We Thought They Didn’t See: Cedar in Scotland - Children and Mothers Experiencing Domestic Abuse Recovery

executive summary
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Research for Real

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Introduction

Cedar (Children Experiencing Domestic Abuse Recovery) in Scotland is a psycho-educational, multi-agency initiative for children and young people who have behavioural, emotional and social difficulties as a consequence of their experience of domestic abuse.

Cedar provided a therapeutic 12-week group work programme for children and young people in recovery from domestic abuse, alongside a concurrent group work programme for their mothers.

The development and evaluation of the Cedar projects in Scotland was one of thirteen priorities identified in the Scottish Government National Domestic Abuse Delivery Plan for Children & Young People. Cedar has the potential to contribute to a wide range of cross-cutting outcomes and policy agendas, both nationally and locally.

There is strong interest in the Cedar approach in Scotland and elsewhere across the UK. The broader adoption of Cedar now rests on decisions by local authorities in Scotland. This report is written for professional policy makers and children’s service practitioners and planners in the UK and beyond, who are interested in Cedar and considering the adoption of the Cedar approach in their own area.

In planning and commissioning services for children and young people and their families in social work, education, and child and adolescent mental health, managers need access to and understanding of evidence in designing services and programmes to meet national and local outcomes. Evaluation evidence has an important role to play in informing decisions on where money is spent to achieve agreed outcomes.
The final evaluation report brings together evidence from the entire Cedar pilot programme. It builds on the Interim Evaluation Report which provided early findings from the first year of operation. It shows how Cedar fits into a bigger picture of outcomes for children and young people and complements the associated Part 1 of the Cedar Toolkit (The Cedar Framework) which provides more hands-on guidance about the operation of the Cedar approach.

This brief presents a summary of final evaluation findings. The full report, We Thought They Didn’t See: Cedar in Scotland - Children and Mothers Experiencing Domestic Abuse Recovery, can be accessed via our website: www.scottishwomensaid.org.uk

“We thought they didn’t see” (Cedar graduate, mother)

- Cedar helped to put an end to the ‘conspiracy of silence’ around domestic abuse in the family and has been an opportunity to acknowledge both the individual and shared experience of domestic abuse. A clear message from the experience of the national pilots is that Cedar is an important and powerful approach that can bring about transformational behavioural change for children, young people and families at risk.

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

- Cedar makes an immediate and substantial impact to address the serious childhood adversity created by domestic abuse and puts children and families onto a different and more positive future pathway. It is a valuable way to begin to ‘undo the harm’ to children and to the mother-child relationship caused by domestic abuse.

“You can’t put a price on happiness” (Cedar graduate, aged 17)

- The Cedar pilot has enlarged understanding in Scotland about how domestic abuse affects children and young people and how they and their mothers wish professionals and policy makers to respond.

- Cedar blends the best of skilful and reflective professional practice with the experiential knowledge of mothers and children and young people. If adopted as a broader ‘way of working’ there is potential to adopt this approach in a variety of different settings and to use it to strengthen a collaborative and holistic strategy that puts outcomes for children at the centre. There is great potential to focus resources in times of austerity to reduce long-term costs of all kinds.

The Cedar pilot in Scotland

Cedar successfully engaged with children and young people from aged from four to sixteen years, both boys and girls, and some children with additional needs. Almost 200 children and young people have completed a Cedar group. There were 39 groups for children and young people and 26 groups for mothers implemented across the three pilot areas, between January 2009 and March 2011. Almost nine in ten children and young people that started a group completed it and this figure was consistently high across all three areas.

Outcomes for children and young people and mothers

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

Children learnt that it was not their fault and that they were not alone in their experience. This learning helped them to build self-esteem and see themselves and their lives differently. The positive and relaxed group atmosphere, together with the structured curriculum and range of activities on offer, helped children and young people transform their understanding of domestic abuse and reduced self-blame.

