voice in making assessments and planning work.

Training had been provided on coercive control, as well as distinguishing the differences between parental conflict and domestic abuse, although there was some uncertainty expressed about applying this knowledge to practice.



5. KEY FINDINGS ACROSS THE STUDY

This chapter brings together the case study findings with those from the survey. We have selected and structured these integrated findings using the research questions developed by the commissioners with input from the research team. However, this study also offered the opportunity to learn more about an under-researched workforce and we begin by reporting on the characteristics of the Early/Help/Family Support staff and their work.

Characteristics of Early Help/Family Support staff and their work

- The survey responses reflect the fact that Early Help/Family Support workforces are predominantly female.
- Survey respondents had high levels of experience in working with children and families. The majority (89%) reported working with children and families for more than six years.
- The survey found that the majority (84%) of Early Help/Family Support staff had worked on cases involving domestic abuse in the past six months, indicating that it is a regular feature of their work, and this was confirmed by the case studies.
- The survey found that nearly 40% of respondents reported personal experience of domestic abuse in their private or family life. The case studies indicated that some LAs acknowledge domestic abuse as a personal, lived issue for their staff.

What are the skills and knowledge of domestic abuse in the Early Help/Family Support workforces?

The survey found that practitioners' confidence levels in working with domestic abuse varied and, perhaps not surprisingly, reflected the training they had received. However, the majority of staff surveyed were confident in their knowledge of the impact of domestic abuse on children and young people and, again, this reflected the fact that most had received relevant training. While most Early Help/Family Support staff had received training on domestic abuse which had addressed the impact on children and young people, there was a substantial minority (32%) who were not certain that they were sufficiently trained.

Early Help/Family Support staff were also confident in their understanding of the impact of parental conflict and contact disputes. Staff surveyed understood that concerns about statutory intervention could act as a barrier to disclosure of domestic abuse and reported that they understood coercive control. This finding on coercive control was partially confirmed by case study



data with more experienced practitioners reporting feeling confident in addressing this in their work. Managers in the case study areas had a good understanding of the relevant skills and knowledge that the Early Help/Family Support workforces needed to carry out their roles with families where domestic abuse was a factor.

What training/CPD on domestic abuse is currently provided to the Early Help/Family Support workforces?

Most practitioners responding to the survey (85%) and interviewed in the case study sites reported having received training in domestic abuse. The case studies and the survey illustrated that LAs are employing a range of strategies for delivering domestic abuse training to their staff, using both internal and external sources of expertise, and there was a clear commitment across the workforces to maintain and build on their knowledge in this area. While the majority had received training on domestic abuse, the findings support the case for providing the Early Help/Family Support workforces with regular domestic abuse training from introductory to advanced levels.

Providing evidence of the benefits of training for this group of staff, the study clearly identified the link between training and the level of:

- Understanding their roles and responsibilities with respect to domestic abuse
- Confidence in relation to knowledge of domestic abuse
- Readiness to enquire about domestic abuse in response to key indicators
- Knowledge of appropriate local resources.

Alongside subject matter training, the case studies pointed to the importance that employers place on addressing the wellbeing and retention of these staff who are supporting families practically and emotionally. Case study local authorities were providing support which included reflective supervision, debriefing, group sessions, access to counselling, and clinical supervision.

How is the current identification/referral/knowledge/skills/and understanding of domestic abuse assessed?

There is no single qualification for Early Help/Family Support staff, so there is no one form of assessment of their skills or knowledge in relation to domestic abuse. Moreover, the case studies showed that these staff are recruited from a range of backgrounds so the knowledge and practice experience they bring to their posts may differ considerably. An analysis of job descriptions and job specifications in the case study sites indicated that the LAs did not ask for relevant skills or



experience when recruiting to these posts; however, managers considered attitudes and values to be important factors.

This highlights the value of providing this staff group with domestic abuse training as part of their induction and then on an ongoing and regular basis, not least because of the demanding nature of the work.

Case studies suggest that identification of training needs for the Early Help/Family Support workforce is done through specialist domestic abuse practitioners or coordinators. Additionally, training needs are identified through regular case reviews and discussions, and are addressed through access to formal training, team meetings, and development days, as well as supervision.

How do specialist domestic abuse staff interact with the Early Help/Family Support workforces?

Both the case studies and the survey found that LAs were supporting staff to work in this area by offering access to specialist knowledge and advice in a range of ways including domestic abuse champions, coordinators, and domestic abuse practitioner posts who could also provide training, co-work, and case support if and when necessary. Domestic abuse practitioners and champions were also said to provide support on things like DASH and stepping-up cases, helping/co-working to make referrals, identifying knowledge gaps, and acting as positive role models in how to work with domestic abuse.

