

Through The Eyes of a Bairn

**Children Experiencing Domestic Abuse Recovery in
Scotland**

Interim Evaluation Report

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Acknowledgements and thanks

There are many people to thank for their contribution to this evaluation and the on-going Cedar pilots.

Above all we wish to thank the children, young people and their mothers who have shared their experiences and views with us. We are grateful that you told us what you think. You are helping us to make Cedar as good as possible for all children, young people and their mothers.

Special thanks are due to Murray for permission to use the picture of fruits, which he voted with during the interview. Otherwise, all the names used in this report are pseudonyms.

Other pictures have been drawn by children taking part in the groups themselves and we include them anonymously because although we cannot credit the artists, they are a good way to remind people that Cedar is all about the children and young people.

We would like to thank all those involved in the Cedar pilot who have participated in this evaluation. The active participation of the Cedar Coordinators and Managers, Co-facilitators and members of the Local Advisory Groups has been central to the evaluation and ability to use the learning from the process to maximum effect as the pilot progresses. Thanks are also due to others who have participated in Cedar events during 2009. We look forward to your continued involvement.

This report distils the views of many people who have been involved in this evaluation process. We have endeavoured to do justice to the richness and complexity of the Cedar programme and to support critical reflection on the emerging evidence. We remain responsible for any errors or omissions.

Executive Summary

“It’s definitely through the eyes of a bairn, Cedar, isn’t it?”

Main findings

The three Cedar pilot areas have run 17 groups for children and young people and 12 groups for mothers to December 2009. A total of 91 children and young people have completed groups. Ninety-three percent of children and young people who started a Cedar group completed the 12 week programme. Of the children that completed, 63% had a mother that also completed a group.

- Cedar has secured positive outcomes for the children and young people that participated in the early groups.
- Mothers now have a greater understanding of domestic abuse and the impact for children.
- There are positive early signs of change in relationships between mothers and children, although overall the evidence of widespread, substantial and concrete changes in the mother-child relationship itself is inconclusive at this point.
- The scope of the 12-week curriculum and range of activities offered to children and young people seems to be about right. A key lesson is that the attention paid to ‘first-order’ needs in terms of food, fun and friendships is vital for creating physical and emotional safety, as a prerequisite for learning within Cedar groups.
- Referrals in the first year show that there is a clear demand for the Cedar programme. It is clear that a good volume of referrals, together with a robust assessment process, produces higher numbers of better quality groups.
- The Cedar assessment process brings ‘added value’ in its own right as a form of ‘*assessment as engagement*’, not just as an entry route to the groupwork process.
- Cedar is not just about the 12 week programme; it is also about bringing agencies together through co-facilitation of groups and referral arrangements and ultimately about strengthening the network of support around the child and family.

Outcomes for children and young people and mothers

The pilots have created a positive group environment for children and young people; they have developed a greater understanding of domestic abuse and have learnt how to manage their emotions and actions in response to domestic abuse. Cedar has given children and mothers greater knowledge of safety planning and support. The ability to give and receive peer support is powerful and empowering for children and young people; this is a unique resource for recovery and a core element of the way that Cedar works. There is evidence that some children and young people feel they are better able to talk to their mothers.

Mothers now have a greater understanding of domestic abuse and the impact for children. Several women spoke of Cedar being life changing in some way and all were able to report positive experiences or outcomes, although Cedar was not always what they had expected.

For the majority of women Cedar offered an affirmative group environment and many valued the informal and accepting atmosphere in the groups. The peer experience, reciprocity and concurrent nature of Cedar groups are unique and powerful. However, the balance between the mothers’ personal issues and the focus on the child can be difficult to maintain on a consistent basis. In general, mothers were positive about their experience of the people running the group. However, some women did find groups intense and too

difficult to cope with and completion rates for mothers have varied across the pilots. There were some concerns about confidentiality outwith the group and of being felt to be 'judged' by other women in the group.

Groupwork is a useful way to raise understanding about the impact of domestic abuse on children, in less directly confronting ways than might be experienced on a one-to-one basis. In addition, the concurrent nature of the groups and shared curriculum provides an impetus for mutual processing of learning between sessions for mother and child.

These findings provide a positive endorsement of the value of the concurrent groups; there is a strong sense that children do better if their mothers do attend a group and groups are also seen to offer many advantages over one-to-one work.

Key practice lessons are:

- ✓ Whilst the 'group effect' is powerful and important, for some children Cedar may not be long enough and they may also still need more individualised support, both within and outwith groups. There may be more work to be done at the assessment stage and during some group sessions, to prepare children and their mothers for Cedar coming to an end.
- ✓ To ensure that Cedar remains a child-focused intervention, there is a need to maintain a focus on *outcomes in relation to children* during mothers group, in particular how the learning from groups is impacting on mother-child relationships outwith groups, and in the longer term.
- ✓ Not all mothers will be able or willing to attend groups; there is a need to continue to help such mothers to support their child to remain in the group and learn from it. This is a subtle balance to strike and group participation needs to be continued to be offered on an open-access basis as an option for mothers.
- ✓ The playfulness of the environment within the mothers' group is also important and enhances the mother's ability to empathise with their children. At the same time, the processing of their own experience that the mothers undertake may be the best chance that they will sustain the learning from group after the end of 12 weeks.
- ✓ There are also lessons for group dynamics and process to consider in the assessment process. Within groups, careful consideration needs to be given to both re-visiting and enforcing the ground rules. This also has implications for assessment and the, sometimes difficult, judgements to be made about whether a mother will be able to take a full and active part in a Cedar group.

Referrals, assessment and groupwork

Referrals in the first year show that there is a clear demand for the Cedar programme, although there are differences in volumes and sources between the three pilot areas which will continue to be monitored. The age of children referred has varied from three years to sixteen years. Overall 60% of referrals have been boys and this pattern is consistent across the three areas. The vast majority of referrals to date have been of 'white British' ethnicity.

A sufficient volume of referrals is needed to enable Coordinators to put together groups of a suitable mix and size, taking into account age, gender and complexity of needs. Referral volumes affect the number of groups that can be run. Barriers to referral or group take up include long-held perceptions and misunderstandings amongst both professionals and mothers about the impact of domestic abuse on children and young people.

The Cedar Coordinators have shown considerable skill and sensitivity in their engagement with children, young people and mothers. Coordinators have adopted a 'holistic' and investigative approach by looking at the other children in a family, not just the one that has prompted the referral by others. Their approach ensured that joining a Cedar group was offered as a clear option to both mothers and children.

The Cedar assessment process brings 'added value' in its own right as a form of '*assessment as engagement*', not just as an entry route to the groupwork process. Through this kind of sensitive non-stigmatising engagement and ongoing assessment through group, much-needed additional services can be secured for children and families previously seen as 'hard to reach' and where the complexity of a child's needs may not have been fully appreciated.

Given the complex needs of many of the children and their mothers and the importance of quality assessments and groupwork processes, on-going professional supervision is necessary to support this complex and intellectually and emotionally challenging work.

It has taken considerably more time than anticipated to get the programme up and running. In addition, all three pilots have made considerable, largely unanticipated, efforts to support mothers who are not in groups; this has considerable workload implications and for the numbers of groups that can be run at a time.

Key practice lessons are:

- ✓ Cedar will not be suitable for everyone and it is important to pay attention to testing the extent of the reach of the programme to 'harder to reach' or excluded groups such children from minority ethnic groups and those with special needs. This is a strong challenge to the Cedar pilot and the report highlights a number of strategies that could be adopted to achieve this.
- ✓ Cedar needs to undertake continuous promotional work to raise awareness of the service and tackle attitudinal barriers to referral; this includes the noted 'ambivalence' amongst those who see Cedar as an 'early intervention' and therefore not a priority.
- ✓ There is a need to develop a wider understanding of the impact of domestic abuse on children and the mother-child relationship amongst agencies and professionals and to ensure wider take-up of universal *Violence Against Women* training.
- ✓ Whilst the key question at assessment must remain whether a Cedar group is right for the child at that time, there is a need for a stronger emphasis at the assessment stage on the mother's own 'readiness to engage with change' and to participate in a group. This can ensure that appropriate additional services are in place, and support the structure and purpose of the group itself. The assessment process may need to be more stringent, with a clear focus on the ultimate purpose of the group work programme in terms of the mother-child relationship.
- ✓ Careful consideration needs to be given to the emotional impact of this work on coordinators and co-facilitators to enhance their reflective capacities and help improve referrals, assessments and groupwork in the longer term. There is also a need to monitor the workload implications.
- ✓ An important lesson for any area of multi-agency working has been that it is important to 'start with the end in mind'. There needs to be a designated 'lead professional' for the child when they join a Cedar group. Inter-professional issues of communication, confidentiality and boundaries need to be discussed with referring agencies to 'strengthen the network of support' once Cedar ends.

Co-facilitation of Cedar groups

A multi-agency approach to the Cedar programme offers a more systemic approach that goes beyond benefits secured to groupwork participants. Multi-agency co-facilitation, in terms of the involvement of diverse professionals from a range of local agencies, is a core element of how Cedar runs and of the sustainability of the approach.

The experience of co-facilitation has been largely positive and the majority of co-facilitators from the first tranche of groups said they would be happy to co-facilitate further groups. Facilitators were able to work together with the programme materials to create a safe and trusting environment and to make it fun for the children. They adapted the materials where necessary and were able to make best use of their skills and experience to support the groups. The process had also largely worked well with the mothers, again creating a safe, containing environment that was comfortable, welcoming, inclusive and supportive. The outcomes for children, young people and mothers could not have been achieved without this positive grounding.

There were some difficulties with the elements of groupwork that are perhaps less easy to structure; for example, ensuring full participation and modelling and teaching helpful group behaviours. Maintenance of the balance between the mother's personal issues and the focus on the child was also not consistently secured. The most difficult aspects of group process were those that raise issues of conflict. The experience of debriefing; working together during the group; following through agreed actions; and planning and managing different styles of facilitation all need greater attention.

The multi-agency co-facilitation model is a crucial element of the way that Cedar has been structured and it contains both fundamental strengths and weaknesses. The focus on getting groups up and running may have meant a lack of attention to co-facilitation practice by professionals with varied styles of working and experience. The need for a sustainable long term solution to the resourcing of co-facilitation remains a major challenge to the programme. The coordinators' role in leading groups has been seen as necessary for quality assurance and continuity of relationships with children, young people and mother's right through from the initial referral and assessment to discharge and onward referral. This approach limits the number of groups that can be run at any time and has substantial workload implications.

Key practice lessons are:

- ✓ There is a need to nurture and value the co-facilitation process more explicitly. This includes a need to review the approach to training, so that it is as much about building local relationships as Cedar content.
- ✓ The on-going pilot should test the potential within the co-facilitation model; this might include using experienced co-facilitators to lead groups and exploring a more strategic coordination role for Cedar Coordinators to ensure quality assurance and fidelity to the programme, whilst also continuing to secure positive outcomes for children, young people and mothers.

Individual and organisational learning

Coordinators and co-facilitators had developed their existing and new skills and used the knowledge and skills gained to improve wider practice. They report that Cedar has helped them to develop their knowledge and understanding of the impact of domestic abuse on children, increased their awareness of the local resources available and of other relevant agencies and helped them to communicate more effectively and share knowledge with other agencies. In terms of individual and wider organisational learning from Cedar, these were very positive outcomes for the professionals involved, especially given that they have a high level of existing expertise, were often drawn from specialist agencies and those sufficiently motivated and interested to want to take part in a pilot programme. There are signs that Cedar can have a wider organisational effect and this will continue to be monitored.

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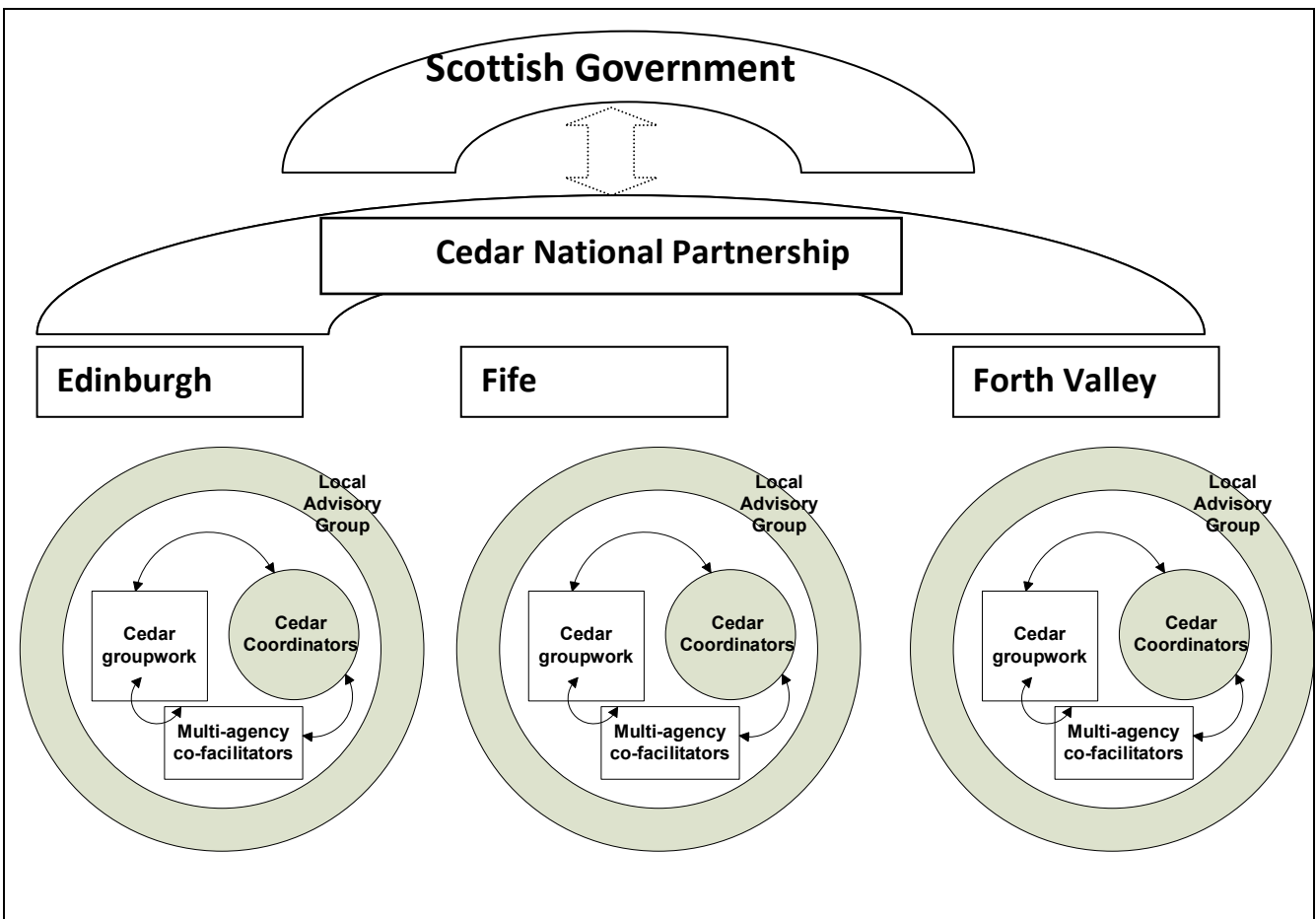
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1. The Cedar Pilot in Scotland 2008-2011

Introduction and background

1.1 Cedar (Children Experiencing Domestic Abuse Recovery) provides a therapeutic 12 week group work programme for children and young people who have experienced domestic abuse, alongside a concurrent group work programme for their mothers. *The National Cedar Partnership* has been funded on a pilot basis for 2008-2011 by the Scottish Government in three areas in Scotland: the City of Edinburgh, Fife and Forth Valley (Stirling, Falkirk and Clackmannanshire). Scottish Women’s Aid in collaboration with Edinburgh, Fife and Stirling local authorities (LAs) form the National Cedar Partnership. The three year pilot programme is funded by a grant of approximately £1.5m including contributions in kind. Figure 1.1 below shows the structure of the Cedar pilot.

Figure 1.1: The Cedar pilot in Scotland 2008-2011



1.2 The development and evaluation of the Cedar projects in Scotland is one of thirteen priorities identified in the *National Domestic Abuse Delivery Plan for Children & Young People*¹. The *National Domestic Abuse Delivery Plan for Children and Young People* indicates the national agenda to improve outcomes for children and young people affected by domestic abuse, their families and communities. This takes place in the context of the new partnership environment between Government and local government: the Scottish Government now sets the direction of policy and

¹ National Domestic Abuse Delivery Plan for Children and Young People
<http://www.scotland.gov.uk/Publications/2008/06/17115558/0>

the high level overall outcomes and provides greater local discretion in terms of how services are designed and delivered. Single Outcome Agreements (SOAs) are a central element of this partnership between national and local government. These cover all the local government services in each local authority area and are linked to the *National Performance Framework* which was published as part of the 2007 Spending Review and underpins delivery of the Government's agenda².

- 1.3 A consequence of this approach is that it gives freedom of action to local authorities and their partners to meet varied and diverse local needs and circumstances, in ways in which they see fit. The parallel reduction in ring fencing of funding, the ability for local authorities to retain any efficiency savings, and an unprecedented tight financial context all herald many new and enduring challenges for local government. Local authorities now have both substantially greater flexibility and greater responsibility. The intention is that local government should focus on service delivery and the development of their own local outcomes and targets (in their SOA) in line with national outcomes.
- 1.4 The previous framework for the development of services for children affected by domestic abuse³ has now been superseded and there is no longer an indicator in relation to children affected by domestic abuse to recognise and legitimise this strand of service development. It is of concern that recent analysis of Single Outcome Agreements found that 12 out of 32 made no reference at all to domestic abuse or violence against women⁴. Children and families are more frequently mentioned, although not necessarily in the context of domestic abuse. However, SOAs will not be the only drivers of funding decisions: local authorities will need access to and understanding of evidence in designing services and programmes to meet national outcomes. This includes both evidence of need and evidence of the impact of a range of potential interventions. Such evidence should inform decisions on where money is spent to achieve agreed outcomes.

The purpose of this report

- 1.5 This report provides early findings from the Cedar evaluation during its first year of operation. It is written largely for professional policy makers and children's service practitioners and planners in Scotland, who are interested in Cedar and thinking about whether they wish to adopt a Cedar programme in their own area. It shows how Cedar fits into a bigger picture of outcomes for children and young people.
- 1.6 Cedar is being evaluated using an action research approach: this provides evidence on an on-going basis to support the development and implementation of the Cedar projects at a local and national level. The first year of the programme has generated useful evidence about outcomes for children, young people and their mothers affected by domestic abuse; these early findings are encouraging and are reported in section five. The report also shares our initial learning about the processes that support those outcomes, including referrals, assessments and co-facilitation of groupwork; and establishes our view of the potential costs and benefits of the Cedar programme, with evidence of these where this is available.
- 1.7 An important part of the approach has been to develop a shared understanding of the kind of change that would be expected as a result of a relatively small scale intervention and its likely impacts in the longer term. Section 3 discusses how a Cedar intervention has the potential to address a wide range of cross-cutting outcomes and policy agendas.

² Scottish Budget Spending Review 2007, the Scottish Government, Edinburgh, 2007

³ *Quality Improvement Framework for Integrated Services for Children and Young People*, Edinburgh: Scottish Executive <http://www.scotland.gov.uk/Publications/2006/04/27135008/0>

⁴ Scottish Women's Aid analysis of local authority Single Outcome Agreements 2008

- 1.8 The Cedar pilot is on-going until March 2011, therefore, the report also summarises the main lessons for the continuing development of Cedar, both in the pilot areas and any new areas wishing to adopt the Cedar approach. A final evaluation report will be available in May 2011.

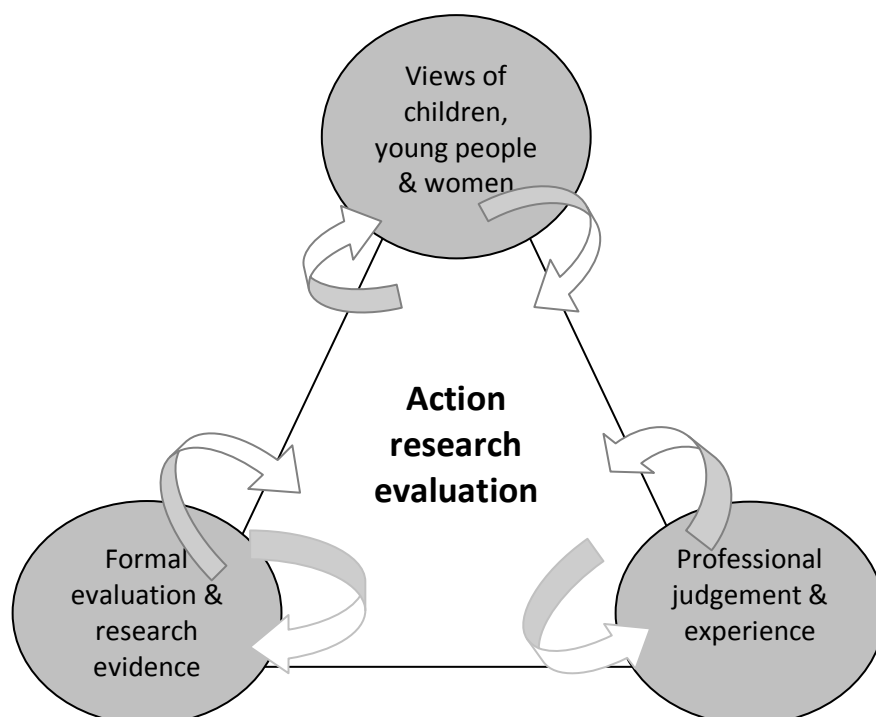
Aims and objectives of the evaluation

- 1.9 The aims of the evaluation of the Cedar pilots are to provide evidence to support the development and implementation of the Cedar projects at a local level and to provide national level learning to assist other local areas to implement this type of service. The specific objectives are to:
- a) Provide evidence of individual and interrelated **outcomes** from the groupwork programme for children, young people and women affected by domestic abuse, including improving children's safety planning and strengthening the mother child relationship.
 - b) Develop an understanding of the factors that support successful recruitment to and completion of the programme and positive outcomes amongst participants, including unanticipated outcomes.
 - c) Work with practitioners to encourage learning from experience, improved practice and sharing of practice as the programme proceeds.
 - d) Assess the impact of the partnership working model of delivery amongst practitioners. This should include:
 - understanding of suitability of the programme for all participants
 - effective referral arrangements
 - co-facilitation of groupwork
 - strategies to promote informed consent and participation
 - the wider impact on inter-agency working and any changes in practice relating to domestic abuse.
 - e) Appraise the cost effectiveness of this model of service provision including delivery costs and likely distribution of savings (rather than computation of financial data).
 - f) Enhance national level learning from the programme including the effectiveness of the national partnership structures.
 - g) Support the development of a toolkit for implementation to enable wider adoption of the programme approach in other areas.
 - h) Provide progress reports, interim findings and a summative evaluation report at key stages of the project.

