Local Authority Targeted Family Support Services:

The experience of a sample of women who had experienced domestic abuse

By

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ABSTRACT

This qualitative study was undertaken in a small ethnically diverse town in the South East of England. The participants were female victims who had suffered from domestic abuse and had received targeted family support from services in one local authority as part of the Troubled Families programme launched in 2011.The scheme focussed primarily on integrating services concerned with youth crime, unemployment within families, substance misuse and teenage pregnancy. The scope of the scheme was further expanded to reach out and work with families with multiple and complex problems. As part of this expansion victims of domestic abuse received multi-agency integrated targeted family support delivered through a family support worker who coordinated a wide range of interventions.

There has been research published associated with female domestic abuse survivors and their experiences of abuse and trauma but very little research in the public domain regarding the voices of the female domestic abuse victims in relation to the targeted support interventions that they have received. The study elicits the views of the women in relation to the benefits of targeted family support interventions and their experiences and whether changes need to be made in the delivery of services in the future. The study also explores the victim's perspectives and understanding of the targeted family support worker role and the policy context within which practitioners are expected to evidence impact.

The study was undertaken with eighteen domestic abuse victims who had all received targeted family support from multi-agency practitioners. The victims were interviewed to elicit their views regarding their experiences of the support that they had received. Thematic analysis was utilised to analyse the data gathered from the participants. Within this study there is evidence to suggest that targeted family support that the female domestic abuse victims received was fragmented and victims still felt that their problems associated with their health, financial support and criminal activity encounters with law enforcement agencies were still prevalent in their lives. The findings suggest there is significant discrepancy between policy development and the implementation of the Troubled Families programme through targeted family service interventions across the local authority.

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Authors Declaration

I declare that this thesis and the work presented in it are my own and have been generated by me as the result of my own original research.

I confirm that:

1. This work was done wholly or mainly while in candidature for a research degree at this University.
2. Where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated.
3. Where I have consulted the published work of others, this is always clearly attributed.
4. Where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work.
5. Where elements of this work have been published or submitted for publication prior to submission, this is identified and references given at the end of the thesis.
6. This thesis has been prepared in accordance with the Coventry University and Buckinghamshire New University.
7. I confirm that if the submission is based upon work that has been sponsored or supported by an agency or organisation that I have fulfilled any right of review or other obligations required by such contract or agreement.

Andalina Kadri

CHAPTER ONE

INTRODUCTION

The aim of this introduction to outline the context of the study and the rationale for conducting the study. The purpose of this research project is to explore the experiences of service users who have been involved with targeted family support services in a local authority. All the women who participated in the study had been victims of domestic violence. One in four women are victims of domestic violence at some point in their lifetime and some have been victims on several occasions (Women's Aid Federation 2014). Women's Aid Federation (2014) suggest that police record incidents of domestic violence every minute within the U.K. Women's Aid Federation (2014) suggest that domestic violence has been the cause of death of females by their partners. During the period of April 2014 and March 2017 the Office of National Statistics (ONS, 2018) recorded that an estimated 241 women were killed by their current or ex partners. This equates to 1.5 women per week. ONS (2018) estimated through a crime survey conducted in the year ending March 2018 in England and Wales that 1.3 million women and 695,000 men have experienced domestic abuse.

The study enabled the researcher to explore whether family support interventions proved useful in enabling families with complex problems such as domestic abuse to achieve outcomes identified by the government as part of the Troubled Families initiative introduced in 2012.The research captured whether from a family perspective specific outcome were achieved. The voices of the female victims and the impact on their children are captured within the research and their journeys related to the type of interventions and support that they received. The Troubled Families programme has been established by the government since 2012 and local authorities were funded to provide targeted family support services either through the commissioning of services or via in house services available with partner agencies in the community. There is limited literature, education and research currently published to evidence the benefits of the specific targeted family support programme introduced in 2012 and interventions that have enabled families to change their lives around. Featherstone et al (2014) explore literature and evidence-based practice associated with family support. Cottam (2011) as cited in Featherstone (2014, p.1746) recognise that it takes

approximately two years to ‘turn around’ a family in other words for effective change and outcomes to be achieved for the family, short interventions are not useful and that this is not a linear process to bring about changes for the family. Varied approaches to family support are discussed by Featherstone et al (2014) who explores early intervention, crisis intervention and child protection (Featherstone et al 2014). The evidence suggests that relationships with service users are important when delivering family support and building on the family’s resilience, strengths and their own need to bring about change is imperative (Featherstone et al 2014).

This research study will focus on service users’ views and understanding of the interventions that enabled them to change their lives around. The study will interpret the services and support provided to women in order to be free of domestic abuse and if the women were supported to have stability in their homes and communities. There is limited research that evaluates the outcomes of family support intervention from the perspectives of service users. Literature available pertaining to the National Evaluation of the Troubled Families Programme was produced by the Department for Communities and Local Government (Day et al 2016). The evaluation by Day et al (2016) highlighted the need to enhance multi-agency partnerships when working with families. The study also found that the data used to measure outcomes from the programmes was oof poor quality making it difficult to measure the outcomes.

DCLG (2012 b) as cited in Day et al (2016) evaluated five Family Intervention programmes (FIPs) which provided family support in various different local authorities. The emphasis of providing the support was to focus on the ‘family as a whole’. However, these evaluations were conducted utilising quantitative data sets rather than qualitative data and therefore service users’ voices were not captured as part of the evaluations. The National Evaluation of the Troubled Families Programme Day et al (2016) was based on utilising data from 20 longitudinal studies over a three-year period. The evaluation was based on purposive sampling of Troubled Families teams across the U.K and their partner agencies.

The three main aims of the study were to understand the interventions and outcomes achieved by families, review local approaches in delivering the services, understand the

impact of the interventions delivered through service delivery and to review what women felt would benefit them in the future. It was clear from the study undertaken that working with the whole family was essential. The role of a keyworker or dedicated practitioner for families was imperative. However, practitioners were also taking on a more hands on approach and there were varied approaches in practice across local authorities. Local authorities could claim payment by results if they evidenced improved outcomes families have achieved by receiving targeted support interventions. Day et al (2016) suggested that the role of a key worker was essential however there was limited evidence to support the fact that specific outcomes were achieved by families where there was domestic abuse, mental health issues and parenting problems. Day et al (2016) captured outcomes evidence related to the Troubled Families Programme using closed-question surveys with families as cited in (Purdon and Bryson 2016). The survey data captured data on the emotional and psychological feelings of respondent during the period that they were supported through the Troubled Families Programme being delivered (Day et al 2016). It did not capture the service users' perceptions through face-to-face interviews utilising a qualitative approach.

Therefore, in order to address this deficit, the researcher utilised a qualitative research approach to conduct the study. Semi-structured interviews to obtain the qualitative in depth data that focussed on the women's experiences as expressed in their own words rather than in response to a set of survey questions. The service users of the Troubled Families programme were identified by domestic violence support services. The criteria for recruitment was that they had been known to the domestic abuse services and that they were residing in the local authority area and had received services as part of the Troubled Families Programme. The qualitative data from service users was analysed to evaluate whether the targeted support proved useful from the respondent's perspective and helped them achieve the outcomes identified by the Government in relation to this programme. The study enabled the researcher to understand the journey of service users and ensure that the women's voices were heard regarding the interventions and whether there has been any emotional, psychological, social, health and community impact on them.

Ritchie and Lewis (2010) state that qualitative methodology is beneficial in appraising service delivery. Initiatives by the Department of Health (DH) such as our health, our care,

our say (DH 2006) and the Expert Patient Programme (DH 2007), have recognised the significant value of partnership working. The transformation of services for children and families has similarly resulted in a greater emphasis on client participation and consumerism (Ward and Lesen 2009). Services that work with families and provide support are part of many local authorities Early Intervention strategies. The agenda for the Conservative Government in 2012 was to transform local authorities' public spending across the country.

This study examined the experiences of service users and the multi- agency targeted support services that are associated with supporting domestic violence victims. The interventions that have been provided and the outcomes for women and their children were explored. Multi-agency teams in local authorities have proved beneficial in neighbouring local authorities by providing family support and early intervention to vulnerable families in hard to reach communities. For this particular study, the family support team consists of professionals from independent multi- disciplinary teams. Tickell (2011) stipulates that children learn and develop in their home environment and in various settings. It is therefore imperative for children and families to form effective relationships with those that they have the most contact with, whether that be in a children's centre, school, outreach setting or with those that they have a service from. Munro (2011) recommends that all local authorities, health services and voluntary sector organisations have the responsibility to provide early intervention and appropriate services to families and children. The researcher will be able to assess whether families received early intervention through targeted family support and whether this was a contributory factor to being domestic abuse free and whether the female victims felt that the children and themselves were supported.

Qualitative methods were used to undertake the study. Semi structured interviews were undertaken. Blaxter et al (1996) recommend this method as useful in the collection of rich data. Thematic analysis was utilised within the study to analyse the data as advocated by (Ritchie and Lewis 2003). The transcripts from the interviews were analysed and were used to understand the emerging issues for women and their children who have received intervention from the various teams within the local authority who provide targeted family support to domestic violence victims. Aronson (1992) suggests that researchers often utilise thematic analysis as a qualitative method when conducting ethnographic interviews. The

data accumulated will enable the service users voices to be captured, review current interventions, short falls in services and could shape the future for the local authority to evaluate and explore the future commissioning of effective early intervention, targeted support services for women who suffer domestic abuse. The researcher has chosen the focus of the research as she works within the local authority but is not directly associated with the domestic violence support and targeted support services. The researcher has a body of knowledge regarding the practice and experiences of the family support and domestic violence services. Punch (2013) articulates that this can be beneficial when conducting social research. It enables the researcher as a professional practitioner to reflect on their practice within their organisation and the community.

The service users were recruited as they had previously utilised domestic violence family support services. Service users were women that had received family support services and who had been victims of domestic violence and had received the support to enable change within their families. The cohort were those families who have been defined according to the government as having multiple and complex needs in particular domestic abuse and are otherwise known as 'Troubled Families' (Troubled Families 2012). It was envisaged that a minimum of ten women would be interviewed in order to collect meaningful data. The individuals have all received a service from 2012 till 2013 with domestic violence as a main factor. The cohort chosen were adult females. The sample was selected via two domestic abuse services in the local authority. The service user sample comprised of eighteen women that had received an intervention and were a cohort of troubled families as defined by the government criteria and who have had domestic violence as an issue for intervention. Information sheets were sent out in advance, after which the researcher met the participants. The Lone Working policy was adhered to and a risk assessment was undertaken as part of the study.

Prior experience in leading services associated with domestic abuse had given the researcher insight into this area. However, independence was possible as she had for some time been in a separate role not associated with the initiative. The researcher was aware that at this point there was no conflict of interest or perceived coercion associated with the study. The researcher adopted reflexivity. This was achieved by the researcher ensuring that the research process was the focus of inquiry, ensuring pre-conceptions and awareness

regarding the dynamics within situations was fully explored with supervisors. The analysis was grounded in the data collection from service users via the interviews. All service users' answers were anonymised and stored in a locked cabinet and then will be destroyed on completion of the study. The Data Protection Act was adhered to.

The researcher ensured that those service users who provided any information to the researcher related to services that they were given as being inappropriate; the service users were given information regarding the local authority's complaint procedures and reporting of safeguarding issues. Neither individual participants nor the local authority would have their name published. The researcher was sensitive when writing the study in order to ensure that no disrepute was brought into the public domain. The researcher ensured that If a service user should become distressed at any point of the study, the local authority's counselling phone number or the NSPCC helpline would be supplied. The service users were all briefed regarding services: Women's Aid and the local authority counselling service available. The support services were briefed to ensure that they were able to provide support to service users if needed when the research study was undertaken. The services had been approached to ensure that they are aware of referrals that maybe received as part of the study. Dates were given to the support services and issues related to the research that may cause distress to participants should they be required to support participants.

Chapter two sets the scene in relation the role of targeted family support workers when providing interventions to families where domestic abuse is prevalent. The chapter identifies the need to utilise a whole family approach when working with families and to ensure that families are aware of the types of interventions that can be provided.

In chapter three a literature review was undertaken and research pertaining to service users voices related to domestic abuse service provision, legislation and the various approaches in providing services such as Sure start programmes and the Troubled Families Programme were explored. The literature was critically analysed to understand the context of targeted family support in relation to working with families with multiple and complex problems such as domestic abuse.

In chapter four the methodology of the study undertaken the approach, aims, data analysis are described pertaining to the study. The use of thematic analysis and themes defined within the study are discussed in detail.

Chapter five presents the evidence from the thematic analysis and discussion of the findings in further detail by the visual mapping and thematic issues derived. The voices of the women are explored and evidenced within the findings chapter.

Chapter six discusses the implications of the findings and the research.

Chapter seven is a detailed conclusion of the study undertaken and the summary of the research in practice with future recommendations.

CHAPTER TWO

SETTING THE SCENE

Understanding the role of targeted family support workers when working with victims of domestic abuse.

As part of this research it is essential to understand what services are delivered to service users who have multiple and complex needs such as domestic abuse. Targeted family support workers can be identified as lead professionals from agencies such as health, education, local authority, voluntary sector or domestic abuse services. They are employed in multi-disciplinary organisations and utilise assertive outreach. According to the Children's Workforce Development Council (2011) services are provided by targeted family support workers and provide support to domestic abuse victims. The Children's Workforce Development Council (2011) suggest that victims of domestic abuse are often referred to different organisations such as family support teams, health, education, domestic abuse services and voluntary sector organisations by professionals who work in the community or can make self-referrals to access support in the community. The female domestic abuse service user will be allocated a specific member of staff via the agency that they have been referred into who will act as a lead professional who can conduct a whole family assessment and organise multi-agency meetings and can review the support plan for the family. Service users will decide whether they want the support from the agency and attend regular meetings within their home environments or utilise community settings to meet with the support worker. An initial meeting will entail the analysis of risk and a review of support that is required.

Table One : Whole Family Assessment and the role of the lead professional (targeted family support worker)

What is a whole family assessment? (usually conducted by the lead professional)

- An assessment of the entire family and the support that has been provided previously or needed in the future
- What support or help is being provided by extended family and friends
- Initial assessment can take up to 6 weeks and if the issues are complex the family may need several agencies to help them
- Tools to assess the needs can be utilised such as DASH SafeLives check list
- Making sure that the multi-agency protocol and information sharing to be signed and understood by service user
- Develop a support plan/action plan/time scales and reviewing the support regularly
- To ensure that there is a multi-agency and family focus of support
- Monitoring of the support plan and review plan adjusted whilst intervention is undertaken
- Have a clear exit strategy when support is no longer required by service user

Role of the Lead professional -The lead professional is accountable to the agency that they are employed by or affiliated to in ensuring that they carry out the functions of a Lead professional.

- To be the main contact for service users
- To coordinate the support plan and the interventions agreed
- To ensure that there is no duplication or inconsistency in service delivery
- Build a relationship with families they are supporting based on role modelling, respect, support and trust
- Coordinate the multi-agency team around the family meetings

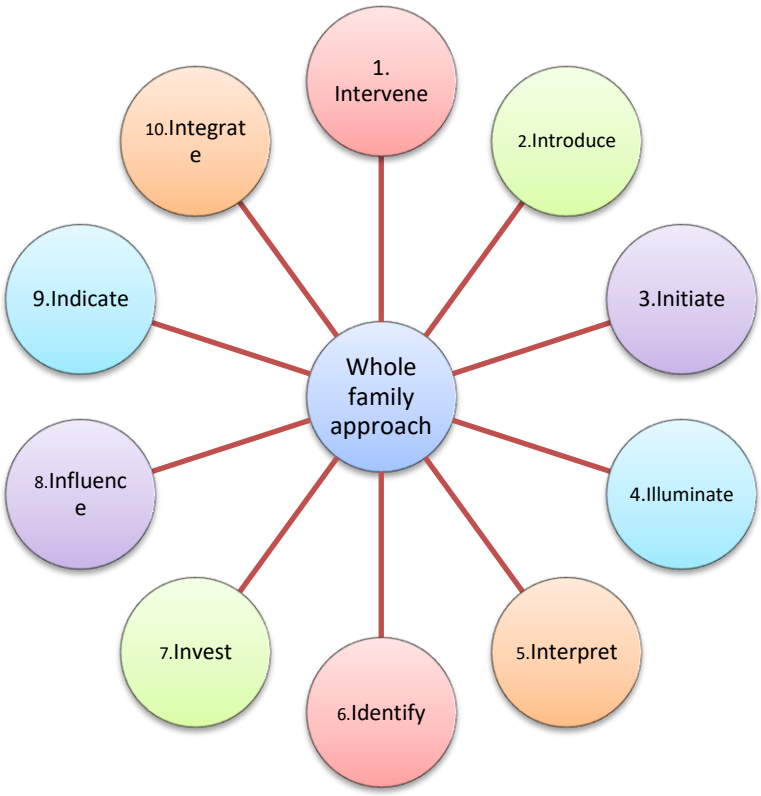
- Advocate for the service users when required at meetings and when attending appointments related to their support

Adapted from Children's Workforce Development Council (CWDC 2011)

Table one outlines the aims of the service for victims of domestic abuse and the role of the lead professional as set out by the Children's Workforce Development Council (2011). According to the CWDC (2011) it is essential for service users with multiple and complex needs such as domestic abuse to be supported by targeted family support workers with a whole family approach. This entails the whole family being at the centre of the interventions provided and for the targeted family support workers from whatever discipline they are associated with providing holistic support to both the service user and the children. The support plan should evidence that all aspects of rehabilitation in the community and access to services have been reviewed.

Figure 1: The 10 I's of intervention adapted from (CWDC 2011)

Intervention provided by targeted family support workers (Whole Family Approach) The 10 I's of intervention adapted from (CWDC 2011)



The whole family approach should be utilised by practitioners when working with families that have multiple and complex needs such as domestic abuse. The CWDC (2011) recommend that the 10 I's of intervention are utilised as illustrated in figure one above when providing interventions to families.

1. Intervene: The service user will be referred by an agency or themselves and the intervention criteria will be met.
2. Introduce: The targeted family support worker will meet with service user to build a trusting relationship which will enable purposeful contact and engagement by service user with the worker.
3. Initiate: The service user will be given information and regarding the role of the practitioner and the expectations related to interventions that can be provided. Information sharing and confidentiality will be discussed at this meeting.

4. Illuminate: Targeted support workers should listen to the family's story and understand internal and external influences regarding the problems that they have.
5. Interpret: Targeted family support workers should build on the family strengths and understand the priority needs and aspirations of the family.
6. Identify: Each service user will be given information related to the support that can be initiated and have an understanding of the goals that they wish to achieve utilising SMART objectives and how they can achieve their outcomes.
7. Invest: Practitioners must understand and be aware of existing support and invest in multi-agency support through various expertise, practice, knowledge and resources.
8. Influence: Targeted family support workers to help families to overcome barriers to change and influence their progress by coaching them so that they do not relapse.
9. Indicate: Practitioners to hold Team Around the Family meetings and indicate the family's progress via review meetings and monitoring their support plan.
10. Integrate: Practitioners to ensure effective integration within the community utilising support, networks and reflection of the service users' journey so that an exit strategy can be initiated and that the interventions are completed.

Women who suffer domestic abuse often do not understand that there is targeted support available for them and that they can access services to support them with their complex issues (Women's Aid 2014). The female victims within the study had accessed targeted support from various practitioners and they told their stories within the study regarding the support and interventions provided to them as service users.

The importance of building relationships with families to provide effective targeted support

Davies and Lyon (2014) suggest that it is imperative to work with victims to strengthen comprehensive safety plans. Davies and Lyon (2014) suggest that it is important for practitioners to understand the issues related to domestic abuse survivors especially if they are affected by mental health issues, trauma and substance misuse. It is important not to assume, make things worse and to be patient with the survivor (Davies and Lyon 2014). Davies and Lyon (2014) suggest that it is necessary for advocates to have a strategic approach when working with victims. They should review the past actions with survivors by asking specific questions such as "What have you tried before? Did it work? Would you try

this approach again? If you cannot, why can't you? The answers that the victim will give will be able to guide the advocate as regards to current situation with the victim (Davies and Lyon 2014). It is therefore important that the participants within this study have effective relationships with the practitioners providing targeted family support to them. The importance of having good safety plans and signposting to agencies who will help with their domestic abuse issues is important.

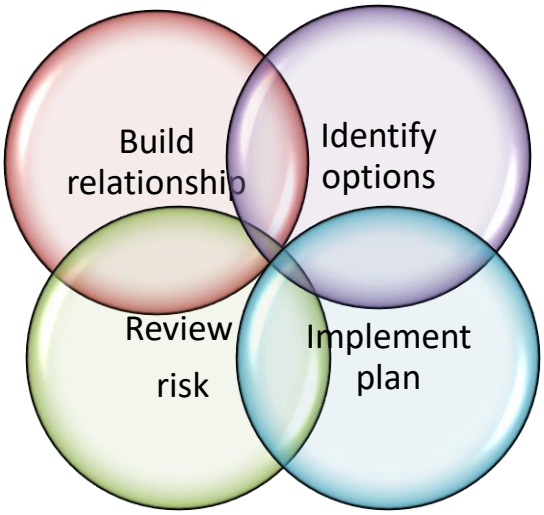


Figure 2: Victim defined advocacy process -Building relationship

(Davies and Lyon 2014)

CWDC (2011) Professional Boundaries, roles and responsibilities (Guidelines associated with providing Targeted Family Support)

Problems can occur when practitioners befriend or act as an expert when working with families. The relationship between service user and practitioner becomes one of dependency, collusion or blurred boundaries. Therefore, the CWDC (2011) developed a set of strategies (see table two) to enable practitioners provide the most appropriate interventions utilising the appropriate resources and support mechanisms.

Table two: Strategies for targeted family support workers in working with families

• Targeted family support workers to use reflective practice • Access regular quality supervision • To have peer support • To be involved in action learning sets CWDC (2011)

These strategies should be monitored by managers of each agency that staff are employed in. The strategies and interventions as detailed above are imperative to ensure that practitioners provide targeted family support which is meaningful to families and that the whole family approach is utilised in practice. The researcher will further explore in the literature review the whole family approach and targeted family support in the broader context of the Troubled Families Programme.

CHAPTER THREE

LITERATURE REVIEW

This thesis focuses on service users' voices and their experiences of domestic abuse targeted family support services. In the previous chapter the researcher has identified the wider context of government policy related to targeted family support development including a brief review of the historical context of the government policy in this area. In this chapter the researcher reviews studies in the context of policy and research pertaining to the Troubled Families Programme and the evaluations that have been undertaken. The literature review also explores the changes that were pivotal in the way's families were supported with domestic abuse as a prevailing factor and these families had complex needs. As previously discussed, domestic abuse targeted family support services are primarily provided by local authorities which suggests that victims could perceive their support as statutory intervention. Some families have little choice or say as some service users need interventions arising from safeguarding issues and concerns raised by professionals regarding the effect of domestic abuse on children as stipulated in (Childrens Act 1989).

Broader context of the Troubled Families Programme

The wider context of the Troubled Families Programme is reviewed in relation to social policy and need to provide support to families with multiple and complex needs and domestic abuse being one of the complex issues that families face. Hayden and Jenkins (2014) reviewed two local authorities Troubled Families Programmes in England. Both local authority areas wanted to remain anonymous. One local authority area had identified 720 troubled families that met the criteria for targeted family support, the other identified 1240. The government figures of families that were actually identified by the data from the Department of Work and Pensions differed from the local authorities' cohorts of families identified. The evaluations were described as 'case studies of two local programmes. In both of the programmes there was evidence that small percentages of families actually had achieved outcomes and had 'their lives turned around'. Various local programmes were

incorporated and families attended parenting programmes, had social work interventions, targeted family support, multi systemic practice and Family Intervention Programmes however there was still evidence that families could sustain continued employment. The research only takes into account the professional staff's voices and their experiences of providing support to families. Service user's voices are not captured within the research and therefore there is no evidence related to whether those families that received targeted interventions actually felt that this was beneficial and improved their lifestyles.

Ball et al (2016) study was undertaken in the north of England in a large local authority. The research was conducted in 2012 and it comprised of interviews with 50 staff from Multi Agency Support Teams (MASTS). The staff were skilled from various disciplines and included managers, intervention workers and seven families were also interviewed as part of the study. The key worker role and the whole family approach was reviewed and various programmes such as Family Intervention Projects were reviewed as part of the Troubled Families local programme being delivered to families with multiple and complex issues. The study identifies the failures and limitations in rolling out a national programme in a local authority where practitioners did not have some of the skills required to deliver coordinated services to families. The study identified that practitioner's skills differed, staff were still working in isolation and did not understand the role of the lead professional or keyworker. There was a clear distrust of partners from other agencies such as the private and voluntary sector. Staff felt overwhelmed and their workloads were too high and therefore they were stressed as they felt that families were not actually being provided robust interventions (Ball et al 2016). Further exploration with the cohort of families where the localised interventions were provided could have been undertaken. The research only focussed on practitioners, managers and family support intervention workers and captured the voices of professionals. The study aspired to capture the voices of 7 families however there was no evidence within the research that this had been achieved.

Parr (2017) research article reviews the three areas associated with the Troubled Families Programme. The areas explored were: reviewing policy documents that identify the actual rationale that state intervention is required in the lives of families that are 'troublesome'. The article also reviews the critical policy and analyses the historical perspectives that have led to the Troubled Family Programme. Finally, the article recommends that in the approach

staff should utilise their own agency and utilising a critical realist approach in providing services to families. Parr (2017) suggests that the cost to society has been extensive where families have complex issues and need support however the delivery of services provided at a local level in communities need to be further reviewed and services adapted according to the needs of families.

Stanley and Humphreys (2017) study undertook an evaluation of a programme in Northern England. The study reviewed the detailed accounts of practice, learning work books, case work and interviews with practitioners providing interventions and some family members in a local Troubled Families Programme called the Growing Futures Programme. The study was undertaken with 12 Domestic Abuse Navigators (DAN) staff. The staff had worked with 102 families however had an accumulative case load of 440. Therefore, the research is indicative of a small percentage that had direct work carried out with the DAN staff. The 'whole family' approach was explored which included working with young people who were victims of domestic abuse and a small cohort of perpetrators. The practitioners were from various skilled backgrounds such as children's social care, family support workers, early years practitioners and two who worked with perpetrators. Staff were skilled in engaging families however were less confident working with perpetrators. Risk assessments were used to analyse the domestic abuse risks to families further work and exploring how risk is managed with perpetrators was identified. Interagency communication could be further developed and the role of coordination and leading on support plans needs to be further developed by practitioners (Stanley and Humphreys 2017).

Parr and Churchill (2019) explore how case study research actually enhance social policy and evaluation methods of the Troubled Families Programme. The research identifies the focus on learning for policy makers and staff providing services to families. The research identifies the flaws in measuring outcomes that are predominately quantitative measures to evidence the impact of the Troubled Families Programme for families that have received interventions. Parr and Churchill (2019) suggest the combination of qualitative case studies with extensive quantitative measures as a mixed approach to measuring success for families.

In a large study conducted in West Yorkshire of women who had experienced domestic abuse and received services from a West Yorkshire Women's centre Peckover (2013) found that service users who have experienced domestic abuse are often also receiving safeguarding services in relation to their children. Within the study Peckover (2013) recommends that domestic abuse service users are referred to safeguarding services and therefore need to engage with service providers such as social workers who monitor the plans for the families and ensure that the children are kept safe from significant harm. Services provided to families within communities such as early intervention, prevention and contextual safeguarding are delivered through group work or one to one practical interventions as the staff have safeguarding responsibilities in their role as a family support worker often being referred families through statutory services such as social care. The family support workers were based in social care and local authority services which are monitored through regulation. The role of the lead professional as described in the Troubled Families Programme is imperative to ensure the effective coordination of services to families and as previously discussed the CWDC (2011) and DCLG (2012) incorporated guidelines for practitioners to utilise. The role of the lead professional is to coordinate services with all other agencies supporting the family. This complicates the role of the lead professional who is dependent on coordinating service delivery where other agencies also support the family and may be working to a different set of priorities.