While staff valued this input there were indications emerging from the survey that, in some areas, these specialists assumed all responsibility for liaison and referrals with external domestic abuse service providers. One possible unforeseen consequence might be that frontline staff have reduced contact with domestic abuse organisations.

What multi-agency practice models are currently used in Early Help/Family Support domestic abuse work?

All the case study sites were using a practice model: two were using the Family Safeguarding approach developed in Hertfordshire and three had adopted Signs of Safety. While multi-agency work is central to both models, multi-disciplinary teams are integral to the Family Safeguarding model and domestic abuse specialists are embedded in these teams. The model was developed for a child protection context, and it was not always clear how this translated to non-statutory settings. While these LAs had similar support posts to the others, how the model impacts on Early Help/Family Support services requires closer investigation.

While the LAs included in the case studies appeared to be working collaboratively with practitioners in other organisations to provide Early Help/Family Support to families, the mechanisms for doing this and degree of collaboration in place appeared to vary. Multi-agency staff might also benefit from domestic abuse training and there is evidence of the benefits of delivering



such training to interprofessional groups (Centre for Family Safeguarding Practice, 2023; Turner et al., 2017).

What are the gaps in the knowledge/skills/understanding of domestic abuse in the Early Help/Family Support workforces?

While the majority of survey respondents reported that they had received training in relation to children and young people, nearly a third were not certain that they were sufficiently trained. Specific areas where Early Help/Family Support staff appeared to be less confident in addressing domestic abuse included working with people from the LGBTQ+ community, families where there were children with disabilities, and working with perpetrators. While engagement with mothers and children was higher, there was still a reasonably high level of work and contact with fathers. However, it is worth noting that experience of working with fathers was significantly associated with knowledge about work with perpetrators. This would suggest that not only is training on working with men/fathers required, further examination of what this means for practice and case allocation is also needed.

Other areas identified by the survey where practitioners would welcome additional input included dealing with families from groups where attitudes and parenting behaviours may conflict with what is acceptable in the UK, national guidance, case recording, and risk assessment tools.

The survey findings also indicated that Early Help/ Family Support staff were less likely to advise children of their options, ask them what was important to them or check in with them than they did with their parents. This suggests that children are not always viewed as the primary client and that a focus on parents' views may sometimes obscure those of the child. The Domestic Abuse Act 2021 confirmed children's status as victims of domestic abuse in their own right and the practice implications of this can be addressed by training.

What specific domestic abuse topics/skills need to be included in training/development for the Early Help/Family Support workforces?

There is, of course, an overlap, between the topics that should be included in training and the gaps in knowledge, skills, and understanding of the workforces that were identified in the study. As noted above, practitioners were less confident with families where there were children with disabilities, as they were with fathers and with perpetrators. There were also lower levels of confidence in dealing with families from groups where attitudes and parenting behaviours may conflict with what is acceptable in the UK. Training that strengthened the skills and confidence of those working with all these groups is vital, as is training aimed at improving workers' confidence



in the other areas noted above – national guidance, case recording skills, and risk assessment tools, as well as regular refresher events.

At a local level, the survey found a need for greater awareness of specialist domestic abuse services, both support groups and refuge services. Practitioners were more likely to refer parents to specialist domestic abuse services than they were children. However, this may reflect a shortfall in specialist domestic abuse services for children and young people. A recent report from the Domestic Abuse Commissioner (2021) found that 75% of the 599 domestic abuse survivors surveyed who were parents reported that they were unable to access domestic abuse services for their children although they would have liked to. The case studies emphasised the value of input from other agencies for families experiencing domestic abuse while highlighting that such services were not always readily available. The survey also identified some areas where training should address attitudes, including opportunities to explore the causes of domestic abuse and misconceptions in understanding domestic abuse.

A prototype model of online training was developed for this study with input from domestic abuse survivors. Immediately post training, survey participants showed significantly improved levels of knowledge of domestic abuse on a number of measures and some significant improvement in attitudes, notably in respect of acknowledging survivors' capacity to make appropriate choices. These shifts may be linked with the opportunity the prototype training afforded to hear from survivors and their involvement in its design. Those completing the training emphasised the value of learning appropriate language to use when talking to survivors and children about domestic abuse. It is worth noting that while the flexibility offered by online training was appreciated, staff also wanted in-person training to be available.



6. IMPLICATIONS

The study findings show that the majority of the Early Help/Family Support workforce included in this study had received training on domestic abuse, and there was clear evidence of the benefit of training for this workforce. However, the research also highlighted that some gaps in skills and knowledge remained, as well as differences in the level of training undertaken and topics covered, which has led to a lack of confidence in some areas.

The implications for policy and practice outlined below are based on the survey findings and case studies.

