Cedar Toolkit
PART FOUR

cedar project

children experiencing
domestic abuse recovery project

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

evaluation report

Acknowledgements and thanks

There are many people to thank for their contributions to this evaluation.

Above all we wish to thank the children, young people and their mothers who shared their experiences and views with us. We are grateful that you told us what you think. Your views have helped to improve Cedar for other children, young people and their mothers. Whilst we have not used any of your real names in this report, each one of you deserves great credit for your unique contribution to the evaluation.

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

We would like to thank all those involved in the Cedar pilots who have taken part in this evaluation. The active participation of the Cedar Coordinators and Managers, Co-facilitators and members of the Local Advisory Groups was central to the evaluation and the ability to use the learning from the process to maximum effect as the pilot progresses. Thanks are also due to others who participated in Cedar Exchange Events during 2009 and 2010, particularly to the Cedar graduates - both young people and mothers, who took part in December 2010 and to all those who have helped to record the stories of practice. The Research Advisory Group helped us to establish a sound ethical and practical basis for the research approach and gave good editorial advice to make the findings accessible to a wider audience.

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

Executive Summary

Main Findings

"We thought they didn't see" (Cedar graduate, mother)

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

"It's definitely through the eyes of a bairn, Cedar, isn't it?" (Cedar graduate, mother)

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

"You can't put a price on happiness" (Cedar graduate, aged 17)

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

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

Outcomes for children and young people and mothers

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

Children learnt that it was not their fault and that they were not alone in their experience. This learning helped them to build self-esteem and see themselves and their lives differently. The positive and relaxed group atmosphere, together

with the structured curriculum and range of activities on offer, helped children and young people transform their understanding of domestic abuse and reduced self-blame.

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

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

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

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

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

Cedar has a positive impact on relationships between children and mothers

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

Families have a more positive future outlook

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

The Cedar pilot in Scotland

Cedar has successfully engaged with children and young people from aged three to seventeen years old including both boys and girls and some children with additional needs. There was no relationship between age, gender or additional needs and completion of a group, including children on the Child Protection Register. Almost 200 children and young people have completed a Cedar group. There have been 39 groups for children and young people and 26 groups for mothers across the three pilot areas, between January 2009 and March 2011. The pilot has achieved high completion rates of groups for children and young people. Almost nine in ten children and young people that started a group completed it and this figure was consistently high across all three areas.

Understanding the guiding principles of the Cedar approach

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

The Cedar core: curriculum, structure and strengths

The Cedar core is the combination of the curriculum, structure and a strengths-based approach. The scope of the 12-week curriculum and range of activities offered to children and young people seems to be about right. The pilots have shown that the programme can be adapted to suit different age groups, both boys and girls, and the context in which children and young people are living. Cedar is not a 'one size' programme; there is scope for variety and adaption of activities and approaches, but the basic dual structure, curriculum content and flow are a valuable framework and should not be diluted. This is crucially enhanced by a strengths-based approach in all areas of the programme based on the qualities of respect, caring, sincerity, authenticity and trust.

For some children, Cedar will not be suitable; some will not wish to take part, the 12-week programme may not be sufficient or they may need more time or individualised support, particularly where there may be undisclosed abuse from the past or ongoing abuse in a child's life.

Learning with and from peers

Groupwork is a powerful way to raise understanding about the impact of domestic abuse on children, with both children themselves and their mothers, in less directly confronting and stigmatising ways. Cedar is popular with children,

young people and mothers; they express a strong preference for a groupwork approach rather than one-to-one counselling.

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

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

Mutual recovery - outcomes for mothers are not secondary

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

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

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

Women have their own emotional needs during the group but, with support, can still attend a group with other women from diverse backgrounds. Self-care for mothers is an important theme. Inclusion of a mix of mothers' group

members at different stages of the 'recovery' process provides an important 'reference point'; showing to some how far they have come and to others that positive change is possible.

Assessment as engagement

Cedar can be a way to bridge the 'approachability gap' that often prevents take-up of services. It is a valuable means of 'assessment as engagement'. Cedar can offer, through sensitive non-stigmatising engagement and ongoing assessment through group, much-needed additional services to children and families who may have previously fallen into a 'hard to reach' category; and where previously the complexity of a child's needs may not have been fully appreciated. An initial or later decision that a group is not timely or appropriate for a participant can still be a positive pathway to more suitable support.