Peckover (2013) found that children who witness domestic abuse portray a vast number of social, heath, behaviour and emotional problems. She argues that children are often depressed, isolated, volatile or aggressive and can often play out the role of the abuser. Some children fall behind with their education and do not reach their developmental milestones. Young people demonstrate mental health issues such as self-harming and eating disorders. Katz (2015) and Houghton (2012) also suggest that the behaviour problems found in children and young people who witness domestic abuse are displaying the result of trauma in various ways and they need therapeutic support. Safety for families is considered the priority for domestic abuse victims however Davies (2015) and Peckover (2013) suggest the need for health, social care practitioners and police to work together to ensure that they risk assess families where domestic abuse is prevalent. Practitioners must ensure that families are carefully monitored and supported. Children and young people should receive the appropriate Child and Mental Health Services (CAMHS) to help with their emotional and mental health issues. Service users state the need for practice to change to

ensure families are less dependent and services are adapted to reflect their expressed needs rather than focussing on the priorities of service providers. However due to the status of domestic abuse as a criminal offence this can cause difficulty for practitioners as they are working with families who are involved in the criminal justice system and often do not understand their rights (Quinney and Letchfield 2012). It is therefore suggested by Quinney and Letchfield (2012) and Davies (2015) that practitioners should work collaboratively to ensure that families can be signposted to universal services as an exit strategy from targeted services. Multi-agency collaboration and partnership are key to the effectiveness of service delivery where there is not the need for specialist support any more, this is dependent on the outcomes that families have demonstrated by the interventions that have been provided and whether support is needed for ongoing complex issues within the family (DCLG 2012).

Alcock et al (2007) reviewed social work policies that have been devised over the years which also explored the role of statutory services and the role of the state. Alcock et al (2007) suggests that state intervention undermines the service user's choice in relation to society and lifestyle options providing service users with little choice over whether interventions delivered to them would be beneficial. The role of a social worker and those working in social care is to ensure the safety of children and young people and families. Domestic abuse is a safeguarding problem in social care practice and although working with families is the core foundation of social work and care in the community, safeguarding is paramount. Cairney et al (2006) suggests that social work was created on the principles of supporting people less powerful in society. Buck and Jabbal (2014) research article for the Kings Fund demonstrates the need for government intervention to ensure that the health inequalities are dealt with in society and therefore suggests that it is a necessity for the state to provide certain public services such as health, social care and education.

The emphasis on domestic abuse services to be more innovative in how they work with those less equal in society is paramount. Services need to ensure that they provide innovative intervention working not only with survivors of domestic abuse but with the children who have been witness or received abuse themselves. Survivors should have access to targeted interventions that can also be delivered by public services for example through targeted intervention in their family home and when there is a prevailing need for example in an emergency or out of hours. These findings are reflective in (Working Together

2018). Parr (2017) article reviews the Troubled Families Programme and the state providing interventions to those families who were actually deemed ‘troubled’. Parr (2017) suggests that state intervention is not unique but the way that we deliver services through the Troubled Families Programme is highly intrusive and produces a shift in the approach of the boundaries between the state and families.

There are two main recurring themes of service delivery which are evident in the literature. The first is the provision of a universal service which is available to all families. The second is a targeted service which is delivered to families who have complex problems and need more specialist intervention for problems such as domestic abuse. Davies (2015) suggests that previous evaluations of Trouble Families Programmes across England indicates that universal services are services provided to all communities and can be accessed by society and there are no eligibility criteria. These services include children’s centres, schools and health provision. Universal services are frontline early intervention services that provide support to families. There is often no referral process and families are supported via support workers, practitioners and teaching staff. However, targeted services require a referral process to be followed and families often have already utilised universal services but need more specialist support related to their problems (Childrens Act 1989). Universal services are therefore utilised by all communities and are less stigmatising, whereas specialist services could imply failure and deficits which can lower self-esteem in service users. The government has funded organisations both universal and targeted to provide both types of support to families (Peckover 2013). However, as the remainder of this chapter will demonstrate integrating care across both types of service in a way that is accessible to all service users who need both universal and targeted services has not yet been achieved.

Hayden and Jenkins (2014), Ball et al ((2016), Parr (2017), Stanley and Humphreys (2017) and Parr and Churchill (2019) reviewed the complexities in relation to providing such interventions to families that were identified as Troubled Families. Hayden and Jenkins (2014) research critiques the social policy that was devised by the government as the Troubled Families Programme which was launched in 2011. The main focus of their research was to ascertain whether the Troubled Families Programme was launched due to

evidenced based policy or policy-based evidence by the government. Policy based evidence is a term that is used when referring to the evaluation of policies introduced strategically in response to a social crisis. Evidence based policy is the idea that there is evidence that the policy is devised according to national and local objectives is based on demonstrable evidence that the policy will meet the needs of families identified as needing support. Hayden and Jenkins (2014) review two local authorities programmes and conclude that some families did make behaviour changes such as anti-social behaviour and criminality however there was still evidence that families were still poor and could not find employment and therefore the Troubled Families Programme was not beneficial in achieving outcomes for some families.

Ball et al (2016) explores the utilisation of varied models that provide intensive family intervention to those who are considered in society as 'troubled' or 'anti-social. Their article critiques the discourse at a national and local level in the government's Troubled Families policy framework and reviews the practice of services in providing targeted family support interventions. Ball et al (2016) suggests that practitioners that provide services at a local level need to understand the needs of families and to have the skills to provide interventions that are beneficial to families. The role of the lead professional or keyworker needs to be flexible to ensure that there is effective coordination of services to families where there are complex issues such as domestic abuse. Ball et al (2016) also acknowledge that funding for projects and programmes at a local level needs to be sustained to ensure the longevity of services and interventions for families.

Parr and Churchill (2019) study develops the key arguments that review wider debates of evidence of the impact of social policy in relation to the Troubled Families Programme. The study suggests the need to analyse not only qualitative but quantitative national evaluations and review the measures that evidence the impact of working with complex families in relation to the multidimensional social policy as the Troubled Families Programme. Parr and Churchill (2019) argue that the Troubled Families Programme and the broader promotion of the programme in the political context is complex as the underlying reasons for the programme are underpinned by historical failures to provide services that are meaningful to families. Their research suggests that the Troubled Families Programme has been criticised when providing unreliable evaluative evidence on the actual impact of interventions provided

to families through the Troubled Families Programme and the poor quality of the measurements to monitor the outcomes for families. Evaluations that have been undertaken evidenced impact of the Troubled Families Programme by utilising quantitative data and evidence. Previous studies such as Crossley (2018) and Nixon et al (2006) suggest that family intervention programmes had made false claims on the samples of families, how service users engaged with practitioners and the intensity of families stories (Parr and Churchill 2019). Quantitative data was primarily used to measure success as local authorities needed to make claims under the payment by results scheme for example by demonstrating that families sustained employment. Parr and Churchill (2019) suggest local authority evaluators had made claims on the engagement of service users in the research and that control groups were not utilised and that the whole families' complexities were overlooked by researchers. This could be argued as not being ethical or feasible when conducting studies.

Parr (2017) also criticises the approach of the government when launching the Troubled Families Programme. Parr (2017) suggest that parents also have a responsibility for anti-social behaviour being displayed by their children and this issue predates the riots of 2011. Parr (2017) suggest that there are theoretical debates about the use of targets and outcomes to monitor local authorities performance prior to 2012 that should have been addressed prior to the launch of the Troubled Families Programme which needed to address the complexity of family issues, domestic abuse and the associated anti-social behaviour if the outcomes of the programme set by the Government, are to be achieved.

In reality Local Authorities adapted local practices to meet the demands of the Troubled Families Programme resulting in inconsistent practices which therefore differ across regions in England (Parr 2017). As a result, Parr (2017) recommends a local needs analysis to be completed to understand the local interplay of socio-economic power, class, power and inequalities that already exist within communities where families reside prior to any service interventions being introduced (Parr 2017).

Stanley and Humphreys (2015) have critically analysed the approaches at a local level in providing support through the Troubled Families Programme to the whole family. There is a

clear recognition that the government's drive for 'whole family' approach in providing services was implemented locally by some local authorities but the very nature of the complexity of domestic abuse between parents makes it problematic to ensure that perpetrators have access to services. Perpetrator access to services and to the whole family service support has been inconsistent.

The priority for local authorities is to ensure that interventions are provided to women and children. Previously practitioners have blamed mothers for not protecting their children and therefore subjecting the children to witness domestic abuse Peckover (2013). Stanley and Humphreys (2015) have evaluated one particular project, but further analysis of whole family interventions is required to identify the gaps of working with fathers who are deemed as perpetrators of domestic abuse to make comparisons of practice across regional areas.

The research articles cited above, identified the wider context of policy and the political agenda of the Troubled Families Programme. The articles suggest that further exploration and evaluation is required on the roles of practitioners, communication between multi-agency partners, staff being appropriately skilled to provide various flexible approaches in working with families and the need for evaluations to be carried out with family members, practitioners and professionals as to whether the Troubled Families Programme is providing the outcomes that families, practitioners and policy makers want.

Literature Review Process

The above literature reviews the evaluations of the Troubled Families Programme since its inception in 2011. Much of the literature focuses on policy and the context of the programme itself, there is little research into the experiences of women using these services. The next section reviews the literature which focusses on research into the experiences of women who are victims of domestic abuse and who have used targeted family support services.

The literature has been critically analysed, and the evidence utilised to explore and investigate the experiences of women utilising targeted family support services. Parahoo (2006) suggests that a literature review requires evidence to be gathered, analysed and synthesised in a way that is rigorous and detailed. Literature reviews should provide conceptual and theoretical perspectives in which the subject for research can be located (Blaxter et al 1996). In this particular instance the literature relating to targeted family support, service users and the relationship between service users and targeted family support programmes were reviewed focussing on research which depicted the service users experiences and perspectives on the services they received.

The researcher ensured that literature pertaining to the various disciplines associated with providing both universal and targeted support to victims of domestic abuse was explored. Becker and Bryman (2004) advocate that it is essential to consider research findings from a range of practice-based disciplines such as health, education, social care, psychological and voluntary services in order compare findings from evidence-based policy and practice.

The articles reviewed focussed on capturing the service users voices and understanding their experiences of services that were provided to them. Aveyard (2007) identifies the research question as providing structure to the review process. In this case the researcher reviewed literature related to domestic abuse and family support but with a focus on service users experiences reviewing literature that gave voice to the women's experiences of using these services. The question for this particular literature review was 'What are service users who are domestic abuse victims' experiences of targeted family support?

Literature search strategy

A literature search was carried out by accessing electronic databases pertaining to the various multi-agency disciples of health, nursing, midwifery, social care and psychology. The Cumulative Index to Nursing and Allied Health care literature (CINAHL), Medical Literature Online (MEDLINE), British Nursing Index (BNI), Applied Social Sciences Index and abstracts (ASSIA) and Psychological practice (PSYCH INFO) were accessed using the Ovid search software via an Athens account. Emerald and Blackwell synergy databases were also

searched. Dates chosen were from 2000 to 2020. An emphasis was made on literature that was published within this time frame: targeted family support and early intervention for families where they received support as victims of domestic abuse.

The literature related to domestic abuse survivors' voices was reviewed and the empirical studies evidenced that there have been multiple changes in legislation within the time period of the review, but the experiences of service users was pertinent to understanding the impact of these initiatives. Boolean operators "and" "or" and "not" between key words enabled the researcher to refine the search. Aveyard (2007) acknowledges the research question as providing structure to the review process. Time constraints were taken into consideration as this is a meticulous process. Hart (2018) stipulates that it is beneficial to have a list of search terms which facilitates a narrower focus on the question.

In the research question targeted family support is being utilised as a generic term in the literature review to cover all specialist support services that provide a service to domestic abuse victims during the period 2000-2020.The search terms were widened to include different expressions of targeted intervention (see table three)

Table three: Search Terminology and key words that were utilised for the Literature Review

Search terminology and key words
List one: Role of the workers or interventions Targeted family support OR family support OR targeted interventions OR domestic abuse support OR keyworker OR domestic abuse worker OR caseworker OR troubled families worker OR community support practitioner OR Independent domestic abuse worker OR domestic violence and targeted help OR combinations of: community OR domestic violence advisor OR domestic abuse AND OR troubled families AND OR targeted family support AND service users experiences of services that supported them.

List two: Areas/Topics

Government OR community OR education OR behaviours OR prevention OR outcomes OR lifestyle changes OR Policy OR employment OR emotional heath OR physical health OR housing OR legal

List three: Methods

Study OR questionnaire OR interviews OR surveys OR observations OR focus groups

Literature and studies that were not related to targeted or universal services, non-empirical, or policy related, non-peer reviewed studies were not utilised within the literature review and the literature review focussed on key research papers from journals associated with domestic abuse, family intervention, family support and social problems in society arising for the victims of domestic abuse and their children in which the voice of the women receiving the service was expressed. Articles were excluded that gave evidence of professional provider experiences, children experiences, wider family experiences and perpetrator views.

The articles were limited to the English language. The articles included those from the United Kingdom and International articles. The researcher also sought research papers which analysed the impact of multiagency partners who provide services and the impact of early intervention and targeted support with families from the perspective of the women using these services. The literature was screened by utilising the key terminology listed in table three. The CASP tool was used to critique the literature articles. Polit, Beck and Hungler (2001) identified this as a useful strategy for novice researchers. This was adapted from the critical appraisal skills programme (CASP 2006).

Table Four: Literature reviewed from 2000- 2020

- Experiences of Domestic Abuse Service users voices and their perceptions of the support that they had received
- Experiences of domestic abuse victims as service users
- Published articles from the year 2000-2020
- Research articles and reports of primary research
- Published in peer reviewed journals
- International literature written in the English language where services are similar to those provided in the U.K
- Support/targeted support from different countries across the world

The terminology and key words in table three were utilised when carrying out the searches for the literature review. Electronic searches were performed by utilising the internet, university library data bases and Google scholar search engine. Data bases were filtered for peer reviewed journals, searches were conducted utilising key words as detailed in table three. The research was conducted by recognising the uniqueness of the targeted family support workers role and that key terminology from list two, three and four in table three combined with role of the targeted family support worker or interventions were used to further search for literature.

The approach of the literature review involved at first scanning two hundred and fifty-five results which were further reviewed by reading the abstract or title to understand the relevance to the study. One hundred and five papers were rejected as they did not evidence the service users' voices adequately and capture the experiences of service users some focussed on practitioners' voices and legislation change.

Table Five: Data bases utilised for literature review

The searches were conducted from 2000 to 2020 whilst undertaking the study to ensure the most recent literature was produced and analysed from 2003 to 2020.

Data base	Papers identified	Unable to obtain	Research papers scrutinised: Women's experiences of Targeted Family support and domestic abuse/Troubled Families' initiative associated with policy implementation/ intensive family intervention
Medline	563	60	58
ASSIA	290	23	19
CINAHL(EBSCO)	330	34	25
PSYCH INFO	123	12	27
Cochrane Library	3	0	3
Google Scholar	17	0	13
Duplicates	76	-	16
Total excluding duplicates- (2000-2020)	1203	129	145

A further review of the 145 research papers was undertaken and papers were scrutinised.

Qualitative	Mixed methods
11 Research articles	7 Research articles

Eighteen papers were identified within the literature review which evidenced service users' voices being heard. The earliest paper included in the review was dated 2003.

There were eleven qualitative studies with dates ranging from 2010 to 2019. There were seven mixed methods articles critiqued with dates from 2003 -2015 that met the inclusion criteria for the literature review. The qualitative research articles utilised two hundred ninety-nine participants in total and the mixed methods research papers had a total of seven hundred and fifteen participants collectively.

Studies where qualitative methods were utilised (2010-2019)

Eleven of the articles Katz (2015), Anitha (2010), Heywood et al (2019), Hayden and Parr (2019), Williamson et al (2015), Malpass et al (2014), McCarry et al (2017), Welsh Women's Aid (2016), Rose et al (2018), Sukheri et al (2017) and Glyndwr Social Inclusion Research Unit (2010) utilised qualitative methods. All the qualitative studies used face to face semi-structured interviews but additionally Heywood et al (2019), McCarry et al (2017) and the Welsh Women's Aid (2016) also utilised focus groups as part of their studies. Ten of the eleven studies collected qualitative data on the women's experiences of using domestic abuse services these were : Katz (2015), Anitha (2010), Heywood et al (2019), Hayden and Parr (2019),), Malpass et al (2014), McCarry et al (2017), Welsh Women's Aid (2016),Rose et al (2018), Sukheri et al (2017) and Glyndwr Social Inclusion Research Unit (2010) with the exception Williamson et al (2015) utilised action research in their study by access to four participants and their case studies to engage and empower the four service users to design future service. In all eleven studies service users had all been contacted in advance and ethical considerations and protocols were adhered to by researchers who were conducting the research. In all eleven of the studies the service users were recruited by the service

providers, consent was sought by service providers from the service users to pass on their personal information to the researchers who could contact them.

When reviewing and critiquing the literature, insider and outsider data collection ethical considerations and practicalities were considered. Unluer (2012) suggests that being an insider researcher is often a practitioner engaged in research therefore enables the researcher to have an in depth understanding of the situation and to be able to communicate with the participants naturally as they understand the subject matter. Insider researchers are usually familiar with the organisation and how the institutions are managed. Insider researchers are generally knowledgeable, and this is beneficial but outsider researchers often an academic or professional researcher can bring a fresh perspective and are not concerned with internal policies. There may be some obstacles in being an outsider researcher as they may need to acquire this knowledge, understanding and operational values related to the organisation which can take some time in doing so (Smyth and Holian 2008).

Even though there are many advantages of being an insider researcher, there could also be many disadvantages to this approach as a researcher. The researcher's role can be confused and a risk of coercion can occur as the service user may not wish to cooperate. There is an advantage to being an insider as participants are easily accessible to participate within the study. Taylor (2001) suggest that researchers may be viewed as being biased or assuming certain situations, complexities and also presuming outcomes related to circumstances of participants when undertaking studies. In all the research papers that were critiqued, all eighteen studies indicated that outsider researchers conducted the studies. There was no clear indication of bias within the research papers reviewed however the Williamson (2015) action research indicated a sense of empowerment for the service users within the research project. In all of the studies the researchers had clear boundaries and guidelines set when collecting the data through their interviews with their cohorts of participants and did not evidence any prior judgemental values related to the data collection. Empowerment however can be perceived as a judgemental value albeit an explicit one that is noted and promoted in one study (Williamson 2015).

All eighteen of the studies that were carried out by the researchers evidenced that the researchers did not have any association with the service users and had not provided any support or services to them previously and they had no link to the organisations where the service users had received support.

Studies where mixed methods were utilised (2003-2015)

In the seven research papers Mullender and Hague (2005), Humphreys and Thiara (2003), Radford et al (2011), Thoburn et al (2011), Houghton (2012) Welsh Government Research (2014) and Cortez et al (2011) that were critiqued various methods were combined with the research project with a variety of qualitative and quantitative methods used such as randomised phone calls, questionnaires, surveys, observations and qualitative data was utilised and one research paper Mullender and Hague (2005) also studied the perceptions of professional views which was discarded from the total participants captured. Humphreys and Thiara (2003), Mullender and Hague (2005), Radford et al (2011), Thoburn et al (2011), Houghton (2012) and the Welsh Government Research (2014) utilised questionnaires and interviews with participants. Mullender and Hague (2005) also utilised randomised telephone calling. Cortez et al (2011) used randomised calls, observations, surveys and focus groups.

Critique of research papers

All of the qualitative research papers that were critiqued captured the voices of women and young people who had suffered domestic abuse. The voices were captured by researchers who asked the participants about the types of domestic abuse services that were delivered to them. These were either through independent domestic abuse advocates who worked with families and provided face to face interventions or service providers such as health, local authority, community groups or programmes. Katz (2015), Anitha (2010), Heywood et al (2019), Malpass et al (2014), McCarry et al (2017), Glyndwr Social Inclusion Research Unit (2010), Welsh Women's Aid (2016) recruited participants that had been provided services from domestic abuse services and Williamson et al (2015) studied a group of homeless women who had suffered domestic abuse and were known to domestic abuse services. Sukheri et al (2017) recruited participants where domestic abuse was a factor but

they were Muslim and from the Black Asian Minority Ethnic Community (BAMER). Rose et al (2018) and Malpass et al (2014) recruited and studied participants who had suffered domestic abuse but had mental health as a prevailing issue due to trauma and were known to health services. McCarry et al (2017) extended the definition of domestic abuse to participants that had also received services across Wales and services for women who had other issues associated with domestic violence such as honour based abuse, female genital mutilation and general violence against women concerns.

Anitha (2010) found that women suffering from domestic abuse evidence emotional issues such as anxiety, self-harm depression and low self-worth. Both Rose et al (2018) and Malpass (2014) echo these themes as part of their studies and women suggest that accessing appropriate mental health services at the right time for them being a key factor to their recovery. In all three research papers women state that they suffer from poor mental health as a result of domestic abuse and that services provided were inadequate and did not address the issues associated with mental health arising from domestic abuse. Service users described the lack of assistance, fast tracking or accessibility to mental health service provision and not being listened to as a problem. They felt that they were stigmatised because they were victims of domestic abuse and did not feel part of society. Service users felt that society and health practitioners labelled them as emotionally unstable, suffering trauma and not able to manage their lives effectively due to the mental health issues arising from domestic abuse.

Sukheri et al (2017) international research suggests that women from BAMER Muslim community in Malaysia who have left their spouse or going through the legal framework filing for divorce as particularly vulnerable. It suggested that they will not often access health services or speak about their emotional and mental health. There was a cultural and societal stigma associated with emotional health and perceived within their communities that the women were somehow unstable and that they were the cause of the break of the relationship within their marriages. Accessing mental health services was perceived a weakness by their society.

McCarry et al (2017) research study studies women across North Wales and there were several recommendations made as part of the study. Co-production in developing services and providing services to BAMER communities was a significant recommendation. When services to women was reviewed in the study. The study suggested women who had experienced domestic abuse could run services and support victims in a voluntary capacity and therefore contribute to service delivery. A one stop shop run by BAMER victims of domestic abuse, community or multi-disciplinary service within North Wales was also recommended by service users.

This is in contrast to Hayden and Parr (2019) research which suggests that families should have services provided to them through the Troubled Families Initiative by keyworkers or social care staff in their home environment. Hayden and Parr (2019) research suggests that the Troubled Families Agenda and the policy that underpins the initiative supports families within their own family homes and although it suggests that services can also be accessed in the communities the research advocates that professionals should provide the services with little or no input from service users. The data from the findings of the interviews also suggested the integral role of children's social care and to ensure that collaborative support plans are underpinned in practice (Hayden and Parr 2019).

Heywood et al (2019) study utilised focus groups as part of the research. Although, this method is widely used in qualitative research, there may be ethical considerations that researchers should value. During the study Heywood et al (2019) stipulated that the participants became distressed and emotional. This is a common factor for survivors of domestic abuse and therefore a criticism of the research would be that alternative methods such as semi structured interviews could have been utilised by the researcher. The researchers were supportive however the researchers were outsiders and the format of the data collection was not sensitive to the vulnerabilities of participants. Although, the participants had a voice they were not empowered to utilise their personal voice within the study as the participants were part of focus groups. Researchers had however considered factors associated with distress and made the women aware of support services that they could access from the domestic abuse service that they were supported by.

The results from Heywood et al (2019) also suggested that women who suffered domestic abuse thrive at very different stages in their recovery and it is dependent on the external services that they are provided to enable them to do so. Women within the study suggested that the timely therapeutic and medical support is imperative to enabling them to thrive after domestic abuse. Difficulties in accessing these services when needed was reported by the women in Heywood et al (2019) study hence, the model or service that was being studied by Heywood et al (2019) did not really evidence that services that the respondents had accessed were useful or beneficial to them. The Thrive model is a service associated with the provision of safety; women being able to share their stories and social responses to their situations, the process of thriving after domestic abuse concentrates on the women's journey through an evidenced based programme supporting self-discovery, confidence and stability. The stages are demonstrated by women moving through a linear journey of 'victim, survivor and thriver' (Heywood et al 2019). As some women depended on various health services such as counselling and therapy, which often had long waiting lists, their duration of recovery was dependant on these external factors within the community and therefore for the women 'thriving' was not always evident.

Glyndwr social inclusion unit (2010) research also indicates that women who live in rural Wales cannot access services effectively as they are too geographically remote and therefore the strategy of signposting women to additional support services remains an issue and there is no evidence that women will access these and whether they are useful. Both Heywood et al (2019) and Glyndwr Social Inclusion Unit (2010) studies could have benefited from a co-production approach to find out how these issues can be addressed. Both Williamson et al (2015) and McCarry et al (2017) suggest that co-production as a theme derived from service uses recommending that services should be co-produced and delivered to domestic abuse victims, indicating that these would be services run by women for the vulnerable women in their community thus empowering and promoting recovery.

Humphreys and Thiara (2003) mixed method study focussed on women's views and the right to have their voices heard. In the study they facilitate twenty interviews and send out questionnaires to one hundred and eighty women. The study details the accounts of women and their views related to mental health issues. Women suggest twenty-four hour services, out of normal day time hour's service delivery, advocacy to victims and counselling. Mullender and Hague (2005) study with women that were interviewed felt that their voices

should be heard in order for women to receive appropriate domestic abuse services that they must be part of the criminal justice systems reform and reparatory services. In order for this to take place women should be able to take part in the co-production and recreation of restorative justice, probation and the criminal justice service where domestic abuse is a key issue.

Cortez et al (2011) research study was conducted with three hundred and fifty-one participants who were randomly called using a digital survey and four focus groups. The topic of the digital survey was motivated by trauma related to domestic abuse. A criticism to this approach is the lack of sensitivity related to trauma and whether this method was suitable, it was also not evident whether any support services were offered during the study to participants or whether any follow up support was offered. Their findings suggest that support related to domestic abuse trauma can be communicated via community forums which they developed; these community forums enabled families to understand trauma and the barriers in accessing health and support services that include accessibility to service provision in extreme crisis situations and ensuring community change occurs in how services are developed for domestic abuse survivors (Cortez et al 2011).

Houghton (2012) in contrast suggests that young people who have suffered domestic abuse or witnessed abuse have also suffered trauma but have not had their voices heard. Their study was undertaken with young people who were interviewed and explored issues related to domestic abuse. Their mothers had utilised services previously and they had also received services. The study focuses on treating young people as equals and the focus was on adult collaboration in supporting victims such as children and young people who have suffered or witnessed domestic abuse. The findings suggest that young people should have voices that are heard and are equal in society to adults. Findings suggest that young people too have experienced domestic abuse first hand.

Young people stated that they had been active participants in witnessing domestic abuse that decisions related to support offered to them or that they had not been consulted often stating that they were not considered as adults and therefore could not make appropriate informed choices regarding the help that they needed (Houghton 2012). Young people felt that they should have been able to speak to someone, ‘not keeping problems or experiences

to themselves, fear and shame related to domestic violence and that they needed to be able to break their silence' (Houghton 2012). Young people therefore felt disempowered and unable to reach out to practitioners when they needed support.

Young people also describe how they felt being listened to and the barriers of communication that exist. By listening to the experiences of children and young people Houghton (2012) suggests that the government within the UK and parliament should change their approaches to the delivery of services and the young people's voices should be utilised to shape the future of policy and services to the community. The researcher identifies that children, young people and mothers' voices should be heard by policy makers and domestic abuse outreach service providers. Young people should be supported to transition into adult hood by providing support services that are meaningful and accessible (Houghton 2012).

At present children and young people are not provided their own individual support plans and services are often offered to the domestic abuse parent who is the victim. Young people suggest that individual services for young people could be beneficial and that young people could raise awareness, educate and support young people who have been victims of domestic abuse within the community, schools, services and third sector.

Themes derived from the literature review

Within the literature review there are various themes identified which define and evidence the participants views of the support that they received from targeted family support domestic abuse services. Participants suggest that services were not always accessible to them, services need to be delivered differently, health and social care inequalities and how some participants were treated by health and social care practitioners and the ways services were delivered, being actively consulted and listened to were important within the literature that was reviewed.