Ensure training on domestic abuse is embedded into Early Help/Family Support workforce development strategies: This should include training on domestic abuse from induction to advanced levels, as well as opportunities for refresher and specialist inputs. The tools used to measure staff confidence and knowledge in the present study could be used to inform evaluation of training. Interviews with managers suggested progression and retention rates could also be used to measure the impact of training.

Joined-up working

Leverage the skills and knowledge of specialists: Domestic abuse practitioners, specialists and champions were identified as being crucial actors, with case studies highlighting how they had helped to improve support, practice and training for Early Help/Family Support staff. Where participants felt this was lacking, they expressed a desire for additional specialist input and supervision. LAs could consider formalising these relationships, where not already in place, and draw on best practice from other localities.

Support referrals to specialist domestic abuse services: There were mixed findings in the survey around confidence in making referrals for domestic abuse. It is possible that where specialist staff take responsibility for making referrals, it can mean Early Help/Family Support practitioners do not have direct contact with local domestic abuse services, and this may affect collaborative working and referral quality. In recognition of this, LAs could consider how roles and responsibilities are defined, the appropriateness of referrals to domestic abuse specialist services and consider how the interface between specialist staff, the Early Help/Family Support workforce and specialist domestic abuse services is facilitated.

Ensure availability of specialist domestic abuse services for children: The survey found that Early Help/Family Support practitioners were much less likely to refer children to specialist domestic abuse services than they were parents. This is likely to reflect the limited availability of such services which is evidenced by other studies (Domestic Abuse Commissioner, 2021). The capacity and spread of specialist domestic abuse services should be increased and training should ensure that Early Help/Family Support staff are familiar with these services in their local area.



Addressing specific gaps

Build confidence and skills in work with perpetrators: This study found that Early Help/Family Support workforces have less confidence, knowledge, and skills in work with domestic abuse perpetrators. The findings suggested that confidence in working with this group was associated with experience, particularly in work with fathers. Both survey and case study findings suggested that there is a training gap in this area. Domestic abuse training for these workforces should focus on providing the skills needed for engaging with domestic abuse perpetrators, alongside knowledge of relevant specialist resources and referral routes.

Equip the workforce with the confidence, knowledge and skills to identify and support children affected by domestic abuse: While most Early Help/Family Support staff had received training on domestic abuse which had addressed the impact on children and young people, there was a substantial minority (32%) who were not certain that they were sufficiently trained. There were some indications in the survey data that the views and choices of children and young people may not be elicited as frequently by Early Help/Family Support practitioners as those of parents. Training should convey the message of the Domestic Abuse Act 2021 that children are victims of domestic abuse in their own right, this means that practitioners should be prepared to explore and respond to children's experiences and views as distinct from and separate to those of their parents.

Represent the experiences of diverse communities throughout training: Both the survey and case studies identified a lack of confidence amongst staff when working with diverse communities, as well as a lack of knowledge of the barriers faced by migrant communities experiencing domestic abuse. Further investigation revealed that this was, in part, due to cultural differences, and that Early Help/Family Support staff based in more ethnically diverse localities had greater confidence than those who were not. Greater attention should be paid in training to how domestic abuse is experienced/can present in different communities, and practitioners should be equipped with the tools to confidently assess and provide support. Local leaders should consider tailoring their workforce development plans to ensure it reflects their local demographics. Knowledge exchange between LAs with more diverse communities, and those with less, should also be explored.

Improve awareness of children with disabilities who might be experiencing domestic abuse and upskill staff to provide appropriate support: Respondents in the survey and case studies expressed a lack of confidence with regard to children with disabilities. This could in part be due to fewer relevant cases being seen by practitioners, as the most pronounced cases were likely to be allocated to specialist teams. Where possible, training should reflect the range of needs among children with disabilities, as well as the different ways in which indicators of domestic abuse may or may not be expressed by these children.



Workforce

Support the wellbeing of the workforces: Case studies suggested that staff were receiving a range of support in managing and processing the personal and emotional impact of their work, including supervision with senior staff and specialists, and/or access to therapists and counselling. Practitioners valued this support highly and expressed a desire for more. LAs should explore the possibility of integrating the provision of clinical and reflective supervision, and access to counselling for these workforces within their workforce development strategies. While this is relevant for all staff, given the proportion of staff who report personal experience of domestic abuse, this takes on a particular relevance here.

Draw on best practice for retention and continuous professional development: The study identified length of service and level of training as having strong links with the likelihood of practitioners enquiring about domestic abuse when faced with possible indicators – particularly those related to children. Case Study 1 highlighted an effective strategy for workforce development, and LA01 and LA02 have adopted the Family Safeguarding model, which indicates an investment in the workforce. With this in mind, LAs should explore what other areas are doing successfully when drawing up their own retention and development strategies.