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

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

Multi-agency professional learning and integration

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

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

a strong steer at strategic level within all contributing partner agencies, a more child and family centred integration of services could be delivered in the medium to longer term.

Extending the value of the Cedar approach: key issues

Referral volumes, sources and numbers of groups

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

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

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

Enhancing the network of support

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

Extending the reach of Cedar

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

Valuing early intervention and prevention

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

Strengthening local responses to domestic abuse

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

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

Extending the value of the Cedar approach: recommendations for future practice

The Cedar approach as a way of working

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

The pool of Cedar co-ordinators, co-facilitators and Cedar graduates and their considerable experience derived from the pilots is a valuable resource for any

continuing programme and related inter-agency training across Scotland. The establishment of a Cedar National Support Network is important to make the most of the existing expertise, allow sharing of good practice and ensure quality is maintained.

Investment to reduce long-term costs of all kinds

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

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

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List of the stories of practice

This report contains nine Cedar 'stories of practice'. They are composite stories based on themes from across many of the narrative sources available. They were chosen to synthesise and reflect the themes in the evidence and together they reflect the broad range of issues that have been raised across the evaluation activities. At the Exchange Event these stories were 'told' by volunteers for whom they had some resonance; story tellers included Cedar graduates, Coordinators and Co-facilitators. The stories were analysed through a group process which drew out key themes and learning and from which the participants developed recommendations on the day.

Story 1: Mother's readiness and capacity for group

Story 2: Assessment

Story 3: "It's not my fault, other kids have it"

Story 4: Safety planning

Story 5: Parenting Better

Story 6: Being valued - safety in groups for mothers

Story 7: Double empathy

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1. The Cedar Pilot in Scotland 2008-2011

Introduction and background

1.1 Cedar (Children Experiencing Domestic Abuse Recovery) in Scotland is a psycho-educational, multi-agency initiative for children and young people who had behavioural, emotional and social difficulties as a consequence of their experience of domestic abuse. Cedar provided a therapeutic 12-week group work programme for children and young people in recovery from domestic abuse, alongside a concurrent group work programme for their mothers. It was an evidence-based approach which has now been piloted and evaluated in Scotland. This report presents the findings of the evaluation.

1.2 The Cedar group work model was based on the Community Groupwork Treatment Programme (CGP) originally developed in Ontario, Canada.[1] This was initially introduced and evaluated in the London Borough of Sutton[2] and is now being rolled out across London[3] and in Australia.[4] There is continuing interest in the Cedar approach in Scotland and elsewhere across the UK and this report is written with that broader audience in mind.

1.3 Figure 1.1 below shows the structure of the Cedar pilot and the key stakeholders. The development and evaluation of the Cedar projects in Scotland was one of thirteen priorities identified in the Scottish Government National Domestic Abuse Delivery Plan for Children & Young People.[5] The Delivery Plan indicates the national agenda to improve outcomes for children and young people affected by domestic abuse, their families and communities.

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

2. An Evaluation of the Sutton Stronger Families Group Treatment Programme for Children Exposed to Domestic Violence, Thangam Debbonaire, 2007.

3. www.avaproject.org.uk

4. Bunston, W. (2006) One way of responding to family violence: 'Putting on a parkas'. In Bunston, W. and Heynatz, A. (eds) Addressing Family Violence Programs: Groupwork Interventions for Infants, Children and Their Parents, Royal Children's Hospital Mental Health Services for Children, Melbourne.

5. National Domestic Abuse Delivery Plan for Children and Young People http://bit.ly/DeliveryPlan.

1.4 The Cedar National Partnership was a small group of staff from Scottish Women's Aid and managers from three local authorities; Edinburgh, Fife and Stirling (representing Forth Valley). These authorities had Scottish Government funding of approximately £1.5m to pilot the programme between 2008-2011 in three areas: the City of Edinburgh, Fife and Forth Valley (covering Stirling, Falkirk and Clackmannanshire). Each local authority acted as a 'host' for the project, and employed two Cedar Coordinators responsible for managing and co-ordinating the group work programme.[6]

1.5 Multi-agency Local Advisory Groups (LAGs) were established in each of the pilot areas. These comprised the Cedar Coordinators, their managers and a small number of other staff from key partner agencies in each locality. Many of these partner agencies made referrals and provided staff to co-facilitate groups, although usually meetings were attended by managers rather than the co-facilitators. LAGs usually met about every six weeks.

