



Response from Children 1st to the independent strategic review of funding and commissioning of violence against women and girls services: call for evidence

July 2022

Children 1st is Scotland's national children's charity. We have over 135 years of experience of working alongside families to prevent problems from escalating to the point of crisis, to protect children from harm and to help children and families to recover from the trauma associated with childhood adversity by providing relationship-based practical, financial and emotional support. We have one dedicated domestic abuse recovery service for children and families in the Scottish Borders, though each of our family support services across Scotland work directly alongside survivors of domestic abuse and our workers are trained in and understand the impact of violence against women and girls and the dynamics of domestic abuse and coercive control.

Q1: What do you consider to be the main function or purpose of services challenging violence against women and girls?

The main function or purpose of services challenging violence against women and girls must be to uphold and champion the rights of women and girls, first and foremost to be safe from harm.

Last year, Children 1st's domestic abuse service in the Borders directly supported 170 women, children and young people impacted by domestic abuse. Taking a whole family approach, when wider family members are included, we supported over 300 individuals with increased safety and wellbeing. Our approach is to work towards upholding women and children's rights as set out in the United Nations Convention on the Rights of the Child (UNCRC) and other human rights treaties. Our services help women and children to know and claim their right to be safe from harm; to an adequate standard of living; to support for their families; to recover from trauma; and to justice, care and protection.

VAWG services should not work in siloes but should liaise closely with, or incorporate, other services that uphold and realise women and children's rights—including police, health, housing, etc. They must align with the principles of family support set out in The Promise and, crucially, must ensure skilled support as women and children navigate complex court processes and proceedings to ensure that their voices are heard. They must be cognisant of the fact that, for many women and children, the point of leaving can be the most dangerous.

Q2: What services should be available for women experiencing any form of violence against women and girls?

High quality, consistent, relationship- based trauma informed and recovery focussed support for women and children should be available when they need it, for as long as they need it. These services should align with the principles of family support set out in The Promise and should fundamentally uphold women and children's rights. These services should be accessed directly and easily by women, in ways which take account of the risks they face when reaching for help and should be delivered in line with a gendered approach to understanding domestic abuse and violence. All support services should have teams that understand and are trained in the complex dynamics that gender- based violence present and support women and their children to be safe.

Q3: What services should be available for children and young people experiencing any form of violence against women and girls? Please provide any examples of good practice you may have.

High quality, consistent, relationship- based support for women and children should be available when they need it, for as long as they need it. These services should align with the principles of family support set out in The Promise and should fundamentally uphold women and children's rights.

Children 1st are a trusted and established provider of children's domestic abuse services and the largest provider of adult domestic abuse recovery support in the Scottish Borders. We have experienced a significant increase in referrals in the past year, mainly from the Scottish Borders Council's Domestic Abuse Advocacy Service (DAAS), as we are considered the only service with skills and expertise in creating safety for women and girls and supporting their recovery, particularly when living with ongoing abuse. We have developed a high- quality, experienced and qualified staff team who deliver a unique, person- centred and holistic approach.

We recognise the complex nature of domestic abuse, and the devastating impact violence and coercive control has on family functioning. Our highly skilled Project Workers walk alongside individuals to empower them on their recovery journey, build trusting relationships, understand their stories, and gain a deeper understanding of their needs and trauma experiences. Our support draws on evidence-based programmes such as CEDAR and delivers support based on a person and family centred recovery approach for however long it takes. We share learning both locally and nationally through our partnership working which helps deepen understanding of patterns of need and work collaboratively to improve access and diversity of support offered.

We know our approach works because children, young people and women and our partners tell us:

'I felt that the whole world hated me, but you never made me feel like that. Without you I might have (taken my own life). Your support has made it easier to have a healthier relationship with my new partner.'

‘Children 1st have been such a fantastic support for me throughout an extremely difficult, stressful and emotional time in my life, not only for myself, but also for my daughter. I honestly don’t know how I would have coped through some of my darkest days without Children 1st being there to support, help and guide me.’

The outcomes achieved last year further demonstrate the effectiveness of our approach:

- 84% of women we supported said they were living in a safer environment.
- 94% said that they had improved emotional health.
- 86% had increased resilience.
- 91% said they had improved family relationships.

Our service currently has a long waiting list of over 100 women.