Accessibility of services

In the literature review participants suggested that services should be accessible to them and available when they most needed them. It was evident from their experiences of domestic abuse services that users were only being provided services that were available in core periods of the day. Those that lived in rural areas were often isolated and could not attend and access services due to their geographical location, transport issues or have services delivered in their family homes, when they actually needed them. The participants also struggled with stigma attached to being victims of domestic abuse and with accessing services when they most needed them. (Humphreys and Thiara 2003, Glyndwr social inclusion unit 2010, Hayden and Parr 2019). (Hayden and Parr 2019 pg. 34) describe a participant's fear in accessing support and stigma attached to their complex situation "*family had suffered a traumatic loss in the death of two children. Mother was diagnosed with abnormal grief reaction, disclosed a history of violence from current husband, she would not call the police as she does not want further embarrassment of having them involved with her family" (H*ayden and Parr 2019 pg. 34). Although, stigma is an issue for some families it important to recognise that emergency services such as the police can respond to the families crisis where safeguarding is an issue and such interventions are not always welcomed by the victims of domestic abuse who in this case did not want a criminal label added to their already stigmatised family unit.

Although, domestic abuse services and support to victims has changed over the years, participants still reiterated that services are not so easily accessible and this is in contrary to the governments radical reform which linked to Domestic Abuse Act (2004) on the delivery of domestic abuse services to provide targeted services. Through universal services such as Sure Start programmes, within centres, community family hubs so that families can access services such as domestic abuse information, advice and guidance, health support, emotional wellbeing support, child care and housing advice as advocated by Eisenstadt (2011).These services are not accessible during the times that family suggest that they need support which is often out of hours or in crisis situations when in reality services are often only available during the core hours of 9.00 am to 5.00 pm (Domestic Abuse Act 2004).

Eisenstadt (2011) suggest that as part of a radical reform in 1998 by the Labour government as part of an initiative from Her Majesty's Treasury department, Sure start programmes were

created. The initiative was designed to ensure that children were given the best start in life by improving childcare provision, early intervention and education, health, family support services with a focus on outreach and community development. Therefore, the government provided funding for early years' services. Sure Start centres were established as universal services to ensure that all families had access to early year's provision and various support services including domestic abuse service information, advice and guidance in walking distance from people's homes. The Labour Government primary focus was to develop policy that was evidenced based. A strong emphasis was on the design of the programmes and that they should be service user led. As part of the Labour Governments reform in policy it aimed for departments within the Labour Government to enable local authorities to create innovative services and provide interventions to families by funding of universal provision such as Sure Start services. (Eisenstadt 2011). These Sure Start centres were located near or on the site of schools and therefore families were encouraged to access these as they were based within the community that they resided in.

The focus for Sure start was to be a hub where there was a multi-agency staff team to provide holistic services to families with children who were aged between 0-5 years. These services were regarded as universal services to families. They were launched in 1999. They were initially launched with the government funding £450 million pounds in 20% of the poorest wards across the United Kingdom. Although, Sure Start programmes and centres were successful when first they were originally set up in deprived and poor areas of the country. They proved to be successful however families in other wards and those who were financially stable and middle-class families were not able to access the services. The National Evaluation of Sure Start services was conducted by Professor Edward Melhuish and concentrated on the first four phases of the programme (Eisenstadt 2011).

An in-depth analysis of the programmes in the country as described by Eisenstadt (2011) suggested that there was more that could be done to ensure that disadvantaged families access the programmes and that outreach services could be further developed within communities. The Sure start programmes and centres needed to be better advertised focussing on families accessing outreach and support. Although, some Sure Start Centres provided outreach training in-house to all practitioners this was not consistent in other Sure Start Centres across the country. The evaluation also suggested that disadvantage groups

such as workless families, teenage parents and black minority ethnic communities were not accessing outreach or Sure Start programmes adequately. Sure start programmes grew from 250 to 500 programmes nationally however there were clear difficulties outlined in the Sure Start evaluation which discussed the governance of Sure Start and the need for monitoring and scrutiny of the programmes effectively. There were three major policy developments introduced by the government Every Child Matters (2003), Choice for Parents (2004) and the Children Act (2004) which detailed the best start for children with a ten-year strategy for childcare. As part of the broader policy changes in 2011 for all services working with children from pre-birth to school age and therefore Children's Centres were created across the country.

Local Authorities were given the key responsibility to manage and monitor these centres. The government introduced Children's Centres in all parts of the country to provide holistic support to families with children aged 0-5 years (Eisenstadt 2011). Although, these centres were built and Sure Start programmes were delivered in communities and continue to do so to date it was evident from studies within the literature review that some families were unaware of service provision available to them (Glyndwr social inclusion unit 2010, Williamson et al 2015 and McCarry 2017). The Children and Sure Start programmes and community centres may only be available in core periods of the day. Although, the Sure start centres were built within towns and walking distance for communities, for those residing in rural areas they were not accessible by public transport. Families also suggested that they needed the support available to them especially in crisis situations and therefore the services were only provided in core daylight hours and therefore were not accessible when they most needed them as articulated in (Glyndwyr social inclusion unit 2010 and Heywood et al 2019).

Co-production and delivery of services

Co-production was a key theme derived from the studies as suggested in (Sukheri et al 2017, McCarry 2017, Mullender and Hague 2005, Williamson et al 2015 and Cortez 2011). The service users described key factors that would enhance domestic abuse services. In all of the research studies there was a general consensus that service users could provide and contribute to the shaping of domestic abuse services and reform practice. (Youll and

McCourt-Perrin1993 as cited in Warren 2007) suggest that service users should be involved in their own assessments, planning and decision-making regarding services that are provided to them. This in contrary to domestic abuse service development detailed in policies such as The Care Act (2004), Social Value Act (2012), Co-production and the Care Act (2014). Instead, domestic abuse services are commissioned, are government led initiatives which considers service users as survivors of domestic abuse and deemed as needing support from practitioners. Co-production is evidenced with two models within the research articles as co designing an existing service with care plans and creating new services in the future (Sukheri et al 2017, McCarry 2017, Mullender and Hague 2005, Williamson et al 2015 and Cortez 2011).

Domestic abuse practice has changed by reforms in policy and legislation since the year 2000 however consultation with service users in relation to targeted family support provided to domestic abuse service users' needs further development. There have been barriers to service user's involvement which is underpinned by administration and bureaucratic problems in formally consulting with domestic abuse service user groups (Hague et al 2003). Although, most were satisfied with services there were discrepancies in service delivery, and many were not satisfied with services that they had received. Women from impoverished social backgrounds and/or ethnic minority backgrounds felt that the services could be adapted to meet their cultural and societal support needs. Participants suggested that services could address problems by improving access for all women who experience domestic abuse and particularly for subsections of the population who do not benefit from services currently provided. Further research related to how service delivery approaches could benefit families with a focus on twenty-four-hour services, outreach and co-produced services should be considered. It is imperative that service users should be consulted to identify future services and support when working with domestic abuse victims as described in (Hague et al 2003, Houghton 2012, McCarry 2017, Mullender and Hague 2005, Williamson et al 2015 and Cortez 2017).

Social workers undertaking child protection assessments need to involve families in their own assessments where domestic abuse is prevalent and work with multi-agency practitioners to provide holistic support to families (Working Together 2013). Working Together (2013) currently stipulates that all practitioners providing support within

communities should communicate with service users to enable then to feel empowered in their own safety, family, education, health and care plans. Previous to Sure start centres being developed Mullender and Hague (2005) also stated that the government needed to further develop service user's participation groups to enhance legislation and practice. Recent studies indicate that victims of domestic abuse who had received services would best placed to inform what has worked best for them, how services should change and how they have been treated thus enhancing services to communities that could be service user led (Williamson et al 2015 and McCarry et al 2017).

The Department of Children, Schools and Family (2008) suggested that interventions provided by practitioners focus on family support and the need to provide education to families in order to bring about changes with their issues, lifestyles and behaviour patterns such as domestic abuse. These particular Interventions provided by agencies are concerned with complex issues such as antisocial behaviour, domestic abuse, substance misuse, children non-attendance at school, criminality. The families are provided support within core hours at the times that practitioners are available. Practitioners are trained to have knowledge and understanding of services that are needed for domestic abuse survivors but the practitioners have not been service users of the services. However, Heywood et al (2019) study evidences the use of facilitators of the Freedom Programme. The facilitators themselves deliver the programmes and have survived domestic abuse which is an illustration of co-production. The service offers adhoc involvement in the programmes thus enabling women to participate in the thrive model, service users have free access which is unlimited to their programmes and thus supporting women to access services when they need it. However, these programmes are also only available in core hours (Heywood et al 2019). Although, these interventions are beneficial and exist there is a need for further development in co- production and service delivery to be extended at the times that are out of normal office hours. This would support victims to be able to access services when they needed support and also the support could be provided by service users who have utilised the 'thrivership' model.

Department of Children, Schools and Family (2010) guidance suggests parenting and family support through children's centres, schools and community settings. These services are available through some universal services and the government perceptions were that

families could be supported in their communities. Universal services were designed to meet the needs of all children, young people and families. The services are costly and have included early year's provision, midwives, health visiting, GP surgeries, Connexions career service and mainstream schools. However, family support and parenting to families with complex needs such as domestic abuse needs to be delivered flexibly as advocated by the service users within the literature review. Although, the aim of policy drivers was to ensure that the community centres, Sure start programmes and community development provision also focussed on service users providing support and managing services. This was also perceived as a model for co-production and in some communities services were delivered by families.

Every Child Matters agenda HM Government (2004) recommended varied approaches to service delivery and piloted a range of early intervention and intensive family support projects across the United Kingdom particularly those related to families where there were anti-social behaviour and criminality. These services were targeted services for families who needed intensive support. These programmes were established and rolled out across the country as Family Intervention projects (FIP's) Family Nurse Partnership (FNP) and Sure Start family support work and these were commissioned in local authorities providing family focussed support (Barnes et al 2008 and 2009). Although, these projects were established to support families who were at crisis point or those that were in most need for intervention in the poorest areas they failed to do so, and the outcomes were not always achieved. Therefore, some of the projects ceased (Barnes et al 2008 and 2009). Davies (2015) recognised that FIP's in various parts of the U.K had different approaches on how their interventions were delivered. The need for sanctions was rarely used and practitioners were skilled in engaging with families however the practitioners came with various skills. Davies (2015) identifies that local authorities depended on the FIP's and this entailed social workers depending on the FIP workers as lead professionals. Davies (2015) suggests the need for standardised consistent practice within the field of unqualified social care such as FIP's and recognised this as a dilemma for keyworkers.

Service users could be the key drivers within their communities to provide interventions, services and support to victims of domestic abuse. However, domestic abuse service delivery is still provided by practitioners, social workers, targeted family support staff and

domestic abuse services within society. It can be argued that domestic abuse services are delivered by practitioners with key knowledge about domestic abuse but there is a need for further development of community services such as services where the community delivers the services to families. This is advocated by Davies (2015) in the 'family to family initiative' where support is provided by communities and safety plans are devised to keep families within their own communities. Davies (2015) stated that Midgley and Conley's 2010 report on the 'family to family' initiative in the United States of America focussed on families being included as partners from the fruition of a service being developed, utilising a family group conference model approach. Community leaders were involved and strong relationships forged by service providers and community role models to ensure that services were delivered, case planning, risks managed and safety strategies incorporated by communities to keep families safe within their communities (Davies 2015).

Services were further developed for domestic abuse survivors as part of the Troubled Families initiative and this was initiated by the radical reforms of policy development in 2011 and the Troubled Families agenda. Practitioners who were already based in Children's Centres from 2003 which were previously Sure start centres and delivered the Sure start programmes were utilised as skilled practitioners based within these centres to work with children from 0-5 who families had multiple and complex needs such as domestic abuse, as this complimented a multi-agency team around the family approach in working with those in need of targeted domestic abuse service intervention. The aim of the Children's centres was to enable more children to access early years setting and provision. Multi-agency teams were either based in the Children's Centres or provided outreach services in the centres for example health, education, social care, substance misuse, housing and domestic abuse services to families within local authorities. It was important that practitioners within the Children's Centres worked together with other agencies to safeguard children and was integral part of ensuring that families had support plans that were shared by agencies to enhance their children's development.

Although, policy and guidance was first introduced by the publication of Working Together (2013) and further changes thereafter introduced by the government the main themes derived from the publications recommend that agencies should have shared responsibility of safeguarding children, share information, early intervention and enhancing best practice for

practitioners working with families. As part of the Troubled Families initiative practitioners received further guidance related to multi-agency partnerships and working in collaboration by the introduction of (Working Together 2013). There have been further amendments to Working Together (2013) and more recently Working Together (2018) also stipulates that multi agency collaboration and support to families being safeguarded from harm is imperative. Effective communication, contextual safeguarding, intelligence sharing, collaborative management of support and risks associated with domestic abuse is essential to ensure families have support within their communities. Despite the Sure start programmes, children's centres and Troubled Families initiative being introduced, the experiences of service users related to domestic abuse service delivery has not changed as suggested in the literature review undertaken.

Service user's voices and consultation

In eleven of the articles reviewed Katz (2015), Anitha (2010), Heywood et al (2019), Hayden and Parr (2019), Williamson et al (2015), Malpass et al (2014), McCarry et al (2017), Welsh Women's Aid (2016),Rose et al (2018), Sukheri et al (2017) and Glyndwr Social Inclusion Research Unit (2010) it was evident that all of the participants wanted their voices to be captured regarding the way that they were provided services, what interventions were positive, negative and how services could be delivered more effectively in the future.

Ritchie and Lewis (2010) state that service user participation is beneficial in appraising service delivery and what exists for example, a service that exists and improvements that can be made to the service. Earlier initiatives by the Department of Health (DH) such as Our Health, Our care, Our Say (DH 2006) and the Expert Patient Programme (DH 2007), have recognised the significant value of partnership working. These are evidenced in health care but these partnerships have not been utilised extensively in social care. The transformation of services for children and families has similarly resulted in a greater emphasis on client participation and consumerism in health care (Harris 2004). Allen (2011) suggests that social issues of deprivation and neglect amongst young children has previously not been dealt with in the early stages, therefore families have reached crisis situations. However, early intervention can be provided to families at the point that they need it and not at the early stages of a child's life. The impact on social care teams has been immense in the provision

of crisis intervention and the implementation of child protection strategies. This has had implications for local government services and effected public spending often resulting in local authorities overspending their social care budgets (Allen 2011). The impact on demands of social care teams has resulted in social workers managing more child protection cases however there is very little or no recognition taken into consideration that service users suggest that there is a need for new approaches to service delivery as the current model is not beneficial to both service users or practitioners.

Involving service users in the evaluation and development of services is complex. It is imperative to identify a key individual to provide domestic abuse support to service users and to enable effective partnership arrangements with other services to ensure family plans are devised and monitored successfully. Although, safeguarding children and families is paramount practitioners need trusting relationships with families to enable families to engage in reducing stigma and to be able to consult with regarding the appropriate type of services that would benefit them. Partridge (2005) suggests that it is important when consulting with services users that there is effective collaboration and commitment from professionals and a vigorous approach to engaging service users in the activity being undertaken for example interviews, surveys or focus groups and that researchers are gathering information however cannot make recommendations or changes to how services can change.

This is a particular skill set that is required when consulting with service users. Within the literature review service users did not feel consulted regarding the menu of services that were delivered to them or the collaboration with service providers regarding the co designing of new services that would be beneficial to them when they actually needed the support or whether support could be provided by families in the future. Croom and Procter (2005) similarly suggest in their research with parents that were consulted regarding child and adult mental health services, that parents felt that they were disenfranchised as service users. Parents' experiences or expertise are not recognised and utilised by practitioners when providing services, but a framework of service provision was given to families whether they had a need for it or not, or whether it was relevant to their family. Croom and Procter (2005) also recognised that professionals were perceived as having the knowledge associated with child and mental health support and that parents felt excluded in accessing the professional

knowledge or building upon the knowledge that they have as carers of young people with mental health needs to provide changes in service delivery.

Stafford et al (2003) argue that if consulting vulnerable groups such as victims of abuse or children and young people it is important for researchers to have had open dialogue, communication and preparation to ensure that service users want to be to be consulted and to participate in the research project. It is important for researchers to identify and acknowledge that they are in a position to make recommendations and identify current limitations in service provision but are not service providers and cannot influence the design of future service provision. This is a severe limitation of 'outsider's research'. Service users often recognise that there is very little that researchers can do to help them and feel used by researchers and do not get anything back for the time and effort of participating in the research. It is extremely difficult for researchers to ensure that service users who want to shape services are enabled to do so when researchers cannot really have an impact on the design of service provision.

When consulting with service users it is important to understand that researchers have further limitations in their approach in how they recruit participants and interview them as only certain individuals will be prepared to come forward and take part in the research, therefore the researchers will not be able to gather the evidence from the experience of non-participants and whether non-participation is systemic and a result of a shared experience. Vulnerable groups such as those families who have been in domestic abusive relationships have the right to be heard however their views are marginalised as researchers focus on specific questions associated within research focus. The feelings, anxieties and experiences are considered but there is a need for researchers to have services available to them so that service users can access them should they require specialist intervention as follow up after consultation. This is a limitation and impossible in the current system that separates researchers from service providers.

There have been many research articles that identify the barriers to hearing service users' voices such as Sanders and Mace (2006) empirical research identifies that there are barriers

when consulting with service users. In their research service users were interviewed who had children that were known and were part of the child protection process within several social service departments in Wales. Execution of the consultation was regarded as complex by the research team due to the sensitive nature of the issues that families had experienced in particular to safeguarding and child protection. Similarly, Holland et al (2013) study of victims of domestic abuse was conducted through semi-structured interviews. The participants with the study were interviewed regarding their feelings and emotions associated with substance misuse and domestic abuse. This qualitative piece of research evidenced that although 80% of the cohort divulged the domestic abuse that they had been associated with the very nature of the subject matter made it hard for the researcher‘s to conduct interviews. Ethical issues arose in two cases of the interviews and referrals to targeted services had to be made as well as some of the service users becoming extremely distressed in the interviews (Holland et al 2013).

There is a clear indication from the literature that consultation with service users has complexities and interviewers need to be sensitive in their approach when interviewing or consulting with service users and understand their roles and responsibilities within the research area. Varied approaches can be utilised but it is imperative for practitioners to be skilled, show empathy and understanding towards the service users issues and to be able to seek support for service users if required and all this points to the need for much greater integration between research provision than the current separation of roles and function allows. The need to consider whole family support and services to fathers, male perpetrators where domestic abuse is prevalent should be further explored by researchers.

Health and social care inequalities (Mental health and Emotional wellbeing)

Heywood et al (2019), Humphreys and Thiara (2003), Anitha (2010) and Malpass (2014) identified several health inequalities within research articles. Women suggested that they could not access mental health, counselling and therapeutic provision and there were long waiting lists to see a mental health practitioner. Some service users discussed the need for mental health issues to be understood and that they felt stigmatised and suffered intensive trauma due to suffering domestic abuse. However, Malpass (2014) suggests that service users who accessed domestic abuse services felt that they were able to speak about their

issues and felt listened to. *" I felt inspired when I went back home that there is hope for me. That there is somebody who cares for me" (*Malpass 2014 pg. 154)

In recent years' professionals in health, social work, family and education services have been trained to provide holistic services to families. Practitioners within the health service providing emotional wellbeing and targeted mental health services were trained to work with the whole family and provide or signpost families to the most appropriate services for the families' problems. They were guided by policy and the need to ensure that they focussed on safeguarding and managing risk for families in the community. This was the drive from public sector services for joint funding initiatives as budgets were being marginalised (Health and Social Care Act 2012, Care Act 2014).

The public health sector had to be innovative and creative in the way that they delivered services to families. Therefore, services were provided by multi agency staff within communities (The Care Act 2014). The need for joint care packages is stipulated in The Care Act (2014) and Mental Health Act (2017). Clinical commissioning groups were set up within local authorities to support the funding of integrated health and social care services to families. The focus was for services and practitioners to work together to review and manage families support needs, cost is shared between services and to ensure that complexity of health or social care needs are dealt with by the appropriate skilled practitioners. The importance of communication and shared management oversight of services is imperative to identify gaps in service provision and changes needed in practice development (Care Act 2014).

Horwarth and Morrison (2007) have previously criticised this type of approach and identify various shortfalls in management of these services. There are complexities related to structure, ideologies, strategy, responsibilities and roles of professionals. The agencies have different approaches and policies related to providing services to families. Mental health services are guided by thresholds of need. If a family does not reach a threshold of need for mental health services then third sector organisations are usually sought to provide emotional wellbeing support to domestic abuse service users. Third sector agencies concentrate on building the trust of families and engagement can be sporadic or slow. The dilemma for health and social work practitioners is mainly related to the value of their work

and whether working in a multiagency way loses the value of their profession (Horwarth and Morrison 2007). Families where safeguarding concerns are identified and there maybe mental health issues, substance misuse and domestic violence prevalence are supported by social workers who will undertake assessments for the family identifying the risks to children. A plan is devised for the family and then the social workers send referrals to services within community for example domestic abuse, mental health, substance misuse and other complex need services. They rely on the cooperation, multi-agency support, management of risk within the community by service providers who contribute to the social work plan for the family (Working Together 2018).

Tickle (2011) recommends that practitioners should work collaboratively with parents and empower them to access the appropriate universal service provision in a child's early years. White et al (2008) suggest that multiagency partnerships were imperative when working with families and effective communication was essential, so partners were kept up to date regarding the outcomes achieved by family members. However, information sharing can be difficult even though there are data sharing policies signed by senior managers across services. Many agencies are cautious and reluctant about sharing data or information without consent being obtained from families. Training for staff is therefore important and evidence-based practice tools and resources should be utilised when working with families (Every Child Matters 2013).

The Children's Workforce Development Council, (CWDC 2005 and 2010) argues that in order for multiagency working to take place it is essential to ensure that there are established core leadership and working standards for strategic public sector, voluntary sector and commissioned service managers. There have been specific problems related to change within the workforce mainly due to hierarchy and barriers associated with professional responsibilities. Some services have focussed on providing targeted support to families and have worked in silos and therefore have responsibility for their cohort and have not shared information or fostered a multi- agency coordinated support plan for families. Agencies that have provided support to families could foster a dependency and this could be difficult when having to set boundaries related to expectations of their role. It is also important that the targeted support workers do not collude with the family and ensure the

family is aware of confidentiality but reporting safeguarding concerns where appropriate (Molyneux 2001).

Social workers are usually considered the lead professional as they are providing statutory intervention related to safeguarding and that engagement from families is essential (Horwarth and Morrison 2007). Although, social workers are assessing parents regarding their parenting capacity and safeguarding it is essential that they explore the needs of the whole family and utilise the support from multi-agency teams. Social workers however do face a dilemma where many services are overstretched with caseloads that are high, providing support to families where they do not have capacity to take on new referrals. Team around the family meetings are often attended by agencies and social workers where joint decisions are made as to whether support can be provided by school, health, third sector, family members until specialist services or targeted work can commence with families. This can be useful to some families however some service users need specialist interventions which is not easily available unless a specific threshold is met for mental health, substance misuse or domestic abuse and safety. Therefore, some families may slip though the net and their risk or support managed however the families soon reach crisis situations and need statutory support again. This evidences that if domestic abuse service user's voices are heard within research and that they felt listened to, services would be redesigned where the needs of these victims would be met and would not be fragmented across complex systems and services.

Domestic abuse is considered by the government as a problem that costs local authorities vast amounts of money to provide services. In this chapter the author critically analyses the studies that evidence the experience of support received by domestic abuse victims. The review discusses the problems of accessibility to services, issues related to safeguarding families and how legislation and services have developed in order to ensure targeted family support is provided to the most complex of families with specific issues such as domestic abuse. The dilemmas and ethical considerations related to service user engagement are discussed within this review and how it is important that researchers prepare for field work and utilise the appropriate methodology when consulting with service users. The researcher will compare their own evidence of findings within their study comparing the thematic issues pertaining to the literature review that was undertaken.

The literature review evidences that despite the government's changes in policy and practice; the way services are delivered to domestic violence victims has remained consistent. Professional practitioners still provide services and domestic abuse service users feel disempowered, service user's voices are not considered, adaptations to services and the way that services are delivered needs to still be considered with a focus on the consumer. Co-production and service user involvement in the delivery of services remains a key theme, accessibility, stigma, flexible service delivery and thresholds to accessing services are still prevalent reinforcing existing health inequalities which are still prevalent. Service users of domestic abuse services within the literature review have detailed the changes that they require however policy, practice and services should be commissioned for service users taking into consideration their voices being heard.

Although, within the literature review universal and targeted services evidence the government's approach in ensuring that families receive services according to their specific problems, also the government policy and legislation has changed, service users of domestic abuse services demonstrate within the literature review inconsistent service delivery by practitioners. Despite the legislative framework changes in recent year's investigations into a succession of serious case reviews suggest that there are still failings from interagency partners and the lack of communication between agencies continue to fail children (Working Together 2018).

Within the literature review Working Together (2018) also suggests the robust partnership arrangements for local authorities and agencies to provide services are imperative. Baldock et al *(*2009) suggest that there are contributory factors that have influenced professionals in the way that they deal with child poverty, parenting issues and child deaths. Practitioners were guided and influenced by their agencies in the past and often did not share the responsibility to safeguard children. The government recognised that services needed to be adapted to ensure partnership arrangements were in place for families and stringent policies were in place for all practitioners working with families. This influenced policy decision making and DOH (1999) policy strategy paved the way for radical reform in child protection procedures in 2004 (Trodd and Chivers 2011). The role of the government in supporting

families has been examined from a theoretical perspective by (Peckover 2013). Peckover (2013) suggests that the state has a responsibility in supporting families and intervening in situations such as domestic abuse. Lister (2010) suggests that targeted support is essential but can create dependency. Families can become dependent on one lead professional and do not trust other organisations that provide specialist support to the whole family. Although, it is essential for practitioners to focus on targeted support for the family it is important for practitioner to be able to work in partnership with other agencies in the community who provide specialist intervention to domestic abuse victims (Working Together 2018).

The literature review reflects on the Troubled Families initiative and the ways that services are provided to domestic abuse victims. It was estimated that a family that met the Troubled Families criteria cost seventy-five thousand pounds each year (Troubled families Programme 2012). Troubled families are those families that have problems and cause issues to the community around them, putting high costs on the public sector and local authorities. A pledge was made by the government to work with local authorities and multidisciplinary teams to assist 120,000 troubled families in England to be able to reach specific outcomes and change their lifestyles by 2015. The Troubled Families programme was established by the government in 2011. Data were collected by the Troubled Families government team in October and November 2011 and estimation was made that £9 billion was spent by local authorities every year on their cohort of troubled families (Troubled Families Programme 2012). Targeted and intensive family support was therefore introduced within local authorities to enable practitioners to work with these families who had complex problems such as domestic abuse, mental health, antisocial behaviour, substance misuse, unemployment and children absent from school (Troubled Families Programme 2012).

The researcher has identified the wider context of government policy to support family development including a brief review of the historical context of the government policy in this area. The literature review explores the changes that were pivotal in the way's families are supported with domestic abuse as a prevailing factor. There is a school of thought as defined in the Human Rights Act (1988) that the government should not be responsible for any support to families and that any intervention can undermine the freedom of individuals in society regarding their life choices (Human Rights Act 1998). Article 8 of Human Rights Act (1998) and Family Rights Group (2018) advocates that families have the right to private

family life without interference from the government, police authorities and councils. Families have the right to be treated fairly with dignity and respect. However, in recent years the government has become over monitoring, intrusive and meddlesome. There is also criticism from the media that over the past decade our government has continued to pry into families lives (Family Rights Group 2018). Service users within the literature review stipulated that professionals are still responsible for services that are provided to them and articulate the need for changes required by co-production in both service delivery and the creation of new services.

Service users have suggested in all eighteen research articles that their voices need to be heard in order for services to change with some suggesting co production as a way forward in ensuring services are more effective. The literature suggests that it is imperative that the voice of service users is part of further evaluation as this can determine and shape future commissioning and service delivery for families. Ritchie and Lewis (2003) advocate that appraising the effectiveness of services and how they are delivered enables the commissioners to change services according to the needs of service users. Morse et al (2001) as cited in Ritchie and Lewis (2003) suggest that qualitative and evaluative research is explicit in the interest of evidence-based policy and practice and this was evidenced by capturing the service users' voices within the literature review.