Figure 1.1: The Cedar pilot in Scotland 2008-2011

1.6 These arrangements existed for the duration of the pilot. The broader adoption of Cedar after the pilot period rests on decisions by local
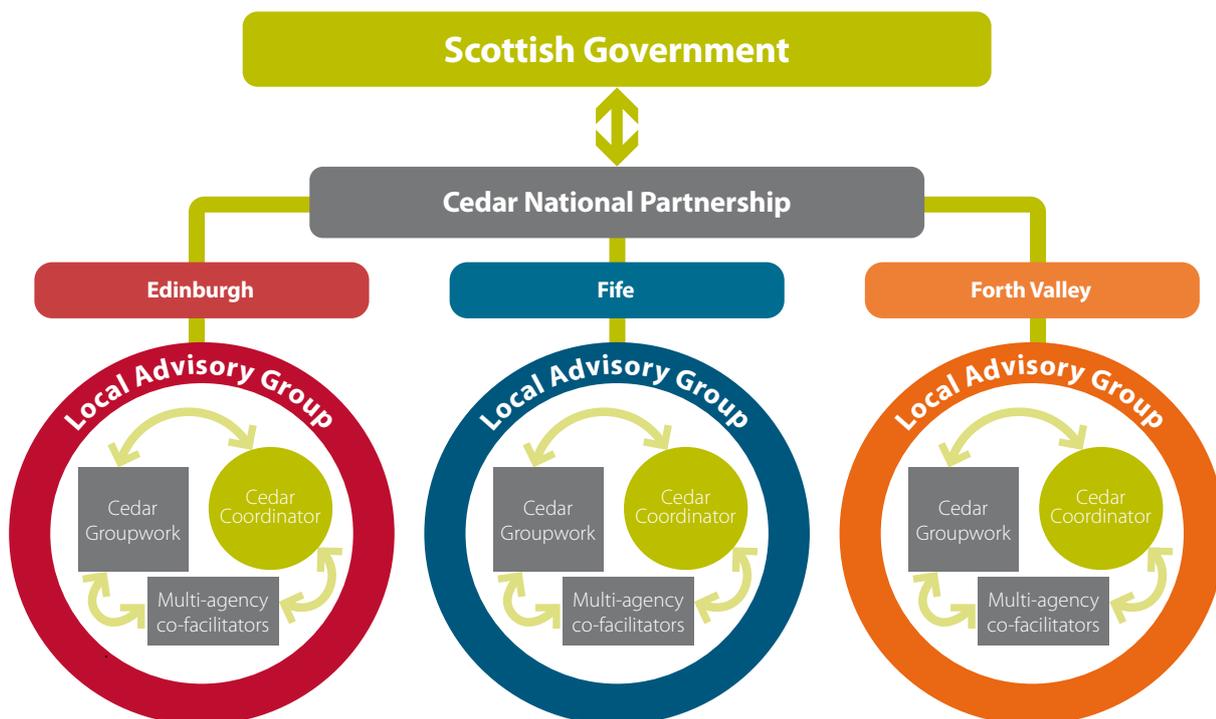
6. The Forth Valley Coordinators were employed by Stirling Council, but also worked across two other local authorities, Falkirk and Clackmannanshire.

authorities in Scotland, including those involved in the pilot itself. In planning and commissioning services for children and young people and their families in social work, education, and child and adolescent metal health, managers will need access to and understanding of evidence in designing services and programmes to meet national and local outcomes. Evaluation evidence has an important role to play in informing decisions on where money is spent to achieve agreed outcomes.

A brief overview of the content of the Cedar programme

1.7   The broad vision of the programme was to enhance the therapeutic impact of group work for children and young people. The group was intended to help children identify and express emotions surrounding violence, separation, shame guilt and loss. Children and young people were encouraged to recognise and understand the importance of their feelings and given opportunities to deal with them constructively. Mothers normally attended their weekly group just prior to the children's group session, which enabled mothers to support their children and gave them the opportunity to process and understand their experience together.

1.8   The Cedar Coordinators acted as the 'single point' for referrals and assessments. The 12-week group programme itself was usually delivered to children and mothers by the group coordinators in partnership with co-facilitators from partner agencies. Mothers' groups ran with one Coordinator and one Co-facilitator. Children's groups also had an extra (or 'quiet') co-facilitator whose role was to listen and observe, support any individual children in distress and contribute to a debrief after each session. Initial protocols and procedures were developed by the Cedar National Partnership and local partner agencies. Staff were in place in each area by the end of 2008 and groupwork commenced in January 2009. The pilot formally ended in March 2011 and there are plans to continue the Cedar programme in all three pilot areas.