In addition to our service in the Borders, our family support teams across Scotland are skilled at working directly alongside women and children experiencing domestic abuse. We provide whole family support, working with women and children to uphold their right to be safe from harm as well as providing skilled trauma recovery support and practical support for things such as securing safe housing and accessing financial support. Typically this involves working with non-abusing parents, but where safe and appropriate whole family support can include working with a perpetrator. Our teams also help women and children to navigate the complexities of civil and criminal justice proceedings, advocating for their rights and providing support.

We would be happy to welcome the Review team to visit our service in the Scottish Borders and meet our team so that they can understand more about the work we do alongside families.

In addition to this, the Review will be aware that Children 1st is a long-standing advocate for child victims and witnesses of domestic abuse to access a Barnahus in Scotland. The Scottish Government has committed to ensuring all children who require a ‘Bairns Hoose’ will be able to access one by 2025 and in the interim Children 1st and partners are piloting Scotland’s first Bairns Hoose, which aims to open in East Renfrewshire by Spring of next year. This will be all under one roof: a trauma sensitive space, where child victims and witnesses of domestic abuse, and their families, can access trauma recovery support in addition to ensuring high-quality evidence is recorded and police and social services can undertake joint interviews and forensic medical examinations. Although work is still ongoing to develop this model we encourage the Review team to consider the funding and commissioning of services for child victims and witnesses of domestic abuse in the context of this aspiration which will become reality by 2025.

Q4.1: What role should third sector organisations play in the provision of specialist services to women, children and young people experiencing violence against women and girls?

Children 1st’s view is that third sector organisations are often uniquely placed to provide independent, specialist, rights-based services to women and children experiencing violence against women and girls.

In our experience the integral role that the third sector can play in supporting children and families can often be undermined and undervalued. Our services are able to support women as parents and carers to help them to meet their child's needs and uphold their right to safety. We do this by building strong relationships with women to help them to make sense of their trauma and how this impacts them. We work at a pace that is right for them in order to support meaningful and sustainable recovery.

In the Scottish Borders we have forged close relationships with the local VAW partnership and our role as Chair of the Scottish Borders MARAC ensures we work with families most in need. We have clear and accessible referral pathways, ensuring joined up effective support with services without overwhelming women and children with multiple different professionals and over- complex referral pathways.

We are able to support families classed as 'high risk' due to our skilled and knowledgeable team to safely deliver outreach support. Through our partnership working we know that other agencies do not routinely offer outreach support, making it very difficult for people without transport to access support. We overcome these barriers, through a service that is inclusive and offers flexible support at a time, frequency and place that suits an individual. For example, we are the only domestic abuse service in the Scottish Borders which visits women in their own home.

In our experience, our workers are often better placed to develop strong and lasting relationships with women and children in a way that statutory services find more challenging because our teams have time to build trusting relationships and focus on getting to know women and girls well, listen to and understand the impact of their experience in order to plan with them a support and recovery journey which keeps their holistic needs in mind. We are sometimes perceived as being less 'threatening' and more easily available to work alongside women and children in a non- judgemental, non- stigmatising way. This includes working alongside trafficked children with the use of an interpreter, individuals with learning difficulties and families impacted by substance use. Though, of course, this ability is often directly impeded by our funding restrictions—which we cover in more detail later in our response.

Q4.2: What role should local authorities play in the provision of services to women, children and young people experiencing violence against women and girls?

It would be helpful for local authorities to support the provision of services to women, children and young people experiencing violence against women and girls in a number of ways:

- Support the implementation of sustainable, high- quality, evidence- based services based on what children and families tell us is needed and works for them.
- Explore ways to ensure longer term, sustainable funding for services that are working well, supporting women and children and are working to keep the Promise.
- Train and support staff within statutory services, including social work, in the dynamics of domestic abuse and coercive control, through implementation of models such as Safe and Together.
- Ensure they have a robust MARAC process in place, which has multi-agency support.