This literature review has analysed literature pertaining the context of the Troubled Families Programme and listening to the voices of service users voices where domestic abuse services were accessed and interventions were provided by practitioners. The literature review evidences the need for families to receive the appropriate services according to their specific problems such as substance misuse, domestic abuse, education, anti-social behaviour, housing and mental health. Throughout the literature review there has been a focus on the need to deliver services that are effective and sustainable for families, with a focus on accessibility of services, understanding the future service delivery and co-production of services. It is evident from the literature review that targeted family support workers who work with families where domestic abuse is prevalent have the understanding and knowledge associated with the complexities associated with domestic abuse, family life and that practitioners need to be able to work flexibly according to service users' needs (Heywood et al 2019 and Humphreys and Thiara 2003).

Conclusion

Domestic abuse is considered by the government as a problem that costs local authorities vast amounts of money to provide services. The support that service users receive is underpinned by the Troubled Families framework. The literature review discusses the historical legislation and context of family intervention and the need to provide intensive services to domestic abuse victims. This review considers the historical context of family life, the implication of working with families and the need for cooperation between multidisciplinary teams. In this chapter the author critically analysed the different approaches to service delivery. The review discusses the problems related to safeguarding children and how legislation has changed in order to ensure targeted family support is provided to the most complex of families with specific issues such as domestic abuse.

The Troubled Families Programme has been discussed, the aims of the programme have been reviewed and the approach taken by policy makers in setting up the programme has been described. The focus on target setting and payment by results associated with programme has been discussed leading Local Authorities to adapt existing provision to meeting government targets rather than undertaking a needs-based assessment of their local population and precluding opportunities for so-design with service users identified in much of the research. Consequently, service users are still seen as victims in need of professional input rather than adults with agency and ability to resolve their own problems with the right level of support.

The dilemmas and ethical considerations related to service user engagement are discussed within this review and how it is important that researchers prepare for field work and adapt their consultation methods when consulting with service users. This literature review has analysed literature pertaining the context of the Troubled Families Programme, the whole family being considered as service users, the development of family support and multidisciplinary service delivery to children and families who have multiple and complex needs such as domestic abuse. The literature review identifies the need for families to receive the appropriate services according to their specific problems such as substance misuse, domestic abuse, education, antisocial behaviour and mental health. Throughout the literature review there has been a focus on the need to deliver services that are effective and

sustainable for families. The literature reviewed various services and interventions that were created in order that families received services from targeted family support staff from multi-disciplinary backgrounds. It is evident from the literature review that practitioners who work with families where domestic abuse is prevalent have the understanding and knowledge associated with the complexities associated with domestic abuse and are able to work with the 'whole family' and with the wider multi-disciplinary team supporting the family. It is likely that this team will be drawn from local, national and third sector agencies.

It is also apparent from the literature review that practitioners are bound in the way that they deliver services by their job role, professional skill set, personal competencies structure of service delivery, the requirements of service providers and by government policy frameworks. The factors exert considerable influence on service delivery and don't always produce the intended outcomes.

CHAPTER FOUR

METHODOLOGY

This chapter describes the methodological approach taken to this study. It provides a justification of the methods used, a critical analysis of the approach utilised as well as a description of the process of recruitment, data collection, ethical considerations and data analysis. As discussed in chapter one targeted family support has been provided by the government agencies and voluntary sector organisations in accordance with the troubled families' framework to families where they have specific problems such as domestic abuse. The troubled families programme was introduced in order to support families who had problems such as worklessness, domestic abuse, truancy of children from school, mental health issues, substance misuse, antisocial behaviour, homelessness and criminal behaviour. This chapter describes the methodology used to obtain the views of domestic abuse victims and their children who have received targeted family support through the Troubled Families Programme.

Research Aim

The aim of the study was to elicit the views and understand the experiences of female victims who had suffered domestic abuse who were service users of targeted family support services in one local authority area.

Research Approach

The study was undertaken using a qualitative research design. Qualitative research methods are utilised frequently by researchers from various disciplines such as social work, health and education. These particular disciplines utilise this approach when exploring the views of participants through observations, conversations, field notes, interviews, photographs and memorandums (Ritchie 2013). Walker (2014) suggests that qualitative research within these

disciplines can provide rich data and an insight into the numerous factors contributing to behaviours of human beings. The most appropriate way to achieve the aim of the study was to utilise qualitative research in order to explore the views, insights and experiences of service users through semi structured interviews.

The key methodological concepts that drove this research were derived from the phenomenological approach as described in Ritchie and Lewis (2003) which enables researchers to focus on the subjective experiences of the respondents enabling their perspectives to be heard. All participants had a common subjective reality which was associated with their experiences related to service intervention with a common factor that they had all suffered domestic abuse. Therefore, the approach that the study was based on was to capture the unstructured experiences and the reality of the experiences of participants who shared a common experience of being female and having suffered domestic violence. The principles underpinning a qualitative perspective were identified as the most appropriate perspective for the study, as these principles direct the researcher to focus on eliciting the understanding of the respondents' subjective experiences and their personal perspectives related to services that they had received from targeted family support services.

The philosophy of thematic analysis is designed to capture the lived experience of the participants in their own words using inductive analysis which seeks to avoid imposing any pre-determined structural or conceptual framework on the data. Ritchie and Lewis (2003) suggest that thematic analysis is utilised by researchers as it enables the researcher to identify themes associated with the lived experiences of respondents and to understand the meanings of the themes derived. Thematic analysis is important in conducting qualitative research as it designed to enable the participants to be able to voice their opinions and perspectives thus enhancing and acknowledging their interpretation of the lived experience and embedding analysis in their experiences rather than using predetermined social constructs such as social class, feminism or racism to interpret the data (Bryman 2008).

Within qualitative research it is increasingly recognised that all descriptions and analysis are an interpretation by the research person undertaking the research (Kelly et al 2016). Kelly et

al (2016) recognised that all descriptions are an interpretation by the person undertaking the research. Pre knowledge cannot realistically be excluded from the interpretation. Qualitative research therefore recognises that understanding the context of experience or topic under investigation is necessarily informed by both the respondent's perspective and the researcher's interpretation of that perspective (Matua 2015). Practitioner researchers have utilised this approach particularly in the nursing field when researchers explore issues related to practice (Matua 2015). These insights were utilised as it enabled the researcher to elicit understanding of the experiences of service users of domestic abuse services but recognise that these experiences are situated within the pre-determined structure of targeted support interventions and that the researcher is drawing her own knowledge of service provision when analysing and interpreting the data.

The principles of qualitative analysis was beneficial in informing this study as it allowed the interpretations of service users to be heard and to challenge the prior perspectives or pre-understandings of the researcher through the experiences depicted by service users. In undertaking inductive qualitative analysis it is important that the researcher works to reduce the influence of prior perspectives on the study findings as these perspectives may not be substantiated by participants. Matua (2015) suggest that this requires the researcher to conduct the study utilising a reflexive approach, showing empathy towards the participants and to adopt an open minded approach when conducting the study.

Positionality and reflexivity

The research was guided by the researcher's own experiences of previously managing a domestic abuse service which is a targeted service to domestic abuse female victims. The researcher has a history of working with victims of domestic abuse and acknowledges that when preparing the interview schedule the researcher's knowledge regarding domestic abuse services was utilised. Asking specific open-end questions related to domestic abuse services that were offered was beneficial to meeting the aims of the research, for example the question 'Do you have an Independent Domestic Abuse Adviser?' This is a question that is derived from insider knowledge and is designed to address the specific aim of the research to understand women's experience of using these services. The researcher however reflected on the advantages and disadvantages of her pre knowledge of domestic abuse services which might have influenced data collection, interpretation and data analysis.

However, the researcher was guided by the focus of the research study by understanding the experiences of the women, listening to their voices and she had not provided any services to the women who she was interviewing as part of the research study.

The researcher is female and was aware that her position as a female undertaking the study could influence the female service user's perspectives. Consideration was given when conducting the study related to positionality and accessibility of the researcher. It is important that researchers are aware of their position within the research and organisation (Shaw and Gould 2001). England (1994) argues that it is important for researchers to acknowledge their position within an organisation which can influence their research and this could be considered as 'insider' status (Rose 1997). Shaw and Gould (2001) suggests that the researcher's position within the study and their own experiences, biography and sexual identity can influence the research. The researcher acknowledged that being of Asian identity may positively have influenced the Asian women to come forward and participate in the study.

A pragmatic implication of the researcher's bias was also explored as the researcher managed targeted family support services in the past and may have been the supplier of targeted family support services and intervention towards some of the respondents in the study. The researcher's understanding of domestic abuse services enabled deeper probing during interviews to explore the way in which domestic abuse victims used available services and the range of services they chose to use. The researcher recognised that although she was using a qualitative inductive approach to conduct the study, she was aware that her background inevitably influenced the analysis and interpretation of the data. She was aware the no-one can ever be completely neutral and therefore positionality became part of the knowledge and understanding bought to the research study. Transparency on positionality is required in order for the reader to interpret and critique the findings (Matua 2015).

A reflexive journal was kept which documented the dilemmas and ethical issues that were faced when undertaking the study and throughout the journey. Ritchie and Lewis (2003) suggest that it is imperative to utilise tools that enable researchers to reflect on their position when conducting research. England (1994) suggest that it is important for researchers to explore not only their position but their subjectivity and identity to understand objectivity through transparency and comprehensive data analysis. The researcher was also guided

and steered by supervisors when conducting the study and also through independent clinical supervision to reflect on the study's aims and focus as this enabled the study to be scrutinised in detail and for the positionality to be reviewed by the researcher throughout the study. The reflexive journal was used to reflect on the emotions felt when undertaking the interviews with participants. The experiences of participants related to the abuse that was suffered was disturbing and the emotions and thoughts were documented. The diary was also useful as it provided a framework to explore support that could be offered to victims. The journal also highlighted the focus of the interpretation of the data from the perspective of a service provider whose ultimate aim is to improve the service user's experience and this researcher perspective framed the interpretation of the data.

The reflexive journal documented the problems and reflections that were faced when undertaking the study (see Appendix 1). The reflexive journal evidenced the journey as well as the thoughts and complexities of the research area. Although the researcher had knowledge related to the domestic abuse due to managing family support and refuge services, she was mindful of the fact that participants experiences would be different, and her approach needed to be sensitive. It was important for the researcher to be aware of her preexisting beliefs and to ensure that these were not superimposed on the findings always striving towards neutrality throughout the study. An example of the preexisting belief was that whilst she managed the refuge she was aware that most of the women that she had supported were helped by refuge staff. The researcher believed that this was a better model and that support services had changed in recent years and the focus was to place women away from perpetrators in independent housing accommodation rather than refuge. The reflexive journal enabled the researcher to question her pre-understanding and to be more open to different approaches to supporting domestic abuse victims.

The journal was in a written format and kept up to date regularly by the researcher. The researcher was aware of her position as a woman and the support that she had given women in her previous role in a refuge. The researcher reflected on her role within this study and the use of a reflective framework and tool proved beneficial.

Trustworthiness in qualitative research

Boeije (2012) suggests that in order to comprehend the perspectives of participants and their views qualitative research is beneficial to enable understanding of the reality of situations. However, Walker (2014) argues that qualitative research is dependent on the researcher and that the concept of trustworthiness is paramount when applied to qualitative research and that these indicators are discussed in evaluating the quality of research. Walker (2014) refers to a common characteristic that researchers share is that there is a philosophical view that the study of human nature is dependent on the environment and the thought processes that originate from it (Silverman 2000). The main concept that qualitative research advocates is that researchers can gain a greater insight into social experiences (Ritchie and Lewis 2003). Transparency in the position of the researcher and the understanding of political drivers influencing the troubled families programme provided the framework for the depth in the questioning of interviewees and the data collected for the study. Robson (2011) advocates for the researcher to be able to demonstrate that the study undertaken evidences the credibility of the data, findings, questions and criteria of studies.

Methods

Several methodological research designs were considered by the researcher such as focus groups, observations of participant's, case studies, life history research and narrative enquiry. In order to understand the experiences and hear the voices of the cohort and to capture these on an individual basis the researcher chose semi structured interviews. Shaw and Gould (2001) advocate that semi structured interviews are less problematic when the interviewer has the social skills to undertake interviewing. As the researcher had knowledge and had previous experience of managing a refuge, she was aware of the complexities of the issues associated with domestic abuse and reflected on the strengths and weaknesses of this approach. Open ended questions associated with domestic abuse, interventions and service delivery were used when conducting the study in her interviews with service users'. Interviews with prompts gave the researcher an opportunity to probe for more depth which enabled the service user to stay on the topic but to express their experiences in relation to the services. This would have proved difficult to manage using either life history or narrative enquiry.

Ritchie and Lewis (2003) advocate that data collection through interviews are a more appropriate method that can be utilised to ensure that experiences and views of participants can be explored in more detail but also considering boundaries are maintained. Maynard (1994) suggests that this method is used in experiential research as it proves to be a more sensitive technique to conduct studies with vulnerable participants. The semi structured interviews were planned to be conducted for a period of 45 minutes to an hour and the venues were booked for an hour. All participants signed consent forms prior to the interviews being undertaken.

Sampling

The sampling strategy utilised by the researcher was purposive sampling. A small population was accessed by the researcher by contacting domestic abuse services within a local authority. The criteria for the selection of participants was that all of the participants had been domestic abuse victims and received support as part of the Troubled Families Programme. Ritchie and Lewis (2003) suggest that purposive sampling is dependent on specific issues, characteristics or features related to the various themes or ideas that the researcher wishes to study. The purposive sample and cohort who volunteered to take part in the study were all victims of domestic abuse who had accessed targeted support services within a local authority. The researcher was in a privileged position as she had implemented targeted family support to service users who were identified as needing support due to complex problems such as domestic abuse. This enabled the researcher to have the opportunity to undertake the study and in the role of targeted support manager she was able to access the cohort. As she had worked with families and managed staff that provided targeted support this gave her an insight into the experiences of victims and how she could manage and analyse the data. This is an important strength of insider research as it enables access to samples that outside researchers might have difficulty accessing (Fox et al 2007).

Context of the targeted family support received by the participants

The participants were all those women who are known as Troubled Families as they fit the criteria of the Troubled Families Framework as they have complex needs associated with domestic abuse. As previously mentioned in literature review the Troubled Families agenda

in 2012 was launched to enable families to access holistic targeted family support. These families were those that had issues which affected the community and resulted in local authorities spending vast amounts of money trying to work with these families to provide better lives for them. Initially families were identified by the local authority as they were known to several services. The two phases of the Troubled Families Programme are detailed in table six. The first phase focussed on achieving certain outcomes for troubled families was rolled out from 2011 to 2013 see table (six). The second phase was rolled out between 2013 and 2015 and the criteria was widened to targeted families that had problems such as domestic abuse. This study was conducted during the second phase and the participants were those that were recruited and participated in the Troubled Families programme.

Table Six: Framework for the Troubled Families Programme

Framework for the Troubled Families Programme: Phase One (2011- 2013)

Referrals to targeted family support services were based on ensuring that the focus was on the various criteria of the Troubled Families Framework
Local authorities were therefore able to enhance or create services to enable:

- Children to get back into school
- Reduce crime and anti-social behaviour with youth's
- Employment for adults
- Reduction in high costs associated with families to the public sector

Phase Two (2013-2015)

- Parents or children who are associated with criminality and antisocial behaviour
- Children who are absent from school
- Child in Need or on a Child Protection plan
- Adults who are unemployed or young people who are out of work
- Families where domestic abuse is prevalent
- Children or parents with health issues

Bate and Bellis (2017)

The Team Around The Family : Delivery of the Troubled Families Programme in the Research Setting

The targeted families within the Local authority presented with wider issues related to the abuse that they sustained and needed support via services to help with issues such as their emotional wellbeing, health, education for the children, access to legal help, housing and financial support. The approach adopted in the study area was the provision of services which included a team around the family approach. Each family was given a targeted family support worker. The targeted family support workers may be employed by the local authority, voluntary sector, domestic abuse services, health or education. As part of their role, they would attend multi-professional meetings to ensure that there is a coordinated support plan for the family. The plan is created in partnership with the family and could consist of legal access, alarm installation, safety support, help with whatever the family was struggling with. The targeted family support workers enabled families to access domestic abuse services and help with setting up contact arrangements with parents as well as health services. Those families that did not have benefits were supported to claim them by attendance at job centre plus and help with filling in the appropriate forms.

The targeted family support worker also advocated for families where there was social care involvement by attending social care meetings to ensure that social workers were aware of the safety and care plan for families. Each local authority used existing services or created new services to provide support to families who were part of the troubled families programme. The local implementation for local authorities was to ensure that targeted families services 'turned around' families by a specific date and that they were paid by the results of this. Part of Troubled Families agenda was ensuring that families were supported to get into employment, education and training.

Recruitment

In the summer of 2014 two domestic violence services were contacted within the Local Authority where the study was being undertaken. The researcher was employed within the Local Authority but in a different area of service delivery. The managers of the domestic abuse services were known to the researcher as she had managed a refuge previously and

she was therefore able to contact both domestic abuse service managers. The study was explained to the local authority management regarding the focus of the study and interests regarding the views of female service users who had been victims of domestic violence, in particular those who had received any sort of family support intervention. Two domestic abuse services were visited, and a presentation was given to the service managers regarding the type of study that was being undertaken. Permission was sought to attend a therapeutic programme called the 'Freedom Programme'. Participants in this programme had all been victims of domestic abuse with the support of various domestic abuse service interventions and were no longer in the abusive relationships.

The researcher was invited to attend domestic abuse 'Freedom Programme' where she presented her research and asked participants in the programme if they would participate. Recruitment to the study was sought at the domestic abuse programme. The participants in the Freedom Programme who expressed an interest in the study were given basic information and a leaflet regarding the study. The ability to opt out at any point was detailed in the leaflet. These programmes are therapeutic and intended to benefit women as they undertake sessions to understand and recognise domestic abuse and the effects on their children and families. The women who were interested in taking part in the study stayed behind after the programme where the researcher explained the study. Contact details were sought from potential participants and the researcher followed this up by a phone call to each participant in order for them to opt out if they did not want to take part. A leaflet was sent to each participant. Initially there were 20 potential participants but two opted out of the study making the final study population of 18 participants. Written consent forms were sent to each participant and collected by the researcher when the participants attended the interview. (See Appendix 3)

Interview Schedule

An interview schedule was designed. The schedule contained questions that were prompt sheets, and these were interactive prompts with thematic issues related to service intervention, feelings, descriptions and thoughts. As the study involved semi structured interviews with service users, the questions were designed accordingly and consideration relating to the sensitive nature of the study were explored within the framing of the questions. Time was set aside to ensure that the interview schedule was piloted and tested.

The pilot was undertaken with a practitioner who works with service users with multiple and complex issues and understood the nature of domestic abuse. The questions were changed and developed according to the feedback given by the practitioner and adapted to ensure that service users were able to voice their issues related to the interventions received and there was scope for further conversation within the interview (See Appendix 4 interview schedule)

Table Seven: Participants details related to the study

The study was conducted in the South East of England in 2014

The participants described their own ethnicity as detailed in the table

Participant	Age	Ethnicity	Organisation	Children	Intervention Years	Current status
A	42	White British	2	4	2 years	Separated
B	33	Asian Pakistani	1	0	3 months	Separated
C	38	Asian Indian	2	2	2 years	Married
D	35	White British	2	3	18 months	Separated
E	22	White British	2	1	13 months	Separated
F	29	White British	2	2	2 years	Separated
G	25	Black Caribbean	2	2	18 months	Separated
H	34	Asian Indian	1	2	3 months	Married
I	25	White	2	1	6 months	Single

		British				
J	20	White British	2	1	4 months	Single
K	40	Asian Bangladeshi	1	4	6 months	Separated
L	36	Asian Pakistani	1	2	9 months	Married
M	22	White British	2	1	3 months	Single
N	43	Asian Indian	2	3	1 year	Married
O	19	White British	2	1	3 months	Single
P	23	Black African	2	1	4 months	Single
Q	30	White British	2	2	8 months	Single
R	28	White British	2	2	9 months	Separated

The table reflects the details of the participant's ethnicity in their own words and the researcher did not probe further regarding their origins of their birth place.

Data Collection

Semi-structured interviews were undertaken with participants. The participants were interviewed in a community setting of their choice. The semi-structured interviews took forty five minutes to one hour to undertake. Only one participant was interviewed in their home as she had a disability which was caused by her abuser. Travel arrangements and payments to

service users was not required as the researcher arranged the interviews in a community setting very close to the participants' homes and they walked to the location. The interviews were recorded and later transcribed. Some participants became distressed however empathy was shown, and the interviews stopped so that the participants could seek refreshments and gain composure. It was important to be aware of the body language and facial expressions throughout the interviews. The researcher ensured that she kept her composure whilst the interviews were being undertaken. Lyons and Cole (2007) suggest that having someone to listen to participants recounting traumatic life experiences can in itself be a healing process. A time plan was devised by the researcher that ensured the interviews were planned. Ritchie and Lewis (2003) suggest that in order to conduct interviews preparation is essential and that researchers establish their credibility as questions should be recognised by participants as meaningful to the study area. There are risks associated with conducting interviews and the skill of the person undertaking the interviews is imperative.

The researcher took into account that reflection and unexpected behaviours of participants should be considered as well as the researchers own bias, prejudices and beliefs. It is therefore beneficial to plan and test out the interview technique as well as questions prior to a study being implemented (Walker 2014). It is important for the power and dynamics within a research environment to be considered. The researcher considered this when conducting the interviews. The participants however were not made aware of the researcher's previous role as a refuge manager or links to service provision. She was able to respond sensitively when participants became distressed and paused the questions in order for the participant to regain composure. In one particular interview the participant told a disturbing story of the domestic abuse that she had been exposed to.

Ritchie and Lewis (2003) suggest that it is important to be prepared for the unknown when conducting interviews. Sensitive interviews need to be conducted by ensuring that the researcher is prepared and can manage the emotional behaviour of participants. In this study, the researcher was unaware that her own emotional reaction to an interview would be problematic. After the interview, the researcher met with a car accident as time out and reflection was not considered and she had not talked through with a confidant the feelings related to the disclosure of abuse that a service user had been subjected to and shared

during the interview. Another experience that the researcher reflected on was that she was aware of the service intervention that was delivered to a service user and the organisation. At all times throughout the interview she remained objective and was mindful that she should not show any expression that would associate with her feelings towards the organisation that delivered the intervention.

Data analysis

Thematic analysis was utilised to analyse the data. Thematic analysis enables the voices, experiences and feelings to be documented of participants in written form (Ritchie and Lewis 2010). It allows the researcher to be part of the analysis being conducted as they are able to understand their own conceptual ideas and that could influence the interpretations of participants experiences. Thematic analysis involves placing key words, themes and views of participants into specific headings that make sense of the statements. The recorded data of the interviews took approximately three months to transcribe as there were 18 interviews undertaken. In undertaking the analysis of the interviews the researcher followed the method set out by Ritchie and Lewis (2003) see table eight.

Table Eight : Thematic Analysis : Ritchie and Lewis (2003)

Analysis utilised for study undertaken

Stages	**Description**
Stage 1	• **Become familiar with the data**
Stage 2	• **Generate initial codes**
Stage 3	• **Search for themes**
Stage 4	• **Review the themes identified**
Stage 5	• **Define the themes**
Stage 6	• **Write up**

Stage one

Data were transcribed by the researcher by listening to the audio recordings and writing up the verbal conversation that took place between the researcher and the participants. The transcripts were re-read on numerous occasions in order to familiarise with the data. Reoccurring themes, words and categories were highlighted with a marker pen.

Stage two

The words from the first transcript were placed into a table and main headings, subheadings were recorded in the table. Codes were applied to the themes and sub themes

Main Theme: Fragmented Targeted Family Support

Themes: Health Care, Financial loss and Criminal issues

Stage three

This stage involved the researcher placing the themes into groups. There were emerging themes derived and connections to these themes were retained to compare with patterns from the transcripts.

Sub themes of Health:

- Mental health
- Physical health
- Child emotional wellbeing
- Isolation

Sub themes of Financial issues:

- Work/loss of earnings
- Poverty
- Homelessness /housing
- Debts

Sub themes of Criminality:

- Anti-social behaviour
- Police/law
- Authority
- Safety

Stage four

The sub themes were then put into an order of hierarchy. A mapping process was undertaken in order distinguish the connections between the themes and to understand fully the experiences of the service users. The main words used by respondents were utilised to expand the sub themes giving rise to a hierarchy of concerns. The researcher compared the themes with the interview questions that were asked.

Groups in order of Hierarchy

- Feelings/emotions
- Money
- Schooling/education
- Stability
- Relationships
- Employability and training

Stage five

Main themes and then secondary themes were devised. The three main themes were health, financial loss and criminality. The subheadings that were associated with these fell into subheadings such as lack of support, authority and isolation.

Stage six

This stage involved writing the analysis which took considerable time. The transcripts were read several times as suggested when utilising thematic analysis. All the verbal quotes were highlighted in order to ensure accuracy of the analysis undertaken.

Boyatziz (1998) suggests that thematic analysis is an effective method that can be utilised in qualitative research. The analysis has three stages. Stage one: sampling and design. stage two: development of themes, stage three: using a validated code. In the second stage of thematic analysis thematic codes can be developed by theory, previous data and can be inductive or driven by the raw data collected (Boyatziz 1998). Denzin and Lincoln (1994) suggest that this form of thematic analysis enables the researcher to be able to interpret, process or analyse data regardless of their ontological or epistemelogical position. Boyatziz (1998) suggest that training and education are imperative in order to conduct the analysis. The researcher needs to be able to make sense of the particular themes and to be able to code them intuitively.

Ethics

When consulting with vulnerable people ethical considerations must be taken into account to ensure appropriate methods are used when conducting the research. Beauchamp and Childress (2012) acknowledge four principles to be adhered to for research to be conducted effectively which comprise respect for 'autonomy, beneficence, non-maleficence and justice' The Local Authority's code of conduct was used to consult with the service users. The code of conduct stipulated that in order to conduct the study the researcher had to conduct herself in a professional manner, and adhere to the local authority's policies and procedures such as health and safety, lone working, confidentiality and maintaining respect for individuals that they are consulting with. The code of conduct was essential as it enabled the study to be undertaken with clear guidelines related to professional conduct and behaviour in the designated role of a researcher when interacting with research participants (Beauchamp and Childress 2012). Ritchie and Lewis (2013) advocate that is essential for any researcher to use a professional attitude that assists with the elimination of problems. This also supports researchers to focus on the appropriate decisions and solving dilemmas when undertaking research (Marquis and Huston 2006). The researcher also made the participants aware that

an informed decision to participate or not to participate within the study did not affect their or their children's access to service provision.

Autonomy is the right of any person that determines whether they wish to participate in any activity. The person should be able to make informed choices without coercion. The most important aspect is that they are able to give informed consent. It is important that vulnerable groups are able to understand the information given to them regarding any study being undertaken and that evidence of the researcher not taking advantage of these participants is kept. The benefits of the study, risks, implications and whether the study would be available in the public arena should be highlighted (Beauchamp and Childress 2012). This study was explained to participants at the 'Freedom Programme' sessions and an information leaflet was also sent out. All the participants were sent consent forms in advance and also given an email address and phone number should they wish to discuss the study. Beneficence non-maleficence is to ensure that the participants are not placed at risk by the study undertaken and the benefits for the participants and society are explicit. Risk assessing the impact of the study should be undertaken in order to ascertain the value of the study to service users and local communities. In the case of this study a meeting was held prior to the study with the director of social care and signed authorisation and risk assessment undertaken. Although a risk assessment was useful, it was important to consider any ethical dilemmas that could arise and how they could be resolved.

The service users were given information related to support services should they need them due to divulging their sensitive stories of domestic abuse. It was important that throughout the interviews the participants felt listened to and not advised or counselled. The participants were told in advance that should any safeguarding or issues related to the family being at risk or harm be shared then the information would need to be given to safeguarding /social care and confidentiality would be overridden see (Appendix 2 Information Leaflet). The study was deemed to be beneficial as it would enable participants to be able to identify the impact of support that they had received and suggest changes that could be made regarding domestic violence services. Justice is when we recruit participants from populations which could be deemed as vulnerable and easily coerced into participating for example looked after children or disadvantaged groups such as families from poverty-stricken areas. The participants within this study were recruited from domestic abuse services and were

vulnerable but they were given as much information as possible and opportunity to opt out of the study.