Training design

Harness survivors' perspectives to develop domestic abuse training: Respondents who completed evaluation of the post-survey training module highlighted the value of incorporating survivors' perspectives into domestic abuse training. There were indications that this approach strengthened learning in respect of practitioners' use of language, recording, and ability to recognise that survivors were able to exercise agency and make choices.

Strengthen the evidence base: Both the survey and the case studies found that Early Help/Family Support staff are currently offered a range of domestic abuse training programmes. Rigorous testing of widely delivered training programmes would provide an evidence base for their effectiveness and suitability for these workforces and inform the development of training standards. As seen with the evaluation of the training module delivered as part of the survey, there can also be value in piloting and testing different models of delivery including in-person, online and hybrid.



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APPENDICES

Appendix A

Survey tool: pre and post training

Section 1: – PRE-TRAINING SURVEY:

Strengthening Knowledge and Awareness in Family Services of Domestic Abuse

Participant Consent Form

PLEASE COMPLETE THE SURVEY BY 24TH JULY 2023

Version number & date: Version 3 10th May 2023

Research ethics approval number: BAHSS2 01038 FR

Title of the research project: **The knowledge and skills of the family support and early help workforce in England with regards to domestic abuse**

Name of researcher(s):

Principal Investigator UCLan	Professor Joanne Westwood
Research team member UCLan	Professor Nicky Stanley
Research team member UCLan	Dr Helen Richardson Foster
Research team member UCLan	Dr Sophie Hallett
Research team member King's College London	Dr Mary Baginsky
Research team member King's College London	Dr Nicole Steils



Please initial box

1. I confirm that I have read and have understood the information sheet dated [**10thth May 2023**] for the above study, or it has been read to me. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that taking part in the study involves undertaking an anonymous survey.
3. I understand that my participation is voluntary and that I am free to stop taking part and can withdraw from the study at any time without giving any reason and without my rights being affected. In addition, I understand that I am free to decline to answer any particular question or questions.
4. I understand that the information I provide will be held securely and in line with data protection requirements at the University of Central Lancashire.
5. I understand that signed consent forms and interview responses will be retained in **password protected systems at the University of Central Lancashire and accessible only to the research team** until **2030**
6. I agree to take part in the above study. Please initial and date

Date

Principal Investigator

Joanne Westwood

University of Central Lancashire, Preston PR1 2HE

01772 893459

jlwestwood2@uclan.ac.uk

Throughout this questionnaire, we use the term domestic abuse. This should be understood as meaning physical, emotional and sexual violence and/or controlling behaviour by a partner or former partner.

Note to participants: Please complete this survey independently and do not confer with your colleagues, we are interested in your views and responses.

Information about you

Your answers to these questions help us to understand whether different groups of people have similar or different views and experiences. We would like to reassure you that your answers will only be seen by members of the research/evaluation team.

Table with 2 columns: Question ID, Question Text, and Answer Box. Row 1: 1. What best describes your gender? (please tick) Female Male



	Transgender Gender variant or non-binary Prefer to self-designate (please state) Other Prefer not to say If you selected Prefer to self-designate or Other, please specify:							
1a	Your age (please tick one): 16-20 21-30 31-40 41-50 51-60 61 or over Prefer not to say							
1b	What best describes your ethnic group?							
	<table border="1"> <tr> <td> A) White English/Welsh/Scottish/Northern Irish British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish traveller <input type="checkbox"/> Roma <input type="checkbox"/> Any other white background <input type="checkbox"/> </td> <td> B) Black/African/Caribbean/Black British African <input type="checkbox"/> Caribbean <input type="checkbox"/> Other Black background <input type="checkbox"/> </td> </tr> <tr> <td> C) Mixed Multiple ethnic groups White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background <input type="checkbox"/> </td> <td> D) Asian/Asian British Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background <input type="checkbox"/> <input type="checkbox"/> </td> </tr> <tr> <td> E) Other ethnic group Arab <input type="checkbox"/> Any other background </td> <td> F) Prefer not to say </td> </tr> </table>	A) White English/Welsh/Scottish/Northern Irish British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish traveller <input type="checkbox"/> Roma <input type="checkbox"/> Any other white background <input type="checkbox"/>	B) Black/African/Caribbean/Black British African <input type="checkbox"/> Caribbean <input type="checkbox"/> Other Black background <input type="checkbox"/>	C) Mixed Multiple ethnic groups White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background <input type="checkbox"/>	D) Asian/Asian British Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background <input type="checkbox"/> <input type="checkbox"/>	E) Other ethnic group Arab <input type="checkbox"/> Any other background	F) Prefer not to say	
A) White English/Welsh/Scottish/Northern Irish British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish traveller <input type="checkbox"/> Roma <input type="checkbox"/> Any other white background <input type="checkbox"/>	B) Black/African/Caribbean/Black British African <input type="checkbox"/> Caribbean <input type="checkbox"/> Other Black background <input type="checkbox"/>							
C) Mixed Multiple ethnic groups White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background <input type="checkbox"/>	D) Asian/Asian British Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background <input type="checkbox"/> <input type="checkbox"/>							
E) Other ethnic group Arab <input type="checkbox"/> Any other background	F) Prefer not to say							
1c	Disability/disabilities							