- Ensure that staff have a clear understanding that when services become involved in the lives of families impacted by domestic abuse there is a significant risk of unintended service- generated risks, increasing the risk of harm to the women and children within a family, unless steps are taken to mitigate against this. This is particularly important when statutory agencies are carrying out duties around support and protection of children, within GIRFEC principles and seeking to enable whole families' involvement in processes, including Children's Hearings, child protection and review meetings etc. There must be an understanding that these processes and meetings can create situations where woman and children may be required to be in a space with a parent who has caused them past harm and poses a continued threat to their safety. It is important to be fully aware of and, take into account, the power dynamics within the context of a coercive controlling and abusive relationship.
- Value the role of the third sector as an important partner in delivering support for women and children.
- Support the development of a Bairns Hoose model for child victims and witnesses, including the test, learn and develop project in the West of Scotland currently being led by Children 1st alongside Victim Support Scotland, the University of Edinburgh and Children England which will be Scotland's first Bairns Hoose.
- Ensure every woman and girl can access trauma- sensitive and recovery focussed support in their local area

Q4.3: What role should the Scottish Government play in the provision of services to women, children and young people experiencing violence against women and girls?

Scottish Government should work to ensure the recommendations set out in The Promise are realised, including those relating to funding and commissioning of services so that organisations such as Children 1st are supported to provide support for all those who need it as early as possible in a way that is non-stigmatising, non- judgemental and suits women and children.

We welcome the Scottish Government's commitment in the 2021/ 2022 Programme for Government that "all children in Scotland who have been victims or witnesses of abuse or violence, as well as children under the minimum age of criminal responsibility whose behaviour has caused significant harm, will have access to a "Bairns' Hoose" by 2025." We are supportive of the development of draft Bairns Hoose Standards, currently being developed by Healthcare Improvement Scotland. We have some concerns that the timing is tight for realising the Scottish Government's ambition by 2025 and would welcome further discussion about operationalising the model for all children.

The Scottish Government should also work to swiftly address the issues with the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill so that the convention is fully incorporated, as far as possible, in Scotland. The Government should invest in prevention services and work to address the causes of violence against women and girls.

Q4.4: What role should the NHS play in the provision of services for women, children and young people experiencing violence against women and girls?

In line with our above suggestions for local authorities, it would be helpful to ensure staff within NHS services, including Midwives and Health Visitors understand clearly the dynamics of domestic abuse and coercive control, including through training and implementation of models such as Safe and Together. We would welcome additional consideration into how front-line NHS staff can be further supported to engage in exploratory conversations about domestic abuse with women and children and how they can be encouraged further to make referrals to MARAC.

Given the integral role of health services in Bairns Hoose (including through medical examinations and provision of forensic medical services) the NHS should explicitly support work to develop Bairns Hoose in Scotland.

Q4.5: What role should Police Scotland play in the provision of services for women, children and young people experiencing violence against women and girls?

Children 1st would support ongoing training in domestic abuse, sexual violence and coercive control for all police officers on an ongoing basis.

As above, Police Scotland should explicitly support the development of a Bairns Hoose for children and their families.

Q4.6: Are there any other organisations that should provide services for women, children and young people experiencing violence against women and girls?

Housing, financial support, justice, employability, etc. It would be helpful for all organisations working with children and families to be aware of the impact of domestic abuse and coercive control.

Q5: Should access to services for those experiencing violence against women and girls be a right in law for any woman who needs them, e.g. like child/ adult protection?

Children 1st's view is that we currently have vast swathes of progressive, positive policy documents and legislation in Scotland but there is a challenge in implementing much of it. We do not think it would be beneficial to legislate for yet more services that do not translate into reality on the ground. Instead, the focus should be on ensuring that all women and children are able to access the type of non-stigmatising, non-judgemental, rights-based services we described above, in line with the recommendations set out in The Promise. There are a number of barriers to be removed to ensuring all women and children can access these services (see our answer to Q.7) which should be prioritised and do not require legislative changes to remove.

Q6: Should access to services for those experiencing violence against women and girls be a right in law for any child or young person who needs them, e.g. like child/ adult protection?

See our answer to Q.5.

Q.7: How can barriers to services for women, children and young people experiencing violence against women and girls be removed across Scotland?

In our view the following actions should be prioritised:

- Ensure third sector organisations are viewed as equal partners.
- Hold statutory organisations and the Scottish Government to account for ensuring they keep The Promise.
- Challenge the status- quo of commissioning practices, siloed funding and delivery mechanisms which prevent consistency of funding for projects that are working in collaborative ways alongside families where short- term results may not be evident for some time.