A knowledge-based practice approach to evaluation

- 1.10 In meeting these aims and objectives, the approach adopted seeks to bring together the views of children, young people and women participants of the programme, with the views and experience of the Cedar practitioners and local partners and formal research or evaluation evidence from elsewhere, including Sutton and Canada, about 'what works'. Figure 1.2 shows this tripartite and iterative approach.

Figure 1.2: A knowledge-based practice approach to evaluation



- 1.11 This approach generates on-going and real-time learning and embeds an evaluative approach into the way the programme is developed. This offers a more systemic and reflective approach to evaluation that supports self and peer review, wider dialogue and sharing of lessons. The three Local Advisory Groups and the Cedar Coordinators action research group are part of the development of a 'community of inquiry' amongst the Cedar projects and their wider partners. The evaluation team act as 'critical friends' to the pilots; ensuring that the review of evidence is systematic, recording discussions, and reporting emerging 'findings' in ways that facilitate further testing, reflection and sharing of learning to influence practice and report processes and outcomes.
- 1.12 The three *Local Advisory Groups* (LAGs) normally meet every six weeks, although this has varied across the pilots. Over a cycle of meetings, the LAGs have reviewed the range of quantitative and qualitative data available. They have explored how the pilots are working, what is working well and what needs to change. A small number of short briefing notes have been circulated from two pilot areas for wider comment. These have highlighted some of the issues that have arisen including key lessons, but also uncertainties or contradictions revealed by the process.
- 1.13 The *Cedar National Partnership* also brings the three pilots together (although this meets less frequently) and has provided an additional forum for this type of review process. In addition, two cross-pilot *Exchange Events* have been held. In March 2009 the event focused on the development of the monitoring and evaluation framework and in November 2009, the event reflected on the emerging evidence and learning for practice from the first year. This process has offered opportunities to analyse and validate evidence and change practice in a more formal and structured way than might conventionally be the case. This report is a record of that process.

Sources of evidence for the first year

- 1.14 The evaluation process has drawn on a number of specific sources of quantitative and qualitative evidence over the first year of the implementation of the Cedar pilot. These include:
- First Exchange Event of Cedar pilots, March 2009 to devise the monitoring and evaluation framework
 - On-going quantitative monitoring data of referrals and groupwork indicators.
 - Coordinators action research sessions: a cross-pilot 'action learning set'.
 - Notes from Local Advisory Group meetings.
 - Notes from National Partnership Meetings.
 - 'Monitoring without indicators': a process of real-time feedback from participants reported by the Coordinators to LAGs or informally.
 - In-depth interviews with children, young people and their mothers, Summer 2009.
 - Web survey of all coordinators and co-facilitators, conducted in Summer 2009.
 - Second Exchange Event, based on World Cafe principles, held in November 2009.
- 1.15 The key lessons reported here are all based on evidence drawn from across these sources and analysed and validated by the action inquiry process, in particular the November 2009 Exchange Event. This was attended by over 40 people from across all three pilots, the National Partnership and the Scottish Government. Fuller details of the methodology and the ethical protocol are available in Appendix 1.

2. *The Cedar programme in Scotland*

The policy context

- 2.1 The National Domestic Abuse Delivery Plan for Children and Young People sets out a common framework based on *Getting It Right For Every Child* (GIRFEC) principles and values and the aims of the National Strategy to Address Domestic Abuse in Scotland (2000). A focus of the Delivery Plan is early identification and intervention for families who are at risk as a consequence of domestic abuse or in need of additional support to prevent domestic abuse from becoming a risk. In this respect, it sits alongside the *Early Years Strategy*⁵ and *A Curriculum for Excellence*⁶. *Getting it right for every child* seeks to enable parents, families, practitioners and communities to identify, at the earliest possible stage, where support is needed for a child and to provide that support at the earliest opportunity.
- 2.2 *Getting it right for every child* asks how agencies can best work together to ensure that children and young people affected by domestic abuse are:
- Safe: protected from abuse, neglect and harm by others at home, at school and in the community.
 - Nurtured: living within a supportive family setting, with additional assistance if required, or, where this is not possible, within another caring setting, ensuring a positive and rewarding childhood experience.
 - Healthy: enjoying the highest attainable standards of physical and mental health, access to suitable healthcare, and support in learning to make healthy choices.
 - Achieving: supported and guided in their learning and in the development of their skills, confidence and self-esteem at home, at school, and in the community.
 - Active: having opportunities to take part in activities such as play, recreation and sport which will contribute to healthy growth and development, both at home and in the community.
 - Respected: having the opportunity, along with carers, to be heard and involved in decisions which affect them.
 - Responsible: having opportunities and encouragement to play active and responsible roles in their schools and communities and where necessary, having appropriate guidance and supervision and being involved in decisions that affect them.
 - Included: having help to overcome social, educational, physical and economic inequalities and being accepted as part of the community in which they live and learn.
- 2.3 A *Getting it Right* approach requires that universal services and agencies are proactive about identifying risk associated with domestic abuse; that they work together; that they provide support for children that meets their needs in a holistic way, and respect their right, where appropriate, to

⁵ *Early Years and Early Intervention - A joint Scottish Government and COSLA policy statement*, The Scottish Government, Edinburgh 2008

⁶ *A Curriculum for Excellence - The Curriculum Review Group*, Scottish Executive, Edinburgh 2004

confidentiality and to participate in any decision-making processes that affect them; and, that they integrate support for children with support for their mothers.

- 2.4 The model is an important inter-agency initiative which is based on evidence from elsewhere of what works for children and young people experiencing domestic abuse. The aims of the Cedar pilot projects are to improve outcomes for children, young people and women affected by domestic abuse, but also to improve joint working and agencies' responses when supporting children and young people affected by domestic abuse. The broad vision of the programme is to enhance the therapeutic impact of group work for children and young people. The group helps children identify and express emotions surrounding violence, separation, shame guilt and loss. Children and young people are encouraged to recognise and understand the importance of their feelings and are given opportunities to deal with them constructively. Mothers normally attend their weekly group just prior to the children's group session, which enables mothers to support their children and gives them the opportunity to process and understand their experience together.
- 2.5 The Scottish pilot is structured so that a local authority acts as a 'host' for the project, each employing one full-time children's group and one part-time mother's group coordinator responsible for managing and co-ordinating the group work programme⁷. The coordinators act as the 'single point' for referrals and assessments. The 12 week group programme itself is delivered to children and mothers by the group coordinators in partnership with co-facilitators from partner agencies. Initial protocols and procedures were developed by the Cedar National Partnership and local partner agencies. Staff were in place in each area by the end of 2008 and groupwork commenced in January 2009.
- 2.6 The *National Domestic Abuse Delivery Plan for Children and Young People* recognised the considerable workforce implications of enabling agencies to deliver a personalised response for each child or young person affected by domestic abuse. Cedar uses a range of agencies from the statutory and voluntary sector to provide support to children and young people through a co-facilitation approach, so that partner agencies are directly involved in delivery of the groupwork programme. Thus, as an experientially based professional development opportunity, the Cedar model holds a prospect of tackling the noted inconsistencies in addressing domestic abuse amongst practitioners, attributed to different levels of awareness and skills⁸. So, as well as delivering outcomes for children and young people and their mothers, Cedar has the capacity to be a broader influence on joint working, organisational learning and strategic responses to domestic abuse through a 'ripple effect' within the areas in which it operates. It has the potential to become a 'way of working'.

Evidence of need: children affected by domestic abuse in Scotland

- 2.7 There were 53,681 incidents of domestic abuse recorded by the police in Scotland in 2008-09, equating to an overall incidence of 1,039 per 100,000 population.⁹ In 84% of incidents there was a female victim and male perpetrator. Notably, the incidence rate increases to 4,920 incidents per 100,000 population amongst female victims aged 22 to 25 years. Figure 2.1 below shows the rates of domestic abuse incidents over time for the five local authorities with whom the Cedar pilot is operating. These have increased substantially over the nine years reported here in all areas, except

⁷ The Forth Valley Coordinators are employed by Stirling Council, but also work across two other local authorities, Falkirk and Clackmannanshire.

⁸ *It's everyone's job to make sure I'm alright*, Report of the Child Protection Audit and Review, Scottish Executive, 2002

⁹ *Domestic Abuse Recorded by the Police in Scotland, 2008-09*, The Scottish Government, National Statistics, November 2009

Edinburgh (which had the highest initial rate and remains higher than the Scottish average). Of the Cedar pilot areas, four have incidence rates higher than the Scottish average from 2007-08.

Figure 2.1 Rates per 100,000 population of domestic abuse incidents recorded by the police, by Cedar pilot council areas and financial year, 2000-01 to 2008-09

	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09
Clackmannanshire	710	845	776	728	831	722	1,141	1,261	1,422
Falkirk	575	734	580	648	787	835	938	1,250	1,384
Stirling	425	530	469	602	558	427	563	860	881
Edinburgh	1,005	921	959	1,029	1,063	1,131	1,248	1,085	1,082
Fife	599	552	547	602	769	909	1,036	1,089	1,102
SCOTLAND	687	696	710	815	859	899	954	965	1,039
Rate per 100,000 population: estimated population as at mid 2008 (GROS)									

Source: Domestic Abuse Recorded by the Police in Scotland, 2008-09 Statistical Bulletin 24 November 2009

- 2.8 Such incident based data has many limitations, not least as it represents reports of incidents which may reflect a greater willingness to report as much as a greater incidence. It also does not report the numbers of children present or living in the household¹⁰. However, the prevalence, together with the age and gendered nature of domestic abuse, suggests that very high numbers of children in Scotland have lived with, or are living with, domestic abuse. It has been estimated that around 100,000 children in Scotland live with domestic abuse and that in 90% of incidents, children are in the same or next room¹¹.
- 2.9 The *Scottish Child Protection and Audit Review* identified domestic abuse as a feature of (at least) one third of child protection cases. It can be the main concern and an enduring feature of a child's life or a background feature as one of a range of stresses in the family. Police recognition of domestic abuse as also affecting children is acknowledged to be a key factor in the recent significant increase in non-offence referrals to the Children's Reporter in Scotland.
- 2.10 Whilst the *Scottish Child Protection and Audit Review* welcomed the recognition of the impact of domestic abuse on children, it nevertheless stated that the response to the problem to date has been 'haphazard'. The Review recommended giving priority to a more comprehensive and unified approach to meeting children's needs and endorses the provision of services for children who have experienced domestic abuse as a necessary priority for inter-agency planning. These should be provided within a context of wider packages of measures, including the provision of information for mothers and partners about the impact of domestic abuse on children, programmes for reducing its occurrence and school curriculum measures¹².

¹⁰ Fuller discussions of the research evidence on children and young people exposed to domestic abuse are available elsewhere, notably *Literature Review: Better Outcomes for Children and Young People experiencing Domestic Abuse – Directions for Good Practice*, Professor Cathy Humphreys, Claire Houghton, Dr Jane Ellis, Scottish Government, Edinburgh 2008. <http://www.scotland.gov.uk/Publications/2008/08/04112614/0>

¹¹ Quoted in *It's everyone's job to make sure I'm alright*, Report of the Child Protection Audit and Review, Scottish Executive, 2002

¹² See above.

3. An Overview of the Cedar Programme

Evidence for the effectiveness of the groupwork approach and implications

- 3.1 The Cedar group work model is based on the Community Groupwork Treatment Programme (CGP) originally developed in Ontario, Canada¹³. This has been introduced and evaluated in the London Borough of Sutton¹⁴ and the *Greater London Domestic Violence Project* has recently been funded by Comic Relief to roll out a Community Groups Treatment Programme (CGTP) across London¹⁵.
- 3.2 The Cedar pilot programme in Scotland is a response to evidence about need due to the impact of domestic abuse on children and young people and also evidence of the effectiveness of interventions for children and young people experiencing domestic abuse; this evidence is reviewed more fully elsewhere¹⁶. This literature review has been drawn on extensively in providing the rationale for the Cedar programme. Of particular relevance is the evidence of the impact of trauma on child development; evidence about what helps to protect children through developing resilience; how abuse and violence used against women can significantly undermine their relationships with their children and their parenting abilities, and the pros and cons of individual support and groupwork. The criteria for participation in the Cedar programme is based on the evidence that to benefit from the programme, children and young people need to be living in a safe, violence-free environment.

A brief overview of the content of the Cedar programme

- 3.3 Figure 3.1 below gives an overview of the weekly sessions and the connections between the content of the concurrent groups; note the mothers' groups meet before those for children and young people. The Cedar manual outlines the basic curriculum with variations in activities for pre-school children, latency ages and adolescents.

¹³ *Evaluation of Groups for Children who have Witnessed Violence*, Larry Marshall, Nancy Miller, Sandra Miller-Hewitt, Dr Marlies Sudermann, and Lynn Watson, Centre for Research on Violence against Women and Children (Fanshawe College, the London Coordinating Committee to End Woman Abuse and the University of Western Ontario), 1995.

¹⁴ *An Evaluation of the Sutton Stronger Families Group Treatment Programme for Children Exposed to Domestic Violence*, Thangam Debonnaire, 2007

¹⁵ <http://www.gldvp.org.uk/>

¹⁶ *Literature Review: Better Outcomes for Children and Young People experiencing Domestic Abuse –Directions for Good Practice*, Professor Cathy Humphreys, Claire Houghton, Dr Jane Ellis, Scottish Government, Edinburgh 2008.

<http://www.scotland.gov.uk/Publications/2008/08/04112614/0>

Figure 3.1: Outline of weekly content of the concurrent Cedar groups

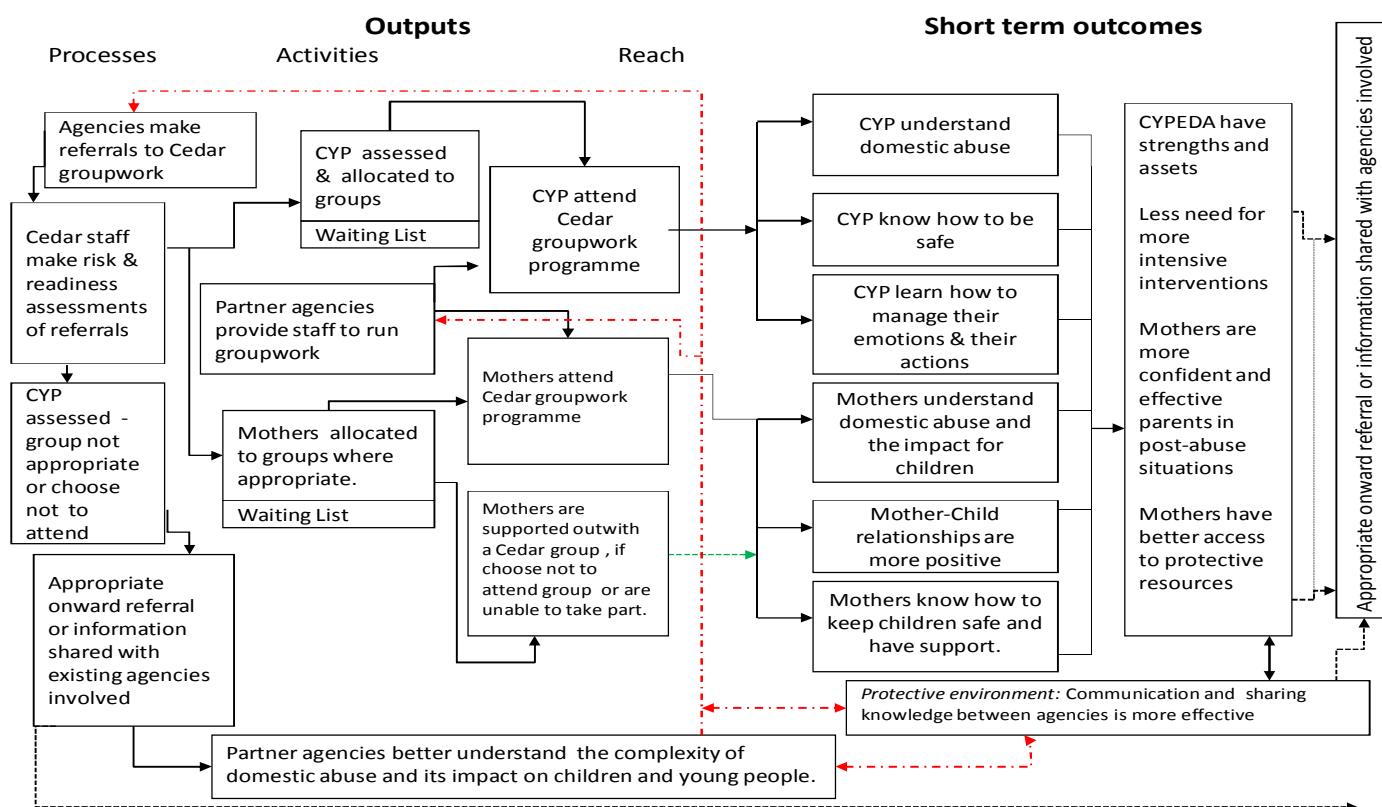
Week	Children and Young People's Group	Mothers' Group
1	<i>Getting to know you Introductions and establishing guidelines, treasure chests, snack and playtime, explaining checking in and out</i>	Making connections
2	Breaking the secret about abuse that happens in families <i>Checking in, snack, group discussion, examples of hurting, checking out</i>	Breaking the silence
3	Understanding our many feelings <i>Checking in, snack, group discussion about feelings, feelings activity (icebergs), playtime, checking out</i>	Honouring feelings
4	Children's experiences of hurting in their family <i>Checking in, snack, story or DVD (Tulip), group discussion about hurting in families, drawing activity, playtime, checking out</i>	How being exposed to woman abuse affects children
5	Staying safe when abuse happens – my personal safety plan <i>Checking in, snack, group activity (playdoh), group discussion about safety, safety plans, playtime, checking out</i>	Personal safety planning for mothers and their children
6	It's not our fault <i>Checking in, snack, group discussion about responsibility, group activity (hands are not for hitting), hand print activity, playtime, checking out</i>	Who is responsible when abuse happens?
7	Understanding and expressing anger <i>Checking in, snack, group discussion about anger, story, group activity (volcano) activity, playtime, checking out</i>	Honouring and understanding anger
8	Learning about problems <i>Checking in, snack, group discussion about problems and helpful words, story, role play with puppets, playtime, checking out</i>	Understanding conflict
9	Dealing with family changes when abuse has happened <i>Checking in, snack, group discussion about family changes (grief and loss), story, drawing, playtime, checking out</i>	Grieving the losses
10	Sexual abuse prevention / Self-esteem <i>Checking in, snack, acknowledgement of group coming to end, group discussion about sexual abuse, story, group activity (OK v. Not-OK) drawing, playtime, checking out</i>	Staying connected
11	Self-Esteem <i>Checking in, snack, discussion of the last session, group discussion about self esteem, story, drawing (I like me picture), playtime, checking out</i>	Choosing healthy relationships
12	Saying Goodbye <i>Checking in, snack, discussion of the last session, review group material, collage, celebration (special snack, music, playtime), closure activity and departure.</i>	Celebrating how far we've come

National and Local Outcomes: Where Cedar fits

- 3.4 Figure 3.2 below details the expected short term outcomes from Cedar and shows the different elements that form the Cedar intervention, including processes, activities and reach. Reach refers to the numbers, proportion and 'representativeness' of individuals who participate in the programme. Early findings in relation to these outputs and outcomes are reported in sections 4 and 5. Further evidence will be available in the final evaluation report in 2011.
- 3.5 It is expected that Cedar will support children and young people who have experienced domestic abuse to develop a greater understanding of the nature of the abuse and its effects on them, for example, to learn that domestic abuse is not their fault. Cedar will also give children and young people a greater knowledge of safe behaviour and the ability to manage their emotions and their actions in response to domestic abuse. Importantly, it is expected that there should be a positive impact on relationships between mothers and children and that mothers will develop a greater understanding of domestic abuse and the impact for children. This is crucial in the maintenance of learning or the longer term legacy from the programme. A further outcome is that partner agencies should have a better appreciation of the complexity of domestic abuse and its impact on children and young people.
- 3.6 The delivery of the groupwork programme is based on a co-facilitation model, drawing in facilitators from a wide range of agencies to work with the Cedar Co-ordinators in running groups. This approach should improve communication and the sharing of knowledge between agencies and over time might be expected to show a demonstrable educative and catalytic effect on wider inter-agency understandings of the impact of domestic abuse, particularly for children and young people.
- 3.7 Figure 3.2 shows these positive inter-dependent and mutually reinforcing processes and outcomes. Together, they should enhance the resilience of children, young people and their mothers and create a more protective environment. Children should have greater knowledge and understanding to make sense of their experience and practical strategies if domestic abuse occurs again. The successful achievement of these outcomes does not necessarily reduce the risk of domestic abuse occurring¹⁷. However, if mothers are more confident and effective parents in post-abuse situations and have better access to support resources, the risk of adverse events or trauma requiring more intensive interventions should be lessened.

¹⁷ Note that a risk assessment is undertaken as part of the referral and assessment process and it is a requirement that the family is no longer living with the perpetrator. However, circumstances change and some perpetrators may have parental contact.

