



# SafeLives' written evidence - Children's Wellbeing and Schools Bill Committee

**'Children must be better protected, they need to be given the skills to recognise abuse, know where to go for help, and most importantly to feel confident to seek that help without fear for their own safety' – from a victim-survivor**

## About us

We are SafeLives, the UK-wide charity dedicated to ending domestic abuse, for everyone and for good. Our work combines data, voice and practice to transform the response to domestic abuse. Survivor voice is at the heart and start of what we do. Survivors of domestic abuse are experts by experience – their voices inform our work, so we can truly meet their needs.

All of the work we do is evidence-based. We break new ground and build knowledge about domestic abuse, constantly developing our understanding of what works to prevent, stop and safeguard people from harm. We innovate, develop and champion best practice, using evidence and survivor voice to continuously improve the response to domestic abuse.

## Summary of concerns

1. The Bill proposes **unsafe family group decision-making arrangements**
2. There is no consideration to what different support **children need as victims of domestic abuse** in their own right
3. There is no assurance that new multi-agency safeguarding provisions will be **effective in joining up with existing provisions**
4. The risk of losing pockets of best practice in **applying the national curriculum to academies**

## Unsafe family group decision-making arrangements

We at SafeLives have concerns about the provision in Section 1 of the Children's Wellbeing and Schools Bill seeking to mandate local authorities to offer a 'family group decision-making' meeting at the point it is seriously considering applying to the court for a care or supervision order – including when domestic abuse is present.

Hearing from victim-survivors who have been a part of a family group decision-making arrangements, multiple concerns were raised around the safety of these arrangements when domestic abuse has been identified as a factor. One of our Pioneers was brave enough to share their reflections on this type of arrangement – this can be found at the end of our evidence.

### **The risks of family group decision-making in cases of domestic abuse, and the respective impact on both adult and child victim-survivors:**

Our practice, evidence and feedback from survivors shows that this could be harmful to the adult and child victim, with local authority discretion adding to this risk, not mitigating it. Family group decision-making models fail to understand the dynamics and typologies of domestic abuse, as well as the risk levels of domestic abuse.

These arrangements also fail to acknowledge the impact of counter-allegations, and the potential for perpetrators to coerce coordinators. There is potential for the coordinator to inadvertently collude with

the abusive party, and our work has found that many professionals lack confidence in responding to those who harm, and professionals are at risk of being coerced by these perpetrators.

The suggestion that the victim-survivor can pull back at any point and that this arrangement is voluntary unlike in traditional social work fails to understand the reality of coercive control in guiding how victim-survivors respond, especially in a situation like this where victim-survivors may be concerned about their child being taken away if they do not agree to the meeting. This pressure is only worsened when the family plans produced within the arrangements are then shared with court and Cafcass, again pressurising the victim-survivor to feel they must engage for their children.

Although, we are huge advocates of models that involve the voice of children and young people, and their voice as victim-survivors, it is deeply inappropriate to have children in family group decision-making arrangements when there is domestic abuse. The involvement of children within these arrangements could retraumatise children and make it very difficult for children to disclose their wishes and feelings within the group of adults within the family network, as the model arguably reinforces the harmful dynamics of power and control.

**Additional concerns include:**

1. That the perpetrator and network can be in attendance, as the network might include other victims. SafeLives' whole picture work has identified that the wider family may also be victimised by the perpetrator.
2. The model does not acknowledge that there may be multiple perpetrators within a family network, particularly in the case of so-called honour-based abuse.
3. Provision of a 'family monitor' from within the family network who monitors compliance to the family plan creates a risk of coercion by the perpetrator. It is difficult to identify who is appropriate and safe to be the 'family monitor'.
4. The model is not victim-centred, does not apply a trauma-informed approach and does not signpost to professional action for the perpetrator, such as a behavioural change programme and the model does not signpost victim-survivors to support, such as through an Idva.
5. It is up to the family if the child's advocate or support can remain in the room during the private family time part of the model - this is inappropriate when it is uncertain whether the family is also being abused by or colluding with the perpetrator, i.e. where so-called honour-based abuse could be present.