	<p>Do you consider yourself to have a disability that has (or would have without treatment) a long-term adverse effect on your ability to carry out one or more day to day activities?</p> <p>Yes No Prefer not to say</p>	
1d	<p>Caring responsibilities</p> <p>Do you have any children aged 0 to 17 living at home with you, or for whom you have day-to-day caring responsibilities?</p> <p>Yes No Other Prefer not to say</p> <p>If you selected Other, please specify:</p>	
1e	<p>What academic qualifications have you completed? (Tick the highest)</p> <p>Secondary school GCSEs or equivalent Higher or secondary or further education (A-levels, BTEC, Diploma etc.) College or university degree Post-graduate degree International Qualification Other</p> <p>If you selected International Qualification or Other, please specify:</p>	
1f	<p>How many years' experience do you have working with children and families?</p> <p><input type="checkbox"/> Less than one year <input type="checkbox"/> 1 – 3 years <input type="checkbox"/> 4 – 6 years <input type="checkbox"/> More than 6 years</p>	
2	<p>Your work background and current job</p> <p>Please give us some information on your work background and your current role</p>	
2a	<p>In which year did you start working for your current employer?</p>	
2b	<p>Do you work for a local authority?</p> <p><input type="checkbox"/> Yes [go to 2c] <input type="checkbox"/> No</p>	



	<p><u>IF No</u> Who is your employer?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Specialist domestic abuse service [route to thank you + close questionnaire] <input type="checkbox"/> CAMHS [route to thank you + close questionnaire] <input type="checkbox"/> Housing association <input type="checkbox"/> Other voluntary sector/third sector organisation <input type="checkbox"/> Health / NHS <input type="checkbox"/> Police <input type="checkbox"/> Education <input type="checkbox"/> Private/Commercial sector <input type="checkbox"/> Other please specify: 	
2c	<p><u>IF Yes to 2b</u> Which local authority service do you work in?</p> <p>Early Help Hub Child and Family Well Being service Family Intensive Support Social Work/Safeguarding Team Children’s Centres Family Hubs Team around the School Youth Services School Services Neighbourhood Centre Housing/Homelessness Other: please state name of service:</p>	
2d	<p>What is your current job title?</p> <p>Would you say that you work mainly in</p> <p>2e</p> <ul style="list-style-type: none"> <input type="checkbox"/> Child protection <input type="checkbox"/> Child support <input type="checkbox"/> Both child protection and child support <p>Other, please state:</p>	
2f	<p>Do you mainly work with children? Yes/No</p> <p>Mainly with children and parents? Yes/No</p> <p>Mainly with parents? Yes/No</p>	



	<p>What age group of children do you work with?</p> <p>Under 5 Yes/No</p> <p>5-11 Yes/No</p> <p>Over 11 Yes/No</p>			
2g	<p>How often do you work with fathers/partners?</p> <p>Never, sometimes, often, usually</p>			
2h	<p>Do you hold your own cases? Yes/No (By case holding we mean having responsibility for leading or coordinating services for a family/parent or child/children)</p>			
2i	<p>If yes, how many cases are you responsible for at the present moment?</p> <p><input type="text"/></p> <p>If no, how many families are you working with at the present moment?</p> <p><input type="text"/></p>			
2j	<p>We know that people working in this field may have experienced domestic abuse, we are asking about this to help develop appropriate training.</p> <p>Have you had any personal experience of domestic abuse in your private or family life?</p>	Yes	No	Prefer not to say



Training							
		Yes	No				
3a	Have you ever received training on domestic abuse in your current role?						
3b	Was this in your current role?						
3c	What was the name of the training course (or courses) you have received on domestic abuse?						
3d	Overall, please rate the quality of the last training on domestic abuse you received, where 1 is low and 5 is high						
3e	Did any of the training address how children and young people are affected by domestic abuse?						
Awareness and Confidence							
4	Please tick the box that indicates how many cases involving domestic abuse you estimate you have worked on in the last 6 months?						
	None <input type="checkbox"/> (Go to question 5) 1 – 5 <input type="checkbox"/> 6 – 10 <input type="checkbox"/> 11 – 20 <input type="checkbox"/> 21 or more <input type="checkbox"/> n/a <input type="checkbox"/>						
5a	How often in the past 6 months have you asked about the possibility of domestic abuse when working with parents with the following needs/issues:						
		Never	Seldom	Sometimes	Nearly Always	Always	Not Applicable
	Childcare problems						
	Parenting difficulties						
	Children running away/ going missing						
	Anti-social behaviour						