Figure 3.2: Cedar: the connections between service level outputs and outcomes



The challenges of demonstrating wider impact

- 3.8 Cedar is being delivered within a context where the focus is on delivering three national outcomes for children and young people in Scotland. A Cedar intervention has the potential to contribute to a wide range of cross-cutting outcomes and policy agendas, both nationally and locally. In the present 'outcome focused' environment there is a strong expectation that evidence of the impact of a range of potential interventions will influence decisions on funding. There are a number of issues that make measurement of impact of an intervention of this nature particularly problematic.
- 3.9 Cedar addresses a 'hidden need', both because of the secrecy surrounding domestic abuse, but also because of the lack of understanding and awareness of the impact of domestic abuse on children and young people:

*'It is not necessary for children to directly witness or be subject to abuse to be affected by it. Domestic abuse can result in profound disruption to the stability and nurturing environment of a child's home, impacting on their physical, emotional and psychological wellbeing.'*¹⁸

- 3.10 The effects of growing up with domestic abuse may last a lifetime. The adverse consequences may not be apparent for many years; equally the impact of an intervention to address these issues may only be realised in the long term.

¹⁸ Delivery Plan, p9

- 3.11 Given these conditions, it is important to sound a note of realism. Cedar is a short term, limited intervention centred on a 12 week groupwork programme. Definitive attribution of long term and more far reaching outcomes to a specific short term individual intervention such as Cedar cannot be demonstrated. Similarly establishment of the counter-factual, or what would have happened without the intervention, is conceptually, practically and ethically difficult.
- 3.12 From an evaluation perspective, it will be impossible to *prove* that participation in Cedar has an impact on national outcomes which reflect the combined results of delivering a range of actions, programmes and services by statutory bodies, voluntary organisations and partnerships. In relation to the achievement of local outcomes and targets in line with a Single Outcome Agreement, Cedar has a part to play, alongside other policy areas and agendas from across the 'whole system', particularly early years, educational and community safety agendas.
- 3.13 The approach used in this evaluation is to inform and learn from the implementation of Cedar on an on-going basis and to provide empirical evidence of the service-level outcomes for Cedar participants and agency level outcomes in relation to individual and organisational learning and working together.

Appraising costs and benefits

- 3.14 One of the aims of the evaluation is to appraise the cost effectiveness of the Cedar model of service provision including delivery costs and likely distribution of savings. This is an ongoing part of the evaluation process and will be reported in full in the final report. Informal soundings from the Cedar pilot areas suggest that domestic abuse is often a background or foreground feature of a high proportion of Children Hearings, and fostering and adoption panels. This does underline the importance of considering all the short and longer term costs, the direct and indirect costs and the potential for savings, even if they may not be directly or immediately quantifiable.
- 3.15 Figure 3.3 provides a checklist of useful questions to consider in an option appraisal of different models of support for children and young people experiencing domestic abuse; these form the framework against which it is expected to provide an assessment of cost effectiveness at a later date. It is not expected to generate accurate financial data to enable a full cost benefit analysis.

Figure 3.3 Models of support for children and young people: useful questions for option appraisal

MODELS OF SUPPORT FOR CHILDREN AND YOUNG PEOPLE
a) What is already in place (other than Cedar) that supports children and young people experiencing domestic abuse recovery?
b) What are the closest substitutes to Cedar, if any?
c) What are the alternatives to Cedar? Eg. Individual support; other groupwork; other
BROADER CONTEXT
d) What does Cedar complement or is linked to? Eg. Domestic abuse strategies; work with perpetrators; specialist CAMHS; others.
IMMEDIATE COSTS – VALUE ATTRIBUTED
e) What are the immediate or near immediate costs to which a financial value <u>can</u> be attributed? (including costs-in-kind) eg the costs of running a 12 week group programme.
IMMEDIATE COSTS – VALUE NOT ATTRIBUTED
f) What are the immediate or near immediate costs to which a financial value <u>cannot</u> be attributed? Eg opportunity costs
IMMEDIATE BENEFITS – VALUE ATTRIBUTED
g) What is the level of immediate /near immediate <u>quantifiable</u> financial benefit? Eg. potential savings /costs that would be incurred if Cedar support were withdrawn (potentially in Child Protection, Care, Fostering, Others).
IMMEDIATE BENEFITS – VALUE NOT ATTRIBUTED
h) What are the immediate or near immediate <u>unquantifiable</u> benefits? Eg. outcomes evidenced in Section 5 for CYP, Mothers and Agencies.
LONG TERM BENEFITS
i) What are the anticipated <u>long term reductions</u> in need or social exclusion that might be allied to Cedar? Eg. Intermediate outcomes in relation to education, physical & mental health, drugs & alcohol, community safety and criminal justice outcomes for CYP, Mothers and evidence of the long term enhancements to the ability to meet needs by agencies that can be allied to Cedar.

4. Cedar processes: referrals, assessments and groupwork

- 4.1 The pilot programme provides an opportunity for comparison and learning across different areas, which has been invaluable in this first year. This section discusses evidence from the referral, assessment and groupwork processes, highlighting issues that have arisen from discussions in the Local Advisory Groups and the implications for the on-going development and evaluation of the pilot programme.
- 4.2 Referrals reflect existing understandings of the nature and impact of domestic abuse on children and young people amongst partner agencies and women experiencing domestic abuse themselves. They are a vital source of on-going intelligence for the Cedar programme. Attitudes and understandings about domestic abuse are likely to be key influencers on referrals and also important in understanding the nature and importance of the assessment process and participation in and completion of groups; the views of the assessment process of children, young people and mothers are included here. This section also discusses the numbers of Cedar groups and participants and concludes with discussion of lessons for multi-agency working and onward referrals.

Learning from referrals

- 4.3 Children are normally referred to a Cedar group by professionals, such as teachers, social workers, the Police, Women's Aid or other voluntary sector staff. This will usually be because they are exhibiting problematic or worrying behaviours or because their mother has expressed a concern for their welfare. Self-referrals can also be made directly.

Sources and volume of referrals

- 4.4 Figure 4.1 shows that there have been a total of 266 referrals to the three Cedar projects to the end of December 2009. Fife has had the highest volume of referrals to date. The largest group of referrals in all three areas come from social work agencies. This includes children and families social work, and specialist services that work with perpetrators or focus on youth offending.

Figure 4.1: Number and sources of referrals by pilot area: all referrals to end December 2009

Referral source	Edinburgh	Fife	Forth Valley
Social Work	40%	45%	33%
Education	1%	20%	3%
Health	13%	21%	9%
Police	2%		19%
Womens Aid	19%	5%	10%
Other voluntary org.	15%	4%	13%
Self	9%	5%	9%
Other LA	1%		
Housing or HA			4%
<i>TOTAL number</i>	<i>86</i>	<i>111</i>	<i>69</i>

- 4.5 Referrals in the first year show that there is a clear demand for the Cedar programme, although there are differences between the three pilot areas. Referral volumes and sources reflect different

contexts; this includes different histories of partnership working, geographies and service structures, for example, between Police and social work. This data has been reported to each of the *Local Advisory Groups* on an on-going basis and has prompted useful discussions about lessons in generating more referrals and links with new referral agencies. The good volume of referrals is needed to enable Coordinators to put together groups of a suitable mix and size, including factors such as age, gender and complexity of needs.

- 4.6 In highlighting what has often been a 'hidden need', there can be nervousness about adopting a strong proactive approach because of fears of generating a large volume of referrals and not being able to meet the resulting demands.

"GPs and health visitors are often a first port of call, but are we nervous of getting referrals from these (due to the volume)? The introduction of a routine inquiry about domestic abuse over the next 3 years should mean more referrals from such places." (Local Advisory Group)

- 4.7 Some of the apparent contrasts in Figure 4.1 are illustrative of local service arrangements. For example, in education, Fife has about a fifth of referrals to date from *Integrated Community Schools*, which have a focus on family support and engagement to help parents and carers support their child through early intervention and preventative work; Edinburgh referrals are much lower from education and the LAG has recently invited a representative from the Education service onto the group to develop better links with schools and generate more referrals. Forth Valley have about a fifth of referrals from the Police, whilst Fife has none, because the Family Protection Unit in Fife has both Police and Social Work domestic abuse staff, so referrals are categorised as social work.

Age, gender and ethnicity of referrals

- 4.8 Patterns in referrals and the potential to overlook 'hidden needs' have also been discussed in the *Local Advisory Groups*. In relation to gender, it has been suggested that boys may be more challenging to their mothers and professionals as they may tend to act out behaviour and be more disruptive. This may mean they are more likely to be noticed and referred. There can also be a perception that 'boys may turn out like their fathers'. In discussion it is evident that these issues are complex and may be as much to do with an individual child's reactions to adversity as gender. These comments from Local Advisory Groups illustrate these concerns;

"It's easier to get 'data' from schools about externalising behaviours – it's not so easy to pick up issues about quieter, less disruptive children, who may still be affected by domestic abuse". (Local Advisory Group)

"Some children are surprised and pleased that they've been the first in their family to come to group - you know "the one that shouts the loudest usually get's it?" That's happened several times". (Cedar Coordinator)

"It did happen in a school – they said he was a good boy- the teacher said 'he's OK, but I do know his sister has a lot of problems'. But actually he was a very withdrawn rigid little boy. There's a perception that if it's externalised it's a problem, I think". (Cedar Coordinator)

- 4.9 Figure 4.2 shows referrals by age and gender for each pilot area. The age of children has varied from three years to sixteen years. Overall, 5% of referrals have been of under-fives, 30% have been children between the ages of 5-7 years, 34% between 8-10 years, 21% aged 11-13 years and 11% 14-16 years old.

Figure 4.2: Referrals by age and gender: by pilot area

	<i>Under five</i>	<i>5-7 yrs</i>	<i>8-10 yrs</i>	<i>11-13 yrs</i>	<i>14-16 yrs</i>	<i>Total</i>	<i>Gender %</i>
<i>Edinburgh</i>							
Females	2	8	19	4	1	34	40%
%	6%	24%	56%	12%	3%	100%	
Males	1	18	19	12	2	52	60%
%	2%	35%	37%	23%	4%	100%	
Totals						86	
<i>Fife</i>							
Females	5	17	11	5	11	49	44%
%	10%	35%	22%	10%	22%	100%	
Males	3	14	20	18	7	62	
%	5%	23%	32%	29%	11%	100%	56%
Totals						111	
<i>Forth Valley</i>							
Females	1	8	9	7	6	31	45%
%	3%	26%	29%	23%	19%	100%	
Males	0	14	12	11	1	38	
%	0%	37%	32%	29%	3%	100%	55%
Totals						69	
<i>Overall</i>							
Females	8	33	39	16	18	114	43%
%	7%	29%	34%	14%	16%	100%	
Males	4	46	51	41	10	152	57%
%	3%	30%	34%	27%	7%	100%	
Totals	12	79	90	57	28	266	
%	5%	30%	34%	21%	11%	100%	

4.10 Figure 4.2 also shows overall more than half of referrals have been boys and that this pattern is consistent across the three areas. The Cedar manual recommends that no group should have less than three children of the same gender and this may mean that some groups are single gender. Whilst there are small differences between the areas, there are no consistent distinctive patterns of referrals related to age and gender (together) at local level. Patterns related to age and gender will continue to be monitored as the pilot progresses.

4.11 In relation to ethnicity, 96% of referrals have been of 'white British' ethnicity and this proportion has been broadly consistent across the three pilot areas. Almost everyone who has been in a group to date has had English as their first language or a reasonable ability to speak English. It is acknowledged that a group may not be the most appropriate setting to support a child or mother who has language or communication difficulties; some recent referrals may have more difficulties with the English language and this issue will continue to be monitored.

Special or additional support needs of children

4.12 Figure 4.3 shows that the minority of group participants have had any additional support needs over and above those due to the domestic abuse itself¹⁹. This might include learning difficulties or Attention Deficit Hyperactivity Disorder (ADHD). However, these children appear to be concentrated within the Forth Valley pilot: one recent group of six children had five with some kind of additional support needs. A small number of children in groups are on the Child Protection register, are 'looked after' or 'looked after and accommodated'.

Figure 4.3: Additional support or special needs: all children in groups to end December 2009

	Has additional support needs	On Child Protection register	Looked after child	Looked after & accommodated	Total CYP in groups
Edinburgh	1	2	0	2	43
Fife	5	3	2	2	31
Forth Valley	10	1	2	0	24
Total number	16	6	4	4	98
	16%	6%	4%	4%	100%

NB: figures relate to individual children – CYP may fall into more than one needs category.

Attitudes and understandings of domestic abuse

4.13 Discussion above of the volume of referrals across the three pilot areas highlights the need for a good volume of referrals to enable Coordinators to put together groups of a suitable mix and size, taking into account age, gender and complexity of needs. Referral volumes have differed across the three areas and this has affected the number of groups that have been run. Referral volumes in part must reflect the challenges of publicising a new programme, which will depend to some extent on existing relationships and networks. Any new programme has a certain amount of promotional work to do to 'get it on the radar' of the appropriate agencies and generate suitable referrals;

"People have got a vague idea of what we do but they don't actually really know and it's only when they meet up with us, that they start and see materials and really talk through the nitty-gritty, that they actually really start understanding." (Cedar Coordinator)

4.14 In addition, underlying attitudes and understandings of domestic abuse and in particular the impact on children and young people are important factors in referrals, assessment and group take up. This discussion is included here because many tacit understandings do act as hidden barriers and raise issues for Cedar assessment practice and groupwork, discussed in later sections.

4.15 The Cedar pilots have noticed that there is a "real spectrum of different values and attitudes in relation to domestic abuse and to the Cedar pilots". Professionals may express a lack of understanding about the position of the mothers, but amongst professionals and mothers alike, long-held perceptions and misunderstandings about the impact of domestic abuse on children and young people may be a barrier to referral or group take up. For example, it may be thought that children are unaffected if they did not see or hear the abuse, that very young children are too young

¹⁹ This data refers to children and young people in groups to December 2009; monitoring data for all referrals in relation to special needs is incomplete.

to understand or be affected by domestic abuse or that by the time children become teenagers it's too late to help them.

- 4.16 Whilst developmental and behavioural difficulties can be caused by many factors, these comments from mothers show how they viewed their child's behaviour:

"He was three in the month when my partner left and he had started nursery and I had taken him to the health centre and they went 'awh, he's fine, he's fine'. But he had his own wee language.....I could understand him...[but] it wasn't until he started the nursery that they pushed for the speech therapist because they could not understand him at all." (Mother 2)

"He got affected quite badly with things. I didn't realise the extent it was until his brother started behaving the way he did. He couldn't go to the bathroom on his own. I had to stand at the side of him, he wouldn't let me out of his sight. He started piddling in places that, you know, weren't quite appropriate. I just couldn't get him to school at one point". (Mother 7)

- 4.17 Different attitudes to training may also be a factor in differences in referrals. Not all those working in partner agencies will have attended universal *Violence Against Women* training on domestic abuse, as this is separate from the Cedar programme. Both Edinburgh and Forth Valley have suggested that attitudes to training are a barrier:

"The [Edinburgh] Council haven't embraced free training (in schools) on domestic abuse. People aren't doing 'Understanding of Domestic Abuse' and 'Level 2 the impact on children and young people'. If they were doing that teachers would be much more aware all the time." (Local Advisory Group)

"In Forth Valley, many people have not attended training on domestic abuse – they're able to self-nominate to this training - so not everyone attends." (Local Advisory Group)

- 4.18 The Fife pilot have suggested that co-location is also important for awareness-raising of the service with other professionals and promoting take up of training, although this will not address the issue of the need for universal training.

- 4.19 Discussion of referral data at *Local Advisory Groups* has raised several issues about perceptions of Cedar amongst other agencies, whether and how the programme targets need and whether it is an early intervention;

"There's a real mix...in terms of how much input the children in groups have had from services - some children are known to lots of the services and some aren't known at all apart from the mainstream". (Local Advisory Group)

"It raises an interesting question for me about therapeutic work and also thresholds. Most of our services respond to people when things go seriously pear-shaped. You could end up in a Cedar group without having a social worker or a specialist referral. So in a certain sense the thresholds are a lot lower". (Local Advisory Group)

- 4.20 These observations noted within the LAG discussions show the complexities of where Cedar might sit or be seen to sit, within the range of service provision. These issues are brought to light by the fact that Cedar is often addressing a need that has previously been hidden or has not been seen by some professionals to be sufficiently serious to cross the 'threshold' for intervention. One discussion noted 'ambivalence' in some agencies because the work is seen as an 'early intervention' and in a tight financial and regulatory climate there may be other priorities and pressures:

“There’s a lot of ambivalence about Cedar in social work ...partly because of the threshold issue. Yes, it’s seen as a bit of a luxury”. (Local Advisory Group)

“I am conscious of quite a variation in our services of how much people seem to be viewing the Cedar project as something that they would use or that is valuable. There are some people actually require some persuasion.” (Local Advisory Group)

4.21 Cedar has the potential to draw in children whose needs have not previously been fully acknowledged, yet the programme can be a challenge to services and to professional understandings of need and priorities and this has practical consequences for the implementation of the programme.

4.22 In terms of addressing some of the barriers noted here, mothers and children interviewed commented on the need for a more general awareness of domestic abuse as an issue for mothers and children, but also for more specific information about services available. This needs to be in places which are most likely to be accessed as a first port of call by those experiencing domestic abuse such as schools, at GPs and health visitors.

“You go to your doctor, like me, I went to my doctor, I went to my health visitor, whoever could help, they were the only people I sort of went to first. So if they had of known about it, I would have been in a Cedar group earlier, they would have said ‘well we’ve got this group’”. (Mother 10)

“We need to talk about this. It needs to be spoken about and, you know, people need to know the effects that domestic abuse have on children, on women, on anybody in a domestic abuse situation, they need to know the effects it has and what we can do to make this better.” (Mother 1)

“I actually think there should be somebody that does with domestic violence, like, in schools....I dinnae really think the teachers look out for things like that? Does that make any sense?.... You know, how you’ve got like a school nurse, because I think it goes on quite a lot” (Mother 8)

“Well I dinnae really ken who the guidance teachers are, I think my big sister knows, because she’s been there before, but like they could, like, at least announce like something like ‘if anybody does need to talk then you can go to a guidance teacher’, or somebody that’s like kind of angry in class, then they could say, ‘do you want to go and speak to somebody?’” (CYP C)

4.23 Other barriers could also be addressed by reference to positive indicators of the way that Cedar can impact upon how children understand and process their experience. This example came to light during discussion of a Child Protection case:

“At a Child Protection case conference, the mother had spoken very positively about Cedar – she said it helped her children talk about their feelings. One of the girls had been ashamed and embarrassed because of what her Dad had done and had not wanted to go out because of that. But, she’d learnt through Cedar that this has happened to other children and though it was not ok, what he had done, it was not her fault; this had helped how she felt about herself.” (Cedar Coordinator)

- 4.24 Also of note is a recent inspection of Social Work in one of the pilot areas which suggested a need to do more to support children with lower level needs below the 'thresholds' for crisis interventions, underlining the place of Cedar within wider social work provision.
- 4.25 These issues will continue to be monitored throughout the pilot as the programme becomes more established in each of the areas.

Cedar assessment processes

- 4.26 Given the life experiences of many of the women and children attending Cedar and what may or may not already be revealed about the extent of abuse in their histories, the way referrals are responded to and how assessments are conducted is of paramount importance to secure engagement.
- 4.27 The assessment process for group entry is essential to determine the child's appropriateness for group. A child must be able to acknowledge the abuse and be ready to talk about it. The coordinators usually undertake an initial joint assessment home visit, with a further visit by the children's group coordinator. The initial contact is about engaging positively with mothers and children, explaining the role of the group for and to the child and encouraging both the child and their mother to participate in a group, where appropriate. Coordinators undertake a risk assessment which relates to the continuing risk presented by the perpetrator.
- 4.28 Women are likely to have emotional needs during the group but, with support, can still attend a group. However, not all mothers will feel comfortable in a group setting and there may also be other issues which may compromise the group experience for the other participants. Some mothers may have been violent themselves and this and other situations may present a real challenge to the maintenance of positive group relationships and confidentiality. So much depends on the mix within the groups that it is vital to pay attention to group composition and viability to reduce drop-out and enhance the group experience for all members.

Children's views of assessment

- 4.29 There were mixed emotions for children when they were interviewed by the coordinators about joining a Cedar group. Most were understandably anxious about what was involved, with concerns varying from talking about what had happened in their family and to them as individuals in a group; other children not listening; and that there might be homework:

"Well I felt worried and that that I wasn't going to like it and that. I never knew that there was going to be like snacks and that and I never knew how many people was going to help you. I thought there was just going to be [name of children's coordinator]". (CYP B)

"Well, I was worried about..... she says we were going to do, like, worksheets and stuff. I was like this, 'so you take us out of school to do more work, right'? But when I got there it wasn't really hard worksheets, it was just good". (CYP J)

- 4.30 Although children and young people felt they had a degree of choice about attending a Cedar group, some did sense adult pressure to join: *"I had a little bit [of a say] . . . well my Mum wanted me to do it as well."*
- 4.31 However of crucial importance was the fact that any fears that children and young people had were quickly dispelled when they started attending a Cedar group. One young person, when asked if there was anything that surprised him about Cedar said, *"I was surprised I liked it!"* A clear lesson

for practice is the importance of addressing children and young people's fears and fantasies about Cedar at the assessment stage.

Mother's views of assessment

4.32 Existing Cedar guidance suggests that the Mother's Group is there to provide mothers with information about their child's participation in group. It is not a survivors' group and women are not expected to disclose and share personal experiences. The assessment process centres on the needs of the child and women are often more motivated by the offer of a group which is for their child, rather than themselves. However, this is complex and it is difficult to separate out women's needs as mothers from their own needs as women experiencing domestic abuse recovery.