Our services also reflected that often referrers or funding partners look to them for ‘quick interventions’ and ‘instant results’ without a clear understanding that it takes time to build and develop relationships. The expectation can be to ‘fix it now’ rather than working alongside families and building their own strengths. We need the space to work creatively with families to manage risk together rather than being expected to deliver on pre-agreed targets that serve funders and not families.

- Work alongside those organisations who are demonstrating change through innovative relationship-based practice.
- Trust families to know what works for them and listen to their views about the type of support they need and the way that they need it.
- Invest in evaluation of those promising initiatives in order to support scale up of approaches that work.
- Link policy agendas together so that they do not continue to work in siloes—and consider which funding could be streamlined so that the way that services are funded is much more intuitive and meets family needs.
- Support the broader work to challenge some of the structural inequalities that families are facing (for example, the calls of the End Child Poverty Coalition), including by encouraging cash payments for families living in poverty and working on the development of a wellbeing economy.
- Prioritise developing a national approach to Bairns Hoose so that all child victims and witnesses can access these important facilities.

Q.8: How can a consistent quality of services for women, children and young people experiencing violence against women and girls be ensured across Scotland?

The current level of uncertainty around funding and service provision undermines our ability to forward plan and to engage with partners. Our service in the Scottish Borders was consistently funded throughout the Covid- 19 pandemic, during which time we experienced exceptionally high demand for the service and were able to report excellent outcomes for women and children. Despite this, in the most recent round of funding (through the Equally Safe fund) our funding was significantly cut leaving over 100 women on our waiting list and our Service Manager was required to make some tough decisions relating to the workforce in order to maintain the quality of the service and meet the needs of women and children.

We need to ensure that alternative ways to commissioning are urgently considered that better supports the development, design and maintenance of services that meet families needs.

We replicate here what we wrote in [our response to the Finance Committee's](#) Enquiry on Early Intervention and Prevention in November 2015:

In practical terms, current commissioning and funding arrangements means that we cannot work with or refer children and families to services beyond a particular point in the financial year as we are not sure if the service will continue and it means that key staff and support workers begin to look for alternative work leaving the service in a state of flux. Scarce funds are spent training and upskilling staff who subsequently move on when services close or funding is insecure, leaving us to recruit and train staff as and when we receive further funds. We are not suggesting that services should be funded indefinitely, but rather that there is a strategic approach taken to ensure that those that are improving outcomes and meeting early intervention aims successfully are sustained.

We believe that in order to change culture and practice and to cultivate innovation we need to think differently about service delivery. We think that interventions should be child and family- centred and rights-based rather than being focused on short term outcomes. We think that provision should be tailored around times when families and children report they most need help and support should be provided to the whole family, where appropriate.

However, despite writing the above in 2015, little seems to have changed between then and 2020. We are concerned that sometimes the rhetoric and enthusiasm for The Promise does not always appear to be matched by what we are hearing on the ground. For example, following one tendering process in which Children 1st was unsuccessful we received the following feedback from one local authority:

“(Your submission was) linked to The Promise and national outcomes—panel highlighted that local authority outcomes (were) not focussed on. Mention of participation/ rights service, however, this would not be part of this service.”

In addition, we believe that often the most productive way of developing services that best suit the communities that Children 1st work alongside is to cultivate strong relationships with partners and families at local level. This worked successfully for us in Aberdeen and East Renfrewshire where,

instead of tendering for a service specification that was developed according to corporate priorities we worked collaboratively to understand the core issues affecting families and developed services according to community needs. In Aberdeen this means that we are part of a partnership between Aberdeenshire Health Board and others to develop three family wellbeing hubs, linked to schools in areas of particular need. This approach is not, however, always possible in each area due to concerns about the lack of tendering process.

Q.9: Should services and providers for women, children and young people experiencing violence against women and girls and providers be based on need in their local area?

Yes.

Q.10: Should services and providers for women, children and young people experiencing violence against women and girls be the same in every local area?

No.

Each local authority area will have a variety of unique challenges and opportunities. For example, the needs of remote and rural and island communities will be different to those living in densely populated cities. Services should be developed alongside the communities that need them.

Q.11: What action should be taken to ensure unmet need is met and regional disparities are addressed?