The transformation that mothers underwent in group was multi-dimensional: listening to their peers, they realised that abuse had not just happened to them and this reduced self-blame and isolation. Their perceptions of themselves, as both women and mothers, changed.

Children and young people have learnt how to manage their emotions and their actions

Cedar has taught children and young people strategies to recognise their feelings and deal with their anger. The programme gives children and young people and mothers a language to talk about their feelings and experiences through varied creative and playful activities. It makes good use of visual images and memorable metaphors, which aid communication, in group and at home.

Children and young people have greater knowledge of safety planning and support

Children and young people do have greater knowledge of safety planning and support, although this needs to be more tailored to each child’s individual
circumstances. The issue of children’s safety and safety planning should be on the agenda throughout the 12-week programme. Mothers need more guidance on how to talk with their children about their safety plans.

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

The reduction in self-blame helped to calm family relationships through a new shared understanding of domestic abuse which made sense of the past and opened up ways of talking and relating to each other. Children and young people were happier, coping better at home and in school and more able to talk to their mothers. For outcomes to be evidenced even more strongly and sustained in the longer term there needs to be a consistent focus on the building of the mother-child relationship, throughout the programme.

**Families have a more positive future outlook**

Feedback from Cedar graduates – mothers, children and young people – was positive and compelling. A clear message from them is that family relationships have been restored as a result of Cedar and that they have a much more positive future outlook. There is a sense that they have regained their ‘space for action’ as they reclaim a sense of control over their own lives. They mention improved physical and mental health; better performance in school; and improved family relationships.

**Understanding the guiding principles of the Cedar approach**

These are positive and compelling outcomes from the Cedar pilot. In understanding how Cedar has worked so well, it is worth highlighting the ethos and core elements of the approach that together make it unique. There are five main guiding principles which work in combination; the Cedar curriculum, structure and strengths-based approach; peer learning; concurrent groups to support mutual recovery and learning for children, young people and mothers; assessment as engagement and multi-agency professional learning and integration.

**The Cedar core: curriculum, structure and strengths**

The Cedar core is the combination of the curriculum, structure and a strengths-based approach. The scope of the 12-week curriculum and range of activities offered to children and young people seems to be about right. The pilots have shown that the programme can be adapted to suit different age groups, both boys and girls, and the context in which children and young people are living. Cedar is not a ‘one size’ programme; there is scope for variety and adaption of activities and approaches, but the basic dual structure, curriculum content and flow are a valuable framework and should not be diluted. This is crucially enhanced by a strengths-based approach in all areas of the programme based on the qualities of respect, caring, sincerity, authenticity and trust.
For some children, Cedar will not be suitable, particularly if they are showing symptoms of trauma; some will not wish to take part, the 12-week programme may not be sufficient or they may need more time or individualised support, particularly where there may be undisclosed abuse from the past or ongoing abuse in a child’s life.

**Learning with and from peers**

Groupwork is a powerful way to raise understanding about the impact of domestic abuse on children, with both children themselves and their mothers, in less directly confronting and stigmatising ways than may be experienced as a result of other interventions. Cedar is popular with children, young people and mothers; those who took part express a strong preference for a groupwork approach rather than one-to-one counselling.

Being with peers was vital to the development of understanding of domestic abuse; to be able to give and receive peer support enhanced learning and promoted recovery. Such reciprocity is a unique resource for recovery from domestic abuse and a core element of the way that Cedar works.

As a form of strengths-based, peer-learning, Cedar may be a way of building competence, connection with others and confidence to act both within groups and in the family. Professional expertise, personal experience and peer learning are combined in ways that foster trust and empathy; promote insight and reframing of the situation to strengthen the capacity for healthier relationships; and generate capacity for people to help themselves and each other.

**Mutual recovery – outcomes for mothers are not secondary**

Concurrent groups for mothers and children give mothers the chance to express their support for their children in a visible, practical and non-stigmatising way. Women were often more motivated rather than access a group specifically for themselves by the offer of a group which was for their child. Nearly eight in ten children and young people had a mother who joined a group at the start. For three-quarters of children and young people, whose mother was initially in a group, both they and their mother completed group. Whilst children whose mother was never in a group were not significantly less likely to complete their group, there was a strong sense that children do qualitatively better if their mothers do attend a group.