4.33 Mothers reported very favourably on the assessment process for Cedar – that it was done 'with' them and not 'to' them;

"It was comfortable the way they went about it. You didn't feel like you had to sort of sit up!" (Mother 3)

"Yeah, there was a choice because we got told we didn't have to do it if we didn't want to - it was up to us." (Mother 5)

"It was like the first time I thought 'someone's actually sitting listening to me'. From that moment I knew it would be okay, you know what I mean?" (Mother 10)

4.34 The ability of Coordinators to engage with mothers and their children in a very genuine way was commented on by several mothers. One mother, who was an initial sceptic, aptly summed up the coordinators' approach as *"they weren't clinical"*. She went on:

"I felt at ease . . . you can speak to a hundred workers and you know that they are all telling you the same thing, but there are some that seem to feel and listen to you and there are some that are just – 'it's a job'". (Mother 8)

4.35 Like their children, mothers had some reservations about joining a group. Two women, who were fulsome in their appreciation of Cedar in their interviews, talked quite frankly about their negativity or disengagement at the outset and yet both were unequivocal when it came to recommending Cedar to a friend or someone who might need help: one even said, *"I'd recommend it to anybody and everybody!"* Two other women thought it might be something like a confessional group scenario like they'd seen on TV. Another laughed during the interview about her initial concerns that *"they were going to give us tests to take home and we've got to hand them in the following week!"*

4.36 A few mothers commented favourably on the accessible, written leaflets about Cedar, although for many it was the coordinators' visit and ability to engage them and their child which made the real difference to attending group:

"We did sit and have a wee read through the leaflets. Because I have to explain things to Craig and then that way he doesn't get quite so uptight about things. If he knows exactly what is going on, he can usually cope with a situation but he is not a boy for surprises." (Mother 7)

"[The Coordinator] made her feel like she was going to do something good, and my daughter thought she was the best thing since sliced bread. I was very impressed that in one interview she managed to make her very, very keen to go". (Mother 11)

Numbers of Cedar groups and participants

- 4.37 This section provides evidence about the outcome of the assessment process in the three pilot areas through discussion of groupwork volumes, participation and completion and provides the basis for the discussion of outcomes in section 5.
- 4.38 Figure 4.4 shows both the original projections provided in the proposal to the Scottish Government submitted in August 2007 and the revised figures issued in December 2008. This provides some useful contextual information, which is important when considering the workload implications of the programme. The original proposal assumed that the number of groups and participants would be the same in the three pilot areas and that groups would run in three term time blocks a year. It assumed that three children's groups would be run in the first term, alongside one group for mothers in each area. This was projected to increase to five children's groups a term alongside two mothers groups, after the first round of groups had been completed. It was noted that progress in the first year would depend on sufficient notice of funding to permit timely recruitment and training.

Figure 4.4: Original and revised planning assumptions for Cedar

Year	CYP No of groups	Mothers No of groups	CYP No of participants	Mothers No of participants
<i>Original planning assumptions August 2007</i>				
2008-09	39	15	234	90
2009-10	45	18	270	108
2010-11	45	18	270	108
TOTALS	129	51	774	306
<i>Projections issued December 2008</i>				
2008-09	9	3	54	18
2009-10	45	18	270	108
2010-11	45	18	270	108
TOTALS	99	39	594	234

- 4.39 In practice, it has taken considerably more time than anticipated to get the programme up and running. To date, no area has managed to run more than three children's groups a week; this suggests that the original assumptions were overly optimistic. Figure 4.5 shows the achieved cumulative totals of groups across the three pilot areas to the end of December 2009²⁰. There are differences across the areas, which relate to different volumes of referrals and other local factors discussed above.

²⁰ There is a difference in reporting cycles between Figures 4.4 & 4.5: Cedar pilots provide monitoring data on a six monthly basis.

Figure 4.5: Cumulative total of groups for Cedar pilots: to end Dec 2009

	Edinburgh	Fife	Forth Valley	Totals
CYP - No of groups	7	5	5	17
Mothers - No of groups	5	4	3	12

Source: monitoring data, all groups to Dec 2009

- 4.40 Figure 4.6 shows that overall 98 children were recruited to the Cedar programme across the three areas. Around three quarters of children and young people had a mother who also participated in the group at the beginning concurrently or alongside a sibling, although mother's participation in a group has varied across the three pilot areas. Reasons for initial non-participation of mothers in groups include an assessment that a group environment is not appropriate in an individual case because of drug dependency; in some cases, the coordinators have taken the view that the mothers are too traumatised and have not had sufficient time to process their experience. Some mothers could not attend because they were working.
- 4.41 Figure 4.6 also shows the figures for completion of groups. Whilst numbers are small and percentage differences should be treated with caution, it does show that completion rates do differ across the three areas. Ninety-one children completed the full groupwork programme; 93% of those that started the programme. By the end, six out of ten children who completed a group had a mother who has also completed a group.

Figure 4.6: Group participation and completion to December 2009.

	Edinburgh	Fife	Forth Valley	Total
<i>Group participation</i>				
Total number of CYP in group at start	43	31	24	98
Number (%) of CYP with mothers participation in group – at start	30 (70%)	25 (81%)	19 (79%)	74 (76%)
<i>Group completion</i>				
Total number of CYP in group at end	42 (98%)	28 (90%)	21 (88%)	91 (93%)
Number (%) of CYP where <u>both</u> child and mother completed group	27 (64%)	20 (71%)	10 (48%)	57 (63%)
Number of mothers who dropped out ^a	2	3	9	14

^a note Mums may have more than one child in groups

- 4.42 Completion rates for both mothers and children are similar in Fife and Edinburgh; this shows that in around two thirds of cases, both the child and mother complete a group either concurrently or with a sibling. Reasons given for the failure to complete the 12 week programme, by both mothers and children, include a change in circumstances that made it difficult to continue; a more general inability to engage with the group and one mother said that the group was "too American" for her, although she was happy for her children to continue in group.
- 4.43 In Forth Valley, far fewer mothers have completed groups, although the rate of completion for children's groups is not significantly different from other areas. The first mother's group in Forth Valley experienced difficulties with attendance and the decision was made to stop the group and restart it. There may be other issues in this area: as shown in Figure 4.1 referral volumes and sources in Forth Valley have been different and it may be that mothers there are much closer to the crisis, which may affect their readiness and ability to function in a group setting. The different completion rates across the pilots illustrate what has been referred to as: "a shading of suitability or potential of mothers to participate in and benefit from a group". This is worth a fuller exploration and continued monitoring.

Support for non attending mothers

- 4.44 Cedar is based on the evidence that positive outcomes for the children and young people are more likely to be secured and maintained if the mother attends a group. However, the assessment process must recognise that some mothers will not or will be unable to join a group or may be unsuitable for other reasons; such a decision in itself, may raise a need to revise the view about the child's participation.
- 4.45 All three pilots have made considerable, largely unanticipated, efforts to support mothers who are not in groups. In a departure from the programme, Forth Valley adopted the practice of taking some mothers for coffee whilst their children were in group; in some cases this was additional support to participation in the mothers group and in others it was instead of attending the group. A related issue has been raised by the inclusion by Edinburgh of two foster carers in the group, which raises questions about the role of the mother and the ability of Cedar to meet the needs of children not living with their mother.
- 4.46 The pilots are now developing written resources to use alongside mothers that do not attend the group. Some mothers have wanted to repeat the group either in relation to the first child referred or to siblings. Mothers who have already attended a group might find a written resource sufficient to enable them to talk to their child outwith a group setting, so that they do not attend the full programme again. Whether this is appropriate may also depend on the disparity of ages of the children. There is an issue of 'fairness' within families here, but this may also raise questions about whether allowing mothers to repeat the group is the best use of resources. It may be worth monitoring the issue of the 'added value' from sibling participation.

Summary of lessons for Cedar processes

Lessons for referrals

- 4.47 In relation to referrals, a general lesson is that it is vital to be proactive in seeking referrals, rather than simply issuing information. Efforts to maintain the profile of the Cedar projects through networking and publicity needs to continue throughout the year, rather than just at the launch stage, and be balanced with the time needed to actually run the groups themselves. It may be that members of the *Local Advisory Groups* could play a larger role in promotion activities within their own agencies. Both Edinburgh and Fife have a waiting list, which is a measure of the needs. There is a balance to be struck between having enough referrals from which to ensure appropriate group composition; not raising hopes unduly amongst those referred that they will definitely be able to join a group; and responding in a timely way at the point mothers and children are motivated to join the programme to begin addressing the effects of domestic abuse.
- 4.48 Extending the 'reach' of the groupwork programme is a strong challenge to the Cedar pilot. No referrals have been from specialist agencies that work with black and minority ethnic groups. Use of co-facilitators from specialist agencies may be one strategy to promote Cedar more widely and generate more diverse referrals. It would also enable the Cedar staff to learn about what adaptations to the programme may be necessary to ensure it can meet the needs of children, young people and mothers from different communities living in Scotland.
- 4.49 Sources of referrals do seem to be linked to the membership of each *Local Advisory Group* and it may be necessary to change the membership to ensure that a sufficient volume is generated and that they come from a wide range of sources. The Forth Valley pilot has made a DVD to encourage referrals and group take up.

- 4.50 These issues illustrate both the strengths and weaknesses of a groupwork programme; Cedar will not be suitable for everyone, but as a pilot, it is important to continue to pay attention to testing the extent of the reach of the programme to 'harder to reach' or excluded groups such as women and children from minority ethnic groups and those with special needs.

Lessons for assessment

- 4.51 Children, young people and their mothers have found the initial assessment process to be positive. Cedar has been offered as a clear option and this is an important element of the success to date. Coordinators have also adopted a 'holistic' and investigative approach by looking at the other children in a family, not just the child who has prompted the referral by others. In practice, Cedar has become as much a dual assessment/engagement tool, as a groupwork programme. Cedar has potential to offer, through sensitive non-stigmatising engagement and ongoing assessment through group, much-needed additional services to children and families who may have previously fallen into a 'hard to reach' category; and where previously the complexity of a child's needs may not have been fully appreciated.
- 4.52 This complexity means that initial assessments have been much more demanding than anticipated. Visits to the family have often uncovered more issues than were apparent from the initial referral. More visits may be needed than expected due to cancellations, crises, family sickness, interruptions and changing family priorities; and such repeated visits are time consuming especially where families live some distance away from coordinators' bases. At the same time it is essential that assessment visits are not rushed in order that each mother and her children feel engaged; all relevant information about the family context is sensitively collected; any additional information is also gathered; both the mother and her children are able to ask any questions to dispel initial fears and fantasies about the programme; and the coordinators are able to reflect on the visit and information they have collected and make best sense of it in the light of both the mother's and her children's readiness for group.
- 4.53 Experience to date shows that assessments for Cedar work best when they are conducted informally by experienced practitioners. Coordinators need to balance the chaos and demands of home visits, diary management, and facilitating the groups themselves. This requires considerable skill and flexibility to respond to the unexpected.
- 4.54 There is also a need for coordinators to be able to stand back and reflect on their practice on home visits; to hypothesise about different aspects of the assessment process including possible child protection issues, such as emotional abuse, neglect or sexual abuse in addition to domestic abuse; and to consider what a Coordinator's role and responsibilities are in relation to other early intervention or child protection professionals. This is complex and intellectually and emotionally challenging work:

"If you're too busy, busy, busy, busy then you can miss something and you only catch it through reflection, and getting the time to do it." (Cedar Coordinator)

"Is this our role, what's our role here, who do we tell about this? [Who] should be doing this not us? That's a real challenge . . . where does my job begin and end?" (Cedar Coordinator)

- 4.55 The coordinators agreed that their own 'head spinning' and boundary issues regarding assessments were linked and the evaluation process will continue to track these important practice issues and learning. It is important to acknowledge that practitioners working in the field of children's services are all influenced by the physical and emotional demands of the work to some degree, and defences coming into play may be a factor in some practitioners not being willing to acknowledge domestic

abuse as an issue and referring to Cedar²¹. Other professionals may be only too pleased to refer and then expect Coordinators to take responsibility.

- 4.56 There is a careful balance to be drawn for any practitioner between over-involvement, distancing and engagement with families who have experienced domestic abuse. Given the complex needs of many of the children and their mothers and the importance of quality assessments, careful consideration needs to be given to learning more about the emotional impact of this work on coordinators and referring professionals to enhance their reflective capacities and help improve referrals and assessments in the longer term. These issues will continue to be monitored.
- 4.57 In relation to work planning, experience has shown that it is best to respond to all new referrals as soon as possible by a visit, then to prioritise for future visits and assessments. The pilots have found that it is important to maintain contact with those on the waiting list and, depending on the length of the wait, it may also be necessary to conduct a further assessment visit before the group actually commences.
- 4.58 It is also evident that assessment is not a one-off event: circumstances change continually so 'assessment' must be viewed as a process that is under continual review as groups proceed.
- 4.59 Whilst the key question at assessment must remain whether a Cedar group is right for the child at that time, the experience of these complex issues during the first year of the pilot suggests that there is a need for a stronger emphasis at the assessment stage on the mother's own 'readiness to engage with change' and to participate in a group²². Such a focus would give the coordinators a chance to ensure that appropriate additional services are in place and this can help to support the structure and purpose of the group itself. This lesson has been learnt the hard way: without this attention at the earliest stages, Coordinators may find themselves taking on additional roles in order to maintain mothers' participation in a group or to support mothers' outwith a group.

Lessons for multi-agency working and onward referrals

- 4.60 Cedar is not just about the 12 week programme; it is also about bringing agencies together and strengthening the network of support. This highlights the important role for Cedar coordinators at the end of the group programme: this stage is as important as assessment and there needs to be a concrete and consistent way of dealing with exits.
- 4.61 An important lesson has been that it is important to 'start with the end in mind'; to clarify the expectations of partner agencies that make referrals about their continuing remit in relation to the families they refer and to avoid omission or duplication of efforts. In this way, Cedar sits in the middle of a longer process:

"Before and after are so important in terms of outcomes for the children. We're the middle bit and it feels a bit like a seed that's been planted but the more fertiliser we put in before and after it's going to have better outcomes." (Cedar Coordinator)

²¹Jones, J, Gallop, L. 2003. No Time to Think: Protecting the Reflective Space in Children's Services. *Child Abuse Review*. **12**: 101-106

²²The concept of 'readiness to change' is not only applicable to individual women and children, but is just as relevant to workers and organisations. This is explored further in Cathy Humphreys, Ravi K Thiara, and Agnes Skamballis, *Readiness to Change: Mother-Child Relationship and Domestic Violence Intervention*, British Journal of Social Work (2010) 1-19.

- 4.62 This is an important lesson for any area of multi-agency working. At the beginning there needs to be a designated 'lead professional' for the child who joins a Cedar group. The Cedar pilots have recognised that not all referral agencies are in a position to adopt a 'lead professional' role because of the nature of their contact with the family and their remit, for example, the Police have a short term, crisis driven involvement.
- 4.63 These different roles raise issues about communication and confidentiality. The sharing of learning and insights about a particular child with other professionals in that child's life may help sustain the outcomes from Cedar for that child and also enable more effective interventions by other services. This issue caused considerable discussion amongst coordinators at a Local Advisory Group which illustrates a 'boundary' or role issue for Cedar coordinators. When the group ends, children get a scrap book or folder of everything they have done which contains a lot of the key messages from the programme. The coordinators report that the children are usually very proud of their hard work and may well be happy to share this work with the school. In this way, the school would gain understanding about Cedar via the child and their scrap book, without involving the Coordinators in additional liaison work. A very clear primary focus on the strengthening of the mother-child relationship would involve encouraging the mother and child to share their learning with the school. The decision would be theirs.
- 4.64 Much of this discussion of referrals, assessments and group endings relates to recognition of boundaries, the ability to make confident, assertive decisions about suitability, not trying to make Cedar fit all needs and seeing where the role ends. There is a clear relationship between the quantity of referrals, the assessment process and the number and quality of groups. It is important that coordinators have a sufficient number of referrals to choose from in order to put workable groups together, taking account of age, gender and other factors. Coordinators have also acknowledged that they need to keep in mind the focus of the group work programme on the mother-child relationship and avoid trying to make it fit potentially inappropriate referrals. There is also a general issue about training and raising awareness of domestic abuse, especially as it impacts on children and young people and a mother's ability to parent, if Cedar interventions are to work most effectively.

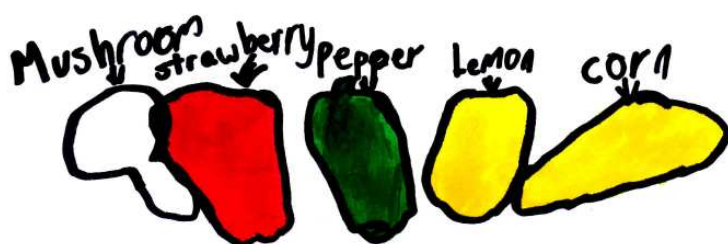
5. *Outcomes for children, young people and their mothers*

- 5.1 This section reports the key findings from interviews with Cedar participants. It discusses the group experience and the outcomes for children, young people and their mothers. The outcomes of the Cedar programme are reported here using the outcome indicators as headings; these were derived collaboratively at the first Exchange Event in March 2009 at the commencement of the evaluation process²³.
- 5.2 Ten children and young people, aged between nine and twelve years, and eleven mothers were interviewed for the evaluation in the first year. Children and young people were drawn from across the three pilot areas with five boys and five girls taking part in the evaluation. Interviews took place between May and July 2009²⁴. Interviews were conducted using topic guides which linked to the desired outcomes for children and young people and mothers in the Cedar Monitoring and Evaluation Framework 2009. As part of the formative approach to this evaluation, anonymised feedback from local interviews within a pilot area was shared with each *Local Advisory Group* shortly after the interviews were transcribed. This acknowledged and consolidated progress and promoted change and local improvements. Key messages, derived from the full sample of children and young people and mothers, were posted to participants in November 2009 and have been circulated to the wider Cedar professional community. These are included in Appendix 2.

The group experience: children's views and the mother child relationship

Cedar has created a positive group environment for children and young people

- 5.3 Children and young people were asked to rate their Cedar group, using a voting box and choosing five small fruit and vegetable pieces to vote with. This drawing of the fruit and vegetables was made during the interview process²⁵.



- 5.4 Nine of the ten children gave Cedar the top score of five signifying that they really liked the group; the remaining child gave a score of four which meant he quite liked the group but he did not like talking about "my Dad and that".
- 5.5 Children and young people particularly liked the wide range of snacks and activities on offer, such as playing games outside and indoors, making name badges and treasure chests, using playdoh, the anger rules, the memory book, the volcano, writing things down and the handouts and folders²⁶.

²³ Note all names used in quotes have been changed.

²⁴ Further details of methodology and the ethical protocol used are available in Appendix 1.

²⁵ All other images used in this section are for illustration of aspects of the groupwork process; they were produced during the groupwork process.

²⁶ See Figure 1.2 to see where these activities fit into the programme.

- 5.6 Most of the children and young people said they would recommend Cedar to a friend or someone who might need help. Those who weren't quite sure said it was either because they wanted to keep what had happened to them private or did not know anybody who needed Cedar.

Treasure chests help children to understand about confidentiality: used every week



- 5.7 Children were fulsome in their praise of those who facilitated their groups. Children were asked to rate the people running the groups. Typical comments included:

“About five . . . well they’re really nice to you and they like listen to you and then they’re like, they’re there like, to help you and they’re really good at their job, because everybody in the group I’m sure ken feels welcome, like happy and everything.” (CYP C)

“Well I think it was five because they were really good at setting out the food and all of that and they were being nice and . . . like going outside and playing, like playing games and all of that.” (CYP A)

Children and young people have developed a greater understanding of domestic abuse

- 5.8 All the children identified benefits from being in a Cedar group. The professionalism of the facilitators and their capacity to engage with and listen to children came through in the children's narratives: the combination of good quality food, a quality listening space and the range of indoor and outdoor activities all served to create a positive healing environment. The balance between having 'fun'; addressing the effects of domestic abuse; and making new friends, who helped reduce the isolation that domestic abuse causes, seemed to be about right for most children. Being with their peers was vital to the development of the children's understanding of domestic abuse.

“I liked the work we had to do, And it made me realise that it’s not just ourselves that have it; there’s quite a lot of people who do have domestic abuse in their house and that it’s quite common”. (CYP J)

“It was better being in the group [than being on my own]. I learnt that I wasn’t the only one who in the world that . . . has been through it”. (CYP I)

“I got to know other people that I didn’t know before and then they’re going through the same troubles as I had so we had a lot in common . . . other people that would understand what had happened and . . . that was just the best thing about it . . . It felt that I wasn’t the only one in the world that had problems with my Dad in my life”. (CYP D)

The alligator and vegetarian bear helps children to problem solve: week 8



- 5.9 Not only did the children talk about how much they personally appreciated their Cedar group, some also saw how other children benefited from it as well.
- 5.10 The supportive group environment, where the isolation that domestic abuse creates was finally brought out into the open, offered a firm foundation to begin addressing and healing the deeper effects of the abuse, in particular apportioning responsibility for the abuse. One child summarised his own story of change through Cedar this way:

“Well they just helped us about our anger and all that and that we shouldn’t blame ourselves for what’s happened . . . and other stuff . . . I’ve learnt not to blame myself for things that have happened when my Mum and Dad have been fighting.” (CYP H)

Children and young people learn how to manage their emotions & their actions in response to domestic abuse

- 5.11 The range of activities offered to children and young people helped them begin to articulate their feelings and actions more clearly. This was more clearly evidenced in the interviews with older children when they told how they were now dealing with their anger, recognising how it makes them behave and having strategies to deal with it in future:

“I’m not getting as angry anymore . . . because I used to lash out at everybody but now when Brendan does it in the house, I just walk away and then I’ll go into my room. I used to stab people in the back with pens and ever since I’ve been to Cedar I’ve stopped that and if anybody just come up to me and started a fight I’ve just walked away and stayed off retaliating.” (CYP D)

“I was just one of those people who like really didn’t talk about anything to anyone, and I would just bottle it up all the time. But Cedar taught me that you can tell people stuff and that you dinnae have to keep it in.” (CYP J)

*Acknowledging feelings through drawing:
different weeks*



- 5.12 Whilst some children could identify concrete changes in how they reacted to their emotions, others needed more time:

"I think I still need to put into practice like what to do when you . . . like one of the things was count to ten. Count to twenty. Walk away. Go upstairs to your bedroom and punch your bed, like punch your pillow and that's all I can remember about that . . . but I've not really practiced that. I just need to put into practice." (CYP B)

- 5.13 Some used the volcano or iceberg as a metaphor to describe feelings, but were less clear about changes in their own understanding or behaviour as a result of going to Cedar:

"We once done this activity like - it was iceberg and like at the top it's quite small, but then under the sea it goes big ... so like, if somebody feels quite, quite angry, then, they've got a lot more feeling underneath." (CYP C)

The volcano is a memorable metaphor: week 7²⁷



- 5.14 One younger child, who was enthusiastic about the programme but less clear about the specifics of his learning, added, *'Well there's millions of stuff I've learned, but I can't remember!'*

Children and young people have greater knowledge of safe behaviour

- 5.15 Cedar has given children greater knowledge of safety planning and support. Several children were able to articulate how Cedar had helped them to develop their own safety plans and one child drew some pictures to be used to prompt other children living with domestic abuse to ask for help:

"Well I learnt about [staying safe] until I'm if like my Mum and Dad are fighting and all that, I've got to go close by a friend or auntie or something or call the police or something like that, dial 999." (CYP H)

"I'd go to my friend's house or go to someone I know nearby or go to my sister or my brother." (CYP G)

"I think they learnt me, well basically for safety... for health and safety. . . like they told me like how, I had like an old Dad, but . . . he hurt us and . . . [children's coordinator] like, well told us . . . like if your Mum and Dad [are] arguing like, maybe like, take all the children like, go upstairs and play so we're not really involved in it." (CYP A)

²⁷ This is produced using food colouring, washing up liquid, baking soda and vinegar.