There is no guarantee within this model that the victim-survivor will be safe in these conversations, particularly if their perpetrator is present during the meeting. This experience could be highly traumatic for the victim-survivor and could endanger them. It may also be particularly challenging for the victim-survivor to be in a conversation with the perpetrator's network in attendance, who might fail to acknowledge the abuse and harm that both the adult and child victim-survivor has been subject to. The focus on gathering the whole network also does not acknowledge that the perpetrator may be harming other family members, as well as the non-abusive parent and children.

Creating parity in public family law proceedings with the safeguards used in private family law proceedings would help alleviate many of these concerns. In private family law proceedings, before parents can apply to the court using the C100 form for a child arrangements order, parents must demonstrate that they have attending a mediation meeting. The first meeting with the mediator is known as the Mediation Information and Assessment Meeting (MIAM), and all parents have to undertake this before they apply to the court, unless domestic abuse has been identified within the family. If domestic abuse is identified, parents can apply to the court without a MIAM. Adopting this approach in the Bill would help avoid many of the concerns we have outlined.

## **Children as victims of domestic abuse**

The Domestic Abuse Act in 2021 was a landmark piece of legislation. Not only did the Act provide a clear statutory definition of domestic abuse, but it recognised that children were victimised in their own right by domestic abuse in their home, and didn't just witness or experience it.

Despite this legislative recognition, we alongside others in the sector are disappointed to see that there has been very little development of how to support children as victims of domestic abuse in their own right since 2021. The Children's Wellbeing and Schools Bill provides a great opportunity to begin to bridge the gap between the legislative recognition and what is seen in practice.

Concerningly, according to SafeLives' 2023-24 Insights dataset<sup>1</sup>, children are exposed to domestic abuse for an average of **8 years**, leading to significant and long-lasting trauma. 8 years within a childhood is a significant amount of time and cannot be overlooked.

We need to be doing more to listen to the authentic voice of the child as a victim-survivor, and determining what the recognition means for the practical support given to children. Independent domestic violence advisors (Idvas) have proved to be key to supporting adult victims of domestic abuse, working alongside victim-survivors throughout their journey to safety and recovery, providing both emotional and practical support.

Chidvas (children's Idvas) are, similarly, integral to safety planning and supporting recovery work with children who have experienced domestic abuse within a parental relationship. Chidvas and Idvas are trained specialist practitioners who understand the risks and needs of domestic abuse victims, and support reducing risk posed by perpetrators by implementing a safety plan. Often Chidvas work with the non-abusing parent to support and monitor risk in terms of contact, reconciliation and forming of new relationships.

To adequately support children as victim-survivors of domestic abuse, they must receive independent specialist support that allows them to work towards recovery and be supported to live the life they want to. Chidvas bridge the gap between child protection services and the justice system, empowering children and ensuring their voices are heard.

Chidvas have a proven impact<sup>2</sup>:

- **92% reduction** in children experiencing abuse after receiving CHIDVA support.
- **84% reduction** in children exposed to direct abuse.
- **95% improvement** in children's understanding of personal safety.

Although we know that in some areas child-specific advocates are available, these are not available in all areas. The provision is patchy and fails to meet the level of need. Only **16.9% of advocates** commissioned to support victims are child-specific<sup>3</sup>, demonstrating the significant gap in provision for children and young people.

Without statutory requirements, child victims face a postcode lottery for essential services. The Bill must ensure:

- That Chidvas are included in **Multi-Agency Child Protection Teams** when a child is in a household where there is a risk of serious harm from domestic abuse.
- A **statutory duty** for commissioning sufficient child-specific advocates.
- Development of **statutory guidance** to define and support the Chidva role, distinct from adult-focused advocates.
- Creating a statutory duty for the commissioning of Chidvas must be met with **adequate funding that ensures provision is consistent nationwide**.

It is important that Chidva support for children and young people who have been victimised by domestic abuse is available at a time that suits them. This could be immediately post-separation to support initial recovery work but could also be at a later date when a child or young person has been able to identify the abuse and have the emotional capacity to process and recover. The Chidva role must allow children and young people to decide when they are ready to engage – the support should not just be available immediately.