Ethical problems that may have been encountered were highlighted in a previous study conducted with a vulnerable cohort of young people where here Allen (2002) reflected on complexities of the ethical principles and issues proved the study to be flawed. The service users were still embroiled in the recovery process and therefore the study was not truly reflective of their experiences regarding services that could support them. The participants were a group of young people who had experienced illicit drug use, ethical complexities resulted in the research methods deemed unethical and the service users needing further intervention as they spoke about safeguarding issues and therapeutic intervention that were lacking.

Considerations related to involving service users in consultation is imperative domestic abuse as a subject area is sensitive, this particular study needed to consider that the women maybe anxious regarding their children who could be subject to a child protection plan or be part of the child protection process. In order to carry the study out effectively consultation, interview skills and any barriers when interviewing service users were considered. In another study Sanders and Mace (2006) identified consultation barriers when engaging service users who were part of the child protection process within social service departments in Wales. The researchers acknowledged the actual execution of consultation as complex due to the sensitive nature of the issues that children and vulnerable young people had experienced in particular to safeguarding and child protection.

Partridge (2005) supports this when conducting his research with service users and practitioners in Wales. Partridge (2005) suggests that collaboration and commitment of professionals should be vigorous to ensure that participation and consultation is effective. Stafford et al (2003) acknowledge in their qualitative research study the complexities of interviewing disadvantaged and vulnerable young people and the families yearning to be consulted. Young people interviewed in the study were bored and felt that their time could be best spent doing activities that children do. Ritchie and Lewis (2003) also recognise the importance of service users' voices being heard through consultation. They acknowledge the complexities of critical feedback from service users regarding the practice of practitioners or

professionals. Researchers need to ensure that they are not receptive to criticism, non-judgemental and unbiased (Ritchie and Lewis 2003).

Ethical approval

Ethics approval was sought and granted from the university in 2013. Approval for the study was also sought from the director of social care in the local authority in writing where the study was being undertaken. A meeting with the director was undertaken and a letter was written to the director. The approval took approximately six months. Liamputtong (2007) suggest that there are specific debates related to research with vulnerable people however it is not considered unethical to conduct research with vulnerable service users. According to Walker (2014) autonomy and privacy must be maintained in order to conduct ethical research. Participants should not be coerced and should be given the right to withdraw from the study if they do not wish to participate. Participants were told that their information would be stored appropriately and that the data would be anonymised and password protected on the computer. Ritchie and Lewis (2010) suggest that it is important to obtain informed consent and advocate that participants receive documentation in advance of any study being undertaken in order for the participants to review and make an informed choice as regards to their participation in the study.

Participants should not be coerced and should be given the right to withdraw from the study if they do not wish to participate and given written statements that will not impact on their access to services. Ritchie and Lewis (2010) suggest that it is important to obtain informed consent and advocate that participants receive documentation in advance of any study being undertaken in order for the participants to review and make an informed choice as regards to their participation in the study in accordance with the data protection act 1998 and (British Association of Social Work code of ethics 2012).

CHAPTER FIVE

FINDINGS

Introduction

The aim of this chapter is to present the key findings of the research undertaken. As outlined in the previous methodology chapter thematic analysis was utilised to analyse the data from the research. Data was collected from eighteen female participants who had been victims of domestic abuse and had received support from targeted family support services. The participants were 10 White British, 6 Asian and 2 Black service users of domestic abuse targeted family support services. The interventions that they had received ranged from three months to two years. The ages of participants were from the age of twenty to forty-three. Their religious denomination was not given only their heritage as set out in table three. The interview schedule is given in appendix four.

Through qualitative data analysis a major overarching theme associated with targeted family support was derived associated with the way the support was given which was fragmented and not consistent. This main overarching theme is called Fragmented Targeted Family support. In the study there were three further themes that were derived all associated with the fragmented targeted family support that the service users had received. During the analysis sub themes associated with the three themes were identified.

Main overarching theme: Fragmented targeted family support related to their:

- Theme one: Health care
- Theme two: Financial support
- Theme three: Criminality issues

The themes interlinked with each other as participants had problems associated with these areas due to nature of the domestic abuse that they suffered and the support that is given to families when there is domestic abuse as a main factor. As part of the analysis it was identified that there were three themes and then sub themes associated with the themes

these are explained in detail. The researcher has shown evidence in the findings according to each theme and sub theme in the words of the participants.

Details of each theme and sub themes in the findings.

Fragmentation of targeted family support with health issues: (Theme one)

Sub themes of health Issues:

- Mental health
- Physical health
- Child emotional wellbeing
- Isolation

Fragmentation of targeted family support financial issues: (Theme two)

Sub themes of financial issues:

- Work/loss of earnings
- Poverty
- Homelessness /housing
- Debts

Fragmentation of targeted family support with criminality issues: (Theme three)

Sub themes of criminality:

- Anti-social behaviour
- Police/law
- Authority
- Safety

Pen pictures of each participants characteristics and circumstances were derived from the interviews and are given below.

Pen pictures

The pen pictures were created by the researcher from the participants own accounts of their circumstances and information that they divulged.

Participant A was 42 and escribed by herself as British. From observation she was white British. She had been separated from her husband. She had been violently abused by her husband for many years. She had four children and she had spoken about her ignorance and his deception after her husband had several affairs she finally found out. Her partner had sexually and physically abused her. She was supported by targeted family support services through the local authority to leave and was rehoused in the community. The services she received were through an Independent Domestic Abuse Advocate (IDVA) who helped her access legal advice which enabled her to obtain an injunction. She was now seeking a divorce from her husband. The participant was unemployed and explained that she would like to work but needed the skills and training to access jobs within the community.

Participant B was 33. She described herself as being of Pakistani Asian origin. She did not have any children but had been placed in the local authority by a national domestic abuse service and rehoused for her safety. She had been married for a short period of time and her extended family had ostracised her. Her husband and extended family had emotionally and financially abused her and she accessed services by ringing the local domestic abuse service and wanted to separate from her husband. She was receiving targeted family support from an IDVA to enable her to get a solicitor to file for a divorce. She was unemployed.

Participant C was 38 years of age and described herself as an Asian Indian lady. She had two children and was supported for two years by a targeted family support worker in the community where she resided. She had been referred to the targeted family support service by social services as she had reported incidents of her husband's threatening behaviour towards her, financial and emotional abuse. Her children had witnessed the domestic violence and therefore social care were concerned about the children's emotional behaviour

and the impact of witnessing the domestic abuse. The participant was unemployed and was on state benefits.

Participant D was 35 years of age. She had three children. One of her children was extremely physically challenging and often volatile towards her. She resided in a council home and was supported by a target family support worker provided by a voluntary sector agency. By observation she was White British. She described her husband as verbally abusive and often resorting to damaging the family home. She wanted to work but could not access employment as she felt that her children needed her support due to the nature of the abuse that they had witnessed. She was claiming state benefits.

Participant E was 22 years of age. She had one 18 month old child. She had recently left the refuge in the local authority and was residing in a private rented flat. She was supported by an IDVA from the refuge to enable her to settle with support in the community. Her child was only 5 months old when she was accommodated at the refuge. By observation she was White British. She had suffered from emotional and financial abuse from her previous partner and accessed financial assistance through claiming state benefits as she was unemployed. She had aspirations to work but was worried about child care for her 18 month old child.

Participant F was 29 years of age. She had received support whilst accommodated in the refuge and then was rehoused in the community. She had 2 children. By observation she was White British. The participant stated that she had suffered emotional trauma and significant volatile behaviour from her ex-partner. She was unemployed and claiming state benefits. She was being provided support through the local domestic abuse service on an outreach basis by an IDVA. The participant stated that she felt that her mental health had been affected by the abuse that she had suffered and needed more support from health and social care services.

Participant G was 25 years of age. She described herself as black Caribbean. She had two young children and had to give up work to look after them. She had worked up until her

separation from her husband and had a career. She had received support from a community voluntary sector organisation. She was currently unemployed but wanted to return to work and was claiming state benefits. The participant described her husband as having his own mental health issues and stated that he was manipulative, angry and had control of her finances when she resided in the family home.

Participant H was 34 with two children. She had received support from an IDVA and was also receiving support from a family support worker employed by the local authority. She was in the process of applying for a divorce from her husband. She described herself as an Asian Indian. She was living in rented accommodation with her children. She had only been receiving support from the domestic abuse service for three months. She described her husband as being aggressive, damaging the property and often lazy. She was unemployed and was claiming state benefits.

Participant I was 25 years of age. She had one child and was single. She had been in a relationship for two years. She had received support from an IDVA. By observation she was White British. The participant described her ex-partner as possessive and very demanding. She stated that he often stalked her and told her that she was an unfit parent and was not able to parent her child. She was unemployed and was claiming state benefits. The participant wanted to actively look for employment but felt that she needed more confidence, training and skills to do so.

Participant J was 20 years of age. She had one child and had received a service from an IDVA and was residing in the refuge. She had only received intervention for the past four months. By observation she was White British. The participant described her abuse as very distressing. She had been subject to both physical and emotional trauma. She stated that she should not have suffered the abuse from her ex-partner as he had portrayed himself as being a kind and generous person but then was very aggressive when alone in person with her. She was unemployed and claiming state benefits.

Participant K was 40 years of age. She described herself as Asian Bangladeshi with 4 children. One of her teenage children was known to YOT (Youth offending team) for being on the cusp of offending behaviour. She was separated from her husband and had received intervention from a domestic abuse service IDVA targeted family support service for 6 months. She lived in a deprived area of the local authority. The participant described her husband as possessive and very angry. She stated that her previous accommodation was damaged due to her husband punching holes and throwing furniture around when he was upset. She was unemployed and claiming state benefits.

Participant L was 36 years of age. She had two children and described herself as Asian Pakistani. She had been to court to obtain a non-molestation order and was still married at the time of her interview. She stated that she was clinically depressed and was seeing her GP regularly and was prescribed anti-depressant tablets. She was being supported by an IDVA from the domestic abuse service and had received family targeted support interventions for a period of 9 months. She resided in an affluent area of the local authority. She described her husband as very demanding and possessive. She stated that he was very strict and disciplined. She felt that he knew a lot of people within the community and had portrayed a picture of her that characterised her as being mentally unwell. She was unemployed and claiming state benefits. The participant wanted to seek employment but felt that she needed to ensure she was emotionally stable to sustain employment.

Participant M was 22 years of age and by observation was White British. She had one child who was a toddler. She was single but been in a very abusive relationship. She had only just started to receive support from the domestic violence service and was known to them for three months. A safety alarm was placed in her flat in case of an emergency and forced entry. She was known to multi-agency services and the risk of living in the community was heightened as her partner was known to the police. The participant described her partner as dangerous and stated that he would lock her up and stalk her continuously. She was not allowed to have friendships or see family when she was previously in the relationship with her partner. She was unemployed and claiming state benefits.

Participant N was 43 years of age and described as an Asian Indian. She had three children and was still married. She was in temporary accommodation in the local authority but had previously resided in the refuge. She had received support from the domestic abuse service for approximately one year. The participant was known to social services as she had been referred due to previous domestic abuse incidents. She stated that her husband deprived her of finances and was both physically and emotionally abusive to her and the children. She was unemployed but wanted to seek employment but she felt she lacked confidence in applying for jobs in the community. The participant was claiming state benefits.

Participant O was known as a teenage parent to social care. She was 19 years of age with a baby of six months old. She was observed to be White British and lived in a supported housing unit for mothers and babies. She was single at the time of the interview, but the father of the baby had been previously living with her. She was being given targeted family support by the local authority's family support service and her key worker at the supported housing project. The participant stated that her ex-partner was previously involved in criminality. He was both physically and emotionally abusive to her. She wanted to find a part time job but felt that she needed support with her baby who was still very young. She was unemployed and claiming state benefits.

Participant P was 23 and described herself as being of Black African heritage. She had one child and was in temporary accommodation. She was single and supported by the domestic abuse service. An IDVA was assigned to support her providing targeted family support. She had been receiving interventions from the service for 4 months. The participant stated that her ex-partner was emotionally abusive and demanding. She had resided with her ex-partner for a short period but stated that she ended up homeless and in need of accommodation due to the lack of support from family and friends. The participant was claiming state benefits and was unemployed. She stated that she wanted to work but wanted to ensure that there was support with child care if she accessed employment in the community.

Participant Q was 30 years of age and observed to be White British. She had two children. She was extremely depressed and known to the CMHT (Community mental health team).

She was single but had been in two volatile relationships with ex partners. Her children had different fathers. She was self-harming and known to children's social care. Both her children were on CIN (Children in need plans). A targeted family support worker from the social services department had been supporting her with parenting and safety strategies for 8 months. The participant described both her ex-partners as being physically abusive and she had suffered with the children's behaviour and contact arrangements with both the children's fathers. She was being supported to set up contact arrangements at contact centres with the children's fathers and this was causing her anxiety and stress. She was unemployed and claiming state benefits.

Participant R was 28 years of age and was observed to be White British. She was separated from her partner. She had two children. She had been rehoused in a council flat and had received support from the domestic abuse service for 9 months. She was pregnant with her third child at the time of her interview and was struggling with her parenting of the other two children. The domestic abuse service had provided an IDVA who was making a referral to children's social care for a targeted family support worker. The participant described her partner as very abusive towards her and her children. There were previous domestic abuse incidents of physical violence and social services had been involved historically with the family. The participant was overwhelmed at the time of the interview with parenting complexities with the children and was feeling depressed. She was claiming state benefits and was unemployed.

Thematic maps

In capturing the stories of the eighteen participants, the interviews were structured in a way that participants were able to reflect on their journeys. The questions were open ended and the analysis following specific questions enabled the researcher to link their experiences of the domestic abuse services with the targeted intervention that they had received. The participants all spoke about the areas that they felt less supported or services were inconsistent.

Figure 3: Fragmented Targeted support.

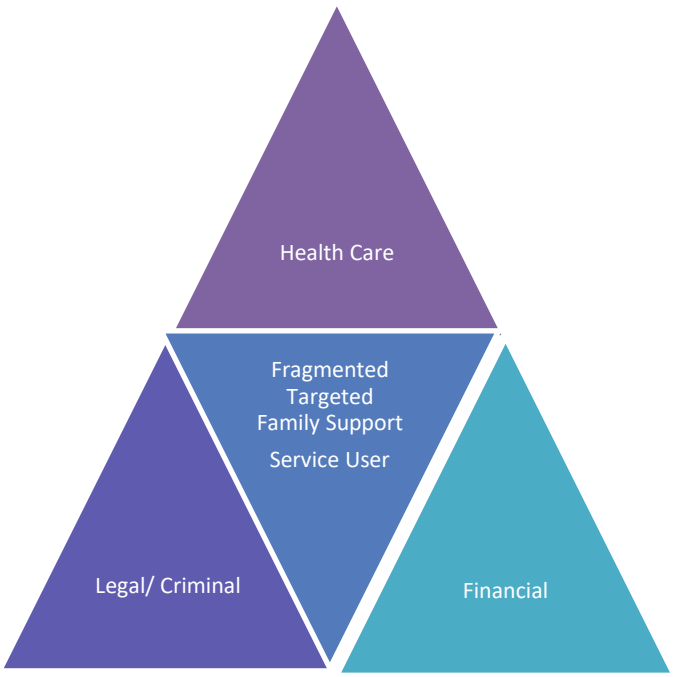
The participants felt that the services and that support that they received from targeted family support services was fragmented in addressing three main issues. The three main areas of fragmentation of the support provided for the women were detailed in these themes associated with their health care, financial deprivation and lack of support with legal/criminal process.

Despite receiving targeted and coordinated support from targeted family support workers the women still described that they had difficulties with parenting their children, recovering from trauma, employability, children's education, health, anti-social behaviour and a lack of targeted support with information related to their legal issues because of the fragmentation of the support they received the service users acknowledged that this support had made little impact in helping them address their issues.

Figure 3: Fragmented Targeted Family Support

Depicts that the victims needed support in three distinct areas.

See diagram (Fragmented Targeted Family Support)



The Data analysis identified the three main themes associated with the fragmentation of the targeted family support received by particiapnts as service users of domestic abuse services.

1. Heath
2. Financial loss
3. Legal/Criminality

Figure 4: Theme one: Fragmentation of targeted family support related to the service users health.

Particiipants describe the problems associated with the support that they recieved with their health issues and these were evidenced even further in the sub themes: Physical health, child emotional well being, mental health and isolation for participants.

Sub theme :Physical health

The participants described their physical health problems in the interviews:

These participants spoke in detail regarding their health, describing their physical and emotional suffering that they had experienced.The ailments were a consequence of the

domestic abuse and they also related their stories conveying their emotions over the period that they were supported by interventions of the targeted family support services. Participants spoke about the different services supporting them who provided targeted family support to them. The ailments that they sufffered from were not related to interventions provided but the domestic abuse that they had suffered. Some participants gave accounts of the health services that they received and the lack of support from health services where they resided. They talked about the lack of health care staff understanding their problems and generally not listening to them. GP's in particular not realising that the service user was abused physically but also as a consequence they were still unwell and in need of the appropriate medical attention. The participants described how their health had suffered to an extent due to the domestic violence that they had incurred. The participants had to attend various medical appointments and describe the abuse they suffered to medical health professionals. Participants spoke about their childrens health and wellbeing stating that they too frequently visited their local G.P to obtain medication for behaviour issues associated with trauma and sleeplessness.The parents spoke about the guilt that they felt having to reflect on the domestic abuse and the effect on their parenting in managing the behaviours of their children and feeling helplesss knowing that they should have sought support sooner.The participants shared that they felt the shame and guilt that impacts on their parenting and access to family support services and this caused anxiety and stress to them.

> "I started cutting my wrists and harming myself as I felt that I was not listened to. No one cared and Dr's kept telling me that I was depressed. My arms were cut and scratched but the nurse was not sympathetic and just changed my dressing. She did not even ask me why I had cut myself. I also had pains in my chest. The nurse thought I was just anxious". Participant (Q)

The participant is describing her physical and emotional ailments to the health practitioner however she felt that she was not being listened to and that the nurse could have been the one person that may have linked her into the health support or appropraite services for her emotional and physical well being.

> " I got severe headaches and also felt very unwell even though my IDVA supported me through the court process. I had so much pain in my head like a migraine. I could not sleep and eventually I was put on those tablets for depression and they said I had anxiety". Participant (L)

The participant stated that she was diagnosed as having emotional health issues and she just needed some one to listen to her. Although, she had a physical ailment this was due to the stress that she had been under. She was grateful for the support of her IDVA but felt the health practitioner did not treat her appropriately.

> " I could not eat and lost so much weight. This was due to the fact that I had no appetite. I felt physically sick when I tried to eat. My mind kept telling me that I was hungry but I just could not eat the food properly it made me ill so I visited the nurse at the local surgery and she said I shoud change my diet as I may have acidity. I felt that she was not listening. I was perfectly well before and now I cannot eat properly" Participant (F)

This scenario involves the practitioner not understanding or asking the participant why she is not eating and whether there are further issues that are causing her to lose weight. The main area that the health practitioner concentrates on is a diet plan rather than investigating and exploring the appropriate support that is really needed for the participant.

All three participants describe the different health issues that they suffered with. They also suggest that their physical health deteriorated and that the health practitioners did not listen to the reasons regarding the problems that they had. Although, the participants met with the health professionals to discuss their ailments they felt that the support that they received was inconsistent. Some participants had several practitioners supporting them and they still did not feel that their health needs were recognised and the appropriate medical treatment was given to them.

Sub theme: Child emotional wellbeing

Participants describe the problems related to their children's wellbeing :

> "My child was playing up at school and biting other children.The school said my child may have some sort of learning difficulty. He was upset as he saw his father hitting me. I know he can play up as I have to deal with him on my own every day. But, he is a good boy really and I don't want him on medication. Yes, he is very active and yes

> he hits out but he is not disabled and I don't want him to have a label . They gave me a family support worker to help me try and look after him properly. I am a parent and I was being told what to do to look after him at home and I felt really bad about this". Participant (D)

The participant felt that her child was being labelled as a child with learning and support needs. She felt that as a parent she was being not being supported and that she was being stigmatised as a bad parent rather than practitioners providing the most appropriate support for both her child and herself.

> "As a mother I have felt that I have let my children down. They witnessed their father shouting, screaming and often beating me senseless. He actually made me feel like I was worthless. I had so many opportunities to leave but I didn't and this is why my kids are playing up and behaving like him. They treat me like I am rubbish and I am trying to be a good mother but I am failing. I am being given parenting support to manage the behaviour but it is only once a week. Participant (A)

The participant was given support to manage her child's emtional wellbeing but this was just once a week. She felt that her children had now started to abuse her and could not manage their own emotions and anger towards her.

> " My daughter is wetting the bed. I went to see the G.P. He said she will be okay it is a phase. She is just emotionally disturbed as she has had to leave what she is used to. I know that she will be okay but when? She cries every night and I cannot help her as I don't know what to do and she is angry with me for leaving her father".
>
> Participant (N)

The participant is aware that her child has emotional issues and that she is angry with her however she suggests that the G.P did not consider the emotional effects of the domestic abuse on the child. The G.P also suggested to the parent that it was a phase and that she would grow out of it. However, the participant was concerned with the fact that her daughter's ailments were causing distress to her and her family.

Participants described some schools that children and young people attended were not generally supportive to the family and labelled the children as being difficult or needing

specialist support services for their emotional and physical needs. Participants also spoke about the effect of the emotional upset from the seperation of them as parents and the effects of witnessing the domestic abuse on their children. They generally felt that the emotional health of their children was disregarded and the targeted family support practitioners focussed on how to teach them to parent their children or just deal with issues related to the doomestic abuse and safety. Participants spoke about their childrens behaviour that had changed. Some of the participants children were still upset and could not regulate their emotions. Some participants talked about their children being stigmatised and labelled as having learning difficulties such as ADHD and ASD. Participants also suggested that their children's emotional well being suffered as a result of inadequate support and that schools and agencies did not understand the needs of their families.

Sub theme: Mental health

Participants describe problems with their own mental health:

The participants talked about their own mental health and the fragmented targeted support that they received by practitioners. They are aware of the limitations of the support provided however felt that more support via external services could be given to them.

> " I was so depressed when I met my worker. I have a little one. He is so active and keeps me on my toes. I do feel that I am losing my mind. I had a very supportive worker and her job was to help keep me safe. The service said that she can help me get a safety alarm. She did help with this. I am still very alone and I cannot even think about my life ahead. She cannot be there for me when I really need her as she has other people to support". Participant (M)

The participant was speaking about the target family support she recieves from her IDVA. The participant is clincally depressed and although she was receiving medical treatment she felt that her emotional health was suffering as she was not receiving the support at the times when she felt at her lowest.

> " I am being helped by my key worker and she does listen to me but I find it hard with the baby. The key worker gives me support when I need it. I am grateful for this and

> the health visitor came to see me but she did a questionaire as I said that I was feeling sad. I think it was something to do with post natal depression and that I had suffered abuse from my ex partner. I had to fill in this questionaire and she said that I possibly need to see the G.P as my mood is low" Participant (O).

The participant is referring to her local health visitor and the keyworker providing targeted family support from the accomodation that she is residing in. The participant was made aware that she might have post natal depression but did not have her treatment or have a targeted support plan devised to help her with her condition.

> "The doctor has given me anti depressants. The pills help me and I am able to go shopping and pick the kids up from school. X from the service has helped me to go to court and we have an order that he cannot come to the house and near me and the kids. I know that the pills help me but I cannot be on these all the time. X is there for me but I have to go to the G.P and get tablets on my own". Participant (L)

The participant is describing the support from her IDVA The participant understands that she is depressed but is aware that her targeted family support worker cannot support her to attend the G.P and that she has to attend appointments on her own. This was stressful for the participant due to her ailment.

Participants described their own mental health within the interviews that were undertaken. Some participants were given prescription medication for depression however recognised that their targeted family support workers were time limited in the interventions that could be provided. One participant in particular felt that they needed further support in attending their G.P appointments so that she had some one to advocate for her. Participants recognised that interventions from their support workers related to their domestic abuse was benefecial but recognised that their emerging mental health problems was a factor in their recovery from the abuse that they had experienced. Participants suggest that the interventions provided to them as service users were mainly nine to five or when the service user required support they would need to ring services for the immediate issue. This deterred one of the participants as she felt she did not want to burden already overworked practitioners. One participant recognised that her targeted family support worker had other women to support who were suffering from domestic abuse. She understood that this was a huge factor for

services as practitioners have to prioritise the support to individuals according to the risks identified by the service users that they are providing interventions to.

Sub theme: Isolation

Partcipants describe how they felt isolated within the community

Most women were isolated from their families and friends and were estranged from some family members.They spoke about feeling alone which impacted on their ability to feel part of their new communities that they had moved to. The relationship that they had with their health care services and doctor was not beneficial to them. Some participants stated that the professionals did not understand the issues related to their circumstances. Some participants stated that the relationship that they had with the targeted support worker could have enabled the health care practitioners to be able to understand their stories better, suggesting that the targeted family support workers could have advocated more effectively for them. One participant recognised that targeted family support workers have other families that they work with, the time that they had with them was limited and therefore they were unable to be available when most needed to support them to access health care provision.

> " My family told me that I was a bad wife and bad mother. I had to make a new life. He had brain washed them. I was alone on my own and felt so isolated. No one to talk to except the family support worker who phoned or met with me. She was my saving grace as I would just have gone back to him if not". Participant (H)

The participant spoke about the targeted support that she recieved from the local authorty targeted family support team. The particpant was isolated from people that were family and friends. Although, she had a targeted family support worker she was aware that the interventions are available according the most prioritised needs and are not always available when she is feeling isolated and alone.

> "I live alone and have moved here from another place. My worker has been helping me with a divorce and sees me when I need help. The problem is that I am away from people like my family and they do not want to see me any more because I have brought shame on the kaandan (family). My worker is good to me and I phone her

> regularly but she cant be with me twenty four hours or in the middle of the night when I am upset. I know that she has to see other women like me and can only give me certain time. I do think these services are very good but need to think about working at times when you most need them". Participant (B)

The participant was describing the support from the IDVA.The participant is aware of her support needs associated with her loneliness and isolation but cannot access the targeted family support worker ad hoc and only when she is avaialble to provide support.

> "Its hard when you are in a new flat and away from the refuge. I was with them for quite a while. The refuge staff were fantastic and I have a worker from the refuge who has helped me to set up my new home in this area. I do feel though that I have lost my friends from the refuge and miss my family. They come and see me but only some weekends. I feel like I have lost so much and I have no one that I know yet in this area. I need to possibly join some mother and toddler sessions at the childrens centre that would maybe be good to make new friends". Participant (E)

The participant was referring to the support she recieves from the IDVA .The participant is grateful for the targeted family support that she recieves but knows that the support she may require will be from more universal services such as a childrens centre as her targeted family support will cease.

The women that were interviewed detailed the fragmentation and inconsistencies in support and services associated with their health care. Some spoke about the services that were just nine to five services and that practitioners were not able to support them when they most needed the support at weekends.The women discussed their mental health and the devestating effect on their wellbeing. The support was available by phone but not face to face in some cases.Some women felt that they were bad parents as they were unable to regulate their childrens emotions and manage their childrens behaviour due to their own lack of emotional regulation and high anxiety levels. One woman spoke about her child and his learning difficulties, the lack of support for her and her son in the community as well as labelling by health care practitioners rather than support from them to understand the issues related to his condition and to help her have strategies to be able to parent her child effectively. Some participants suggested that they could not access support when they actually needed them. If they did access services from targeted family support staff in the

absence of their own worker they had to explain to the practitioners how they felt over and over again and did not want to repeat their stories.

In relation to the health services and targeted intervention some women discussed the challenges of attending their GP practice in fear of the GP or health professionals breaching confidentialty. They felt that the GP would not have the empathy or sympathy for their abuse. One woman described an event where she had attended her GP and he was a family friend and she feared that he would tell her husband where she was residing and who was supporting her.

> " He was a family friend and my husband knows him well. If I was to go to him he would tell my husband my new address and also I am scared that he would find me as well as torture me for leaving him". Participant (B)

Participant B explains the fear of telling her G.P that she needed to sleep better as she was depressed.