Playdoh figures made by children – helps them to think about safety: week 5



“Playing with my brother on our scooter and rollerblades”

“I love my mum’s cooking”



“Going to the park with my family”

Cedar has had a positive impact on relationships between mothers and children

- 5.16 Several children and young people, when asked about changes in their relationship with their mother, reported being able to talk a bit more about things that made them feel sad or worried them, like another child bullying them:

“Well after Cedar was finishing, I got upset and I was crying and I told my Mum . . . and then ten minutes after I think I told my Mum . . . and then I felt better afterwards.” (CYP B)

“I’ve been able to talk to my Mum when there’s something wrong and my Mum says that’s actually a lot better because she’s able to sort it all out.” (CYP D)

- 5.17 Some mothers were able to describe being more attuned to their child, a reduction in their child’s anger and a change in their ability to talk about difficult issues such as abuse. In some cases, this might mean the child crying rather than being aggressive. Children also learnt not to deflect questions about how they are with dismissive or evasive language, but to respond by being honest about their feelings. Some children were less withdrawn and showed greater confidence and awareness of abuse and safety issues.

- 5.18 One mother, with two much older children who had both been affected by domestic abuse, spoke very frankly and movingly about her previous “selfishness” as she put it in the context of parenting their younger sibling who had attended Cedar:

“.... this group [helped me to take more charge in being a parent].... I knew this before that but I never, I didnae practise what I preached to be honest. Whereas this group was different. I did with this one. So this one helped - it shifted me out of my own selfishness”. (Mother H)

- 5.19 Change is not straightforward, but mothers were able to see some differences;

“So if there’s, like a problem and you’re quite calm about it and whatever, it tends to sort of keep them calm and it’s definitely rubbed off on the others. Before, nobody knew how to communicate, so sometimes it would get kind of angry or they’d get worked up....I’m not saying there’s not that stuff now, but it’s less frequent”. (Mother 10)

“.....I was always the baddie to my son. Not that I’m no the baddie - I’m still the baddie, but I’m no the ‘big huge baddie’!.... I’m still obviously battling through a few issues with him, and it’s, it’s a lot better than what it was like.” (Mother 8)

- 5.20 Some mothers talked in more general terms about their child becoming a bit more open or more “cuddly” or Cedar making “us all a little bit closer”. Some children were now more prepared to talk about things to their Mum;

“Before the group Alex was very angry. He was assaulting teachers, he was demolishing in school . . . he was attacking police officers. He was screaming, shouting and spitting in other people’s faces. He was attacking other children and he went to the group and he learned how to come out with his feelings. He has learned how to talk. He has learned how to quietly come to the side and say, but Mum something’s upsetting me. It’s unbelievable the change in him - so it has really helped him.” (Mother 3)

- 5.21 One child had become ‘very clingy’ as a result of the abuse by his father. His mother reported a positive change in his behaviour and their relationship when she needed to accompany another of her children on a school visit and her son was able to go in the taxi by himself to Cedar; “. . . that’s how I know he has come a long way ‘cos he got in the taxi with this guy and went away to the Cedar”.

- 5.22 The mother who withdrew herself from the group after the first session reported some change in her understanding of her child’s behaviour from reading the handouts in the folder when she sat down with him. This illustrates the value of these materials as a resource for families:

“I think I am a bit more understanding because... I can understand how he is feeling, why he is feeling the way he does and try to understand more why he gets so angry. They get the folder at the end, but each week when he came home from school we used to sit and talk about it eh . . . You know if I could get the rest of them out to play for a wee while he would sit and tell me exactly what he had got up to, what they had spoken about . . . so I don’t feel I missed out on understanding what he was doing.” (Mother 7)

- 5.23 Other mothers reported also not having much success in their attempts to raise the issues covered in the group with their children;

“She will say wee things about her group and that. I have asked her, like, “are you learning anything?” and she has no let on to me what she is learning or anything like that. Eh, so, I really don’t know how her group’s gone”. (Mother 2)

- 5.24 One mother reported a deterioration in her son’s behaviour after the group ended, which may in some instances signify ongoing needs are not being met. This raises questions about how Cedar can alert mothers to this possibility and help them to be confident in their ability to use the resources from the programme at home. It also raises further issues about how the ending of the programme can be managed so that mothers know where to get continuing support. These are discussed more fully below.
- 5.25 These are positive early signs of change, although overall there was less reported evidence of substantial and concrete changes in the mother-child relationship itself. Through Cedar, those who attend group are introduced to the effects of domestic abuse and other forms of abuse on their children; and some may need substantial help responding to their children’s challenging behaviour caused by witnessing domestic abuse and/or being victims of abuse themselves. If this is not complex enough, there is also the undermining of a woman’s sense of self worth and the mother-child relationship, caused by domestic abuse itself, which in turn impacts on their parental authority. This will continue to be monitored.
- 5.26 For some children Cedar may not be long enough or they may need more individualised support, particularly where there may be undisclosed abuse from the past or ongoing abuse in a child’s life, for example, on contact visits with their father or from other people in their lives. Changes in the mother-child relationship may require longer than a 12 week programme for some or need additional services after Cedar. For example, one young person, who really valued her conversations with the Coordinator, was asked if she could talk better now with her Mum about what had happened in her family. She replied: “. . . not really . . . I’ve been able to, maybe a wee bit, like tell like maybe what I’m angry about, but no very much.” Another child identified a “wee bit” of change, but when he was asked what had changed replied “nothing”.
- 5.27 Some mothers more readily spoke of changes in themselves, rather than specific changes in their behaviour or relationships with their children, which may partly be related to the extent of their own needs or the demands made on them by larger families or children with additional or complex needs. It may also be difficult to acknowledge difficulties in parenting when the domestic abuse was occurring or in the aftermath of separation and the effects on the children.

Other lessons from children

- 5.28 For children who have themselves been abused, there may be a real fear of raising their innermost ‘secrets’ in the group which could lead both to a possible breach of confidentiality and possible ridicule or rejection by other children. One child spoke of sexual abuse and her “bad memories”. She had been helped by one to one work with the children’s coordinator, and put the complexity of disclosing abuse in the group this way:

“I told [the coordinator] the last time really private, because it was like . . . it was my old Dad. He was like doing rude stuff to us and ... hurting us really badly ... and I don’t want to spread it about, you see, because they might spread it about to other people”. (CYP A)

- 5.29 For some children Cedar may offer a long awaited and timely opportunity to disclose past or ongoing abuse in their lives. This should continue to be acknowledged by openly addressing this issue during the groups and having a skilled practitioner readily available to see children individually who need to

disclose further abuse. Ideally this should be someone already familiar to the child. Some mothers faced similar issues and these are discussed below.

- 5.30 Another issue related to 'secrecy' is that some children found dealing with other children's curiosity about leaving school to attend group or returning after group quite difficult to deal with *"because everyone asks you lots of questions about where you've been"*. As one mother said about this issue; *"there's only so many dentist appointments you can make!"* Other children found ways of adeptly rebuffing any questioning;

"They said 'Clare where have you been?' and I usually say 'well I'm not being like really cheeky, but I'm saying it's none of your business'... like what happens in the group. Well, they usually just went in a huff really." (CYP A)

- 5.31 The prior development of a plausible 'cover story' may help some children to cope better with the transition between school and Cedar group. One child had received help from a Coordinator about what they might say; another child reported that they had support at school from the head teacher which prevented other children probing further. The physical journey back and forth to a Cedar group generally worked well for children and mothers with no significant problems reported from their point of view, although there have been issues with taxi bookings. Building on pre-existing good practice by Coordinators and within Schools, attention needs to be paid to how best to support children and young people in the transition between school and Cedar group, and in terms of what to say to other children.
- 5.32 Many children reported feeling sad or very sad that the group had come to an end and some said they wanted it to go on longer: *"there was nothing I didn't like about the group. I miss it. I wish it could have lasted a bit longer."*
- 5.33 For some children Cedar may not be sufficient; children may want more time or they may still need more individualised support, particularly where there may be undisclosed abuse from the past or ongoing abuse in a child's life, for example, on contact visits with their father. As one child cautioned: *"well make [Cedar] longer because some children might like not feel that good about . . . there might be other stuff going on in their families."*
- 5.34 Whilst approaching endings are acknowledged and built into group discussions, more work may also need to be done earlier, both at the assessment stage and during some group sessions, to prepare children and their mothers for Cedar coming to an end.

The group experience: mothers' views

Cedar has created a positive group environment for mothers

- 5.35 Mothers were understandably nervous in the first session or two, but reported feeling more at ease after that. For the majority of women, Cedar offered a comfortable and positive group environment where they could be themselves away from the demands of family life; the informal and accepting atmosphere in the groups was highly valued. Important elements included the snacks and the crèche, which helped to create a 'containing' space and emotional and physical safety;

"Well you just felt relaxed when you went in . . . we just walked in and there was days that you would cry for folk what they were going through and then we would give each other a hug and that and asked if they were all right and that, but that bit was great . . . it was nice and relaxing. Aye, and you felt safe. You felt safe in that wee group . . . I just hope it keeps going on for the other folk that's in our situation". (Mother 5)

- 5.36 Most mothers were positive or very positive about their experience of the people running the groups. Those who had been to similar groups in the past commented very favourably on how well Cedar groups were run in comparison to other groups they had participated in:

“The facilitators done great. They really did. I don’t think they could have done anything better really because they were normal people. Do you know what I mean? They weren’t, they didn’t come in all suited up and, anything like that, they just were just normal people.” (Mother 3)

*“The ‘connection with’ was there; they cared, they understood, they didn’t judge you, they didn’t blank you either. We were allowed to speak - and [the coordinator], when we spoke to her it was like, she just stood and listened, she was a good listener. I don’t think anything could have been different to be honest. I think that’s because I have been to a few c**p groups as well and this was a really good one.” (Mother 8)*

- 5.37 Mothers similarly appreciated having the right combination of individual and group activities, a range of snacks and information on offer, and a good therapeutic listening environment:

“It was all great. We got to make our badges, the first group we went to. I felt like a little girl again actually getting to stick and glue and have little pictures, it was great. The snacks, ken it was always like pancakes and strawberries and chocolate. It was lovely and there was always like tea and coffee on the go and ken it was like we just got up and helped ourselves really. So it was good”. (Mother 3)

- 5.38 Some mothers also commented on specific activities their child had enjoyed or valued in group:

“Doing the treasure chest was excellent, that was really good because it helped him understand about confidentiality”. (Mother 9)

“They were good folders. I mean some of the activities he really enjoyed it . . . loads of little pictures in it, animals, nice big smiley faces. Just cute things. Everything that would, sort of, make you smile at it”. (Mother 7)

“They done one about emotions and that was really good. Like, to let the bairns ken, they can be angry. It’s no wrong to be angry, and that, I liked that session”. (Mother 5)

Mothers have a greater understanding of domestic abuse and the impact for children

- 5.39 Of particular value to those women who attended group sessions was the fact that they learned, through the group experience, that domestic abuse had not only happened to them and that they could start rebuilding their lives:

“At first before I went to the group. You’re isolated. You think you are the only person that is going through it. Nobody understands. Like you get, for [so many] years I was with him ‘why did you stay?’ But nobody ever asked that, because they all know why they stayed . . . ‘Why did you no just walk awa?’ That’s what folk would say, but we never ever got that. There wasn’t questions at the group at all and you found out that you weren’t alone, there was other people in that situation the same as you. That’s what I liked about it, because you came from being isolated to a group. It was good.” (Mother 2)

“When you’re in the relationship at the time you feel so alone, you feel like you’re going through it all yourself and to actually be put in a group where you’re talking about similar experiences, emotionally, physically ... how you felt, you know, from feeling that you’re going

to go mad, to actually hear somebody sitting next to you saying exactly the same words ... and it sounds really bizarre, but it actually makes you feel you're actually quite normal... to feel, my God I wasn't alone, I'm not alone, you know." (Mother 1)

- 5.40 Whilst mothers reported changes in their understanding of domestic abuse, this was evidenced more in their own stories of change rather than their children's. This may have been to do with the magnitude of the women's own needs in some instances, for example, being single parents in the aftermath of domestic abuse and parenting two or more children with additional or complex needs. Many of the children lived in large, busy households, and in this context their mother's capacity to reflect on both herself and her children was frequently challenged by the demands of daily life. Women who were now parenting in slightly less challenging circumstances were able to articulate their learning about the effects of domestic abuse on their children more clearly:

"[What I've learned].....how it was through a bairns eyes, I never selfish of me obviously like, butI never, eh, thought of how it affected the I knew the effects, but I never knew how deep the effects would go. And eh, it opened my eyes to a lot of things that the bairns would see and witness and I could see it in my bairns....and that I think was the hardest thing to see as well in the group . . . What helped me best in the group, I think this is going to sound stupid, I think when I took myself out the selfish mode and took myself out the box, like the wee world I was living in, and just seen and accepted what they were saying to me, like 'speak to your child' and all these things...and I came back and tried these things, it actually made a difference in my life". (Mother 8)

"It's not until you're actually out of a certain situation that you actually realise the effects that this relationship with this person has had on the children . . . Children don't have a sort of voice to speak out . . . they're meant to sort of keep these things to themselves, or that's how they deal with it, but to go somewhere that they can actually speak out loud and are able to talk about . . . what they've experienced. It definitely . . . puts [them] in a good stead for . . . when they become a parent themselves, growing into adults." (Mother 1)

- 5.41 Several women spoke of Cedar being life changing in some way. Two women, initially negative or disengaged, were surprised by the programme and reported positive experiences and outcomes. Cedar wasn't what they had expected:

"The whole thing surprised me because I was quite negative at first . . . I mean I knew the workers, the workers came out for the visit, everything went fine but I still had it in the back of my head it's going to be one of those domestic violence groups sort of thing. I was really reserved, I really, really was . . . it's definitely made a difference for my life, and I think it's made a difference for my whole outlook of life . . . I've not got anything negative to say at all apart from the fact it ended..... only positive came out of it for me". (Mother 8)

"I didn't know what I expected . . . because I wasn't really bothered. It's changed my life for the better anyway". (Mother 9)

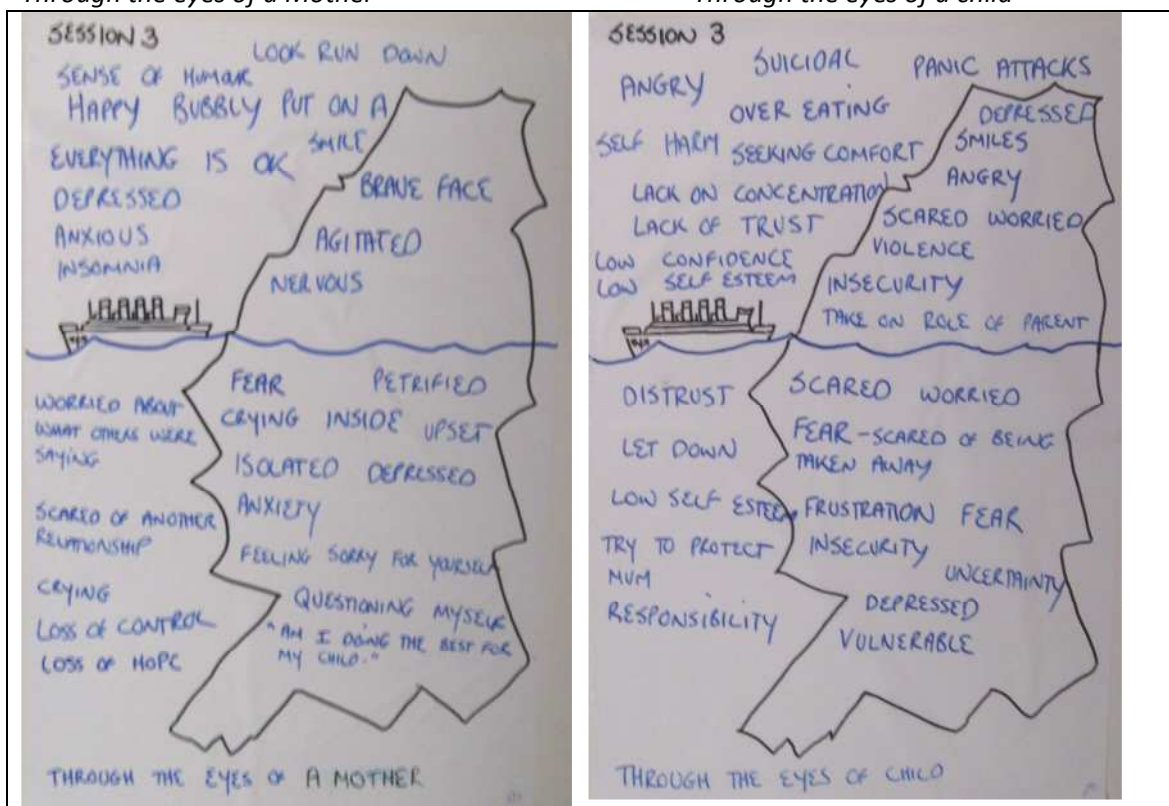
- 5.42 Other women also reported favourably on the programme's influence on their lives: "My life's changed because of Cedar and I'm serious it really has . . . I loved it all", another said "I will really thank the Social Worker for putting me through it to be fair. And that's something I never thought I would say about them . . . I really feel that it's worth its time and effort. A really good project". Even a woman who was quite critical of a specific aspect of the project praised the programme as a whole: "Well I was five years down the line. . . [the effects of living with domestic abuse are] still with you every day and since going to the group it's not with me every day . . . it's made a massive difference to myself".

- 5.43 A mother who did not attend a group beyond the first session added, "They were fantastic with my child and he obviously felt at ease with them. Whatever they are doing they have done a good job with it".
- 5.44 Mothers appreciated knowing what their children were doing week by week, by the folders and handouts they and their children received, and this helped support post abuse parenting. Some valued the fact that they could return to the folders as a resource in future:

"There was one [handout], they give you handouts you can do this if anything blows up with your kids, like, tell them to write down their feelings and that, and then it's like a big iceberg and all that. I thought they were good, because if you did come up against them, you write down your feelings and I will write down my feelings and we will see. That way it's really good that way". (Mother 2)

Using the iceberg metaphor – from a Mothers group
Through the eyes of a Mother

Through the eyes of a child



Mothers have greater knowledge of safety planning for children and sources of support

- 5.45 Some mothers commented that prior to Cedar they had not always considered safety planning for the children or themselves. They now had a better appreciation of the issues and a few mentioned the value of the Cedar DVD and safety planning information sheets; even so, there is less evidence that this outcome has been consistently secured.
- 5.46 One mother, whose child had Attention Deficit Hyperactivity Disorder (ADHD) and had to withdraw from group, questioned her child's understanding of the safety planning DVD's main message but this may also be put down to the child's reluctance or inability to talk about the abuse rather than the DVD itself:

"Declan never talked about group, in fact there was a, a DVD, they got a DVD and then the wee boy or girl and it was called . . . Tulip . . . and I thought it'll be interesting to see what he thinks. I'd say 'how was group?', 'oh it was fine'. ah right okay and I said 'did you see that DVD today?', and he went 'uh h'. I says 'what a shame for Tulip eh?', and he went 'yeah, imagine being called Tulip!' [laughter]. That was it, that was it. So there's no really much changed between him and me!" (Mother 6)

5.47 The continuing evaluation will track what supports mothers to talk to their children outwith group.

Other lessons from mothers

5.48 A few negative comments were made by mothers about specific issues. One said she did not like being in a group, although she did not leave. She was also very critical of an apparent breach of confidentiality outside of the group by one or more group members; *"I hate having to talk about myself and I hate how it ended"*.

5.49 Another mother reported feeling 'judged' by other women in the group because her children had been abused by their father, although she had no knowledge of the abuse taking place:

"I would have preferred them to stipulate quite specifically at the beginning, you just don't judge and that's it, you just don't judge somebody else . . . maybe a wee bit stronger than just writing it up on the board, you know, just to say, look we are emphasising this, don't judge. Because I came out of there feeling terrible, absolutely terrible." (Mother 6)

5.50 Whilst this particular mother remained in the group, another mother withdrew after one session simply because she could not cope with the subject matter and the intensity of talking about her own and other women's lives:

"I didn't feel quite ready for it. But I just was not comfy sitting in a room full of other women speaking about what I've been through . . . I felt really uncomfortable, so uncomfortable that I was looking at my watch. I just wanted out!" (Mother 7)

5.51 This woman stressed that the competence or approach of the facilitators was not an issue in her decision to withdraw from the group: it was just not for her and she wondered whether one to one counselling might have helped earlier on in her life, for example, to deal with domestic abuse and the abuse of her children by their father and its effects on her and them.

5.52 In any group assumptions will be made, and not necessarily shared, about what is the 'norm' within that group. The women who were less comfortable or more critical of the group were dealing with complex abuse scenarios which may not be easy to talk about in a group for fear of being judged or talked about. Given this, careful consideration needs to be given to both re-visiting and enforcing the confidentiality ground rules at the time something is said²⁸. This, of course, also has implications for assessment and the sometimes difficult judgements to be made about whether a mother, including those who may have perpetrated violence, will be able to take a full and active part in a Cedar group.