These findings provide a positive endorsement of the value of the concurrent groups, which acknowledge and work with the experiences, strengths and vulnerabilities that mothers and children bring with them. The participation of mothers underscores the learning for the children and brings an added dimension of more systemic and enduring family change.

Outcomes for mothers are not secondary to those for the children; whilst mothers are not the primary focus of the programme, the insight, empathy
and reframing of their experience that some mothers undertake may be the best chance that they will sustain the learning from the group and be able to continue to support their children in their on-going mutual recovery process. Cedar may also open up the enduring traumatic effects of abuse on women when they, themselves, have experienced an abusive childhood. This ‘can of worms’ is not necessarily a negative development as long as the right kind of support is available to maintain their ability to parent during Cedar and sustain improvements in the mother-child relationship afterwards.

Women have their own emotional needs during the group but, with support, can still attend a group with other women from diverse backgrounds. Self-care for mothers is an important theme. Inclusion of a mix of mothers’ group members at different stages of the ‘recovery’ process provides an important ‘reference point’; showing to some how far they have come and to others that positive change is possible.

**Assessment as engagement**

Cedar can be a way to bridge the ‘approachability gap’ that often prevents take-up of services. It is a valuable means of ‘assessment as engagement’. Cedar can 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. An initial or later decision that a group is not timely or appropriate for a participant can still be a positive pathway to more suitable support.

Initial assessments for Cedar work best when they are conducted informally by experienced practitioners with strong relational and reflective skills. Views about home visits have generally been supportive of their value as a way of capturing a much clearer sense of the family context.

Readiness and capacity to participate in a group does need to be part of the assessment process for both mothers and children. A group may not be the most appropriate setting to support a child or mother who has language or communication difficulties. Both disruptive and more withdrawn or internalising behaviours present issues for the management of group processes and dynamics as they affect the individual and the group as a whole.

**Multi-agency professional learning and integration**

Cedar is a powerful and unique way for professionals to learn together in practice about the impact of domestic abuse on children, by co-delivering the programme. There have been very positive outcomes for the professionals involved in co-facilitation, particularly given their existing relatively high level of expertise and knowledge. Co-facilitators acknowledge the power of hearing accounts at first-hand. Different styles of facilitation and the different perspectives and experience of a range of professionals are valuable assets in
successful multi-agency programme delivery. Cedar can contribute to genuine professional integration of service providers to produce more effective working together and pooling of knowledge and resources.

Involvement in co-facilitation can also have an educative and catalytic effect on wider multi-agency understandings of domestic abuse and practice, particularly as it affects children and young people. There may also be further benefits for service design and delivery. Cedar is a form of experiential and social learning for professionals as well as for group participants which could have a significant impact on broader professional practice that seeks to adopt a more strengths-based approach and get the co-ordinated response right for every child. With a strong steer at strategic level within all contributing partner agencies, a more child and family-centred integration of services could be delivered in the medium to longer term.

**Extending the value of the Cedar approach: key issues**

**Referral volumes, sources and numbers of groups**

The volume of referrals suggests that there has been both a need and demand for a service to meet the needs of children and young people experiencing recovery from domestic abuse. A sufficiently large pool of referrals is needed to support viable groups of a suitable mix and size, including factors such as age, gender, diversity and complexity of needs.

Referral volumes and sources to some extent illustrate the nature of existing inter-agency relationships within an area, rather than being an objective measure of need. Whilst there are both knowledge and attitudinal barriers to referral, there are also new opportunities; the pilot has shown that it is possible to engage with families often seen as ‘hard to reach’ and through their experience of being part of a high quality non-stigmatising service, reach others through personal recommendation and service generated self-referrals.