> " My home was damp and I needed a letter from the G.P as my children were coughing and I was always ill too. I could not go and tell my G.P as I would not be supported. He was from the asian community and would probably tell me to return home to him. He does not understand what I went through nor does he care. So I decided to put up with the damp and we all remained in the damp home". Participant (K)

> " I needed help, help to get a Dr to listen to me and give me the right medication for my problems. I could not sleep and I had to ask my family support worker to take me to the Dr to get some tablets. I felt really down and I did not think that the Dr really cared or listened to me" Participant (C)

These participants discuss their issues with their health care and the services that were provided to them. The participants did not feel listened to by their G.P's and for one participant she was fearful that the health care profssional could collude with family and she would have to return to an abusive relationship.

Theme Two: Financial Problems

Some victims who suffer with domestic abuse struggle at some point financially. Poor housing homelessness, poverty and debts are key factors

Those families that are referred to the local authority homeless team are prioritised for housing according to the length of time that they have been in a refuge, on the homeless register or where there is immediate risk to them in the accommodation that they are residing in. The majority of the participants had suffered from financial loss. The loss of their job or partners earnings, incurred debt and poverty. The participants spoke about having to move away and find new homes or being housed away from their families, friends and communities. Some participants spoke about the benefit claims that had made and that they had to live on the bread line. They often had very little money and had to use food bank vouchers to get food for their children. Some participant's also spoke about borrowing money and having to pay back the full amount at short notice or taking out loans from companies where interest was charged at astronomical rates. A few participants had to give up their jobs and were not fairly treated by their employers who were not supportive of the issues that they were facing.

Figure 5: ThemeTwo: Financial dificulties

Theme two demonstrates the issues related to financial difficulties as described by the women. Subthemes were then identified related to the financial difficulties these were: Poverty,homelessness,debts and Work/loss of earnings

Sub theme: Poverty

Participants discuss how they were affected by poverty.

> “I gave up everything and moved away. My whole life was shattered, and I had no food, money and was borrowing from anyone that would give me money. I have support from X, but I don’t have any money and I do not know where to go to get help”. Participant (R)

The IDVA was supporting the participant and she was going to make a referral to the local authority targeted family support service. The participant talked about the support that she received and although she was supported by her IDVA as a support worker the IDVA had no access to financial resources. Therefore, the participant had no choice but to borrow money.

> “Benefit delays are not fair and why are we penalised as we are victims. I had to ask the family support worker and my IDVA for help. My social worker gave me some

> money and said my child was a child in need so we could have some money. I could not buy nice toys or clothes for the kids. So, we went without and I was so poor and without good things". Participant (K)

The IDVA is a practitioner from domestic violence service and often do not have access to any emergency funds. The social worker is monitoring a child in need plan as the service user's family is an open case to Children's Social Care.

> "I like the room I have with the baby. It is really nice, and staff are so friendly. I do struggle though as I do not have enough money for everything for the baby. I have to go to the food bank sometimes as I do not have food for myself. Managing my benefits is not easy as I like to buy things for the baby sometimes and then I realise I have not got enough for myself. I do not like to ask any one for anything, so the staff give me a food bank voucher and I bring pasta and rice home to eat. They have a small collection of other things, but I don't like them. So, I bring the food that I can eat back from there. It is also a problem for me as I can only go on days that they are open……the food bank I mean". Participant (O)

The participant is talking about staff that support her in the supported housing unit that she resides in. The participant is reliant on food bank vouchers and there aren't any finances available to enable her to access food when she needs it for her family. The targeted family support service provided by her housing accommodation does not have petty cash or finances to enable her to buy food when she needs it.

> "When I left, I could not claim any benefits and I was not able to be housed straight away. I was put in a bed and breakfast by police at night for my safety. Then social services came to see me the next day and they filled forms in, and I went to live in a refuge far away. I was supported by refuge workers with an immigration solicitor, money and food. Eventually after five months I got benefits and I got my indefinite leave. They said it was because I met the requirements to stay. But I felt like I had done something wrong at first as I was eating whatever the refuge workers bought. I am a vegetarian and I had no money to buy nice fruit and vegetables". Participant (H)

The participant was given food by the refuge and although she was grateful for this, she felt that there was a huge delay in her benefits and that due to this she suffered financially and had to eat what was given to her rather than what she really wanted to eat.

The participants spoke about their financial situation and that they had no money and therefore struggled to provide for their children. They often had insufficient money for basic necessities such as clothes or food. Targeted family support services did not have access to emergency funds or provision for service users in crisis. One participant spoke about the fact that she did not know where she could go and get help for her financial crisis. One participant used food vouchers regularly as she found it hard to manage her money and therefore asked her targeted family support service to issue her with vouchers in the supported accommodation that she resides in. Another participant was a vegetarian and felt that the food that was provided by the refuge that she resided in was sufficient, but she longed for fresh fruit and vegetables.

Sub theme Homelessness/Housing

Participants describe their homeless/housing situations:

> “I was given temporary accommodation and it was full of druggies and people fighting. I did not have support at first, but I am grateful that X came to see me and helped with my housing. She took me regularly to visit housing so that I was eventually housed in a flat” Participant (A)

The participant is talking about her IDVA. She has four children and is residing in a three-bedroom flat. The participant was supported to access housing provision however she lived in unfavourable conditions for a period of time and felt that the targeted family support was beneficial but the support from the local housing department was not satisfactory as she felt that they could have housed her sooner.

> “I was so proud I had a good job role, then well I was left penniless. I had no money for court. I had to claim benefits and housing. I felt so alone no one to turn to. They put me in a refuge and now I am in temporary accommodation with my kids. X is a

> real support, but she cannot help me really as I am actually as the housing department say homeless as I have to wait until they house me". Participant (G)

The participant is supported by a voluntary sector targeted family support worker in the community. The participant had lost confidence in the service that the targeted family support worker could give her as she felt that she could not advocate for her homeless situation according to the housing criteria.

> "She is really helpful you know and is always there for me. I know that my house is damp and that I should move to another place. How can she help me do this? My property is a rented one and the landlord will not sort the house out. She says that she can go and speak at the landlord meetings. I am not sure what that is, but I know that she will not be able to get them to paint and decorate the house. The landlord is only interested in benefits and my worker made sure that I have those now. X has helped me over the few years and for that I can never say a bad word against her, but I know I should get further help with this housing problem" Participant (C)

The participant refers to her targeted family support worker from the local authority as providing interventions over the past two years. The participant did not feel that her targeted family support worker would be able to support her with practical needs in her new home.

The participants have been housed in the local authority. One in particular was accommodated in a three-bedroom flat and she has four children. Although, she is grateful for her housing situation she does speak about the fact that she was placed in temporary accommodation previously which was full of substance misusers. One participant spoke about her current situation in temporary accommodation and waiting to be housed by the local authority. Her targeted family support worker has been supportive, but she still feels that she has no one who could advocate for her with the homeless department regarding her housing situation. One participant has had issues with her housing and the landlord not adhering to his contract obligations in her tenancy agreement. The landlord should have ensured that the home that the participant is renting is of a standard for habitation. The participant described in detail that she is living in damp conditions. She also is grateful for the support that is being given but acknowledges that her support needs further coordination as regards to her housing situation and resolving the problems with the landlord. The

participant however does not want to spoil her relationship with her targeted family support worker.

Sub theme Debts:

The participants describe the issues related to their debts:

> "There was no money. He did not give me any. I then borrowed from friends as I needed to leave him. My family were horrible…. actually, it's his family too. We are cousins and that in itself causes so many things to deal with. My friends gave me money and I then had to give it back to them. So, I had so much debt in the end. I sold my Asian jewellery and paid back my friends. I could not get help for my debts as I borrowed cash you see so there were no receipts. The woman from the domestic abuse project is not able to help me with my benefits. I think she just is there to help with the safety plan". Participant (B)

The participant is describing the support that she is receiving from her IDVA. The participant was not aware of the actual role of her targeted family support worker and support to access benefits is also part of the support plan for the family.

> "The house that I have is nice and … its decorated well. Only thing is I went to loan shops and got five hundred pounds to do it up. I now owe him double as I can't pay him back all the money. X has taken me to citizens advice, but they are not going to be able to help really. Debts are bad I just wish I had talked to my worker she did help me leave…. but I really did not know her that well and now… I am going to have to borrow again from someone". Participant (A)

The participant is supported by an IDVA. The participant was supported to attend the citizens advice bureau however the participant still had financial debt and did not know whom and where she could get support from regarding her situation.

> "My son is a pain and he gets' himself into trouble all the time. I had to buy a new bike as he damaged the boy's bike down the road. Now I have to get new school uniform too for the kids. I am not able to provide everything. His father should help but no …. he is not and I now have to get more money from somewhere. I am on

> benefits they are not enough when you have four kids. I do have a good worker, but she cannot help and where can she get me money from?". Participant (K)

The participant is supported by an IDVA. The participant had financial debts due to her son but also could not afford basic items of clothing for her children for school. She felt that targeted family support worker could not help her access funds or finances.

The participants all described how they incurred their debts. The circumstances were all different with each of the participants but there was a reoccurring theme related to the fact that they all felt that the targeted family support workers could not get them help or advice related to their finances and debts. One participant felt that she had not built a trusting relationship with her support worker to be able to share her problems with her. Another participant thought that the support that was being provided was only related to her safety and domestic abuse issues and was unclear of the IDVA's role. Although, one participant received support to attend the citizens advice bureau she felt that this had not been beneficial. It is evident from the participants responses that they are still struggling with their debts and will need appropriate interventions to ensure that they are debt free. Targeted family support workers should be aware of national and local organisations that can help vulnerable people with emergency funds and loans. The workers should support service users to access these funds as part of the support plan and interventions that they provide.

Sub theme two: Work/loss of earnings.

Financial issues impact the lives of domestic abuse victims and there was a general consensus amongst participants that they had suffered financially at some stage during the period of time whilst they were either housed in the community or whilst in a refuge.

> "My job was good. I worked hard. Now… I have had to give up my job and look after my little one. He used to help me now and again my husband that is. His mum helped too. I know that I should be focussing on getting a job. Where can I get the help? The help that I get from my support worker is to help me with my issues and to keep safe." Participant (G)

The targeted family support that the participant receives is from a voluntary sector organisation. The participant felt that the only support that her targeted family support worker

could give her was to keep safe. She was not aware of other services that her targeted family support worker could sign post her to or take her to access adult education services and employment.

> "If I could work I would but where do I get help to write a C.V or even just look for jobs? The lady that visits me just checks that I am okay as I was in the refuge before" Participant (F)

The participant was supported by the domestic abuse service where she had resided previously. The refuge had provided the service and the outreach worker visited her to ensure she was settled in her new home. The participant felt that the targeted family support worker was available to her to settle her into her new home and was not aware of actual support plan related to further support to access education or employment services.

> "I could translate Urdu and that would get me extra money. I had money from my husband before. It was not much but he paid for the shopping and sometimes we went out to visit family and he bought nice clothes for the kids. I used to save some of the shopping money. There is no one that will give me a job now and I have two children who need me as I am now both the mother and father to them. Maybe I could ask X who could support me to look for jobs, but she is really only available to help me with my legal problems. You know going to …court and things". Participant (L)

The participant is supported by the IDVA. The participant felt that the targeted family support worker was only available to support her with legal issues and was not aware of the team around the family approach and support plan that should be offered and provided to families to enable them to access education, employment and training.

All three participants spoke about their willingness to work. Participants did not have current knowledge regarding services that could support them in the community to access employment, education or training. Although, participants received targeted support interventions the service users believed that the support was associated with their safety and help with accessing legal advice. Two participants acknowledged that they had extra finances previous to leaving their partners. One participant had been working and was supported by her partner and his family to continue with her employment. However, since

her separation she had to look after her children and her employment ceased. Another participant described how she would save extra money that was given to her by her husband to do the weekly shopping. It was evident that the participants felt helpless and that although feeling this emotion they still aspired to work.

Figure 6: Theme Three Criminality: Participants described their issues related to criminality. They discussed the effects of anti-social behaviour, safety issues and being involved with the authority, police and law.

Theme Three: Criminality

Domestic abuse is a criminal offence and is generally viewed as intimate violence between two adults. This section explores the issues that participants feel are associated and described as criminality with their households. Attitudes in society have changed towards domestic abuse victims and the police are able to arrest and prosecute perpetrators of domestic abuse using the changes in recent law associated with domestic abuse. Conviction rates are varied and more recently the criminal and civil courts have become responsive in ensuring offenders are prosecuted. Domestic abuse victims need robust safety plans in place so that the family are protected from further harm. It is imperative that they are given the appropriate targeted family support in order to rebuild their lives in the area that they are moved to for their safety. Targeted family support therefore is provided to victims to ensure

their safety and this requires liaison with the police at multi agency MARAC meetings to enable families to have the appropriate safety measures in place.

Many victims feel that the domestic abuse that they have suffered is viewed by society as anti-social behaviour and as a consequence have had disputes with neighbours in the area that they previously resided in. Although, neighbours are supportive to victims they were not tolerant with the amount of police call outs to the neighbourhood. Domestic abuse victims state that they are also viewed as criminals due to the stigma associated with domestic abuse. However, in more recent years the media has played a beneficial role in educating society that domestic abuse is prevalent in homes and that there is a need for political reform of the law to protect and provide services to victims. There is also an urgency in society by the police authority, courts and judicial systems to ensure that perpetrators of domestic abuse attend programmes that break the cycle of abuse.

Sub Theme three: Anti-social behaviour:

The participants describe the anti-social behaviour issues and their involvement

Domestic abuse is perceived in society as anti-social behaviour. Children within domestic abuse backgrounds are victims. They may have been witness to the abuse or become the abuser in the absence of the main perpetrator. Participants in the study detail their experience of criminality with their family and their experience of the targeted support interventions that they have received.

> “There were so many times when my neighbours called the police for me. He would kick off and then start kicking and punching doors. The baby would scream. I have got a safety alarm now. X had it installed for me. I do feel though that the housing association should speak to the neighbours or at least have some safety measures in place at the main entry door. My neighbours think I am a nuisance because I have asked X to speak to the housing association and they think that they will have to pay extra for the intercom on the main door”. Participant (M)

The participant was being supported from an IDVA. The participant is grateful that she has safety measures in place. She is not aware of her rights as a tenant as regards to her safety

and that a more coordinated support plan could be put in place to support her in her new home.

> "My children were really bad when in the refuge and the other women kept complaining. It's because they were frustrated, and the staff said that I needed to make sure that they were given clear boundaries". Participant (N)

The participant was supported by refuge staff. She has described her children in the context of anti-social behaviour associated with other occupants in the refuge. The participant is aware that her children were not behaving themselves whilst she was residing in the refuge. She felt that the staff did not support her to manage the behaviours of the children.

> "I had to repeat my story several times and I felt judged by them (YOT). They would tell me that I should move out of area again and my kids weren't safe plus they are involved with young people who are causing problems like dealing drugs and would get into serious trouble". Participant (K)

The participant was supported by the YOT (Youth Offending Worker). She describes the antisocial behaviour of her son in the neighbourhood that she is residing in. The participant felt the YOT worker had labelled her child as an offender, yet she felt that he was only behaving in this way because he had been abused and witnessed domestic abuse himself.

All three participants describe the anti-social behaviour that they felt their families were associated with. Although, all of the participants were receiving targeted intervention from the agencies that they were involved with they still felt stigmatised and that the family was viewed by their neighbours and professionals as problematic.

Sub Theme three: Police/Law

Participants described their issues related to the police.

Participants identified with domestic violence as a criminal issue. They spoke about the orders such as non-molestation and injunctions. They stated that the police were often called to their homes and that they needed support from various organisations to get solicitors to attend court or help them get injunctions or send warning letters to their partners. Some

participants felt that they were also being treated like criminals and stating that they were often not believed by professionals as they were asked many times why they had not phoned the police to report their partners and therefore did not have a specific unique identification or unique reference number. Some participants felt that the police, social workers, professionals were treating them without respect and as a victim and that they asserted their authority to manipulate them to move away and leave the area. Some participants also felt that the whole court process and legal system was flawed and authoritarian. It was viewed by most participants that the support that they received was poor and support agencies often treated them like the perpetrator not victims.

Two participants in particular suggested that they were viewed as nuisance neighbours and that they were causing anti-social behaviour in the neighbourhood. Some participants children were involved with criminal activity and statutory agencies such as YOT were involved with the families. Although, the support was available to the families it was very sporadic and not available in crisis situations. Although, families were given safer environments to move to or the perpetrator left home there was a general consensus that they still did not feel safe as they were always on edge thinking that they would be found or that the partner would turn up and a criminal offence would take place due to volatility. Many participants had sanctuary alarms fitted in their homes and were given the police emergency number. They felt that the support worker whether it was an Independent domestic abuse advocate IDVA, Independent sexual abuse advocate ISVA, targeted family support worker, social worker, Youth Offending Team YOT or voluntary agency was not available to talk to out of hours and when families most needed support at weekends.

> “The police moved me here. Why should I have to leave? Surely the law should be changed. X was nice to me and I told her I wanted to return back to the area that I lived in. It is not like I have any children.” Participant (B)

The participant was supported by her IDVA. The targeted family support worker was helpful in supporting the participant to be safe in a new area. The participant felt that the police and law needed to be changed and that domestic abuse services should support this process.

> “At first they would not take me seriously. Every time the police came out, he would… say I am mad and that I am on tablets. I have depression…. you know I told you

about it and he would say I was hitting the kids and trying to kill myself. I did have a policewoman visit me…she was one of those officers you see on the streets. She said she was there to support me." Participant (L)

The participant was referring to a PCSO (Police Community Support Officer) The participant felt that the PCSO could have provided more effective support and advocated for her with the police.

"The reviews of my child's plan take place regularly. I also attend those mental health meetings to review my medication. Police attended the meeting with social care when they were first on a child protection plan and I felt that they just gave a long-detailed account regarding the law and the different…… times that they have had to visit my home. Although, the other professionals were at the meeting no one spoke up for me… I have suffered and so have my kids". Participant (Q)

The participant had support from the CMHT (Community Mental Health Team), targeted family support worker and a social worker from Children's Social Care. The participant details her experiences attending meetings and the lack of her targeted family support workers advocating for her at these meetings.

The three participants felt that the targeted family support workers did not advocate or facilitate an effective support plan with multi-agency teams. The participants felt that their wishes and views were not taken into account and they did not feel listened to. One participant in particular describes the multi-agency team that attended meetings and that she felt that each professional had their own agenda and did not respect that the whole family had suffered due to domestic abuse. One participant questioned why the law has not supported her and the change that needs to be made to enable her to be safe where she feels she needs to reside.

Sub theme three: Authority

Participants describe their experiences related to Authority.

In order to support families in the community targeted family support workers need to provide support plans for families in collaboration with social care. The participants detail

their experiences in relation to who they perceived as the authority and their experiences of the types of interventions provided by the authorities.

> "My family is my priority, yes I know this, but the authorities keep telling me this. I am not stupid my kids come first. First my husband now them". Participant (D)

The authorities in this context were the police. The participant was supported by a targeted family support worker and was also known to Children's Social Care. The participant felt that social care was reminding her of her duties related to her parenting. She felt the police felt that she was not able to parent her children and that her targeted family support worker who worked for the local authority could do more to support her.

> "Where and who will really help me. I did have support from the refuge and then I am told to cope now in the community in my new home. The authorities think that I need support with parenting my children. I am just lost". Participant (F)

The authorities that the participant is referring to is Children's Social Care. The participant felt that she was being told that she could not parent her children. She was aware that she would be referred to an agency for targeted family support but was apprehensive to take up the support.

> "The local authority housed me, but I am in this accommodation. I am being informed that I have to wait. I am not really priority as I have temporary accommodation. I feel that the housing is not taking me seriously". Participant (N)

The participant was supported by an IDVA. The authority that she is describing is the housing department in the local authority. The participant is describing the authorities as the housing department as she felt that they will be making decisions regarding her safety and support in the community.

All three participants felt that they were being told to access their own support and just get on with their lives. Although, some support was initially given to them by their targeted family support worker they felt that they were then left to cope in the community. They felt that they were still being monitored by people in authority and could not make informed choices of their own.

Sub theme: Safety

Participants describe their issues related to their safety.

Safety planning is essential when working with domestic abuse victims. The plan needs to be personalised and tailored to the family's needs. Safety planning involves victims being housed safely, having access to both emotional and physical support when needed and to be provided with legal advice where appropriate. The participants spoke about their safety and the types of support that were given by practitioners.

> "I would cry as I was so scared and felt really unsafe especially weekends, but no one would be available to talk to". Participant (N)

The participant was being supported by the (IDVA).The participant felt that she could only speak to her IDVA when she was available and the domestic abuse service was a nine to five service.

> "My IDVA was so good. I could talk to her but sometimes I needed to speak at weekends and her phone was switched off. I know that is not her fault as she only works in the week". Participant (P)

The participant was being supported by an (IDVA). The participant was aware that the domestic abuse service was not available at weekends and this is when she needed the most support.

> "I did have help from the police initially then it ends as I was deemed as safe and able to cope. I felt let down." Participant (H)

> "My child started to abuse me. He screamed and shouted and also stole from me. One day he came right up to my face and said you want a smack just like his father did to me. There were times I could have slapped his face. I am not going to say I did not want to hit him of course I did. I was tearing my hair out. In fact, that is so true I used to pull my hair out. He was becoming an offender, a criminal and I was scared of him. He made me feel so unsafe. I could not be the mother I was to him. I could not keep him safe from others." Participant (K)

The participant was being supported by (YOT). The participant did not feel safe. She felt that her son was becoming a perpetrator. She felt that the YOT worker did not understand how she felt and that she was also worried about his safety too.

The participants felt that they were not receiving the right support with legal issues. Whilst some had received intensive support in the refuge, they were then reliant on their support workers to advocate and pursue the legalities through the courts and with the police related to their domestic abuse. Participants were angry that they were moved and felt that the police should remove the perpetrator rather than the victim of domestic abuse. Some felt that although their IDVA had represented them in court it was too late as the legal support could have been given whilst in their home environments and they could have stayed in their homes. Those whose children were displaying behaviours regarding criminality felt that parenting practitioners who are skilled in supporting them with strategies of parenting their children should be provided. They felt that they needed to know what boundaries and consequential behaviour could be adapted by them to break the cycle of criminality.

Participants felt that it was important to be safe from abuse, but the wider issues related to their accommodation, debts, finances and access to further support services was an issue. Some participants health issues were being considered but a support plan in the wider context of the family needed further consideration. Although targeted family support workers had a good relationship with the participants it was evident that the relationship could be further developed to enhance robust support plans for families.

The Troubled Families framework was devised and implemented in order to ensure that families received the appropriate support to achieve better outcomes however the interventions provided by practitioners were time limited and resources were not available to help the victims when most needed. It was clear from the interviews that women were still living in poverty and were unemployed. Women lived in temporary accommodation and their children did not live in stable nurturing environments. Even though the participants talked favourably regarding the lead professional and the targeted family support that they had received they still were not supported effectively.

Women suggested that they struggled to find safe accommodation. Most of them were housed in areas where they knew no one and struggled financially. Some women were rehoused after staying in the refuge and they felt that they were isolated from the people that they knew and had lived in the refuge with. Some women talked about their struggle to find money to furnish their accommodation and that their targeted family support worker helped them to access funding. Women spoke about having to live on benefit handouts and that they did not have food to feed their children properly and had to go hungry themselves. Some participants spoke about the food bank and that the targeted family support worker helped them get food vouchers to get food on a weekly basis. Some participants spoke about the issues related to poverty and felt that they were labelled as 'scroungers'. One woman suggested that she knew her support worker was trying to help but also that she felt that she was just another number of women that were on her list to get housed or money for and was treated the same as others. She knew that the worker was advocating for her but felt her time was limited. It is important to their family support worker to advocate however the interventions that they received were time limited and their past experiences were often neglected as the imminent safety of the victim took priority.

Summary and Conclusion

The analytical narrative derived from participants in this chapter was evidenced by developing them into thematic maps. The data was sought from the interviews with participants and captured through the voices of the women and their lived experiences regarding the services that they received, and their emotional concepts related to domestic abuse. The three major themes that were evidenced through analysis was health, financial loss and criminality. The results were from the eighteen women that were interviewed and the views of participants were recorded. The sub themes detail the depth of the data narrative and the complex issues related to domestic abuse. The sub themes illustrate that domestic abuse in its wider context causes socio, economic and health issues for families. Although, these victims were no longer in abusive situations they were still suffering with problems that they were struggling to deal with on a daily basis. The victims were given support by various agencies but felt that the support was not extensive enough to enable them to live normal lives. Majority of the families were struggling financially, lived in poverty and had debts. Mothers struggled to parent their children and felt that they were not good parents. Participants all said that they were made to leave their comfortable home

environments and felt that they were treated as perpetrators rather than victims. Majority stated that they were still feeling unsafe and isolated especially at weekends when support was unavailable from their support workers.

The majority of the participants felt stigmatised and looked down upon by professionals. Frustration was felt by the victims towards the police, social workers and those that they called authoritarians such as the courts. The participants felt that their voices were not heard by professionals and that they were not supported in a holistic capacity for example as a family. The targeted family support workers provided interventions, but they were during core hours and not at weekends. Targeted family support workers provided time limited interventions and although most had good relationships with service users the women felt that the support was not inclusive enough to meet the needs that they presented.

The purpose of the study was to elicit the views of domestic abuse female victims and children and to understand their experiences of the targeted support services that they received. The data that emerged from the semi-structured interviews were placed in themes and further analysed to review the emerging themes. It was evident from the interviews that participants had similar experiences, emotions and they felt that their parenting issues related to their children were unresolved. All the female victims were unemployed and were on benefits. The support that they were given varied from targeted family support, IDVA, YOT, social care, community or voluntary sector organisations and refuge workers. The data may generate further exploration of services that would benefit or need to be commissioned in the future to support female domestic abuse survivors in the local authority.

The research was designed to address:

- Hear the voices of female domestic abuse survivors and their children
- To understand their journey and the support that they received from targeted family support workers
- To understand whether the interventions were useful
- To identify whether there are gaps in service provision

The service user's all received support however the families felt that their specific support plans and the support was not consistent but fragmented. Service users talked about the benefits of having a worker who supported them but felt that they were given time limited support and that it was not victim focussed. Targeted family support was provided as part of the Troubled Families initiative in 2012. A criteria for accessing this service was associated with those that had suffered domestic abuse. Targeted family support was provided by various practitioners who worked with the service users to access the services and support that they needed in the community. In practice however there were complications associated with the interventions as each family had different circumstances and the support plans needed to be adapted to fit the needs of families. The Troubled Families framework was utilised by local authorities to provide targeted support to families in the UK who had multiple and complex needs. The framework itself had specific criteria associated with those families.

Local Authorities therefore adapted services or utilise existing services to provide support to the families. The three toxic trio associated with most family's complexities were domestic abuse, substance misuse and mental health issues. Analysis of the research study and the findings suggest that participants lack awareness of the policy context for which the targeted family support was provided to them and a lack of challenge from participants regarding the support that they received. The varied approaches by multi agency staff to provide targeted family support was apparent this was due to varied skill sets and to work capacity which was time limited.

The chapter presented in depth analytical narratives in which the data is reported by the researcher. The narratives evidence the actual voices of the participants where quotes are utilised to understand the experiences that they have had utilising targeted family support services as domestic abuse victims. The main problem defined by participants was that they had received fragmented targeted family support. There were three major themes identified by the researcher when analysing the data and these were reported as health related problems, financial issues and criminality associated with their children and the perpetrator.

The results are detailed and evidenced in this chapter from eighteen participants who were all survivors of domestic abuse. There were twelve subthemes categorised within the chapter which evidence the complex problems associated with domestic abuse and targeted support intervention.

Although, all participants had received targeted family support, the participants felt that there were areas where interventions were time limited and did not purely address the presenting problems that they had at that particular time when interventions were being received by them. The participants all agreed that relationships with their targeted family support workers were beneficial, but advocacy needed to improve so that they could receive the appropriate support according to their needs.

The following chapter will present a detailed account of the discussion related to the findings and literature within the study.