²⁸ This also raises issues of judgement about whether to discourage sharing of mobile numbers until the group has finished. One pilot group has adopted this practice; another has found that sharing numbers empowers the women to problem solve amongst themselves, rather than always looking to the coordinators for support.

- 5.53 Despite these issues, all the mothers interviewed were positive about the project as a whole, including the mother who withdrew early on from a group: *“I wouldn’t put people off that just because I didn’t feel comfy in that situation.”*
- 5.54 Two women, who had already recommended Cedar to friends, had both experienced abusive childhoods and ongoing abuse as adults; their children had also been particularly affected by domestic or physical abuse. It may be that such personal recommendations may help reach some of the more ‘hard to reach’ women and children affected by domestic abuse in Scotland. Some mothers spoke of wishing they had had or known Cedar earlier in their lives, and many felt that domestic abuse needed to be addressed more openly in Scotland, for example, by having information more readily available in public places.
- 5.55 A small number of women raised other more general lessons about groupwork dynamics and practice. Given the life histories of participants and the intensity of the issues dealt with week by week, there is a particular need to pay attention to these issues of groupwork practice, including balancing individual and group needs and handling group exits and endings. These are discussed more fully in section 6.

*“I think the coordinator maybe got too involved with people’s individual circumstances and it must be hard not to, but you can’t help everybody..... After the group ended, it would have been nice if we’d got a wee ‘come down’ phone call sort of thing - you know like to ask ‘how are you getting on?’ ... because, it went from you having never met, to full on every week.”
(Mother 11)*

New perspectives on childhood experiences

- 5.56 The insights that mothers had about the impact of domestic abuse on their own children and in some cases, on themselves as children, has a number of implications for the longer term and for the care and wellbeing of families beyond the term of the Cedar programme. Such insights can both ‘stir things up’ and at the same time, may also hold the key to more transformational learning for mothers as they process their own experience and empathise with their own child, and with themselves, as children. It may also help to make mothers more aware of the choices that their own children make as they become adults.
- 5.57 There may a danger, that, for some mothers realising the damage that domestic abuse has done to their children, could further erode their confidence and capacity to parent without further support services in place. This underlines the need to ensure that there is follow up programme or other form of support in place to maintain the ability to parent and sustain improvements in the mother-child relationship following domestic abuse.
- 5.58 Some women in groups were dealing with realisations about multiple layers and types of undisclosed abuse from their own childhood and adult relationships. This may bring an added complication as they begin to acknowledge the effects of domestic abuse and other abuse on them, as both children themselves, and as adults, and the influence of these experiences on them now. Some women, who were reminded of their own troubled childhoods and specific incidents of abuse, used the groups to begin healing their own abuse as children as well as addressing aspects of their adult relationships in the context of domestic abuse. One woman spoke at length about her abuse as a child, what she shared in the group and what she kept to herself:

“There is a lot of stuff I remember. [The abuse in childhood] did screw me up for a long time. But going through it with Cedar I remember there was one point I just looked at the facilitators and said to them that I wish I could confront my abuser and say ‘no you did abuse

me'. Do you know what I mean? because I never had that chance. I can remember an incident of physical abuse as far back as three year old. It was difficult going over sexual abuse stuff because I didn't come out with it, but it was going on in my head. That was really quite difficult." (Mother 3)

- 5.59 Another woman, herself a victim of domestic abuse and parental alcohol misuse as a child, illustrated what may be at issue here:

*"You manage to suppress all these things don't you . . . you lock them away and they're in the past and you forget about them but he [previous partner] managed to dig and stir up so much c**p that had obviously been festering away. I still don't know what's happening and it's no good on the girls either so we just, we walk about in a wee happy bubble. You need to open that scab up, to pick it and then to let it heal properly."* (Mother 11)

- 5.60 If not addressed, these issues might eventually lead to the development of more serious mental health issues and other problems. These issues may be a factor in some women's flight from groups as they seek to hang on to their defences and tried and tested coping strategies.

- 5.61 There is also a more positive aspect to these kinds of realisations. Cedar had challenged women's previous understandings about 'normal behaviours' between men and women and gave them greater confidence in what is acceptable. Two mothers talked quite frankly about their own fears and hopes for their daughters in the context of their own abusive childhood and adult relationships;

"I don't want her to do what I done and go into a relationship where she thinks it is acceptable and normal. She needs to be, and she is being made aware, that that is just not acceptable." (Mother 1)

"I think it will make me more aware of their friends, their choices. [Before] I would have maybe just went 'well that's their choice'. You know I cannot make their choices for them, but I can try my damndest you know to make sure that they don't end up with complete nut jobs". (Mother 11)

- 5.62 Women's reported childhood experiences ranged from very happy to severely abused. This comment about this issue was made in a *Local Advisory Group* in the context of how the way the mother's group is run can help them develop greater empathy with their child and with themselves, as children:

"You'll get some stuff from the [mothers] – some of them won't have had [positive, fun] experiences like that in their own childhood. They need that to come up in the group in order to 'do' the stuff you're talking about. At least it opens their eyes up to themselves - they can see that they have never had praise or play."(Local Advisory Group)

Outcomes for participants: the views of Coordinators and Co-facilitators

- 5.63 The views of coordinators and co-facilitators endorse much of this discussion in relation to outcomes for children and mothers²⁹. Although sample sizes are small and the results should be treated with caution, Figure 5.1 below shows that amongst coordinators and co-facilitators there is strong

²⁹ A web-based survey was sent to 28 coordinators and co-facilitators across the three pilot areas. Twenty four full responses were received from all three pilot areas; a response rate of 86%. About two-thirds of respondents were associated with a children's group, and a third with a mothers group.

agreement that outcomes for children and young people have been positive. Children and young people learned that they are not alone in having experienced domestic abuse, and that it's ok to talk about it with people you trust. They learnt about feelings - anger, fear, hurt and ways of coping with domestic abuse. They were able to reflect on their own behaviour in particular situations, and how that behaviour impacts on others. As they became more relaxed and confident they were able to open up and support each other as peers in powerful and unique ways. Quiet and slightly withdrawn children began to loosen up and became very funny and very talkative as though they had found or re-found their personality and humour. They also began to talk to their mothers about their experiences and feelings.

Figure 5.1: Comparative views on outcomes for group participants

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Don't know
Positive group environment CYP	92%	0%	8%	0%	0%	0%
Positive group environment Mothers	78%	22%	0%	0%	0%	0%
Greater understanding of domestic abuse CYP	85%	8%	0%	0%	0%	8%
Greater understanding of domestic abuse Mothers	56%	44%	0%	0%	0%	0%
Greater knowledge of safe behaviour CYP	83%	17%	0%	0%	0%	0%
Greater knowledge of safe behaviour Mothers	56%	44%	0%	0%	0%	0%
Management of emotions & their actions CYP	75%	25%	0%	0%	0%	0%
Positive impact on relationships between M & CYP	56%	33%	11%	0%	0%	0%

Source: Coordinators & Co-facilitators Survey Summer 2009

5.64 There is very strong agreement that Cedar created a positive group environment for children. The Cedar staff felt that the children made friends and bonded well. Making friends is very important to the children and there was sadness at group endings as they thought they would not see each other again.

"[The children] are able to support each other and share their experiences which appears to help them realise that they are not alone. They are also able to talk about their feelings re domestic abuse and the effect it has on their families and themselves. One child said that he felt it was his fault that his mum had been hit; without hesitation the other children said that they felt the same. This allowed the facilitator to discuss this and reassure the children that it was not their fault. I found this very powerful and noticed that the children became closer after this discussion." (Coordinator & Co-facilitator Survey)

5.65 Figure 5.1 also shows that whilst Cedar was able to create a positive group environment for mothers, there is less emphatic agreement that other outcomes for mothers have been secured. Views are more emphatic and consensual in relation to outcomes for children and young people. Despite this outcomes for mothers are seen as positive;

"I feel the women really developed their confidence within the group". (Coordinator & Co-facilitator Survey)

"One woman fed back to the group that being on Cedar allowed her to be herself again for the first time in years, not a Mum, not a Wife, not a Victim - just herself - I feel this was significant in terms of what she had gained from the group." (Coordinator & Co-facilitator Survey)

- 5.66 In relation to the way that the programme supports the relationship between mothers and children, whilst still generally positive, there is less confidence that there has been a positive impact in this respect:

“The children’s confidence grew over the weeks. It was very valuable in helping them understand and reinforce their relationships with the parents. The sharing was evident between some of the mothers and children each week.” (Coordinator & Co-facilitator Survey)

“I think the programme supports practitioners to keep the needs of children as a priority. In my experience this focus can at times be lost in groups for parents and it becomes ‘all about them’. The structure of sessions is key, I believe, in striking the balance of needs.” (Coordinator & Co-facilitator Survey)

“Mothers are aware of what is happening and possible effects the discussions will have on the child. Children are aware of what will be happening as mothers have told them, which often means they come in excited and raring to go. Mothers and CYP are able to bond over the common learning experience.” (Coordinator & Co-facilitator Survey)

“The best thing the women attending got was support from other women attending the group which was one of the anticipated benefits. Women were able to acknowledge some of the issues for their children and were able to accept that some of their children’s poor behaviour was not meant as a personal attack on them”. (Coordinator & Co-facilitator Survey)

- 5.67 This is a question of degree and should not undermine the clear achievements for mothers. It may be that given mother’s individual needs, and the mix of women within groups there is greater chance of a blurring of focus from the primary purpose of strengthening the mother-child relationship. This does suggest that there is a need to maintain a focus on *outcomes in relation to children* during mothers’ group, in particular how the learning from groups is impacting on mother-child relationships, outwith groups and in the longer term.

Summary: the value of concurrent groups for mothers and children

- 5.68 The way that mothers’ groups are run can have an important impact on the insights gained by mothers. Based on experiential rather than didactic learning, there is evidence that the approach promotes more sustainable and transformational ‘double-loop’ learning and enhances mother’s ability to empathise with their children³⁰. The playfulness of the environment within the mothers’ group and the mirroring of the content of the children’s group is important in underlining that Cedar is ultimately for the children. At the same time, the processing of their own experience that the mothers undertake may be the best chance that they will sustain the learning from group after the end of 12 weeks. This underlines the importance of encouraging as many mothers as possible to attend the group, whilst also helping mothers who do not attend the group to support their child in other ways.

³⁰ Single-loop learning is where on discovering something doesn’t work, individuals try to find more effective ways of achieving their goals. This is often insufficient for solving more intractable problems and may make the situation worse. Double loop learning questions the taken-for-granted aspects of an issue – the given or chosen goals, values, plans and rules - and encourages a focus on problem setting as well as problem solving. Here failure to achieve intended consequences would lead to reflection on the original frame of reference and setting of a different problem. See Smith, M. K. (2001) ‘Chris Argyris: theories of action, double-loop learning and organizational learning’, the Encyclopaedia of Informal Education, www.infed.org/thinkers/argyris.htm.

- 5.69 In giving views about the value of the concurrent groups, there was very strong endorsement of this model. It has a practical value in terms of supporting children on a week-by-week basis through sharing of experience;

"It was good that the mothers met before the children's session and were given an idea of what the children would be doing that week. The mothers were then able to support their children after the group session." (Coordinator & Co-facilitator Survey)

"The value of the concurrent nature of the programme is that there is a sense of mothers and children having a shared experience, thus hopefully strengthening bonds; mothers are able to prepare children for group sessions; mothers derive support for themselves from their group and they can feel more empowered and confident as a result of attending their group." (Coordinator & Co-facilitator Survey)

- 5.70 It is also a useful vehicle for raising understanding about the impact of domestic abuse on children in less directly confronting ways than might be experienced on a one-to-one basis;

"I think it is very important to continue to offer groupwork for mothers and children/young people who have experienced domestic abuse as it is quite common for some mothers to be unaware of the impact on their children of witnessing or being subjected to domestic abuse. Some mother's feel that as their children did not witness the abuse, they will not be affected by it and by facilitating group work it gives each individual the opportunity to be more aware of each other's experiences and issues." (Coordinator & Co-facilitator Survey)

"It's very good to run both together. It added to the feeling of support and containment. It was a very successful and valuable way of developing understanding, empathy, and most importantly, that 'it's not just me' that has a challenging home life. It also helped to emphasise that this kind of life 'is not okay' and to help children begin to consider what actions they can take to keep themselves safe. Children proved to be very interested in each other's experience and to listen seriously and intently to each other's stories." (Coordinator & Co-facilitator Survey)

- 5.71 There is a strong sense that children do better if their mothers do attend a group;

"I have seen the need for the concurrent nature of the groups. Those children who did not have a mother in a group did not appear to gain as much from the group as their peers who were supported by their mothers' attendance. For those children whose mothers do not attend, we need to make more of an effort to offer them extra support so they gain as much as possible from group." (Coordinator & Co-facilitator Survey)

- 5.72 Groups are also seen to offer many advantages over one-to-one work:

"In my view, the particular value of groupwork as opposed to individual interventions are that children, young people and mothers learn that they are not alone in their experiences, and have the opportunity to share coping strategies; some people feel less threatened in a group situation, as the focus is not solely on them; having facilitators from different backgrounds means that there can be a variety of approaches and skills, which may be better for some children than working 1:1 with a particular person; and the fun element - this can be easier to create in a group environment". (Coordinator & Co-facilitator Survey)

- 5.73 These views are very encouraging and consistent with the views of mothers and children. However, in order to ensure the full benefits of the concurrent groupwork are consistently secured, there is clearly a need to encourage mothers to take part in groups, yet do so without undue pressure. There is also a need to develop and evaluate ways to support mothers who do not attend group and to ensure that the child's outcomes are not jeopardised by their mother's unwillingness or inability to attend a group.
- 5.74 There is also a need to ensure that the structure of the concurrent groups is not diluted: for example, that mothers' groups take place before the children and young people's groups and that they focus on what the children and young people will be doing in their session. In addition, attention should be paid to maintaining the balance in the mothers' group between mothers' personal issues and the focus on the children.

6. Co-facilitation and wider organisational learning: key findings and lessons

A profile of facilitators

- 6.1 All facilitators at this stage in the pilot were experienced with working with women who have been exposed to domestic abuse and all had at least some experience of working with children exposed to domestic abuse, with over half having extensive experience of groupwork. Most facilitators were female, between the ages of 25-44 years old. None were from minority ethnic groups. They were largely drawn from non-supervisory and non-management positions and were employed in a range of agencies including local authority Social Work, Nursery or Childcare departments, Child and Adolescent Mental Health Services (NHS), Women's Aid, SACRO and other voluntary sector organisations with a domestic abuse, sexual abuse or single parent focus. Their professional backgrounds are very varied and encompass social work, domestic abuse, addictions, Children's Services, child protection, child and adolescent mental health, special needs education, the Police, criminal justice, nursery nursing, nursing and community education³¹.
- 6.2 All had opted to take part in the Cedar programme, rather than being required to by their employer. Cedar provide them with an opportunity to develop skills, develop their understanding of the impact of domestic abuse on children and young people and gain more experience of groupwork. Some were more explicitly offering their experience and skills to the Cedar programme and saw co-facilitation as an opportunity to engage more fully with other agencies working in the same field, to mutual benefit.
- 6.3 Mothers' groups run with one Coordinator and one Co-facilitator. Children's groups also have an extra co-facilitator who acts as a quiet person, listening and observing during the session and supporting any individual children in distress and also contributing to the debrief. The actual staff-child ratio to date has varied from 3:3 to 3:8. This is a high staff: children ratio, but is also a means of providing on-the-job training.

The experience of co-facilitation and groupwork processes

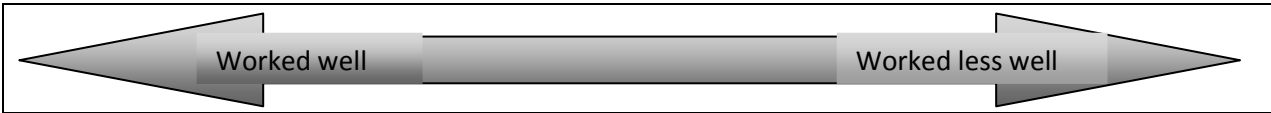
- 6.4 The experience of co-facilitation has been largely positive and the majority of co-facilitators from the first tranche of groups said they would be happy to co-facilitate further groups. Figure 6.1 below summarises the views of coordinators and co-facilitators about the groupwork process. Feedback from mothers also suggests that on the whole this approach worked well³². In relation to group processes, dealing with individual distress and disclosure, maintaining a positive safe climate for learning and handling formal endings of the group all worked well. Experience was more mixed in relation to the elements of groupwork that are perhaps less easy to structure; for example, initiating discussion, ensuring full participation and modelling and teaching helpful group behaviours. Maintenance of the balance between the mother's personal issues and the focus on the child was also not consistently secured. The most difficult aspects of group process were those related to unscheduled departures, honouring the rules that have been established and handling challenging behaviours and language.
- 6.5 In relation to supporting learning, there is agreement that the process worked well in relation to adaptation of the programme, ensuring it was fun, encouraging group members to reflect and

³¹ This data covers the period to June 2009 and will be updated for the final report.

³² Children and young people were not asked directly about this aspect of the programme.


guiding problem solving. Again, experience was more mixed in relation to the ability to draw on the experience of all members of the group and to use the mix and diversity of the group to best effect. The most difficult element was again in relation to issues of conflict.

Figure 6.1: Summary of views about different aspects of the groupwork process

		
GROUP PROCESS		
<ul style="list-style-type: none"> • Recognising and supporting people in individual distress and disclosure. • Helping the group maintain a positive safe climate for learning together. • Handling formal endings of the group. 	<ul style="list-style-type: none"> • Initiating discussion when the group doesn't generate ideas. • Finding ways to give everyone a chance to participate. • Modelling and teaching helpful group behaviours. • Maintaining the balance between the mother's personal issues and the focus on the child (mothers' group only) 	<ul style="list-style-type: none"> • Handling any unscheduled departures of members from the group. • Assisting group members to honour the rules that have been established. • Handling challenging behaviours and language.
SUPPORTING LEARNING		
<ul style="list-style-type: none"> • Adapting the programme material, resources and activities to the circumstances and group members • Making it fun • Encouraging group members to reflect • Guiding problem solving, not fixing things for people. 	<ul style="list-style-type: none"> • Drawing on the experience of all members of the group. • Using the mix and diversity of the group to best effect. 	<ul style="list-style-type: none"> • Using conflict to support learning.

6.6 Figure 6.2 shows that in relation to working with other facilitators, the views of coordinators and co-facilitators suggest that experience was variable. Debriefing, working together during the group, following through agreed actions, planning and managing different styles of facilitation all need greater attention.

Figure 6.2: Summary of views about different aspects of the co-facilitation process

		
WORKING WITH OTHER FACILITATORS		
	<ul style="list-style-type: none"> • Debriefing at the end of each sessions • Working together with other facilitators during the group • Following through agreed actions between and at later sessions • Finding time to plan sessions and share tasks with other facilitators • Managing different styles of facilitation • Judging when to change from the agreed plan for the session 	

Lessons for group process and co-facilitation practice

- 6.6 These findings reflect the first tranche of groups and show that co-facilitation of groupwork is a learning process for coordinators and co-facilitators. Whilst most groups went quite well, some groups have presented particular difficulties and it is evident that there are some lessons that need to be addressed. This is useful learning for the on-going pilot and is discussed more fully below.
- 6.7 It is clear that facilitators were able to work together with the programme materials to create a safe and trusting environment and to make it fun for the children. They adapted the materials where necessary and were able to make best use of their skills and experience to support the groups. The process had also largely worked well with the mothers, again creating a safe, containing environment that was comfortable, welcoming, inclusive and supportive. The outcomes reported in section 5 could not have been achieved without this positive grounding.
- 6.8 The facilitators themselves suggest that the balance between the mothers’ personal issues and the focus on the child was more difficult to maintain on a consistent basis. Forth Valley found that the timetable got out of synch so that mothers’ groups were a session behind the children rather than ahead as intended. This obviously undermines the rationale for the mothers’ group to some degree.
- 6.9 Some of the difficulties of the first round of groups may be attributed to an underestimation of the inputs required to get groups established and running. Whilst most co-facilitators felt supported and valued by Cedar staff, there are some who did not or who had mixed feelings about this aspect of the programme. The problems experienced related to communication between sessions, feedback and information sharing about individuals, lack of time for preparation, proper debrief sessions and supervision. The focus on getting groups up and running and the referral and assessment process may have meant there was a lack of attention to the mechanics and dynamics of working together to run groups amongst professionals with varied styles of practice and experience. There is a need to nurture and value the co-facilitation process more explicitly.

- 6.10 An assumption of the pilot to date has been that the coordinators should lead all groups. This has been seen as necessary on grounds of quality assurance and continuity of relationships with children, young people and mother's right through from the initial referral and assessment. This approach limits the number of groups that can be run at any time. Most co-facilitators said that they would be willing to lead the facilitation of future Cedar programmes; this approach has been tested in Canada and should be considered.
- 6.11 There is a need to review the approach to training, so that it is as much about building local relationships as learning about the Cedar programme. There is no single Cedar training course, although most facilitators had attended some kind of pre-Cedar programme training. Comments on the training were broadly positive, but it was said to have been rather rushed and there were some criticisms of the style of delivery, with insufficient time for discussion and questions. These are matters for the Cedar National Partnership to address.
- 6.12 It is vital that coordinators and co-facilitators take time to learn more about each other's professional values, skills and strengths so that maximum use can be made of these in the sessions. Experience suggests that the most valuable training is likely to contain something on the dynamics of groupwork and working together as co-facilitators, including discussion of understandings of confidentiality, and more on the amount of preparation and debriefing that should go into the groups. The use of a 'quiet' additional facilitator in the Children's Groups is also a useful way of building learning into the delivery of the programme, but this can only be capitalised on if that co-facilitator donates their time again to take a lead role in another group.