Children/young people self-harming							
Children with disabilities							
Mental health problems							
Substance misuse problems							
Injuries							
Physical health problems							
Financial difficulties							
Children/young people being withdrawn/isolated							
Child to parent violence							
Parental conflict							
Aggressive or harmful behaviour in children/young people							
School attendance problems							
Children/sleeping difficulties emotional							
Housing issues/Homelessness							
Other please state:							

5b	How often in the past 6 months have you asked about the possibility of domestic abuse when working with children, young people with the following needs/issues:						
		Never	Seldom	Sometimes	Nearly Always	Always	Not applicable
	Childcare problems						
	Parenting difficulties						



	Children running away/going missing						
	Anti-social behaviour						
	Children/young people self-harming						
	Children with disabilities						
	Mental health problems						
	Substance misuse problems						
	Injuries						
	Physical health problems						
	Financial difficulties						
	Children/young people being withdrawn/isolated						
	Child to parent violence						
	Parental conflict						
	Aggressive or harmful behaviour in children/young people						
	School attendance problems						
	Children/sleeping difficulties emotional						
	Other please state:						



Please indicate how much you feel you know about the following:		Very Little	A Little	Some	Quite a bit	A lot	Not Applicable
6	National guidance such as the Domestic Abuse Act 2021 on reporting domestic abuse in families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Local guidance on reporting domestic abuse in families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	DASH or other risk assessment tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	The impact of domestic abuse on children and young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Your role in identifying and responding to domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Signs and symptoms associated with domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Housing problems commonly experienced by victims of domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	The barriers faced by migrant communities experiencing domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	The financial difficulties associated with experiencing domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	What questions to ask to identify potential cases of domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	What to say/not say to children/young people who have experienced domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	What to say/not say to parents who have experienced domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Why a service user might not disclose domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



19	How to document domestic abuse in your case records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	How to make appropriate referrals in consultation with the survivor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	How to respond sensitively to disclosures of domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	The difference between parental conflict and domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	How to respond to perpetrators of domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer True or False or Don't Know to the following questions		True	False	Don't Know
24	Alcohol consumption is the greatest single predictor of domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	If you suspect a service user is experiencing domestic abuse but they do not disclose it you should NOT document your concerns in their records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Service users who have experienced domestic abuse are able to make appropriate choices about how to handle their situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Service users with multiple support needs often find it difficult to access support for domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	In my professional role, I have a duty of care to consider an instance of a child witnessing domestic abuse in terms of child protection, even if the child is not in immediate danger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Service users from black and minority ethnic, and those who are from LGBTQ backgrounds often face additional barriers in disclosing domestic abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



30	Women abuse men as much as men abuse women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31	Domestic abuse is less common in same sex/gender relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32	People lie about domestic abuse to get housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33	Domestic abuse is only experienced by certain people from certain backgrounds/communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34	Domestic abuse is caused by mental health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

35	In the past six months, which of the following actions have you taken when working with domestic abuse? (Tick all that apply)			
	When working with parents		When working with children and young people	
	Provided information (e.g. phone numbers, pamphlets)	<input type="checkbox"/>	Provided information (e.g. phone numbers, pamphlets)	<input type="checkbox"/>
	Documented their statements in their records	<input type="checkbox"/>	Documented their statements in their records	<input type="checkbox"/>
	Advised them about their options	<input type="checkbox"/>	Advised them about their options	<input type="checkbox"/>
	Offered practical support like providing bus fare to attend an appointment	<input type="checkbox"/>	Offered practical support like providing bus fare to attend an appointment	<input type="checkbox"/>
	Asked them what they needed and was most important to them	<input type="checkbox"/>	Asked them what they needed and was most important to them	<input type="checkbox"/>
	Gave them space to talk/Offered validating/supportive statements	<input type="checkbox"/>	Gave them space to talk/Offered validating/supportive statements	<input type="checkbox"/>
	Contacted a specialist domestic abuse service provider	<input type="checkbox"/>	Contacted a specialist domestic abuse service provider	<input type="checkbox"/>