See our answers to Q.7 and Q.10.

Q.12: How can women, children and young people who have experienced violence against women and girls be meaningfully included in the co-design/ evaluation of services? Please provide examples of good practice.

There are vast swathes of evidence already available about the importance of including the voices, views and experiences of the communities who will be utilising services being developed in their design.

We have excellent practice to draw upon from our own services and from across Scotland. It is important that services embody the commitment and participation ethos, building a foundation of structural and system listening. Creating a rights-respecting environment is critical and Children 1st's work is supported by findings from participation with children and young people with care experience across Scotland:

“The workforce must be supported to be the trusted adults that children need to help them access their rights and entitlements, ensuring that all children can achieve their rights and live their lives to the full. They must be supported to create a rights-respecting environment where children feel they can raise concerns and complaints and receive comments and feedback.” (The Promise, 2020)

Children 1st would be happy to share our experience of developing a model for Bairns Hoose alongside children and families as well as other projects, such as our research in Moray with birth parents who have had children removed from their care.

Q.13: For services receiving funding, what would be the optimum length of funding period to ensure they are able to continue to provide services effectively for women, children and young people experiencing violence against women and girls? (3 years, 5 years, 10 years, other)

Long- term funding provides stability and consistency of care and quality. It prevents organisations from needing to frequently ‘reinvent’ a service, maintains stability for support workers and means that service providers can focus on our core purpose of delivering high- quality services for children and families. Children 1st would recommend that no commissioned services are shorter than 5 years. However, for long- term funding there needs to be proper consideration for rises in costs and salaries over that period.

Q.14: Should funding application processes remain “lighter touch” as was the case at the height of the COVID-19 pandemic, or revert to a higher level of scrutiny as previously?

In order to radically transform the system and put children’s rights at the centre, drastically alter the way that we help and support families, readdress the existing balance of risk, the status quo and the monetarisation of care, we need to disrupt and challenge the existing system.

During the pandemic, we found that in some cases where funding application and reporting processes were simplified it became easier for us to deliver services in the way that we know works for children and families. The tightening of these processes again have demonstrated how restrictive they can be. This does not mean that we think there should be no accountability or scrutiny, but rather that we would welcome further discussion about how to build in a level of trust and flexibility into our funding arrangements that would allow us to develop and deliver services alongside families in a way that makes sense to them. We have excellent relationship with funders like Peoples Postcode Lottery where they fund our core work and trust us to deliver it the way families tell us rather than creating new projects to fit changing sets of priorities.

The way in which services are monitored and reporting is conducted plays a key role here. Where this has been most successful is where the funder and delivery organisation enter into a partnership based on

shared responsibility and trust. Regular check in and meetings have played an important role of keeping all parties involved and updated but also allows us to monitor risk and mitigate any challenges that have been faced. Relationships that are based on commissioner/provider with annual reporting simply do not deliver for anyone, especially those we are trying to support.

Q.15: What is the single most important thing that can be done to reduce/ mitigate the impact of violence against women and girls?

Reduction

Children 1st's view is that much more should be done to address some of the systemic issues driving violence against women—including tackling the underpinning causes of inequality and male violence. We would like to see more of a focus on respecting the rights of women's and girls and achieving greater equality for women and girls through improving equal pay and opportunities and reducing poverty while addressing men's problematic behaviour. In particular, this means more non-court mandated perpetrator programmes, embedding the Safe and Together principles properly in all areas and investment in early intervention/ education with young men at risk of being perpetrators. We would welcome a trauma-informed prevention strategy and operational plan to work with men and boys on attitudes, beliefs and behaviour and ways to prevent harmful behaviour manifesting as abuse.

Mitigation

Sustainable funding for relationship- based, skilled, compassionate support that is easy to access and upholds the rights of women and children, including to be safe from harm and to recovery.

This support should be extended to the justice system to ensure that women who report violence against women and girls are not let down by an antiquated system that does not listen to their views and retraumatises them.

Q.16: Is there anything else you would like to tell us?

Children 1st would be happy to meet with colleagues involved in the Review to discuss our response in more detail, and share information based on what women and children tell us would make a difference to them.

If you have any questions or comments about our response please contact our Head of Policy, Chloe Riddell, at chloe.riddell@children1st.org.uk.