Time inputs by co-facilitators

- 6.13 The issue of the time input by co-facilitators into Cedar is a major tension for the future development of the programme. Co-facilitators are donating their time to the Cedar pilot. The original funding proposal estimated that co-facilitators would need to be prepared to work for 48 hours over the 12 week period, including 12 hours preparation time and 36 hours for delivery³³.
- 6.14 The multi-agency co-facilitation model is a crucial element of the way that Cedar has been structured and it contains both fundamental strengths and weaknesses. This time allocation is unrealistically low as it also needs to include preparation time, debriefing after sessions and supervision. This approach is unlikely to be a long term solution to the resourcing of co-facilitation, which remains a major challenge to the programme.

Individual and organisational learning

- 6.15 An appraisal of the value of this way of working together from across different agencies needs to take into account the benefits secured for those individuals and their wider organisations, beyond the outcomes secured for children, young people and mothers. Figure 6.3 shows that the vast majority of coordinators and co-facilitators had developed their existing and new skills and used the knowledge and skills gained to improve wider practice. A similar proportion felt that Cedar had helped them to communicate more effectively and share knowledge with other agencies. Around three-quarters had also developed their knowledge and understanding of the impact of domestic abuse on children and increased their awareness of the local resources available and of other relevant agencies. These are very positive outcomes for the professionals involved, given that they appear to have a high level of existing expertise, were often drawn from specialist agencies and those sufficiently motivated and interested to want to take part in a pilot programme.

³³ This estimate appears to include both mothers and children's group co-facilitators, even though mothers' groups are 30 minutes longer than children's, adding another 6 hours to the requirement for some co-facilitators.

Figure 6.3: Individual and organisational learning

All coordinators & co-facilitators				
<i>% agreeing (numbers in brackets)</i>	Agree	Neither agree nor disagree	Disagree	DK
a) Developed knowledge and understanding of the impact of domestic abuse on children	75% (18)	17% (4)	8% (2)	
b) Developed existing and new skills.	92% (22)	4% (1)	4% (1)	
c) Using knowledge and skills gained through Cedar to improve wider practice	92% (22)	4% (1)	4% (1)	
d) Cedar has helped us to communicate more effectively and share knowledge with other agencies	87% (20)		13% (3)	
e) Cedar has made us more aware of the local resources available and of other relevant agencies which we can refer to and work with.	74% (17)	13% (3)	13% (3)	
Co-facilitators only				
f) I see the bigger picture of domestic abuse and understand the role of Cedar and its limits within it.	86% (12)	14% (2)		
g) I have been supported and valued by Cedar staff.	71% (10)	7% (1)	21% (3)	
h) I am happy to co-facilitate future Cedar programmes.	86% (12)	7% (1)	7% (1)	
i) I am happy to lead the facilitation of future Cedar programmes	79% (11)		14% (2)	7% (1)
j) Due to Cedar, the agency I work for now has a better appreciation of the complexity of domestic abuse and its impact on children and young people.	29% (4)	43% (6)	29% (4)	
k) The agency I work for does not take domestic abuse as seriously as I think it should.			93% (13)	7% (1)

6.16 This level of prior knowledge and understanding is suggested by the views of co-facilitators who overwhelmingly felt that their agencies already had a good appreciation of the complexity of domestic abuse and its impact on children and young people. They also said that their agencies already took domestic abuse as seriously as they think they should. However, even in this context, there are signs that Cedar can have a wider organisational effect: about a third of co-facilitators thought that Cedar had given their agency a better appreciation of the complexity of domestic abuse and its impact on children and young people. If the pool from which Cedar co-facilitators widens over time, it will be interesting to see if Cedar has such an educative and catalytic effect on wider understandings of domestic abuse, particularly with regard to children. It has been suggested that one of the ways to enable Cedar to be rolled-out more widely would be to draw co-facilitators from a wider, more generalist range of agencies, perhaps including teachers, community safety, anti-social behaviour or housing staff. This would have implications for training.

7. Emerging lessons of the first year of the Cedar pilot and future directions

- 7.1 The three Cedar pilot areas have run 17 groups for children and young people and 12 groups for mothers to December 2009. A total of 91 children and young people have completed groups. Ninety-three percent of children and young people who started a Cedar group completed the 12 week programme. Of the children that completed, 63% had a mother that also completed a group.
- 7.2 This section summarises the main lessons detailed in the report. There is a clear relationship between the quantity of referrals, the assessment process and the number and quality of groups; a good volume of referrals, together with a robust assessment process, produces higher numbers of better quality groups. There are important lessons about the co-facilitation model and valuable learning for the next phase of the pilot programme.

Outcomes for children and young people

- 7.3 There is evidence that Cedar has largely secured positive outcomes for the children and young people that participated in the early groups. The pilots have created a positive group environment for children and young people. Children and young people have developed a greater understanding of domestic abuse. Children and young people have learnt how to manage their emotions & actions in response to domestic abuse. The scope of the 12-week curriculum and range of activities offered to children and young people helped them begin to articulate their feelings and actions more clearly. Cedar has given children greater knowledge of safety planning and support. Several children were able to articulate how Cedar had helped them to develop their own safety plans. There have been some improvements in relationships between mothers and children; and there is evidence that some children and young people are now able to talk more to their mothers and the Cedar materials are a resource to help them to do this.

Lessons for Cedar groups with children and young people

- ✓ The scope of the 12-week curriculum and range of activities offered to children and young people seems to be about right, although it will be important to monitor age-appropriate amendments as group participants are drawn from a wider age range.
- ✓ A key lesson is that the attention paid to 'first-order' needs in terms of food, fun and friendships is vital for creating physical and emotional safety, as a prerequisite for learning within Cedar groups.
- ✓ Being with their peers was vital to the development of the children's understanding of domestic abuse; to be able to give and receive peer support is powerful and empowering for children and young people. Such reciprocity is a unique resource for recovery and a core element of the way that Cedar works.
- ✓ Whilst the 'group effect' is powerful and important, for some children Cedar may not be long enough. Children may also still need more individualised support, both within and outwith groups, to allow them an opportunity to disclose past or ongoing abuse in their lives.
- ✓ Attention needs to continue to be paid to how best to support children and young people in the transition between school and Cedar group. There may also be more work to be done at the assessment stage and during some group sessions, to prepare children and their mothers for Cedar coming to an end.

Outcomes for mothers

- 7.4 There is evidence that mothers do now have a greater understanding of domestic abuse and the impact for children. Several women spoke of Cedar being life changing in some way and all were able to report positive outcomes, although Cedar was not always what they had expected. Mother's reported changes in their understanding of domestic abuse were more in evidence in their own stories of change, rather than their children's. This does not undervalue these changes; they are necessary, if not sufficient, to secure the desired outcomes for children and young people and must reflect, in part, the relatively short timescale of the programme, the magnitude of the women's own needs and often difficult family circumstances.
- 7.5 Some mothers developed new perspectives on their own childhood experiences and, through the programme, were dealing with the added complication of beginning to acknowledge the effects of domestic abuse and other abuse on them, as both children themselves, and as adults, and the influence of these experiences on them now.
- 7.6 For the majority of women Cedar offered a positive group environment where they could be themselves away from the demands of family life; many valued the informal and accepting atmosphere in the groups. Most mothers were positive about their experience of the people running the groups and some made favourable comparisons between Cedar and other groups they had attended. Women said that, in the group environment, they felt understood, less isolated and 'more normal'. Being with peers, they didn't need to field puzzled questions about why they had put up with abuse. As with the children's groups, this peer experience and reciprocity is unique and powerful. The inclusion of a mix of mothers' group members at different stages of the 'recovery' process provided an important 'reference point'; showing to some how far they have come and to others that positive change is possible. Some women did find groups intense and too difficult to cope with. There were some concerns about confidentiality outwith the group and of being felt to be 'judged' by other women in the group.
- 7.7 Mothers appreciated knowing what their children were doing week by week, by the folders and handouts they and their children received, and this helped support post abuse parenting. Some valued the fact that they could return to the folders as a resource in future. Mothers were more aware of safety planning issues for their children. The continuing evaluation will track what supports mothers to talk to their children outwith group.
- 7.8 There are positive early signs of change in relationships between mothers and children, although overall the evidence of widespread, substantial and concrete changes in the mother-child relationship itself is less conclusive. Some mothers were able to describe being more attuned to their child, a reduction in their child's anger and a change in their ability to talk about difficult issues such as abuse. Some mothers talked in more general terms about their child becoming a bit more open, closer or more physically affectionate. Other mothers had not had much success in their attempts to raise the issues covered in the group with their children, showing that change of this nature is not straightforward. This is a question of degree and should not undermine the clear achievements for mothers. It may be that given mothers' individual needs and the mix of women within groups there is greater chance of a blurring of focus from the primary purpose of strengthening the mother-child relationship.

Lessons for Cedar groups with mothers and engagement with mothers

- ✓ The evidence provides a very strong endorsement of the value of the concurrent groups; there is a clear sense that children do better if their mothers do attend a group and groups are also seen to offer many advantages over one-to-one work. To ensure the full benefits of the concurrent groupwork are consistently secured, the structure of the concurrent groups must not be diluted.
- ✓ The concurrent nature of the groupwork is a useful way to raise understanding about the impact of domestic abuse on children, in each group, in less directly confronting ways than might be experienced on a one-to-one basis and at the same time, provides a channel for mutual processing of learning outwith the sessions. The mirroring of the content of the children's group is important; it gives mothers something to talk about or ways into 'tricky' conversations with their children and underlines that Cedar is ultimately for the children.
- ✓ To ensure that Cedar remains a child-focused intervention, there is a need to maintain a focus on outcomes in relation to children during mothers group, in particular how the learning from groups is impacting on mother-child relationships outwith groups, and in the longer term.
- ✓ The playfulness of the environment within the mothers' group is also important and enhances the mother's ability to empathise with their children. At the same time, the processing of their own experience that the mothers undertake may be the best chance that they will sustain the learning from group after the end of 12 weeks.
- ✓ These findings stress the importance of encouraging mothers to attend the group wherever possible, whilst also helping mothers who do not attend the group to support their child in other ways. This is a subtle balance to strike and group participation needs to be continued to be offered on an open-access basis as an option for mothers.
- ✓ There are also lessons for group dynamics and process to consider in the assessment process. Careful consideration needs to be given to both re-visiting and enforcing the ground rules. This also has implications for assessment and the, sometimes difficult, judgements to be made about whether a mother, including those who may have perpetrated violence, will be able to take a full and active part in a Cedar group.

Cedar referrals, assessments and groupwork processes

- 7.9 Referrals in the first year show that there is a clear demand for the Cedar programme, although there are differences between the three pilot areas. The age of children referred has varied from three years to sixteen years. Overall 60% of referrals have been boys and that this pattern is consistent across the three areas. The vast majority of referrals to date have been of 'white British' ethnicity. Almost everyone who has been in a group to date has had English as their first language or a reasonable ability to speak English. No referrals have been from specialist agencies that work with black and minority ethnic groups. Barriers to referral or group take up include long-held perceptions and misunderstandings amongst both professionals and mothers about the impact of domestic abuse on children and young people.
- 7.10 The initial assessment process for group entry is essential to determine the child's appropriateness for group. The Cedar Coordinators have shown considerable skill and sensitivity in their engagement with children, young people and mothers. Coordinators have adopted a 'holistic' and investigative approach by looking at the other children in a family, not just the one that has prompted the referral by others. Their approach ensured that joining a Cedar group was offered as a clear option to all participants. For many it was the coordinators' visit and ability to engage them and their child which made the real difference to attending group.
- 7.11 The Cedar assessment process brings 'added value' in its own right as a form of '*assessment as engagement*', not just as an entry route to the groupwork process. Through this kind of sensitive non-stigmatising engagement and ongoing assessment through group, much-needed additional services can be secured for children and families who may have previously fallen into a 'hard to reach' category and where previously the complexity of a child's needs may not have been fully appreciated. Assessment is not a one-off process and in practice, occurs continuously as group's progress.
- 7.12 The overall volume of groupwork activity is considerably lower than originally anticipated and to date, no area has managed to run more than three children's groups a week; this suggests that the original assumptions about numbers of groups that could be run using this model were overly optimistic. A further issue is that all three pilots have made considerable, largely unanticipated, efforts to support mothers who are not attending a group.
- 7.13 It is important to acknowledge that practitioners working in the field of children's services are all influenced by the physical and emotional demands of the work to some degree. There is a careful balance to be drawn for any practitioner between over-involvement, distancing and engagement with families who have experienced domestic abuse.

Lessons for referral, assessments and groupwork processes

- ✓ Cedar needs to undertake continuous promotional work to raise awareness of the service and tackle attitudinal barriers to referral; this includes the noted 'ambivalence' amongst those who see Cedar as an 'early intervention' and therefore not a priority.
- ✓ There is a need to develop a wider understanding of the impact of domestic abuse on children and the mother-child relationship amongst agencies and professionals and to ensure wider take-up of training.
- ✓ Cedar will not be suitable for everyone, but that it is important to continue to pay attention to testing the extent of the reach of the programme to 'harder to reach' or excluded groups such children from minority ethnic groups and those with special needs. This is a strong challenge to the Cedar pilot and the report highlights a number of strategies that could be adopted to achieve this.
- ✓ Use of co-facilitators from specialist agencies may be one strategy to promote Cedar more widely and generate more diverse referrals. In this way, Cedar staff could also learn about what adaptations to the programme may be necessary to ensure it can meet the needs of children, young people and mothers from different communities living in Scotland.
- ✓ Assessments need to continue to be undertaken with the level of skill and sensitivity demonstrated to date. Whilst the key question at assessment must remain whether a Cedar group is right for the child at that time, there is a need for a stronger emphasis at the assessment stage on the mother's own 'readiness to engage with change' and to participate in a group. This can ensure that appropriate additional services are in place, and support the structure and purpose of the group itself. The assessment process may need to be more stringent, with a clear focus on the ultimate purpose of the group work programme in terms of the mother-child relationship.
- ✓ As experience and confidence grows, the next phase of the pilot might see a stronger and more assertive approach to handling the sensitive and difficult decisions about roles and responsibilities amongst professionals and a greater willingness to make confident, assertive decisions about suitability, not trying to make Cedar fit all needs and seeing where the role ends. On-going professional supervision is necessary to support this complex and intellectually and emotionally challenging work.
- ✓ Given the complex needs of many of the children and their mothers and the importance of quality assessments, careful consideration needs to be given to the emotional impact of this work on coordinators and referring professionals to enhance their reflective capacities and help improve referrals and assessments in the longer term.
- ✓ An important lesson for any area of multi-agency working has been that it is important to 'start with the end in mind'. There needs to be a clear 'lead professional' for the child when they join a Cedar group, although not all referral agencies are in a position to adopt this role because of the nature of their contact with the family and their remit. Inter-professional issues of communication, confidentiality and boundaries need to be discussed with referring agencies to 'strengthen the network of support' for children and mothers once Cedar ends.
- ✓ There are differences across the three areas in terms of volumes which require further exploration. There are also waiting lists for Cedar groups, and an understandable desire to

be able to offer Cedar to as many children and young people as possible. However, the planning assumptions should not be seen as targets. The volume of groupwork activity should be appraised in the light of insights about the qualitative importance and wider role of the assessment process and the need to continue to generate useful learning about how, and for whom, Cedar can be most effective.

Co-facilitation and wider organisational learning

- 7.14 Cedar is not just about the 12 week programme; it is also about bringing agencies together and 'strengthening the network of support'. The co-facilitation model is a crucial element of the way that Cedar has been structured and financed and it contains both fundamental strengths and weaknesses. The experience of co-facilitation has been largely positive, particularly in relation to groupwork processes. Facilitators worked together with the programme materials to create a safe and trusting environment and to make it fun for the children. They adapted the materials where necessary and made best use of their skills and experience to support the groups. They also were able to create a safe, containing environment that was comfortable, welcoming, inclusive and supportive for mothers. The outcomes reported here could not have been achieved without this positive grounding. The majority of co-facilitators from the first tranche of groups said they would be happy to co-facilitate further groups and most also said that they would be willing to *lead* the facilitation of future Cedar programmes.
- 7.15 There were a small number of groups where difficulties did arise. In mother's groups, maintenance of the balance between the mother's personal issues and the focus on the child was not consistently secured. The most difficult aspects of group process were those related to unscheduled departures, honouring the rules that have been established, handling challenging behaviours and language and handling conflict. Debriefing, working together during the group, following through agreed actions, planning and managing different styles of facilitation all need greater attention.
- 7.16 Overall the co-facilitation experience has produced very positive outcomes for the professionals involved. Even amongst what might be seen as a knowledgeable and 'expert' group, there are signs that Cedar can have a wider organisational or ripple effect; about a third of co-facilitators thought that Cedar had given their agency a better appreciation of the complexity of domestic abuse and its impact on children and young people.

Lessons for co-facilitation and wider organisational learning

- ✓ These findings reflect the first tranche of groups and show that co-facilitation of groupwork is a learning process for coordinators and co-facilitators.
- ✓ The initial focus of the pilot programme may have meant there was a lack of attention to the mechanics and dynamics of working together to run groups amongst professionals with varied styles of practice and experience. The need to nurture and value the co-facilitation process more explicitly has already been taken on board by the pilots.
- ✓ Whilst there is a willingness amongst the professionals involved to co-facilitate further groups, the time allocation for co-facilitation is unrealistically low and donation of costs 'in kind' is unlikely to be a long term solution to the resourcing of co-facilitation. This remains a major challenge to the programme.
- ✓ One way to enable Cedar to be rolled-out more widely would be to draw co-facilitators from a wider, more generalist range of agencies, perhaps including Children and Families social workers, teachers, community safety, anti-social behaviour or housing staff. If the pool from which Cedar co-facilitators widens over time and it is seen as a Continuing Professional Development opportunity, it may be able to have an educative and catalytic effect on wider multi-agency understandings of domestic abuse and practice. It would provide a fuller opportunity to test and evaluate the extent to which Cedar can contribute to genuine professional integration of service providers.
- ✓ There is a need to review the approach to training, so that it is as much about building local relationships as Cedar content. Training should contain something on the dynamics of groupwork and working together as co-facilitators, including more on the amount of preparation and debriefing that should go into the groups.
- ✓ The coordinators' role in leading groups has been seen as necessary on grounds of quality assurance and continuity of relationships with children, young people and mother's right through from the initial referral and assessment to discharge and onward referral. This approach limits the number of groups that can be run at any time and has substantial workload implications. There may be scope within the on-going pilot to explore the potential within the co-facilitation model to a greater degree, for example, by allowing experienced co-facilitators to lead groups.
- ✓ A multi-agency approach offers a more systemic approach that goes beyond benefits secured to groupwork participants. Multi-agency co-facilitation, in terms of the involvement of diverse professionals from a range of local agencies, is a core element of how Cedar runs and of the sustainability of the approach. Multi-agency co-facilitation of *groups themselves* may be less central to the achievement of outcomes for children and young people and mothers; it is unclear at this stage how significant the mix of professionals is to the outcomes for participants.
- ✓ Although Cedar is being piloted with a local authority as a 'host' agency, there may be interest in adopting this approach as a programme by an existing service and managed in-house, for example, within CAMHS or a specialist educational service. The specificity of the multi-agency approach to co-facilitation will continue to be monitored for the remainder of the pilot.

Appendix 1 Methodological Statement and Ethical Protocol

The approach to be taken to evaluate the Cedar project with children, young people and mothers living in Scotland

Introduction

This methodological statement and ethical protocol is written for the specific purpose of informing the evaluation of the Cedar groupwork programme in Scotland. The Cedar programme is an important interagency initiative which is based on evidence of what works for children and young people experiencing domestic abuse. Children and young people are at the centre of the programme; mother's participation in the concurrent group aims to provide an understanding of the material that their children will be learning, in advance. The programme has the potential to be the most effective and sustainable way to protect and support children and young people with experience of domestic abuse. Whilst there may be a range of therapeutic, empowering and practical outcomes of the mothers group for mothers themselves, this is not the primary purpose of the mother's group.

The Cedar model is based on the premise that mothers are the experts in their children's lives, rather than professionals (Paddon, M, 2006). Our approach to this evaluation sees children and young people as social actors who have their own understandings and perceptions. We will seek to overcome existing power imbalances between adults and children (including their mothers) and generate ways for them to tell us about their experiences whilst addressing their safety needs in the context of changing family circumstances. We also seek to develop an approach that is mindful of and sensitive to the power imbalances that present obstacles to participation in a research process by women who have experienced domestic abuse.

Developing a child-centred research process

The ways in which researchers view children and young people are inextricably linked to the power relations which form between researcher and participant (Robinson and Kellett, 2004). These relations demand even more consideration in an evaluation of a project designed to support children's recovery from domestic abuse where abuse of power, coping strategies and developing resilience are very much to the fore. Christensen and Prout (2002, p. 480) outline four ways that notions of child and childhood have been identified in research: the child as object, the child as subject, the child as social actor, and the child as participant/co-researcher.

Research approaches which view the child as object tend to rely on adult accounts and perspectives and see children and young people as needing 'protection' by caring adults who seek to interpret their lives. This protectionist stance can actually end up denying children and young people the access to knowledge and power which may actually increase their vulnerability to abuse (Kitzinger, 2000). When children are seen as subjects in the research process they are positioned more in the foreground through a child-centred perspective. However, this is mediated by judgements about cognitive ability and social maturity. Thus adult researchers exert their power and influence by deciding who to include and exclude and through the inclusive or exclusive methodologies they choose to adopt.

The third perspective perceives children as social actors who 'act', take part in, change and in turn become changed by the social and cultural contexts in which they live (Christensen and Prout, 2002). There is a strong sense of children having an autonomous status, and being seen as actors in their own right rather than part of an institution such as school. Furthermore there is 'no automatic assumption that methodologies will need to be adapted to age or that different ethical standards will apply' (Robinson and Kellett, 2004, p.86).

The fourth researcher perspective builds on the *UN Convention on the Rights of the Child* (General Assembly, 1989) recommendation that children should be informed, involved and consulted about all decisions and activities which influence their lives, including research (Robinson and Kellett, 2004). This approach includes children as active participants in the research process, as co-researchers in a partnership between adults and children.

However, Robinson and Kellett (2004) caution that this approach may at times be characterised by some volatility, caused by the degree to which adults share or hold back a privileged access to knowledge. In this regard Hart's (1992) ladder of participation and the metaphor of rungs, signifying different stages in children's involvement, provide a useful check on the nature of children's participation in any project. The ladder goes up from manipulation and decoration, as the first and second rungs, through adult-led but shared decisions, as the sixth rung, reaching to the eighth rung where children and young people initiate action and share decisions with adults (Badham and Wade, 2008).