	Made a referral to a specialist domestic abuse worker or service including for refuge/safe accommodation	<input type="checkbox"/>	Made a referral to a specialist domestic abuse worker or service including for refuge/safe accommodation	<input type="checkbox"/>		
	Continued to check in with them?	<input type="checkbox"/>	Continued to check in with them	<input type="checkbox"/>		
	Discussed the issues in the case with my manager/supervisor	<input type="checkbox"/>	Discussed the issues in the case with my manager/supervisor	<input type="checkbox"/>		
	Not applicable to my work	<input type="checkbox"/>	Not applicable to my work	<input type="checkbox"/>		
36	Do you feel you have adequate knowledge of support groups in the community where you can refer people who have experienced domestic abuse? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>					
37	Do you feel you have adequate knowledge of shelters and refuges in the community where you can refer people who have experienced domestic abuse? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>					
38	Do you feel that there are sufficient support groups in in the community where you can refer people who have experienced domestic abuse? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>					
39	Do you feel that there are sufficient refuges/shelters in the community where you can refer people who have experienced domestic abuse? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>					
Please indicate how much you agree with the following		Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
40	In my job I have a responsibility to respond to suspected cases of domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	I have had sufficient training to assist individuals in situations of domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	I am confident I can document domestic abuse accurately and confidentially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



43	I understand how my identity (e.g. my ethnicity, gender) can make it difficult to disclose domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	I understand how concerns about safeguarding children can make it difficult for victims to disclose domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	I am confident I can make appropriate and sensitive referrals for those who have experienced domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	I am confident I can make appropriate and sensitive referrals for children (under 18) in families where there is domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	I feel confident in recognising coercive control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	I have a good understanding of the ways in which disputes over child contact can result in harm to children and the non-abusive parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	If I don't fully understand someone's culture or language it is better not to ask about domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	I know where to find expert information and advice on domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your time and trouble. Your answers will help us plan further domestic abuse training for staff like you. Please submit this survey no later than [24th July 2023].

If you have been affected by answering any of these questions see a list of support agencies below and at the end of the training module.

If you require further support or would like to discuss domestic abuse with anyone the following details may be useful:

**Refuge National Domestic Violence Helpline**

Tel: 0808 2000 247

Respect: Men's advice line

0808 8010327

The Samaritans

Tel: 116 123

Broken Rainbow (Lesbian, gay, bisexual, trans, domestic abuse helpline)

Tel: 0300 999 5428

Now follow the link to the training module: [TRAINING MODULE LINK](#)

Section 2: – POST-TRAINING SURVEY:

Please answer these questions at the end of the training

Please allow 10 minutes to complete this section. We really value your feedback and ask that you complete every section on this form.

As before, all information will be collected anonymously and used exclusively for research purposes.

Please indicate how much you feel you know about the following:		Very Little	A Little	Some	Quite a bit	A lot
1	National guidance such as the Domestic Abuse Act 2021 on reporting domestic abuse in families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Local guidance on reporting domestic abuse in families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	DASH or other risk assessment tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	The impact of domestic abuse on children and young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Your role in identifying and responding to domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Signs and symptoms associated with domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Housing problems commonly experienced by victims of domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



8	The barriers faced by migrant communities experiencing domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	The financial difficulties associated with experiencing domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	What questions to ask to identify potential cases of domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	What to say/not say to children/young people who have experienced domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	What to say/not say to parents who have experienced domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Why a service user might not disclose domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	How to document domestic abuse in your case records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	How to make appropriate referrals in consultation with the survivor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	How to respond sensitively to the needs of those who discloses domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	The difference between parental conflict and domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	How to respond to perpetrators of domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please answer True or False or Don't Know to the following questions				True	False	Don't Know
19	Alcohol consumption is the greatest single predictor of domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	If you suspect a service user is experiencing domestic abuse but they do not disclose it you should NOT document your concerns in their records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Service users who have experienced domestic abuse are able to make appropriate choices about how to handle their situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



22	Service users with multiple support needs often find it difficult to access support for domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	In my professional role, I have a duty of care to consider an instance of a child witnessing domestic abuse in terms of child protection, even if the child is not in immediate danger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Service users from black and minority ethnic, and those who are from LGBTQ backgrounds often face additional barriers in disclosing domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Women abuse men as much as men abuse women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Domestic abuse is less common in same sex/gender relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	People lie about domestic abuse to get housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Domestic abuse is only experienced by certain people from certain backgrounds/communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Domestic abuse is caused by mental health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate how much you agree with the following		Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
26	In my job, I have a responsibility to respond to suspected cases of domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	I have sufficient training to assist individuals in situations of domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	I am confident I can document domestic abuse accurately and confidentially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	I understand how my identity (e.g. my ethnicity, gender) can make it difficult to disclose domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	I understand how concerns about safeguarding children can make it difficult for victims to disclose domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	I am confident I can make appropriate and sensitive referrals for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	those who have experienced domestic abuse					
32	I am confident I can make appropriate and sensitive referrals for children (under 18) in families where there is domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	I feel confident in recognising coercive control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	I have a good understanding of the ways in which disputes over child contact can result in harm to children and the non-abusive parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	If I don't fully understand someone's culture or language it is better not to ask about domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	I know where to access expert information and advice on domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About the Training		Poor	Average	Good	Excellent
37	I felt the range of activities, discussions, films, presentations included in the training were:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	I felt the trainers' approach overall was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	I felt the material in the training overall was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	I felt that the way in which the training covered different groups and cultures was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	I felt the relevance of the topics covered for my work was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	How will the learning from this course change your practice?				
43	What further training on domestic abuse would be helpful for you in your job?				