CHAPTER 6

DISCUSSION

This chapter will discuss and analyse the findings associated with the study by linking the literature and further discourses within the study. The chapter will focus on the three main themes that were derived during the study. The service users all received targeted support as they were domestic abuse victims however, they felt that the support received was fragmented and therefore did not address their needs. The main themes that emerged in the study were:1) health related problems,11) financial issues and 111) criminality. Analysis of the findings suggests that participants aren't aware of legislation and policy associated with domestic abuse and neither was there an understanding of the role of the lead professional and the skills required to coordinate services to provide interventions and support families as a whole family. This chapter also discusses the BAMER communities accessing the services detailed in the above themes and the complexities in relation to their backgrounds and stigma associated with domestic abuse. Targeted family support provided by practitioners is embedded within policy and practice. However, although practitioners were listening to the women's accounts practitioners did not seem able to deliver the 'team around the family' approach previously discussed within the thesis introduced by the Local Authority where the research took place in response to the Troubled Families Programme.

The researcher has worked in the domestic abuse arena providing support related to domestic abuse for over thirty-six years. The experience that was gained working in this field initiated the exploration of the research study and therefore enabled her to explore the victim's experiences of targeted support that had been received by them whilst residing in the local authority. Over time there has been a huge shift in how victims are viewed and the support that they receive. Safety for victims is the focus for practitioners and the coordinated support is incorporated once families are in safe accommodation. A recent focus has been on holistic family work however lead professionals and agencies need to be skilled to ensure that they work in this way. Practitioners are aware that they need to be outcome focussed

utilising various resources, approaches and evidence-based practice. However, the study illustrates that domestic abuse victims are still receiving services as separate packages and are signposted by practitioners to other agencies rather than supported to access the varied range of services they need.

Troubled Families Agenda – The aims of the Troubled Families Programme

Within this study the cohort of women were all service users that had suffered domestic abuse and utilised services to support them. They were identified as Troubled Families as this a category that is used for the Troubled Families Programme from 2012 by local authorities in providing services to families with multiple and complex needs. Domestic abuse is one of these categories. In their evaluation of the Troubled Families programme a variety of approaches to providing family support were identified by Day et al (2016) who recognised that these support services were provided by multi-disciplinary staff from various agencies. In their investigation of child protection services Featherstone et al (2014) found that not all families received the full range of services they need and recommended that families with child protection concerns should have support from a wide range of services requiring the input from a multi-disciplinary team. Similarly, in the Troubled Families programme the outcomes specified that the programme cover a diverse range of issues including employment, personal safety, safe housing and financial security. Achieving these outcomes requires a wide range of specialist staff from different backgrounds to work together to support the family. Coordination of the support to families is required and the government has developed guidance in their policy documents advising multi-disciplinary staff to coordinate service delivery to families (MHCLG 2015).

Coordination of services

Coordination of services by lead professionals is essential when providing support to Troubled Families and the diverse range of services around the family are required. Coordination of service delivery are discussed in policies and advocated in these documents MHCLG (2015), Troubled Families Programme (2012) and Working Together (2013) and (2018). Although, the Government has issued guidance in their policy documents this remains at an abstract policy level and there is no clear guidance on how to operationalise

coordination in a local context. The coordination of services at a local level relies exclusively on the skill set of practitioners and the range of services commissioned and made available via the Local Authority. Within this study coordination of support was not undertaken by practitioners and from the accounts of the service users the lead professionals signposted them to various services such as medical care, mental health support, housing, financial assistance consequently the service users had to access each service they required by themselves. Having to explain their problem and discuss the experience of domestic abuse with a diverse range of practitioners all unprepared for such disclosure of domestic violence proved to be an ordeal for the women in this study. There is a clear indication from the women's lived experiences in this study that they were assisted with the immediate prevailing issues such as safety but care coordination and communication between the range of support services they needed to access was lacking. There was little evidence of providing care to families who need much more intensive support such as taking them to appointments and being with them for assistance with services that they were accessing, advocating on their behalf but also providing sustainable longitudinal support.

The policy documents MHCLG (2015), Troubled Families (2012), Working Together (2013) and (2018) describe multi-disciplinary teams as services provided by health, social care and Local Authorities to support families where there are multiple issues and therefore recommend that coordination of support is undertaken by practitioners. The coordination of support for the wide range of needs highlighted by the government in their key policies was not evident within this study. Support at a local level was not practically coordinated within communities for families and not demonstrated in the women's accounts of using these services and according to the women's experiences. All of the above documents highlight that the lead professional role is recognised as important when supporting families where domestic abuse is prevalent and ensuring support plans are adapted according to the needs of families by ensuring support is provided by multi-disciplinary team. The government have devised guidance that details how practitioners, staff and agencies should work together and this is documented within policy documents to enable practitioners to understand their responsibilities as a lead professional working together with multi-disciplinary staff to support Troubled Families (Working Together 2013 and 2018).

Accessing financial support

Participants financial issues and in particular loss of earnings and housing related issues are discussed within this study. Participants discussed the need for the local authority supported housing keyworkers and tenancy sustainment teams to understand domestic abuse and the complications that arise due to the lack of integrated support. The moral problem of being poor and struggling with debts were discussed by participants. The majority of the participants describe their struggle with financial issues and living in severe hardship. Housing and relocation are discussed by participants within the study and in particular having to move into a local authority property or the private rented sector. Participants felt that they struggled to provide for their children and therefore as a result lived in poverty. There was a general consensus from participants that they wanted to work but very little emphasis was placed on their aspirations as the main focus by targeted family support practitioners was on their accommodation and safety. Due to this the families relied on state benefits.

Some participants suggest that living in temporary accommodation created more stress for them and affected their emotional wellbeing. They felt that the local authorities did not have stringent and robust policies to support them with their housing situations. They were often moved away from their local community for their own protection as a result felt isolated and depressed with little support from the wider community. However, in a recent Act the government has pledged that it will support more secure tenancies according to the Victims and Domestic Abuse Act (2018) where local authorities provide tenancies that are secured for life time tenants of domestic abuse and that they have a duty of care to protect victims (Home Office 2019). Various consultations by the Home Office (2019) with the Department of Work and Pensions have suggested that Universal Credit will enhance better financial outcomes however immediate financial crisis to families where there is domestic abuse needs further exploration (Home Office 2019). The Troubled Families Programme (2012) was established to provide coordinated support to domestic abuse service users and the aim was to establish effective multi agency partnerships working with families. The recent Domestic Abuse Act recognises the limitations of the programme and its attempt to address some of these limitations. Whether the Local Authorities will be resourced to implement the Act remains to be seen.

The evidence suggested from the Home Office (2019) consultation that a quarter of the families identified for the Troubled Families Programme were affected by domestic abuse and that these families needed a holistic family approach and better signposting strategies by practitioners, resilience building and coping mechanisms should be designed for victims' families (Home Office 2019). In this study families were not signposted to housing services or tenancy sustainment teams for support to enable them to access financial support and services to ensure that they had adequate housing. Team around the family meetings or professional meetings were not held and therefore families struggled and continued to live in deprivation and poverty.

Hayden and Jenkins (2014) research also suggests that the Troubled Families Programme has not focussed and adapted interventions according to the needs of families, two particular projects within their study also demonstrated that financial issues were prevalent with families and that the biggest challenge was enabling families to find work to be able to move out of poverty and sustain their housing and accommodation. The emphasis within their study was to evidence the impact of programmes under the Troubled Families agenda. In order to do this and for the programme to have an impact it was imperative to reduce child poverty, focus on child welfare, health and wellbeing of children, young people and families. However, the evidence within Hayden and Jenkins (2014) study suggests that economic opportunities are different for families in the UK within different regions of the country and therefore the Troubled Families initiative was not consistent in providing support and interventions because of regional differences in rates of unemployment and poverty. The experience of accessing financial support and housing is apparent within the study and the domestic abuse victims have complex problems and poverty is also prevalent as families could not access work, benefits and permanent housing within the local authority that they were residing in.

The Ministry of Housing, Communities and Local Government (MHCLG 2019) more recently has created a code of guidance called the Homelessness code of guidance for Local Authorities. This guidance stipulates housing authorities should have local policies to enable them to respond effectively to domestic abuse. The importance of safety planning is discussed in the guidance and the need for agencies to share information appropriately. As this research study was conducted a few years ago the participants detail the gaps in support and safety however the guidance is a recent initiative by the government in 2019

and only further research and evidence in the future can explore the impact of the guidance in supporting domestic abuse victims with their housing and financial situations. The guidance directs Local Authorities to enable service users to access housing sooner and domestic abuse victims will be prioritised for emergency housing and financial support. Further research associated with the guidance and how local authorities have changed their approach in supporting victims will need to be explored in the future and whether the Troubled Families agenda has been successful or whether the failure of accessing support still prevails. All the government guidance indicates what Local Authorities should do but does not help the Local Authorities to address how to do this, so many Local Authorities do not achieve the anticipated outcomes by government and the role of the lead professional supporting families to access housing and financial support remains unclear as to how to coordinate support for families in practical terms.

Holland et al (2012) suggests that practitioners need to be skilled in coordinating their support utilising a full range of services who are skilled in providing information, advice and guidance relating to financial problems to service users. The targeted family support services must understand what support is available and how best to ensure this support is coordinated for families with complex issues. Women who are in local authority housing need support in the community. There may be a delay in benefits being received by families and this can occur for up to seven weeks. Families who receive benefits are exempt from paying prescription charges and therefore the delay in benefits are a significant issue in obtaining their medication from chemists. The victim of domestic abuse may struggle to obtain prescribed anti-depressants or medication for their ailments and often are not able to pay prescription charges or pay for medicine over the counter as they do not have evidence that they are going to be in receipt of benefits and this in turn exacerbates their ailment.

Women with no recourse to public funds have struggled financially especially women from South Asia and those who have no recourse to public funds. Anitha (2010) suggests in her study that women may not feed themselves but ensured that their children were fed. The financial support and assistance was given to children and the mothers therefore sacrificed their wellbeing and health in order to feed their children. This poverty has been a main factor with these women and some women stayed in their abusive relationships so that they still had a home and were not on the streets. Others who left were supported by charitable organisations and struggled in bed and breakfast accommodation.

Criminality

Criminality is a key theme arising from the data and one participant suggested that she felt that she was treated as a criminal as her child was displaying criminal behaviours. Although, the participant was supported by the youth offending team she felt that her parenting capacity was being questioned and as a result she felt a failure as a parent. She was trying to safeguard her child but needed further support from targeted support services to do this. Participants spoke about the judicial system and failures on behalf of the police and legal services. They felt that although supported by judicial law to get safety protection or injunctions against the perpetrators that they still felt stigmatised or that they were treated as nuisance by neighbours and society. Mullender and Hague (2005) suggest that various strategies need to be developed in order to change the way support is provided to domestic abuse victims. They are advocating a public health perspective and approach involving the whole community similar to that being advocated by Tonsing and Barnes (2016) discussed earlier. As previously recommended by Home Office (2019) the changes require early intervention by raising awareness within schools through targeted programmes for children and professionals working within education settings. This approach is advocated by Working Together (2018). Ball et al (2015) recognise that there are gaps in policy knowledge associated with anti-social behaviour and identify the need for varied approaches on service delivery to be adapted to the needs of young people and families.

Ball et al (2015) suggest that the governments understanding of anti-social behaviour in society is distorted and there have been criticisms related to the impact of family interventions to achieve positive outcomes for families. The criticisms relate to how services can actually be provided where there are historical issues with the whole family and the need to break the cycle of anti-social behaviour and abuse. Hayden and Jenkins (2014) have also criticised the use of policy-based evidence to justify the Troubled Families programme. The government have continued to evidence the need for the Troubled Families programme by utilising empirical scientific quantitative estimates on the number of families that are in need of services and to advocate the need for intensive interventions. Hayden and Jenkins (2014) suggest that the claims made by the government in 2012 that there were 120,000 troubled families has always been questioned by researchers as the initial focus on rioting and anti-social behaviour meant that the impetus of the Troubled Families Programme was a way of providing interventions to get people back into employment, children back into school. The

focus on outcomes and achievements by payment by results for local authorities as a measurement distorted the programme towards measuring short-term gains rather than supporting families to ascertain long- term sustainable goals.

The Interventions associated with antisocial behaviour are measured by the success of short periods of support of three months initially. However, to establish relationships with families experiencing domestic abuse can take a lot longer than three months. Therefore Local Authorities reviewed how services provide longer periods of support to families to address achieving effective outcomes with families. Although, the government in 2012 stipulated a whole family approach, young people are often given support through specialist services such as the youth offending team, CAMHS and targeted youth support not all of whom are aware of the history of the family and the problems arising from domestic abuse. Practice across local authority areas differ and therefore some interventions to families were short, non-sustainable and intrusive for families.

Holt (2013) suggests that parent abuse occurs when adolescents start to exert power over parents. Often parents blame themselves, feel guilt or anxiety. The parents often feel responsible and that society will judge them as irresponsible parents. Katz (2015) suggests that parents and children who have been through domestic abuse require formal support mechanisms to recover and rebuild relationships with each other due to the abuse that children witness and mothers have been subjected to. Mothers and children need to be able to understand their emotional issues and build on communicating these to each other. Children will need to understand the abuse that they have witnessed and have an insight into unhealthy behaviours. Mothers need to feel that they are confident parents who are not ineffective (Katz 2015). None of the mothers interviewed within this study received this type of support and participants spoke about their children abusing them and their struggles of parenting children who were affected by domestic abuse now acting as abusers to the mothers, showing behaviours that were unhealthy and antisocial within the community.

Health Care inequalities

Care within the community is driven by specific policies such as the Care Act (2014), Mental Health Act (2017) Our Health, Our Care, Our say (2006) which advocate for more creative

approaches by practitioners to enable and empower service users to access social care, mental health, and care services. The narratives of the women who experienced domestic abuse suggested that their health and wellbeing support was fragmented. Some participants discussed their problems in relation to their own physical and emotional wellbeing which they felt were not addressed in the context of domestic abuse that they suffered.The particpants felt that health practitioners had not supported them and their children had not received child focussed interventions. Howe et al (1999) suggests that child focussed interventions are important to improve their emotional resilience, behaviours and emotional issues of children who are victims of domestic abuse. Children should be supported through direct work and therapeutic interventions to improve their confidence, behaviour patterns, self-confidence, interpersonal skills and for them to reflect on the impact of their behaviours which they present to others and themselves. These findings are reflected in the Troubled Families Programme which aimed to promote holistic family support. To implement holistic family support practitioners, need to be skilled in identifying what specific interventions would prove beneficial to children and how to refer to the appropriate agencies (Howe et al 1999). The research by Howe et al (1999) predates the Troubled Families Programme and recommends signposting and referral as the method for coordinating services. The findings from the study reported the limitations of signposting and referral and indicates that this gives care responsibility for care coordination to the service user rather than the lead professional contrary to the policy recommendations. However, signposting and referral are still the predominant form of coordination found in this study.

Throughout the interviews the study participants discussed various health issues related to domestic abuse and that possible indications of domestic abuse are associated with symptoms that are recognised and some underlying non recognised signs such as severe pain, exhaustion, depression, injuries to the genital areas, self harm, sexually transmitted infections, delayed responses in attending to injuries and attending surgeries often with ailments. While physical injuries are more apparent such as bruised areas, bruising to eyes, broken joints, miscarriages, severe physical injuries, Irritable Bowel Syndrome and psychological issues including depression or addictive behaviours such as substance misuse are often hidden and not addressed. The lead professional role can also be provided by health care professionals therefore it is extremely important that they understand the implications of utilising guidelines to provide an efficient service to victims (Rose et al 2018). Lead professionals whatever their background must have a common understanding of the issues faced by domestic abuse victims across the full spectrum of support services. It is

imperative that health care profesionals understand how to coordinate support plans and not just focus on health care support which could be a detrimant to the safety of women and children.

Additionally, some participants within this study did not have confidence in health professionals in relation to their health needs and the way that health care practitioners and professionals understood domestic abuse and the trauma faced by families. A participant also suggested that her safety could have been jeopardised if she divulged her abuse and health problems to a health care professional and did not trust the health care system as the GP was a family friend known to her partner. Women within the study were concerned about communication between professionals which might be pejorative, especially where health professionals displayed very little understanding of the psychological impact of domestic abuse and this could influence their experiences of using health services. This concern presupposes the multi-disciplinary teams working together to proactively meet the needs of the whole family, when there is very little evidence anywhere of coordinated multi-disciplinary team working so this is unlikely. Both Anitha (2010) and Rose et al (2018) suggests that domestic abuse victims who suffer with both emotional wellbeing and health issues should be provided with a fast-track access to appropriate services. This was a failing by health practitioners evidenced within the study and some participants articulated that they felt stigmatised and labelled as problematic families to society when accessing health care and therefore did not have confidence to access the appropriate services reflecting earlier findings as also reported by (Anitha 2010 and Rose 2018).

Coordinating services : The Lead Professional

As previously discussed, the role of the key worker or lead professional is key to ensure multi-disciplinary partners support families and is echoed in Working Together (2018). The evaluation of the Troubled Families programme undertaken by Day et al (2016) found that the main practitioner or lead professional is key to providing support to Troubled Families experiencing a wide range of issues such as domestic abuse, housing, financial crisis, poverty, health, unemployment, antisocial behaviour, criminality, substance misuse, child school absence, deprivation, disability, safeguarding and children's behaviour issues. The role of the lead professional or key worker are detailed in the CWDC (2011) as discussed on

the thesis and is evidenced by the 10 I's that should be provided by practitioners in order to support families where services are needed: Intervene, Introduce, Initiate, Illuminate, Interpret, Identify, Invest, Influence, Indicate and Integrate. As written the 10 'I s neither support nor prevent the lead professional from working with the multi-disciplinary team. The role of the lead professional is important as they are the main practitioner who sets up and invites multidisciplinary staff to attend team around the family meetings, professional meetings, child protection and child in need meetings. However, the need to do this is not explicit within these 10' ls and as the research demonstrates very few lead professionals actually do this. The 10 I's could be interpreted differently by practitioners, lead professionals and key workers in the way that they work to provide support and in their role in coordinating meetings, sharing information with multi agency staff and creating multi agency support plans with practitioners for families.

The cohort of service users within the study have given detailed accounts related to the support that was given to them which corresponded with some of the key principles as set out by the (CWDC 2011).Service users have suggested that their targeted family support workers whether they were an IDVA, PCSO, YOT or social worker utilised examples of these principles, such as interpreting service requirements, intervening when services are needed and providing interventions. The service users within the study reported that the relationships that they had with practitioners were good, however it was not evident from the service users' experiences whether a Team around the family meeting was held to ensure services were coordinated by multi agency partners who were supporting the family. The 10'I's itself does not clearly define how particular services, practitioners, professionals should coordinate support for families. Clarity is required on how the 10'I's should actually practically be utilised, and the definitions are open to interpretation. It is also not evident what coordination means and in this study service users were signposted to services and did not actually have practical support for example being taken to appointments to see GP's, health, education, legal and housing services. Although the Troubled Families programme aimed to support these families to become independent the services appear still to be reactive to their immediate problems. There was very little evidence of proactive, anticipatory care planning with the woman and her children and the team supporting the family.

There was no evidence of information sharing between members of the wider multi-disciplinary team within the study and multi-disciplinary teams were not alerted to experience of domestic abuse and the ramifications of this for the woman and her family. Instead, the system relies on sign-posting, referral and self-disclosure by the woman to each multi-disciplinary professional she needs services from who themselves have not been able to properly prepare for the consultation. Coordination is down to the individual woman herself rather than the multi-disciplinary team or the lead professional. So, although the policies call for coordination and working together, this has not been operationalised to the detriment of the delivery of the service. Service users were just given advice on how to access services. These findings mirror those of Day et al (2016) who describe the roles of family support workers, what it entails, and highlight the fact that the lead professional come from a wide range of different professional backgrounds meaning the implementation of the role is incredibly varied and non-standardised, As a result the attribution as to the outcomes from this role are difficult to evidence. This problem with attribution was identified by Day et al (2016) in their evaluation of the Troubled Families programme. The role itself is adapted according to the skills of practitioners rather that the needs of families using the services and therefore there is no evidence in Day et al (2016) as to whether the roles of family support workers are really making a difference to Troubled Families

Multi-disciplinary team working

Multi-disciplinary teams working with the whole family is recommended in the Troubled Families Programme (2012) in order for the programme to be effective, practitioners need to ensure that they actually provide support to families which is useful to them and also work in partnership with other skilled practitioners in the team enabling practitioners to share the responsibilities of particular pieces of service delivery and work together. The cohort within this study also identified that targeted family support workers should not just be responsive to immediate crisis or support required to families but also support the care that is needed to enable recovery for the family as a whole. Although there have been further amendments to Working Together (2013) and more recently Working Together (2018) that stipulate that multi agency partnership working to support families is imperative, it was not evident from the women's experiences in this study whether all practitioners had a clear understanding of the support plan for the families and how information, risk assessments, child protection, safety plans were communicated or shared between professionals or agencies in relation to

the support that was actually provided each individual family. Hague et al (2003) suggest that social services have a responsibility far beyond child welfare and holistic support plans have been created to support families. These involve multi agency workers working in communities. The ownership for community care or child in need plans should not entirely lie with social care but can be monitored through agencies who have the best relationships with families (Hague et al 2003).

Although, recent drives from public sector services to provide joint funding and services related to health and social care for domestic abuse victims as stipulated in the Health and Social Care Act (2012), Care Act (2014) and Mental Health Act (2017) this was not evident in the services that were provided to the families as service users suggested that the wider members of the multi-disciplinary team such as health and social care practitioners had in sufficient understanding of their needs as victims.

Peckover (2013) has theorised the role of the government in providing services to families where domestic abuse is prevalent and suggests that local authorities have a responsibility to ensure victims are safeguarded from abuse. However, Lister (2010) advocates that dilemmas such as creating dependency for families in relation to support can be problematic. Respondents within this study wanted their voices heard and wanted to help themselves, they did not want to be dependent on the state for support. But the focus of service delivery was reactive to their immediate needs for safety and support which lacked any forward plan to enable independence.

Lister's (2010) suggestion that service users are dependent on support from practitioners and perceived as problematic clients only captures the professional's views on dependency and did not consider the service users perspectives. Working Together (2013 and 2018) does not suggest that service users become dependent on practitioners such as family support workers but advocates that multi agency practitioners share responsibilities and provide services coordinated to meet the aims of the programme which reduce dependency on the state.

Multi-agency partners have defined roles and key responsibilities and therefore will only provide services that they are trained or skilled to deliver. The experiences of the women reflect this approach, however, the women talked about feeling isolated, afraid and lacking confidence and therefore did not feel able to contact these services to address their needs. The failure of the policy documents to really clarify what coordination means and how the multi-disciplinary team should work together in a timely and proactive manner means that the women's experiences could be seen as reflecting the policies recommendations. However, as this research and research by Peckover (2013) suggest this does not produce the outcomes anticipated by the Troubled Families Programme. Which raises the question of what practitioners need to do differently if these outcomes are to be achieved.

Services provided by practitioners were attentive to the needs of women and primarily focussed on domestic abuse safety for women and were not child or family focussed. A study by Stanley and Humphreys (2015) also recommends that services should have approaches that reflect the diversity of families and should provide services that address the need of the whole family which underpins the ethos of this research study. Stanley and Humphreys (2015) recommend that all services such as health visiting, children and mental health practitioners, refuge provision, children social services have common themes when providing services to victims of domestic abuse however they also have differences in how they deliver 'whole family' interventions. This is mainly due to the disciplines associated with their work backgrounds. Practitioners and lead professionals were from social work, health and education disciplines and therefore their skill set was varied and the knowledge of services available was patchy.

Stanley and Humphreys (2015) stipulate that early intervention and prevention is also key to ensuring that families have services that are coordinated and available in the community. A key factor that is recommended is to ensure programmes are developed and services are provided for parents to understand parenting and the needs of their children. In particular they focus on under five-year-old children's interventions and suggests that practitioners need to be family focussed when providing services to domestic abuse victims. Additionally,

Stanley and Humphrey's (2015) argue that it is imperative to involve both parents when providing domestic abuse interventions, which enables the families to make informed choices related to their behaviours, supporting parents with strategies on regulating emotions in order to prevent violence and parental conflict. Women in the study reported here wanted the opportunity to make informed decisions and it was often the case that the woman doesn't want any dialogue with the perpetrator. But this doesn't preclude the multi-disciplinary teams supporting the woman and the multi-disciplinary teams working with the perpetrator from talking with each other. Within this study there is no evidence that this has taken place. Instead women in this study wanted to be able to make informed choices to access the appropriate services according to their needs.

Listening to the women in the Troubled Families Programme might be at odds with research recommendations to work with the 'whole family 'including the perpetrator. This dilemma is not resolved in the published literature. If the women are listened to it may also impact the lead professional's approach in how they support the work with the team supporting perpetrators of domestic abuse and whether the practitioners feel able to support the team. The Troubled Families Programme suggests that services should be provided using a 'whole family' approach but does not discuss how the needs of the male perpetrator as a service user can be supported in practical local interventions which is contrary to the recommendations made by (Stanley and Humphreys 2015).

Within the study participants were not aware of services that they could access at the times that they needed them. Participants within the study suggested that they contacted their family support workers who were lead professionals in core working hours and felt that better flexibility in the delivery and accessibility of service provision would have been beneficial to them. Although, Eisenstadt (2011) recommends that targeted support should be coordinated by specialist services and universal services through various programmes such as parenting, domestic abuse, health visiting, early years education making these services accessible to service users when they need them. This was found not to be the case in this study and participants reiterated this issue within the study as a failing of services to provide timely support when they need it most.

Service users of domestic abuse services are still viewed as survivors and often their voices are not taken into consideration. Their own agency and ability to solve their own problems is not used to problem solve the wide range of issues that they have. The participants suggested that the management of safety and risks were prevailing factors considered when support was provided to them. Little consideration was given to the medium and longer term needs of the woman and her children and in particular services and support for their children was not integrated into the care package. Houghton (2012) suggests that young people who have witnessed domestic abuse need to be consulted and able to express their views regarding what services are beneficial to them. Houghton (2012) suggests that young people should have their own support plans and specific services to support them as victims of domestic abuse. Within the study the women articulated that there were often services provided to their children, but they were fragmented and not linked to the issue and consequences of domestic abuse. The women stated that as a result their children's emotional health and wellbeing suffered which is in contrast to the recommendation of Houghton (2012) and the principles outlined in the Troubled Families programme. As discussed previously in the literature review Peckover (2013) suggests that children who witness or suffer from domestic abuse evidence emotional, social and behaviour issues.

Within the study some participants describe their children's troubled behaviour and the way that services were provided to their children. These services did not take account of, understand or have knowledge related to the problems arising from children who have witnessed domestic abuse. Instead the children's behaviour was assessed independently of this experience. This evidences that services that are provided to children and young people are not being well informed and that children were not supported as part of the Troubled Families Programme therefore the coordinated approach is integral to the delivery of that programme and did not form part of the service user's experience.

Working with Black, Asian, Minority, Ethnic and Refugee communities (BAMER)

BAMER participants within this study felt that there was societal stigma and cultural negativity towards South Asian women who access mental health care services as a consequence of domestic abuse. Heywood et al (2019) research also suggests that women who suffer domestic abuse can struggle accessing therapeutic interventions and their mental health suffers and recovery could be delayed. Tonsing and Barnes (2016) articulate that

South Asian women within their study struggled to access services due a sense of shame and stigma that they felt when accessing support. Women within Tonsing and Barnes (2016) study suggested that they felt various feelings such as fear, stigma, community isolation, maintaining the families honour which too is reflected within this study. Participants within this study have articulated their perceptions related to societal barriers of accessing support from practitioners and that some services do not have the specific understanding of their cultural backgrounds and the abuse that they had suffered from a BAMER and ethnically diverse perspective.

Although, health and social care practitioners have a responsibility to work together to support victims this was not the experience of some participants within this study. Working Together (2018) suggests that health and social care professionals have a responsibility to enable the engagement of effective health care interventions for domestic abuse victims. Previous research by Humphreys and Thiara (2003) research with BAMER women suggests that there is a concept of health professionals being a responsible agency to support victims with various methods such as direct intervention, counselling and medication thus enabling the women to persue a path to recovery from the abuse and seek interventions associated with emotional, health and wellbeing of themslves. The participants suggest that mental health practitioners did not understand the impact of domestic abuse on their mental health and wellbeing and therefore were not able to provide the appropriate emotional wellbeing services for themselves and their children. Humphrey's and Thiara (2003) suggest that mental health services have been criticised for being negative and not helpful as there is very little recognition of the trauma that families face in domestic abuse situations. Even today most services offer medication rather than counselling and emotional wellbeing support. Although, the resarch by Humphrey's and Thiara was conducted in 2003 there is little evidence that this has changed in the intervening years.