Our approach seeks to overcome existing power imbalances between adults and children and young people by placing the research with them as high up the ladder of participation as possible whilst at the same time addressing their needs to be safe and remain safe in changing (and perhaps potentially volatile) family circumstances. Children are seen as social actors who, through their own understandings and perceptions, can tell us a great deal about their experiences.

This orientation to research is endorsed by Houghton (2008) who sees children with experience of domestic abuse as being actively involved at two levels: finding solutions in their own lives and those which will improve the lives of others. Moreover when children are increasingly seen as 'agents of their own lives' (Moss, 2002, p.6) questions need to be raised about whether it is appropriate to supplement children's views by their mother's views or vice versa.

Respecting the position of mothers

Our approach also seeks to be mindful of, and sensitive to, the power imbalances that present obstacles to participation in a research process by women who have experienced domestic abuse. These obstacles may include: the impacts of poverty, of social class and of cultural imperatives and differences; the silencing effects of domestic violence; the impact of abuse on self-esteem; the stigma of experiencing violence; and personal difficulties in dealing with painful memories and remembered traumas (Hague and Mullender, 2005). We are alert to the risks of 're-victimisation' through recounting of experience; in the context of this programme evaluation, we do not consider a full narrative approach to be necessary. A woman may share a more detailed account of her own life in the course of an interview and we will ensure that women who are interviewed are dealt with sensitively and supportively.

In this context, our approach to the interviewing of mothers will ensure that it is affirming and does not cause distress. In most respects, it will adopt similar principles and procedures for that of the interviews with the children and young people. It will address informed consent and will be congruent with the values of respect for human dignity and worth and commitment to social justice. In practice, this means that we will respect the lived experience of the mothers and seek to ensure that the evaluation findings are used by practitioners to improve service delivery. This is developed further in the section below.

Our approach: action research design and protocol

This action research evaluation of the Cedar project, will involve interviews with children and mothers who have experienced the concurrent group work programme. This will follow the lead taken in Mullender et al's (2002) study by advocating a multi-informant approach, involving children and their mothers. However careful attention will be paid to retaining the integrity of children's voices at each stage of the project,

including making the findings as accessible as possible to the children and their mothers, thus affirming the children's key messages and valuing both children's and mothers' contributions to the research.

To address the safety needs of the participants in the study, we will explicitly address Mullender et al's (2002) '*three Cs and three Ds*' – consent, confidentiality, child protection, disclosure, distress and danger. We view individual protection as a paramount concern. We do acknowledge that this may limit the development of wider understandings of domestic abuse as a systemic problem that affects whole communities (Burns, 2007). Cedar programme participants have taken part in the 12 week groupwork programme on a confidential basis. Our research approach creates a new space where participants can speak openly about issues that they may not have disclosed to the programme professionals or other participants. In this respect, our approach allows those voices to be heard without fear of the consequences. Rather than adopting a fully participatory approach to the evaluation (for example, by involving programme participants in some kind of group inquiry process), we believe that this individual approach allows for things that might not otherwise be disclosed to emerge and still become part of an inquiry process, whilst protecting confidentiality.

To enhance participation in the Cedar programme itself, during the life of the evaluation, we will work closely with the Research Advisory Group and others to feed in opportunities for children, young people and mothers to become more involved in the future Cedar programme: thus supplementing the three Cs and the three Ds with the three Es – empowerment, emancipation and enjoyment suggested by Houghton (Humphreys et al, 2008; Houghton, forthcoming). Thus the evaluation will be characterised by a positive, protective, inclusive and inquiring approach, balanced by a pragmatism where children's and mothers' safety is paramount.

In relation to participant involvement in programme development and evaluation, this is a constant challenge for the Cedar programme and the Research Advisory Group; as the research progresses, as action researchers, we would hope to move children and young people's and their mothers participation in the programme up at least one rung on Hart's ladder of participation (Hart, 1992), so that in future, young people and mothers who contributed to the Cedar evaluation might make their own unique contributions to programme development and roll out at national level, thus establishing a culture of partnership and adult accountability to children and young people and women experiencing domestic abuse.

The failure to act on research findings is an ethical issue; our perspective is that if research is to be worthwhile, it should contribute to changes in practice. Therefore, a further and key test of the quality of the action research process is the immediate link to professional practice; the use and integration of the emerging research findings is adopted as a strong ethical and value-driven stance. The design of the broader research processes (of which the interviews with children, young people and mothers is a part), creates a strong action focus which allows for a process of 'testing out' proposed solutions and thereby begins the process of embedding change by generating timely, practical responses to the emerging evidence and shared commitment to act on the findings by agencies.

Engagement of key 'gatekeepers' and access

The involvement of the Cedar co-ordinators, group co-facilitators and other key workers, as appropriate, will be crucial to the overall success of the evaluation.

The research team will work closely with the Cedar practitioners, and in particular the group coordinators, to ensure that they are able to fully brief mothers and children about the purpose of the interviews and address any initial questions they may have, without involving them in the selection of the final sample of those that are interviewed.

Engagement of the mothers will also be vital to facilitate and support their children's participation. Information provided to mothers is designed to secure both their informed consent to be interviewed in their own right and to encourage them to discuss the interviews with their child.

Consent

The research process, like the Cedar group work programme itself, will seek to strengthen the dialogue and relationship between children/young people and their mothers, even if the mother chooses not to participate herself, but is willing for her child to take part. In all instances regardless of the child's age, mothers will be strongly encouraged and supported to discuss their child's participation in the evaluation directly with him/her.

This study will use a staged, negotiated approach to consent. Figures A1 and A2 below provide full details. Young people aged sixteen and over are considered under Scottish law to be capable of giving informed consent without the consent of a parent. A child over twelve is considered to have sufficient maturity to form a view [s 6[1] The Children (Scotland) Act 1995]; and a parent who acts on behalf of their child should take into account the child's views (Masson, 2004). In instances where a child over 12 wishes to take part in the research but his/her mother does not support participation, this will be discussed in the first instance with Co-ordinators on a case by case basis. The study will also ask for children aged eight and over to give their written consent to be interviewed. Figure A2 below summarises the differences in the approach for different age groups.

Confidentiality and child protection

During the interviews concerns may be raised about a mother or child's safety and the risk of significant harm. The mothers' information sheet explains: *'We will not use your or your child's name when we write about Cedar. Everything either of you say will be confidential unless there are concerns about someone's safety'*. The consent form asks mothers to confirm: *'I understand that my identity will remain confidential unless there are any concerns about anyone's safety'*.

The Children and Young People's information sheet uses the sentence: *'Everything you say to me will be private unless I am worried that you or someone else is in danger'* and the consent form seeks confirmation that *'I know that everything I say will be private unless you are worried that someone is not safe'*.

It is acknowledged that children may feel more confident that they will be guaranteed confidentiality if they are interviewed last. Indeed, it is envisaged that in most instances mothers will probably chose to be interviewed first so that they have an opportunity to meet a member of the Research Team prior to their child/children being interviewed. The ordering of interviews will be discussed during telephone contact and will be influenced by availability and other practicalities. There will be a clear emphasis on ensuring understanding that each interview is confidential, whatever order they take place in.

In the event of disclosures amongst those who are interviewed, handling procedures have been agreed with the Co-ordinators in each pilot site. The normal first point of call is usually the Children's Co-ordinator with the Emergency Social Work service being contacted in the event of an emergency out of hours.

All written documentation, including information, contact and consent forms, is included at the end of this document. Where necessary other formats such as Braille, tape etc. will be considered for the letters and forms. Letters will also be translated into other languages for families where English is not the first language.

These arrangements for securing informed consent comply with Schedules 1, 2 and 3 of the Data Protection Act 1998.

Data protection, confidentiality and anonymity

Interviews will be recorded using digital sound recording equipment to ensure high quality; participants will be assured that the recording and any other data such as drawings will be kept safe and destroyed at the end of the research project. A copy of the sound file will be made by the researcher before delivery to the transcribers³⁴. Instructions will also be given for changing names and any other identifying characteristics so that the data are anonymised when the transcript is sent by e-mail to the researcher for checking. All files will be deleted on the memory stick prior to returning to the researcher. These arrangements for the secure processing of data comply with Schedule 1 of the Data Protection Act 1998.

The anonymised quotes from interviews will be used to substantiate various points. The executive summary will be a précis of the research report and is unlikely to contain any detailed quotes. The key findings briefing, in particular, will be written up in such a way to make its content accessible to the children/young people and mothers who have taken part in the study and requested a copy.

All sound files, written material (drawings etc) and any other personal data will be deleted or destroyed at the end of the project. The anonymised transcripts will be the intellectual property of SWA.

Distress

The research process has been designed to minimise likely distress. Nevertheless there is a chance that participants could suffer adverse consequences as a result of the research process; interviews will be handled in a sensitive manner by an experienced researcher who will suggest taking a break and/or allowing for a slightly longer closure period to the interview where a participant becomes distressed.

In addition participants will be offered a helpline card detailing a few key resources that they might access in the event of being distressed following the interview.

Danger

Following the criteria for participation in the Cedar programme itself, the selection of interviewees should only be drawn from those who are no longer living in continuing danger. Inevitably, family's circumstances do change so the research team will check out with participants if their circumstances have changed prior to the interviews taking place, to ensure that their participation in the interviews does not, of itself, pose additional risk.

In order to ensure the safety of the researcher during home visits, details of the location of the interview will be shared amongst the research team. A fieldwork safety procedure will be followed.

Enjoyment, empowerment, and emancipation

Clearly interviewing children, young people and mothers about their lives in the context of domestic abuse poses considerable challenges. The research team will strive to make participants as relaxed as possible and age-appropriate instruments and interviewing approaches will be used to ensure that the process is as engaging as possible. Throughout the life of the project the research team will seek to flag up children's narratives which are indicative of future opportunities and initiatives to promote children and young people's participation, enjoyment, empowerment and emancipation.

³⁴ Files may be uploaded over a secure internet connection or if posted, will be sent by special delivery.

Summary

Figure A1: A summary of the stages of the approach to secure access and consent

Where a decision is taken that interviews will take place with a sample of the current cohort of groups the following procedure will apply.

Stage	Action	Comment
<p>INFORMATION Assessment stage</p>	<ol style="list-style-type: none"> 1. Cedar co-ordinators mention the evaluation to children and mothers during the pre-group assessment phase. 2. Cedar co-ordinators raise the evaluation interviews informally and as appropriate with children and mothers during weeks 1-4 of the group work programme. 	<ol style="list-style-type: none"> 1. Co-ordinators indicate that participation in the evaluation interviews is entirely voluntary and will not affect whether they are offered a place(s) on the group work programme. 2. Co-ordinators use their discretion re mentioning the interviews in mothers' and children's group sessions in the first four weeks of the programme. Children and mothers will be advised that they will have plenty of time to make up their minds about being interviewed.
<p>CIRCULATION OF INFORMATION SHEETS AND PERMISSION TO CONTACT SHEETS Week 5 of groups</p>	<p>Written information about the interviews will be given out by the Cedar co-ordinators to mothers and children by week 5 of the group work process.</p> <p>Children under 12 – mothers receive the mothers' and children's leaflets, the pink & yellow 'permission to contact me' forms, and envelope to discuss with their child at home. Children also told about the interviews in their group and given opportunity to discuss.</p> <p>Children over 12 (and 10-11 year olds in those groups) – mothers receive the mothers' leaflet and pink consent form. Children receive the children's leaflet, the yellow 'permission to contact me' form and an envelope in the group.</p> <p>Mothers and children encouraged to discuss participation at home.</p>	<p>Potential participants will have an opportunity to discuss the interviews with Co-ordinators and be encouraged to take the leaflets home with them to talk over together whether they wish to be approached by a member of the research team. The leaflets will make it clear that declining to be approached or take part in the study at a later stage will not any way affect service delivery to them and their family.</p> <p>In signing the 'permission to contact me' forms children and mothers will give agreement to their contact details being passed onto a member of the research team so that initial contact with them can be made. The forms will ask each participant how they would prefer to be contacted. An envelope for return of the forms will be provided for return to the Co-ordinator.</p>
<p>PERMISSION TO CONTACT By week 7 of groups</p>	<p>At the next session (by week 6) Co-ordinators will remind mothers and children about giving in the 'Permission to contact me' forms in the sealed</p>	<p>Children and mothers will agree in principle to take part in the research by ticking a range of boxes on the 'Permission to contact me' form giving their preferred</p>

	<p>envelopes. This will occur either individually before or after the session or within the group itself, as considered appropriate within each pilot. Further follow up in week 7 if necessary.</p>	<p>method of contact. Non return of the forms will be taken as a child and/or mother not wishing to have any contact with the research team.</p>
<p>By week 8</p>	<p>A nominated Co-ordinator in each pilot site posts all the envelopes special delivery to Dr Jocelyn Jones, Research for Real associate (by week 8).</p>	
<p>CONTACT By week 12</p>	<p>Within the following three/four weeks (by week 12) the research team will call the potential participants; answer any questions they might have; ask if it is OK to arrange an interview at a venue of their choice; and to give their signed consent on the day to be interviewed. The interviews will take place within an agreed time period after the end of the groups.</p>	<p>Agreeing in principle to be interviewed on the phone does not mean mothers and children have formally consented to be interviewed: they can opt out at any stage up to the end of the interview. Phone contact will cover how and where the children and their mother wish to be interviewed e.g. whether a very young child might prefer to be interviewed with his/her mother present. Participants will normally receive a reminder of the interview between 12 and 48 hours before the arranged time. The reminder will either be by phone or text. If by text, neutral language relating to meeting up will be used to ensure safety.</p>
<p>INTERVIEWS Securing and maintaining consent</p>	<p>Children and mothers will have the purpose of the interviews explained again and written consent will be obtained to go ahead with the interview. Where appropriate mothers of children under 12 will be encouraged to complete the child's consent form with their child just prior to the child's interview taking place. Children and mothers will be reminded that participation in the interviews is entirely optional: they can decline to take part if they wish or pass on any questions and/or have a break. They will also be asked how they would like to receive the findings when they are published. PASS and TIME OUT cards will be given to the children, which they can hold up if they don't want to answer a particular question or wish to take a break. Participants will also be asked whether they are content for the</p>	

	<p>interview to be sound recorded, and where practical and if they wish, the children themselves will be given control of the digital sound recording equipment. 10 minutes at the end of each interview will be used for closing.</p> <p>Participants will be offered a card with appropriate resources they might turn to in the event of distress following the interview.</p>	
INTERVIEW CLOSURE: APPRECIATION & FUTURE PARTICIPATION	<p>Each child will be given a prepared personalised thank you letter, a specially designed Certificate of Participation and token/voucher on behalf of the research team to thank them for their contribution. Mothers will also receive a prepared thank you letter and voucher on the same basis. Any expenses, on production of receipts (including for child care), will also be reimbursed at this point also taking account of any return travel expenses which have not yet been incurred.</p>	<p>All participants will also be asked how they would like to receive their copy of the key findings feedback e.g. post or email, and if by post to what address.</p>

Figure A2: Stages of consent related to age of child or young person

Stages of consent related to age of child/young person	< 8	8-11	12-15	16+
INFORMATION	<p>Mother discusses the child's participation in the interviews with him/her and asks him/her if they would like to take part.</p>	<p>Mother discusses the child's participation in the interviews with him/her and asks him/her if they would like to take part.</p>	<p>Mother discusses the young person's participation in the interviews with him/her and asks him/her if they would like to take part.</p> <p>Young person decides whether they would like to take part.</p> <p>Any conflict or difference of opinion will be discussed with Co-ordinators on a case by case basis.</p>	<p>Mother discusses the young person's participation in the interviews with him/her. Mother decides whether she would like to take part.</p> <p>Young person decides whether they would like to take part.</p>
CONTACT	<p>If child says yes then mother signs the consent to be approached form on behalf of</p>	<p>If child agrees then child signs their consent to be approached form. Mother also gives her</p>	<p>Young person signs the form giving their consent to be approached. Mother gives her</p>	<p>Young person signs the form giving their consent to be approached.</p>

	herself and her child.	consent on behalf of herself and her child.	consent to be approached.	Mother gives her consent to be approached.
	Forms returned together in a sealed envelope by mother to Co-ordinators and then posted unopened to the Research Team.	Forms returned together in a sealed envelope by mother to Co-ordinators and then posted unopened to the Research Team.	Forms returned together by mother in a sealed envelope to Co-ordinators and then posted unopened to the Research Team	Forms returned, preferably together in a sealed envelope(s), to Co-ordinators and then posted unopened to the Research Team
	Research team calls mother and child.	Research team calls mother and child	Research team calls mother and young person	Research team calls mother and young person
	If give agreement to meeting, interview arranged with mother and child. Order of interviews agreed with mother.	If give agreement to meeting, interview arranged with mother and child. Order of interviews negotiated with mother and child.	If give agreement to meeting, interviews arranged with mother and young person. Order of interviews negotiated with mother and young person.	If give agreement to meeting, interviews arranged with mother and young person. Order of interviews negotiated with mother and young person.
CONSENT	<p>At beginning of interviews signed consent given by mother on behalf of her and her child. Child may be interviewed with or without mother present.</p> <p>In the closing stages of the interviews mother will be asked how she and her child would like to receive their copy of the research findings.</p> <p>Helpline card given to mother.</p>	<p>At beginning of the individual interviews signed consent given by mother on behalf of her and her child, and by the child her/himself.</p> <p>In the closing stages of the interview mother and child will be asked how they would like to receive their copy of the research findings.</p> <p>Helpline card given to mother.</p>	<p>At beginning of individual interviews signed consent given by mother on behalf of herself and by the young person her/himself.</p> <p>In the closing stage of the interview mother and young person will be asked how they would like to receive their copy of the research findings.</p> <p>Helpline card given to mother and young person.</p>	<p>At beginning of individual interviews signed consent given by mother on behalf of herself and by the young person her/himself.</p> <p>In the closing stage of the interview mother and young person will be asked how they would like to receive their copy of the research findings.</p> <p>Helpline card given to mother and young person.</p>

Other fieldwork issues

Piloting of topic guides

At each round of interviews, topic guides for children and mothers will be piloted and amendments made in response to the feedback.

Feedback of findings

At the end of the interview, there will be a discussion about how best to provide the feedback from the interviews. It will be explained that this will only happen once interviews have been completed in all three areas. However, it will be important to do this fairly quickly. The best way to contact or send the written material will be discussed at the interview. This could be by post or email. It is anticipated that this will be checked out just prior to sending material in the event of a change of circumstances.

Paying participants

We have made financial provision in a 'fieldwork fund' to allow for the payment of participants in interviews. We believe that some form of small 'token of thanks' in the form of a payment, vouchers or gift for children, young people and mothers is appropriate, although this will not be mentioned in the information material: this should not be seen as an inducement (Alderson and Morrow, 2004). Children and mothers will each receive a £10 voucher or token for an easily accessible shop.

Reimbursement of participant expenses

Reimbursement of expenses associated with attending interviews will be made from the fieldwork fund. This will be mentioned in the initial information to mothers and children.

Venue and refreshments outside the home

We would normally expect to conduct interviews at the home of the participant. Where the children and/or mothers do not wish to be interviewed at home we will negotiate the use of a high quality private space in each Cedar pilot area for interviews to take place. Any costs associated with such venues and refreshments will be funded from the fieldwork fund.

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Appendix 2 Key messages from children & young people and mothers



Cedar - What you told us Messages from Children and Young People



1. Cedar was good. Some of us were a bit worried that we weren't going to like going, but it was fun and we made new friends.
2. We loved the tasty snacks and outside activities. We liked making the name badges, the dice game, the playdoh, playing bingo, the handouts and folders, writing things down, the anger rules, the memory book and the volcano!
3. Cedar helped us to understand that quite a lot of people have domestic abuse in their lives: *"It wasn't just happening to me."*
4. The people running the Cedar groups did a really good job.
5. Cedar did help us with our lives, but sometimes it was hard to talk about things in the past like bad memories.
6. If our friends at school asked questions about where we'd been, some of us told them, but others found ways to avoid their questions if we wanted to.
7. We now know that what happened was not our fault. We understand our feelings a bit better now and know what to do when we feel upset.
8. Cedar helped us learn about staying safe when domestic abuse is going on.
9. We thought it was better to be in a Cedar group because people there had gone through the same troubles. Some of us would have liked the groups to go on a bit longer.
10. Most of us have been able to talk to our Mums a bit better when something is worrying us.

We are grateful that you told us what you think. You have helped us to make Cedar as good as possible for all children. Good luck in the future. Jocelyn Jones 07729729700



Cedar - What you told us Messages from Mothers

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| <p>1. We felt involved in the assessment process for Cedar. It was done 'with' us and not 'to' us.</p> <p>2. The Cedar Co-ordinators were 'down to earth', approachable people. They listened well. We were given enough information.</p> <p>3. We liked the relaxed atmosphere and the snacks and activities. It is important that Cedar is always comfortable and easy for people to talk.</p> <p>4. Most of us thought it was better to be in a group with other women who have been through domestic abuse than to be seen individually. Some weeks were hard and there were some tears, but a lot of laughing too!</p> <p>5. Being in a Cedar group made it easier for most of us to talk about all the things that have gone on rather than keeping it to ourselves. Some of us found listening to each other helped make sense of what had happened to us individually.</p> | <p>6. Cedar helped us understand more about domestic abuse and its effects on us and our children.</p> <p>7. Most of us thought Cedar helped us and our children move on from the blame and guilt that domestic abuse causes. Being in a Cedar group helped some of us understand a bit more about our own childhoods and past relationships.</p> <p>8. Most of us thought Cedar helped us and our children understand our feelings more. Some of us said that we had become a bit closer with our children and they were less angry.</p> <p>9. Most of us said we would recommend Cedar to a friend and some of us already had!</p> <p>10. More could be done in Scotland to bring domestic abuse out in the open. Many of us thought it was just happening to us. Leaflets should be handy everywhere and anywhere.</p> |
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We are grateful that you told us what you think. You have helped us to make Cedar as good as possible for all children, young people and their mothers. Good luck in the future. Jocelyn Jones 07729729700