Thank you for your time and trouble. Your answers will help us plan further domestic abuse training for staff like you. Please submit this survey no later than [24th July 2023].

Please click on this link if you would like to receive a CPD training certificate [link]



See below a list of domestic abuse support services to access should you need to:

If you require further support or would like to discuss domestic abuse with anyone the following details may be useful:

Refuge National Domestic Violence Helpline

Tel: 0808 2000 247

Respect: Men’s advice line

0808 8010327

The Samaritans

Tel: 116 123

Broken Rainbow (Lesbian, gay, bisexual, trans, domestic abuse helpline)

Tel: 0300 999 5428

Appendix B

Table B1: Overview of national programmes and courses reported in the study

Programme/course titles	Short description	More information
CODA – Children overcoming domestic abuse	CODA is a primary prevention programme for children, young people and mothers designed to build skills and knowledge, and to promote long-term recovery for participants.	https://avaproject.org.uk/coda/
Family Group Conferencing	Family Group Conferencing is a family-led meeting. The family and friends network come together to make a plan for a child supported by an independent coordinator.	https://frg.org.uk/family-group-conferences/what-is-a-family-group-conference/
Freedom Programme	Freedom Programme was created by Pat Craven and was primarily designed for women as victims of domestic violence. It examines the roles of perpetrators and the responses of victims and survivors.	https://www.freedomprogramme.co.uk
Healthy Relationships (for teenagers)	The course aims to educate young people about abusive relationships and how to identify what is a healthy relationship.	Several programmes run in different formats in different areas.
J9	The J9 initiative aims to raise awareness of domestic abuse and assist survivors to access support safely by training	https://www.saferplaces.co.uk/j9-initiative



	professionals and members of the community to recognise domestic abuse and respond to survivors.	
Parenting Apart Programme	A programme to provide parents with guidance, advice, and support on how to work successfully towards co-parenting beyond the divorce process.	https://www.parentingapartprogramme.co.uk
Respect Young People	A programme that works with young people and their families to encourage everyone to take a role in stopping the abuse and learning respectful ways of managing conflict, difficulty, and intimacy.	https://www.respect.uk.net/pages/115-rypp
Safe and Together	Safe & Together is a model that aims to create systems and practice change that is child-centred, working towards keeping children safe and together with the protective parent.	https://safeandtogetherinstitute.com
Stalking awareness programme	Based on training provided by Safer Places, it aims to support victims who might be targeted by their ex-partner.	https://www.saferplaces.co.uk/level-4-independent-stalking-advocacy-specialist
Triple R	Triple R aims to enable victims to recognise domestic abuse, to recover from the abuse and to develop resilience by building on their strengths and addressing challenges also to support their children.	https://www.saferplaces.co.uk/therapeutic-programme https://sahwr.org.uk/advice/triple-r
Tackling and Preventing Domestic Abuse: Award	The Award in Tackling and Preventing Domestic Abuse is a nationally recognised qualification and is the first step for a career path in the domestic and sexual violence sector. The Award has been developed for those with little or no experience of working with survivors; volunteers; or those wanting to enter the sector. The Award is also open to those who work with survivors but don't work within the domestic and sexual violence sector, for example if you work within a Housing Department, Social Services, or the Civil Service.	https://www.womensaid.org.uk/what-we-do/training/qualifications/tackling-preventing-domestic-abuse-award/



VOICE	The VOICE Programme is a psycho-educational programme for adults addressing domestic violence, coercive control and the behaviours that create the dynamic of intimate partner relationship abuse. It addresses the broad spectrum of abusive behaviours, the process of dismantling that a victim goes through and the significant impact of such traumatic experiences, both in situ and post-separation.	https://voicepartnership.com
Who's in Charge?	Who's in Charge? is a programme exploring child to parent violence aimed at parents whose children are being abusive towards them or who appear out of parental control.	https://whosincharge.co.uk
You and Me, Mum	The course aims to empower victim/survivor mothers in understanding their role and in addressing the needs of children and young people who have lived with domestic abuse.	https://www.womensaidni.org/assets/uploads/2012/04/you-and-me-mum-leaflet.pdf