The volume of groups completed is well below the rather ambitious numbers originally envisaged for the pilot. The challenge to the approach is to find ways to scale it up so that many more children and families can benefit. In any roll-out of Cedar the workload implications of managing referrals, assessments and groupwork need to be realistically appraised and any targets for numbers of groups need to take into account the importance of securing high quality outcomes for all participants and in enhancing the wider network of support.

**Enhancing the network of support**

Cedar is not just about the 12-week programme; it also assists in the enhancement of the network of support, either instead of or after group, by bringing previously unacknowledged needs to the attention of the appropriate parties and strengthening the resources available to family members.
Extending the reach of Cedar

More explicit, deliberate attention needs to be paid to reaching different communities of place and interest. There is real need to develop a more inclusive strategy in any roll out of Cedar which addresses the needs of women and children from other religious and cultural communities who have made Scotland their home. Extending the reach of the approach in this way will require the investment of time and resources to build existing and new relationships with specialist agencies and learn more about what may need to be adapted to meet more diverse needs.

Valuing early intervention and prevention

As a programme that addresses often previously hidden needs, ‘early intervention’ of this kind may not be seen as a priority. In practice, the boundaries between preventative and crisis interventions are not clear-cut; indeed, part of Cedar’s strength is that traditional boundaries between universal and specialist services are transcended. Such recovery focused work should be viewed by the statutory authorities as a solution rather than a burden. Cedar should have a place within wider social work provision and be integrated into existing services as ‘a way of working’, such as multi-agency teams and pre-existing partnership models of service delivery. The experience of the pilots suggest that Cedar sits best within a local context where there are clear policies and partnership strategies to respond to domestic abuse, including awareness training, tackling perpetrators, support for women and children and prevention.

Strengthening local responses to domestic abuse

The bulk of referrals to Cedar have come from statutory agencies, whilst most co-facilitators are from the voluntary or third sector. Cedar offers a way to tackle the noted inconsistencies in addressing domestic abuse amongst practitioners, attributed to different levels of awareness and skills. The pilot has shown that it is possible to use Cedar to train those from more generalist agencies to work with children and young people experiencing domestic abuse recovery. Cedar has provided some professionals with new skills, particularly groupwork skills, and other insights of value. These include theory, language, practical ideas and knowledge of resources likely to add value and impact to their wider practice with other children and families.

A clear message from the pilots is that all statutory services should provide staff to co-facilitate Cedar groups, including teachers and social workers. Young people, in particular, appreciated the involvement of teachers, the Police and male facilitators.
Extending the value of the Cedar approach: recommendations for future practice

The Cedar approach as a way of working

The Cedar approach should be integrated into existing services. This will enable it to move away from the pilot model to become a ‘way of working’. There is scope for flexibility and creativity in delivery, but Cedar ‘should not be watered down’. The challenge to the approach is to find ways to scale it up so that many more children and families can benefit.

The pool of Cedar co-ordinators, co-facilitators and graduates and their considerable experience derived from the pilots is a valuable resource for any continuing programme and related inter-agency training across Scotland. The establishment of a Cedar National Support Network is important to make the most of the existing expertise, allow sharing of good practice and ensure quality is maintained.

Investment to reduce long-term costs of all kinds

Very high numbers of children in Scotland have lived with, or are living with, domestic abuse. Many also live in communities where violence, harassment and endemic, low-level abuse are part of everyday life. This goes well beyond incidents of violence within the home to a much broader cultural issue. Within this context, Cedar graduates may need access to a follow-on support or more specialist services to sustain the learning from Cedar, and to allow them access to broader non-violent behavioural strategies.

A Cedar approach has the potential to contribute to a wide range of cross-cutting outcomes and policy agendas, both nationally and locally. A clear view from the pilot programme was that Cedar is a cost-effective intervention that, in the long term, will save money for many services including the NHS, the Police, Social Work, Education and Criminal Justice. Economies can be made if the right children are worked with at the right time thus preventing the provision of more costly specialist services further down the line.
For more information about the Cedar approach go to www.cedarnetwork.org.uk