Tonsing and Barnes (2016) argue the importance of educating the community and families regarding support to domestic abuse victims within communities. Communities can strongly influence the behaviour of the perpetrator and hold them accountable for the abuse. It is also imperative that communities and families understand the impact on women and children in relation to their psychological issues, cognitive and emotional development thus

emphasising the need to support domestic abuse victims robusty within communities and building on community cohesion and responsible societies (Tonsing and Barnes 2016).

Barnes (2008) also stipulates the inadequate support by socaial care and health professionals in relation to the emotional wellbeing and health care needs of BAMER communities.The government continue to suggest that Department of Health have to be resposive in the way that services are delivered and communicate robustly with communities through community engagagement to ensure services are adapted to the need of BAMER communities. Barnes (2008) also suggests that there are inadequacies in the way treatment is provided to BAMER women. The study also evidences that medication was offered to Bangladeshi women rather than psychaitric counselling. Assumptions were made by mental health practitioners that Bangladeshi women would not want to talk about their experiences of domestic abuse and would rather deal with their issues through drug therapy. This was also a factor within this study as women have criticised health practioners as not supportive and flexible in the way that their health needs were met and services were accessed and provided to them as victims of domestic abuse.

Working with Perpetrators as a Whole Family Approach

In their research of child protection services Featherstone et al (2014) suggest that the role of the practitioner in supporting families is key however understanding both roles of parents is considered equally important especially in domestic abuse cases to ensure that both parents are supported in order to parent children where domestic abuse is prevalent. However, a review of the Troubled Families Programme and the outcomes given above highlights it is clear that they primarily apply to victims and their dependents and don't adopt a holistic approach to the whole family recommended by Featherstone (2014). The need to work with the whole family is reflected in a wide range of research into these services, as in the research reported here family seems to be defined as the victim and her dependents rather than the 'whole family' including the perpetrator as described by (Day et al 2016, Featherstone 2014 and Peckover 2013).

When considering the Troubled Families agenda and targeted family support services to service users, the services that are provided are mainly to the victims of domestic abuse and

their children. As all the research cited including the research reported here identifies that both parents do not receive services from practitioners providing targeted family support or social work interventions, therefore the concept of a Troubled Family is not actually exploring the needs of the whole family. Featherstone et al (2014) suggest that all practitioners working with a family work together to provide support this includes any professionals working with or supporting the perpetrator. Featherstone et al (2014) however do not identify how this could be achieved in practice and do not give examples of how practitioners can evidence working together. Neither do they address the conflicting issue of working with victims who might not want any engagement with the perpetrator either for themselves or their children.

Considering the difficulties services experience coordinating care for the victim of domestic abuse, suggesting that care be coordinated to include the team supporting the perpetrator is not even considered within the scope of the Troubled Families Programme. The evidence suggests that the understanding of practice among lead professionals has not evolved to include working with whole family and rarely do they work with the multi-disciplinary team to provide services to the whole family including perpetrators. The 'team around the family' approach was not utilised by practitioners within this study as articulated in CWDC (2011). The Troubled Families programme advocates for this approach to be used in order that the whole family is provided holistic services from various services within community ranging from universal to targeted services. There was very little evidence to suggest that families with young children aged 0-5 were referred, signposted or delivered coordinated support as part of the Troubled Families Programme.

Evidence within the study suggests that whole family support delivered by children's centres, schools, third sector as part of or the family support plans were not devised in collaboration with families where pre-birth services, children of nursery school, primary school aged children accessed services. Featherstone et al (2014) advocates that in order to ensure families are supported and changes are made early intervention, crisis intervention and child protection services should provide support plans for families. Short term interventions do not resolve issues for families and that there should be varied approaches and long-term support for families. The importance of sustainability of support and the rapport and relationship is imperative in order to provide a robust support package to families. Evidence within the study suggests that BAMER women who suffered domestic abuse did not access

services for 0-5 years of age and stipulated that accessibility of service provision as a key issue. Tonsing and Barnes (2016), Barnes (2008) and Humphreys and Thiara (2003) also identify that services, accessibility and awareness of services in the community as a main feature for families from BAMER communities where domestic abuse is prevalent.

Public Health and changes in service delivery

The service users within the study felt that that there were barriers to accessing health and social care support and that they needed to change the way that they communicate and coordinate services as discussed above. Bhatt and Bhathija (2018) suggest the importance of health care, hospitals, community clinics and health services having strong partnerships with community projects, stake holders and service users in order to support vulnerable disadvantaged communities. Shared goals are vital in order to identify the barriers for families in accessing health services and becoming healthier communities. Bhatt and Bhathija (2018) study recommends the need for community assessments and have developed Community Conversation Toolkit. This tool kit is designed to enhance the way health services change their approaches to delivery of services, adapt to the needs of communities, develop better working relationships with practitioners to enhance their practice in supporting service users by providing care differently. The toolkit is considered a valuable resource for practitioners to enhance community engagement, through community events, raising awareness on social media and for practitioners to be able to complete community health assessments and support vulnerable families differently (Bhatt and Bhathija 2018). As previously suggested women felt that services could be provided differently within all the diverse communities. The need for services to be accessible and supportive at times of crisis and when interventions are needed. The need for family centred and whole family support for domestic abuse victims and perpetrators services should be commissioned and understanding the communities needs by consulting with service users is evident however the Troubled Families agenda does not suggest or advocate that community-based solutions is part of the governments drive to support Troubled Families.

Summary and Conclusion

The three main themes that emerged from the analysis of the study were discussed in detail within the chapter. The chapter further discusses policy documents, multi-disciplinary

practice, lead professional role, working with BAMER communities, the team around the family approach. Research and policies suggest that early intervention and prevention is key to providing services to families with multiple and complex needs such as domestic abuse. Although, Munro (2011) stipulated that local authorities provide family support through early intervention and prevention services and coordinate services focussing on the needs of the families this was not evident within this study. The main aim of the Troubled Families programme was to ensure that services were provided within communities by targeted family support staff to prevent families from needing statutory intervention by social workers. Every Child Matters (2004) and later the Troubled Families Programme (2012) were initiated to ensure that local authorities provide coordinated services to families with specific problems such as domestic abuse. However, the participants that were interviewed articulated in detail that they were still struggling with problems associated with their health, finances and legal issues. Targeted support that they received primarily focussed on their safety at the time of their interventions rather than the underlying problems and emerging issues related to their prolonged domestic abuse. Coordination of services for women was a key issue as staff who provided services did not have the understanding and skills to effectively support families through multidisciplinary working and accessing the support that was required for their prevailing problems associated with domestic abuse.

Despite policies that were devised to support victims of domestic abuse there were failings by staff to support children and young people who witnessed domestic abuse. However, more detailed analysis of child centred service provision related to domestic abuse is required and the need for whole family including children and perpetrators to have support and interventions. In 2019, the Home Office (2019) released its latest recommendations on how services should transform in response to domestic abuse. The Domestic Abuse Bill (2019) suggests that the government will introduce statutory guidance and raise awareness within schools related to teaching children healthy relationships, sex education and health education. Schools, unions, education providers and expert organisation will be supported with materials, resources and training to work with children (Home Office 2019). This is recommending a public health approach and suggesting that agencies within our communities are responsible to ensure education, awareness and changes to the way children and young people are supported with the trauma of domestic abuse is incorporated into this approach. The three agencies that were identified by the Home Office as needing further support to recognise domestic abuse were police, education and health

professionals. This reflects the findings of this study as participants have suggested that health care settings need to understand their health issues arising from domestic abuse, teachers needs to support the children as victims of domestic abuse rather than label the child as disruptive, staff working with their children and the authority as they describe the police' need to provide targeted support to the family in a way that is beneficial to them and does not stigmatise them. Training and educating lead professionals from heallth services has been a recommendation by Rose et al (2018) to ensure that all health professionals utilise the guidelines and have a consistent approach when supporting domestic abuse victims. Prior disclosure of domestic abuse is required or referrals and signposting to health care professionals that can support families is required. However, the families in this study whose health needs were paramount did not receive the lead professional or targeted family support from health professionals. Health professionals can support famiies if they have the best relationship to coordinate support and this was not evident within this study.

Signposting and referral to services for families were discussed within the chapter and referrals and signposting is mainly reliant on the victims self disclosure of the domestic abuse that they have suffered. The lead professional is expected to coordinate services however consent to communicate and work with multi disciplinary staff to create plans for families cannot be undertaken if the victim does not give consent and therefore GDPR issues arise for practitioners. Therefore, health, education and third dector services cannot work with families effectively if the lead professional cannot discuss the support that is required for victims.This is a failure in the expectations of the lead profesional role in coordination of service delivery to support victims of domestic abuse.

The chapter discusses the BAMER community and the stigma associated with domestic abuse. Participants felt that they could not access services that they would benefit from and society and communities did not support victims who self disclosed the domestic abuse that had affected them.

Although, the service users of the Troubled Families Programme received support it was evident from the findings of this study that there were shortfalls and gaps in services that were delivered. There was a lack of understanding in relation to effective, consistent practice and how to coordinate support for service users for specialist interventions such as health,

social care, housing and financial services. Both Davies (2015) and Malpass et al (2014) recommend that practitioners have the appropriate skills and training to provide more effective targeted family support and coordinate services. There was a gap between the participants expectations of the types of support that they felt would benefit them and the actual approach and support that was given to them by practitioners.

The findings suggest that service users had a good relationship with lead professionals that provided targeted family support to the service users they generally trusted the workers and understood their limitations related to the services that could be delivered. However, the participants were not appropriately informed regarding more specialist services and whether these were an option for them. The participants were aware of their safety plans and risk associated with the abuse that they suffered. The victim advocacy approach described by Davies and Lyon (2014) was not utilised by practitioners in its entirety. Although, the practitioners within this study-built relationships over a period of time with participants they did not identify the range of support from multi agency services available to participants or review the risks to families as set out by (Davies and Lyon 2014). The participants were not informed of the coordination of the plans that were put in place in the community. There was a view from the majority of participants that more support could have been offered as exit strategies when the targeted support had ceased. Cortez et al (2011) also suggest this to be the case in their research study and the need for safety to be addressed by community members and society to support victims of domestic abuse from a public health perspective.

The issues emerging from the study served to support existing literature and research related to service users' experiences of domestic abuse and targeted family support services in the community. Despite previous research there was no evidence that educating communities from a public health perspective on the complex issue of domestic abuse can change existing practice. The findings from this study suggest that despite its intensions, the implementation of the Troubled Families Programme and the evidence within the study suggest that there are failures in delivering the programme at a local level by targeted family support workers and multidisciplinary teams. Local services that provided targeted family support to domestic abuse victims has not changed the experience of service users whose experiences were similar to those who received a succession of targeted family support programmes in the past. This was primarily because the complex issues of cultural

understanding of domestic abuse, stigma, coordination, consent and the skills required to undertake the lead professional role at a local level have not been adequately addressed.

The findings offer the perspectives of the female participants in responses to the changes associated with the way targeted family support is provided to victims under the Troubled Families framework and policy changes. The conclusion chapter will discuss the various conflicts and challenges in the way targeted family support has been delivered and the ways that service interventions can be further developed in practice.

CHAPTER 7

CONCLUSION

This chapter links the findings to the main research question and explores the literature pertaining to domestic abuse victims in relation to targeted family support intervention received by them. The policy context within the literature review has explored the development of legislation, policy and practice that has been created to enable the Troubled Families Programme to be embedded within communities when working with families where there are complex needs such as domestic abuse. This study evidences the experiences of the service users and the gaps in the way that targeted family support is provided and how the support is fragmented. The service users detail their problems related to domestic abuse and how services need to be more service user focussed and coordinated by the lead professional in working with multi-disciplinary staff.

Hayden and Jenkins (2014), Stanley and Humphreys (2015), Ball et al (2016), Parr (2017), Parr and Churchill (2019),Alcock et al (2007),Quinney and Letchfield (2012), Davies (2015) and Peckover (2013) have critiqued the delivery of localised Troubled Families Programmes in local authorities across England. Within their studies they have critiqued the delivery of the services provided to families and the limitations of the services in providing the coordination of support plans, the lack of clarity of the lead professional role and the lack of understanding about how to work with multi-disciplinary staff to ensure families receive effective support that is beneficial to them. Within this qualitative study the researcher has provided rich data regarding domestic abuse victim and details the service users experiences of the targeted family support provided to them. The study offers an opportunity to understand the journeys of each victim and their families. The findings clearly outline the lack of consistency in support provided to participants and their lack of awareness related to other universal and targeted support available to them associated with the problems that they defined such as health, financial loss and legal issues. Although the participants were very positive regarding the support provided to them and were grateful for interventions, they were naïve regarding the role of their targeted family support workers, the lead professional role and how their support could be coordinated and assumptions were made regarding the types of service and its limitations which is not dissimilar to the studies reviewed above.

The study has investigated an on-going need for legislation and policy changes in relation to how family support services need to be adapted in relation to domestic abuse victims. The study evidences that skills, training and resources in relation to providing effective targeted family support to service users' needs further enhancement. The study also highlighted the importance of relationships with service users, the role of targeted support staff and the approaches that would benefit practitioners in improving systems to deliver quality targeted family support. Despite the changes in policy and legislation the role of the lead professional in providing support to victims of domestic abuse is still not clear and targeted family support workers are still supporting families in isolation rather than coordinating support with other multi-disciplinary staff.

Katz (2015), Anitha (2010), Heywood et al (2019), Hayden and Parr (2019), Williamson et al (2015), Malpass et al (2014), McCarry et al (2017), Welsh Women's Aid (2016), Rose et al (2018), Sukheri et al (2017) and Glyndwr Social Inclusion Research Unit (2010), Mullender and Hague (2005) , Humphreys and Thiara (2003), Radford et al (2011), Thoburn et al (2011), Houghton (2012) Welsh Government Research (2014) and Cortez et al (2011) studies have captured service users voices in relation to domestic abuse services. The study builds upon the literature review as the researcher was able to recruit a cohort of BAMER domestic abuse service users who elicit their stories according to the cultural and society barriers. The research study reflects earlier policy Working Together (2018) and Every Child Matters (2003) which highlighted the need for services to be delivered with a coordinated multi-agency approach to enhancing service delivery. The research investigates the impact of policy changes designed to address these deficiencies but indicates that practice is still weak and training for practitioners needs to be addressed. Service users identify within the study the need for twenty-four hour and accessible services which could require considerable configuration of the service delivery and working practices of staff delivering these services.

The study aimed to capture, interpret and contextualise the experiences of domestic abuse victims through utilising a qualitative approach. The data suggests that the way that targeted family support is provided to service users is fragmented and the need for interventions to be service user focussed and strengthened according to the special circumstances of service

users. Training has been identified as a key issue within the study. Practitioners within health, social care, education, police and the voluntary sector need specific training related to domestic abuse and interventions focussed on a whole family approach rather than on just adult victims or survivors of domestic abuse. Employers need to review the practice of practitioners ensuring that they embed critical analysis, ethical values and evidenced based practice within their organisations. Although, the Domestic Abuse Act (2018) was released the findings have suggested the need for more effective multi-agency partnerships and effective collaborative shared practice to be developed across Local Authorities and for services to be developed accordingly. Future research will be able to evidence whether the Act has been beneficial in ensuring that domestic abuse victims have been supported through the partnerships with multi-disciplinary teams.

This research study, however, is subject to several limitations and strengths. Although the study captured the voices and the journeys of the women who had received targeted family support it would have been useful to compare this with how the targeted family support workers felt that they had provided services to families. The research captured the women's voices and their stories related to their experiences of services that were delivered to them. This research is able to provide a unique contribution to knowledge because it is one of the few studies that have collected experiential data from women who have been provided services under the Troubled Families Programme. Additionally, the researcher was able to recruit a diverse sample of women who had received these services including women of Asian and Black communities. Together these two factors have enabled the study to provide unique insights into the operational impact of the Troubled Families Programme as it was implemented in one Local Authority. The families were from various heritages and backgrounds and the participants spoke English. The researcher did however translate some questions to Asian participants.

The Local Authority where the study was conducted has diverse and transient communities residing within it, yet the study was not able to capture the voices of women from some marginalised communities e.g. Romanian, Polish, Somalian and other eastern European communities. Some good examples of targeted family support practice were highlighted and good relationships with the targeted family support workers were demonstrated within the study. It was evident that targeted family support workers which ever discipline that they were employed by had a yearning to help the families however resources were limited and

time scales for their intervention were not consistent and were influenced by the short-term targets set out in the Troubled Families Programme which impacted payments to the Local Authority. The families within the study were from one Local Authority and further exploration, comparisons and research of other local authorities who provide targeted family support would be beneficial.

The recommendations from the study relate to the changes needed in supporting victims and are aspirational. The targeted family support workers are aiming to normalise the situations that put participants into a single parent nuclear unit reflecting on societal norms and expectations. Housing arrangements for families are adversely affecting the mental health of the service users leaving them very isolated and lacking support. Although, training and development would up skill the targeted family support workers further investigation is required as to whether the current policy approach is the most appropriate way of addressing the problem.

The study indicates that the current practice does not support the women effectively. It normalises the situation within their lives rather than works with families to ensure that are empowered to resolve their own problems. As a result, it isolates, medicates and fragments their experiences. Although, legislation and government policies have changed with the introduction of the Domestic Violence Act (2019), transforming the response to Domestic Abuse Consultation and Response Bill advocates for more services, stringent safety plans and coordinated partnerships with local authorities, police, education and community services. The Act aims to empower service users and for them to have better choices regarding the support they receive. It was evident at the time that this research was conducted that was not the case for the victims. However, further consultation and research with families related to empowerment and service delivery may evidence a difference in the future.

The study illustrates the depth and emotional value of the voices captured within the narratives that could shape future development of service provision in relation to their health, financial deprivation and criminality problems associated with domestic abuse. Finally, this study has highlighted the potential for service users to be able to articulate their needs and views on their experiences of services in order for changes to be incorporated in practice. The study identifies the need for the lead professional role to adapt in the way that the staff member is responsible for coordination of services to be able to create support plans with multi-disciplinary staff. Within the study there was clear evidence that practitioners at a local level were aware of their safeguarding responsibilities and the immediate safety plans for families. However, there was no evidence that a whole family approach was utilised in order to provide support to children and perpetrators. GDPR and consent is an issue for lead professionals to be able to communicate and create robust support packages for families. Within the study there was evidence to suggest that the victims felt that their long-term issues in relation to their domestic abuse had not been considered and they did not have support from the various practitioners such as health, social care, CAMHS, education and community services.

Despite the government's intention to deliver the Troubled Families Programme through local services in local authorities there are practice issues within these local services in the way that the lead professional and multidisciplinary staff understand their roles and limitations to how they can deliver services to domestic abuse victims. Until policies and legislation clearly define the expectations of practitioners, change how practitioners are able to deliver coordinated services and develop the skill set to support victims to lead fully independent lives it is likely that the Troubled Families Programme will not change at a local level. Without changes that address the complexity of issues experienced by families, the families will not receive the support they need to integrate back into society and the outcomes of the Troubled Families Programme will not be realised.

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APPENDIX ONE

Extracts from reflexive journal

Reflective Summaries

The participant was distressed and was tearful. I feel that she has had a very stressful journey and I need to remain objective throughout my research. It is evident that the issue of not only her mental health but that of her children has suffered. Her story and narrative is very concerning. Issues relating to housing and isolation are evident and further exploration regarding how policies and legislation may change in the future may support victims of domestic abuse to rebuild their lives.

Many of the women that I have met all suggest that they are still suffering and that their needs are still not met. Managing a refuge previously has given me an insight into the issues of domestic violence however families that are rehoused in communities still need a targeted family support worker to support them in the community.

The children in this family are struggling and support services are limited for the types of issues that this participant is talking about. Children with special education needs and disabilities need specialist services and the participant does not know what services are available to her family.

Isolation and deprivation are key factors when interviewing the participant. She does not have family support only from her key worker who she is guided by. The key worker's time is limited so the participant feels a sense of guilt in asking her for further support.
A holistic family assessment would benefit the service user in identifying what support is available within the community and signposting to specialist services. However, the participant is not clear of the key workers role. This is frustrating and as I reflect on this issue, I am aware that more can be done for the participant

APPENDIX TWO

Information Leaflet for families (service users)

Family Support Study

My name is Andalina Kadri. I am a student at Bucks New University.

What is the purpose of the study?

The main purpose of the research is to find out your views about a family support service in a local authority, and the extent to which it has helped you to receive the right support with your issues related to domestic violence. This research will help the local authority understand what you think about the type of support you received and whether the service should change.

Why have I been invited to take part?

You have been invited to take part because you are one of the families that have received family support intervention and had a family support service. Your views are very important and need to be considered as you have had difficulties in your home environment and have accessed domestic violence services for support.

What will happen if I take part?

If you agree to take part, I will arrange a time and day convenient to you. I will meet with you and explain the research project. If you then agree I would like to arrange to meet with you in a place which will be safe and convenient for you. The interview will take no longer than forty minutes. All the information will be tape recorded. I will check with you if you agree or wish to change any of the answers. The research will then be written up as a report.

What are the benefits of taking part?

The research is aimed at contributing to improved provision of family support to families beyond 2015. The information I gain from you I will inform the local authority whether family support has helped domestic violence victims and whether similar services should be funded. It is hoped that your participation contributes to research and academic process in my Professional Doctorate studies.

What are the risks of taking part?

There will not be any risks to you. The interviews will be conducted in plain English. I am able to speak several south Asian languages and will therefore be able to interview you in the appropriate language.

What measures are in place to address the risks of taking part?

Just in case talking about your past experiences causes you any discomfort. I can arrange for you to be supported through the local authority's counselling service, Women's Aid and the family rights group. You can contact NSPCC on 0808 800 5000 or help@NSPCC.org.uk or the Family Rights Group on www.frg.org.uk

What if there is a problem or I have a complaint?

This study has been approved by the Bucks New University Research Ethics Committee'. If you have any queries or concerns, please contact me. If you prefer, you can contact my supervisor Dr. David Shaw (david.shaw@bucks.ac.uk)

What will happen to the results?

Your views will be included in my research report, which will be written in a way that makes it impossible for you to be identified. Your name will be substituted for a number, which only I will know. All paperwork will be kept in a locked cupboard or computer. After the completion

of this study, the researcher will send you a summary of the report. A copy of the study will be given to the Family Support Manager at Slough.

What happens if I don't want to carry on with the study?

At any point during the study you change your mind you can withdraw without giving a reason.

Who is organising and funding the research? The research is organised by Andalina Kadri a post -graduate student

I **consent to the processing of my personal information for the purposes of this research study. I understand that such information will be treated as strictly confidential and handled in accordance with the UK Data Protection Act 1998''**

☐ Yes	☐ No

Contact for this project:

Andalina Kadri

Andalina.kadri@slough.gov.uk 01753 476518

APPENDIX 3

Consent form for service users

Consent Form: Interviews about your experience of support services

Please tick the appropriate boxes

I have read and understood the project information sheet. ☐

I have been given the opportunity to ask questions about the project. ☐

I agree to take part in the project. Taking part in the project will include being interviewed. ☐

I understand that my taking part is voluntary; I can withdraw from the study at any time and I will not be asked questions about why I no longer want to take part in the interviews. ☐

Select only one of the next two options:

I would like my name used where I have said or written as part of this study will be used in reports, publications and other research outputs so that anything I have contributed to this project can be recognised.

I do not want my name used in this project…… ☐

I understand my personal details such as phone number or address will not be revealed to people outside of this project. ☐

I understand that my words may be quoted in publications, reports, web pages, and other research outputs but my name will not be used unless I requested it above…… ☐

I agree for the data I provided to be archived at the UK Data Archive…… ☐

I understand that other researchers will have access to these data only if they agree to preserve the confidentiality of these data…… ☐

I understand that other researchers may use my words in publications, reports, web pages and other research outputs…… ☐

I agree to assign the copyright I hold in any materials related to this project to Andalina Kadri ☐

On this basis I am happy to participate in the Local evaluation of a family support intervention, perspectives of practitioners and service users.

Name of Participant …… **Signature……**

Date……..

Name of Researcher…….. Signature……

Date……..

If you have any queries or concerns, please contact Andalina Kadri 01753 476518

andalina.kadri@slough.gov.uk

APPENDIX 4

Interview Schedule

This interview schedule enables the researcher to ask questions that are related to domestic violence and will evaluate service users' perceptions of the service that was provided

Ice breaker on arrival (How was your journey to the location? Did you have to use public transport and was the venue easy to find?)

How does domestic violence affect women?

What effect does it have on women and children?

Did it effect how you felt at the time?

Has it changed the way that you and your children behave?

Has it had an effect in the way that your family behave with you?

How do your friends behave with you?

Do you think that it has had an impact on other family members?

What do you think of the services that you have used to help you with domestic violence?

Can you start by telling me what services were offered to you by support workers?

Do you feel that services have helped you?

If yes, can you tell me in what way?

If no, can you tell me why?

Did you need help with finding support?

Who helped you to get support?

How long did it take for you to get support?

Did you get housing support?

If yes, were you housed in a safe house?

If no, where did you get housed or moved to?

Did you get legal support?

If yes, how was this provided to you?

If no, did you feel you did not want legal support?

Did you find your support worker accessible in times of crisis?

Did they help you as much as you would have wanted?

How often did they help you?

Do you still have help from support workers?

Can you tell me what you liked about the service?

What about things that you did not like?

So, do you have any ideas about how the service can be improved?

Thank you taking part. I am grateful that you have shared your views about the service that you received at times where you had distress and hardship.

Is there anything else that you would like to tell me that I have not asked you about?

APPENDIX 5

Ethical Approval from University and Organisation

From: Melanie Nakisa

Date: 2 October 2014 at 09:21:25 BST

To: Andalina Kadri , "Andalina Kadri (andikadri@googlemail.com)"

Cc: David Shaw , Barbara Kingsley

Subject: UEP2014Mar07 Ethical approval

Dear Andalina

Thank you for revising your submission for ethical approval. We can now grant approval for your project "Evaluation of a local authority family support service: victims of domestic violence ,service users perspective."

A condition of this approval is that you ensure there is no coercion in recruiting subjects; you must ensure that participants understand that participation is entirely voluntary. Also you would be advised to re-examine your interview schedule. The interview schedule still muddles the briefing with the defined research questions and many of them are closed questions; these need to be refined to become open questions to gather meaningful narratives.

The panel leads have apologised for the delay in checking your latest submission of modifications from the September.

I hope that your research goes well. Please let me know if you need a letter confirming ethical approval.

Best wishes

Mel

Dr Mel Nakisa

Registrar (Research)

Academic Quality Directorate

Buckinghamshire New University

High Wycombe Campus

Queen Alexandra Road

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www.slough.gov.uk
Slough Borough Council

Taking pride in our communities and town

Date: 11th June 2014

Department: Wellbeing
1st Floor West,
St Martins Place, 51 Bath Road
Slough, Berkshire, SL1 3UF
Contact Name: Jane Wood
Contact No: 01753 875750
Email: Jane.Wood@slough.gov.uk

Andalina Kolsawala
Targeted Support Manager
West Wing
Stoke Road

Dear Andalina

I confirm that I am happy for you undertake your doctoral research within Slough Borough Council, which will be an evaluation of the first cohort of service users who were victims of domestic violence and have benefited from the Family First initiative. I have received a revised copy of the draft research proposal and understand that Buckinghamshire New University ethic's committee have suggested that the research is narrowed to evaluate a specific cohort, service user perspective.

I am authorising the following research activities to be undertaken:

1. Access to Families First data base
2. Interviews with a small number of service users

I have been assured that will cause very little interruption to the work of the staff, and that you will be closely monitored by your line manager, Ketan Gandhi and the university supervisors. Confidentiality will be maintained and data protection act adhered to.

I have also been assured that in line with the Ethics Committees proposals, arrangements will be made by the research project for post interview support to be made available to service users and professionals, and that this should be delivered to the nationally agreed standard and at no cost to the council.

Once the proposal has been approved by the university Research Ethics Community, I will ensure that official authorisation to conduct the research will be given. I also understand that the research report, along with any papers arising from it, will not identify individuals or, unless I agree otherwise the name of the organisation.

Yours Sincerely

Jane Wood
Strategic Director of Wellbeing