Those that provide this independent support to children and young people must have completed a standardised training programme that can provide clarity of quality across the profession. Victim-

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<sup>1</sup> SafeLives, 2024, <https://safelives.org.uk/wp-content/uploads/Childrens-and-Young-People-Annual-Dataset.pdf>

<sup>2</sup> SafeLives, <https://safelives.org.uk/research-policy-library/children-and-young-people-insights-dataset/>

<sup>3</sup> Barnardos, 2024, <https://www.barnardos.org.uk/sites/default/files/2024-01/Victims%20and%20Prisoners%20Bill%20%E2%80%93%20CHIDVAs%20and%20CHISVAs%20Freedom%20of%20Information%20Data%20.pdf>

survivors also stressed the importance that when engaging with children, it is not only important for professionals to have undertaken adequate, standardised training, but that the individual has the personality skills to be able to build trust effectively with children.

## Effective multi-agency safeguarding

It is welcome to see that this Bill will place a duty onto safeguarding partners to involve education and childcare settings within multi-agency safeguarding arrangements. This is a good starting point, but this duty must go beyond information-sharing.

The establishment of multi-agency child protection teams (MACPTs) is positive to see and demonstrates the commitment to multi-agency work and the involvement of education with statutory safeguarding partners. However, it is important that MACPTs are provided with clear instruction as to how to effectively cooperate and work with existing multi-agency forums, such as multi-agency risk assessment conferences (Maracs). Connecting child safeguarding systems with the domestic abuse multi-agency frameworks that are already well established across the UK is essential to recognising and supporting children as victims of domestic abuse in their own right – their case needs to be considered in a dedicated domestic abuse multi-agency forum given the complexities of the impact of domestic abuse on children and the need to factor this in to safety planning.

The commitment to work with education both operationally and strategically in multi-agency safeguarding is welcome, but this must be met with adequate training to match the responsibility. This includes supporting education partners to be able to respond to disclosures and know how to signpost and refer to relevant and appropriate support for children and young people. From our engagement with frontline domestic abuse services, we have heard that there is low awareness around how to support and refer following a notification through Operation Encompass. Given these cases are likely to be high risk, this is concerning, and we would ask the committee to look into this further.

## Applying the national curriculum to academies

It is positive to see that the national curriculum will be applied to academies, which will begin to universalise the experience young people have of the education system. Importantly, it will provide reassurance that young people will receive relationships and sex education (RSE) in the same way across schools.

Relationships, sex and health education (RSHE) guidance must meet the needs of young people in understanding what constitutes a healthy and safe relationship, and that also understands the additional vulnerabilities that a young person might face.

When speaking to our Pioneers there was concern that there is a wide range of provision of RSHE across academies currently, due to the lack of conformity to a national curriculum and the associated guidance. This has meant in practice that there are some academies who are providing more comprehensive RSHE compared to mainstream state schools, and some are providing much worse. As such the commitment to match this provision will remove the geographical disparities in provision.

Despite this, concerns were raised about the quality of RSHE in schools, and the potential risk to reduce the quality in high-performing academies. Pioneers shared that RSHE guidance must improve in quality before being applied to academies under the national curriculum. Provision of RSHE must be consistent, but it does not mean that high-performing schools who are filling the gaps that exist in existing RSHE guidance should have to lower the level of which they are teaching at.

Although not within the scope of the clause within the Bill directly, when speaking to our Changemakers, concern was expressed that they had witnessed their peers having to opt-out of attending RSHE classes due to their parents not wanting them to participate. Young people were worried that even if their peers wanted to participate, the parents' decision meant they were not able to and as such these young people sought information on RSHE in other ways, such as through the internet. Using the internet to seek this information puts young people in more danger and is much riskier. We urge consideration as to how to hear the voices of young people in choosing to participate in RSHE within school, and for schools to open dialogue with parents around the benefits of in-school provision of RSHE.

## Reflections on family group decision-making from a SafeLives' Pioneer

Before you read this, please be aware it contains sensitive information about a person's lived experience which some readers may find distressing.

### Family group decision-making can have positives:

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It can empower the victim-survivor, and it gives them a voice in the decision making rather than authorities having to decide it. That's a form of empowerment within the family support network and it engages the extended family. The network can provide additional safety, emotional support and resources for the adult and child victim-survivor. So, if the extended family is involved in this, they will have more of a comprehensive understanding of how to provide that support, but less in the risk or seeing the risk.

It's more of a child-centred approach, and the focus on the children's safety and well-being ensures that their needs are prioritised.

It's a culturally appropriate solution, and families can develop plans that align with their cultural values and dynamics and making the interventions more effective. It is not a one-size-fits-all approach – it takes all the factors, dynamics and involvements of that individual family into account. The decision-making and decisions made collectively often have stronger commitment from the family members, which can lead to better safety planning and implementation. If it's decided collectively, it's more of a commitment and it's less of some someone being told what to do - it's more of an agreement.

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### It also raises concerns

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How do we know any of those pros are real because of the power imbalance, we do not know, even if it is a child-centred way of doing it, the honesty of that child. At that point, the child might be in protective mode of the safe parent, and they don't want to make their safe parent unsafe by saying something bad against the abusive parent. They might be fearful of the consequences of the unsafe parent if they are honest. How do you get an honest holistic answer for that child? If everyone's involved, there's too much of a power imbalance for that child.

When children are spoken to on their own where they feel understood and heard, they are going to be far more honest with a professional than they ever would be within the wider family dynamics. There's too much of a power imbalance for the family member who is being harmed and there's a risk of retaliation.

If the abusive parent learns of the plans to leave, if that's what's being planned, or that they learn the family are seeking help, there may be an increased danger to the adult and child victim-survivor. If the person causing harm is not involved in the family group decision-making arrangements due to identified risk levels, and then they find out, especially if extended family members are involved, the risk can escalate quickly.

Families will often downplay the severity of abuse, leading to ineffective or harmful solutions.

Parents will struggle to be honest – they will feel judged. Parents are going to feel that the authorities might get involved and make decisions for them based on the unsafe behaviours of others. This again minimises the abuse. There are confidentiality concerns that sensitive information discussed in family meetings might be leaked, putting the survivor at risk. There is nothing around it that makes it a bulletproof plan, although it's authentic as decisions come from the family, so it's more likely to be adhered to.

These conversations can make everyone unsafe, because we all know periods of time where perpetrators can be more relaxed and more approachable, and this could flip. Family group decision-making lacks appropriate professional oversight. and without effective professional facilitation there is no one to keep it contained, no one to risk assess as you go, no one to watch body language or to see the minimisation and simply see the child being muted or staring into a different direction, or the way the mother might be not answering specific questions or tailing off from different subjects. There's a lot that a professional needs to see and manage.

I think the consideration for safe implementation of this would be down to the professional facilitation to ensure that the power dynamics do not endanger the victim-survivor but again people can still minimise the abuse with a professional, making their risk assessments inaccurate when determining if these arrangements are appropriate. So maybe a risk assessment prior to consideration of the family to see whether it's appropriate for that family's risk to even go into these arrangements.

Could there be some type of DASH around this to make it an independent choice and if the red flags are too high then this must be professionally managed, with survivor centred planning, allowing the victim-survivor to choose whether to participate and set the boundaries? Even if it's monitored by a professional, the person that's going through it could have key risk indicators that they can follow, even if they are minimising to themselves or others in the extended family, they can see that they probably do need additional support in this.

If I put myself back in the mindset, back when I was in a relationship like this - I would have conformed, I wouldn't have been honest, and I'd have minimised my experiences. I'd have worried about being judged. I'd have wanted to protect people from my trauma so I wouldn't have been fully honest about what I had experienced. I would be scared. I would be scared for my child. Scared my child would have been taken away from me. I'd have been scared to death that if the unsafe person was not involved, that he would find out that this was going on.

I would have thought this was a brilliant idea back in the day, but now, 20 years of professional development later, with a professional head on and with experience, I think that these arrangements come with a lot more risk than it does benefit when there is domestic abuse.

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**“Personally, I think the cons outweigh the pros”**

**Could a middle ground be found?**

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Something could be formulated by the family congruently with the children being asked questions. What would good look like for them? What would safe look like for them? Could we do a family risk

assessment before anyone even engages in this process just to make sure that we know that the children are in a place of safety now and that they've got support system in place before their involvement. If the children are involved when there is domestic abuse, we won't know the effects of the children hearing or being involved in a process like this, and we have to realise its re-traumatising for them.

If you put me as a child in this situation, I can tell you more loudly, there's no way this would have worked for me because I just made out that everything was fine. And I would have gone along with this knowing that none of it was true, knowing that none of the plans made would happen. My mum would have done the same because she was so, so scared of social services, becoming involved and judging her and taking us away.

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### **“I think there's a lot that needs to be weaved into this to make it a realistic and safe arrangement”**

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I feel having unmediated discussion could cause emotional harm and make the adult or child discussed in family plans more vulnerable. It could trigger past events or unearth different trauma. This factor alone could create a different problem. The child may not have the right support. The adult could be in some form of recovery (psychological or from addiction) and this could create a spiral that is not monitored. Inadvertently, making the process of help becoming a new place of trauma.

If I am reflecting on my experience of professional interventions - it was picked up by my school that I was self-harming, and so I went to a counsellor and I found that extremely nerve-wracking and damaging and the outcome of that intervention, was professionals becoming involved, which was counterproductive because it made bigger issues within my family. It didn't get us any support, but just made my parents feel vulnerable and criticised making things worse at home.

I also feel that if captured early, by professionals or just by the child's awareness that something is wrong, that changes can be made, and cycles may not be repeated. I am a professional IDVA, YPVA, ISVA and CBT therapist. I have worked at the NSPCC and overseen 3 domestic abuse services. I have run 2 mental health rehabilitation homes for people just off a section from hospital. A common denominator in all this experience is childhood exposure to domestic abuse and mental health. No coping strategies, no healthy relationship knowledge, no understanding of what support can be given without breaching the families trust from that child.

The wider damage of this cycle is often underrated and cannot be captured in its entirety. The generation impact, the economic impact on mental health and domestic abuse services, the suicide rate that will not be sourced back to domestic abuse unless it is in a domestic homicide review.

I've had this in my life since I was probably 6 years old. Reflecting on this sort of family-orientated decision-making arrangements and knowing the relational trauma and dynamics that can go on and even if the parent has the best intention, I think the needs of that child have to be assessed thoroughly.

A lived example of this would be my own. Inadvertently while trying to help my own child through counselling or Action for Children mediation, to do it the child-centred and holistic way, I damaged him more. Inadvertently, when I went to counselling as a child, it damaged me more because it was not the right time, it wasn't the right person, and it wasn't the right environment, and the counselling was forced

on me. Even though on paper it looks like it was people-centred, it wasn't. This was the same for me as a parent, I thought I was acting in my son's best interest to create a safe environment. I looked into Action for Children, came up with the mediation plan, came up with how we could work this, and this just ultimately became more damaging for everyone involved. Just because there was a written agreement in place, this didn't change the relationship between unsafe immediate family members or their behaviour patterns.

When my Son and me have spoken about this both as adults, he speaks of how he would have preferred to have chosen a time that was right for him, whether that be through school or another type of service, he recalls that he would have liked more independence and autonomy over when these arrangements happened. Everything we tried to do was child-centred, but it didn't end up being child-centred as my Son was never really asked.

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## Wider damage – the hidden statistic

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I have omitted many of the details of my journey so not to create trauma for people reading this, as this then may hide my words. I have been within the storm of domestic abuse since the age of 6 to 26 years old. From childhood, into teenage relationships into adulthood. My last abusive relationship left me disfigured. I only survived as I passed out during the attack.

Not having the right family support and intervention for domestic abuse and subsequent mental health issues destroyed my family. It made me continue the cycle and give it legacy for my Son who now bares his own internal scars.

My Brother died at the age of 25 from an overdose and myself and my 3-year-old Son found him. He was my best friend. My safe place. He had just been accepted to University to become a mental health nurse. He got a letter for a counselling appointment a week after his funeral.

My beautiful, brave, courageous Mum, who could make me laugh until my stomach hurt, died 10 years to the day I lost my brother (mental health and physical health). Her heart never repaired from that loss.

My Dad died 10 years to the month I lost my Mum (lithium toxicity in his blood from bipolar medication). He had a degree by the age of 21, the warmest laugh, the biggest cuddle and always made me a cup of tea.

My Son has severe depression, anxiety and ADHD at the age of 28. This potential impact is yet to be seen. We are still on his journey.

I live with the diagnosis of bipolar, complex post-traumatic stress disorder, OCD and BPD, but I will never not use my voice.

Please see my family. See them and help someone else's.

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**“I do not want my history to repeat in another child.”**