1.9   Figure 1.2 gives an overview of the weekly sessions and the connections between the content of the concurrent groups; note the mothers' groups met before those for children and young people. The Cedar manual outlines the basic curriculum with variations in activities for pre-school children, latency ages and adolescents.[7] Further details of programme content and delivery are available in Part 1 of the Cedar Toolkit.

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7. Latency is the period in child development from about 5 years to the onset of puberty.

Figure 1.2: Outline of weekly content of the concurrent Cedar groups

Wk	Children and Young People's Group - Session title and primary activities	Mothers' Group - Session title and primary goals
1	Getting to know you Introductions and establishing guidelines, treasure chests, snack and playtime, explaining checking in and out	Making connections. To alleviate anxiety and decrease women's feelings of isolation
2	Breaking the secret about abuse that happens in families. Checking in, snack, group discussion, examples of hurting, checking out	Breaking the silence. To reduce feelings of isolation and aloneness; speaking out, sharing stories and experiences of abuse as women and mothers
3	Understanding our many feelings. Checking in, snack, group discussion about feelings, feelings activity (icebergs), playtime, checking out	The importance of honouring our many feelings. To identify and validate the range of mixed feelings that women and children experience during the ongoing process of healing
4	Children's experiences of hurting in their family. Checking in, snack, story or DVD (Tulip), group discussion about hurting in families, drawing activity, playtime, checking out	How being exposed to woman abuse affects children. To inform mothers about the effects of domestic abuse on children of all ages and support them as they reflect on the experiences of their own children
5	Staying safe when abuse happens - my personal safety plan. Checking in, snack, group activity (playdoh), group discussion about safety, safety plans, playtime, checking out	Personal safety planning for mothers and their children. To identify safety planning strategies for women and their children
6	It's not our fault. Checking in, snack, group discussion about responsibility, group activity (hands are not for hitting), hand print activity, playtime, checking out	Understanding responsibility for abuse. To explore perceptions from both a mothers and child's perspective and promote the accurate understanding of accountability for abuse

Wk	Children and Young People's Group - Session title and primary activities	Mothers' Group - Session title and primary goals
7	Understanding and expressing anger. Checking in, snack, group discussion about anger, story, group activity (volcano) activity, playtime, checking out	Honouring and understanding anger. To examine the experience of anger and identify anger as a valid, powerful and appropriate emotion
8	Learning about problems. Checking in, snack, group discussion about problems and helpful words, story, role play with puppets, playtime, checking out	Understanding conflict. To explore women's and children's experiences and examine how women's responses to conflict affect children's ideas and behaviours
9	Dealing with family changes when abuse has happened. Checking in, snack, group discussion about family changes (grief and loss), story, drawing, playtime, checking out	Grieving the losses - celebrating choices & change. The validate the difficulties women and children face related to change and loss
10	Staying safe from sexual abuse. Checking in, snack, acknowledgement of group coming to end, group discussion about sexual abuse, story, group activity (OK v. Not-OK) drawing, playtime, checking out	Staying connected. To decrease isolation by increasing women's awareness of how to develop a support network and access community resources
11	The best me I can be! - self-esteem. Checking in, snack, discussion of the last session, group discussion about self esteem, story, drawing (I like me picture), playtime, checking out	The importance of self-care. To help women understand the importance of self-care, particularly when healing
12	Saying Goodbye. Checking in, snack, discussion of the last session, review group material, collage, celebration (special snack, music, playtime), closure activity and departure	Celebrating how far we've come - moving forward. To honour women's commitment to healing bot for their children and themselves; to celebrate and say goodbye

The purpose of this report

1.10   This report brings together evidence from the full Cedar pilot programme. It builds on the Interim Evaluation Report which provided early findings from the first year of operation.[8] It was written both for professional policy makers and children's service practitioners and planners in the UK and beyond, who are interested in Cedar and considering the adoption of the Cedar approach in their own area. It shows how Cedar fits into a bigger picture of outcomes for children and young people. The report complements the associated Part 1 of the Cedar Toolkit which provides more hands-on guidance about the operation of the Cedar programme and managing groupwork.

Aims and objectives of the evaluation

1.11   The aims of the evaluation were to provide evidence to support the development and implementation of the Cedar projects at a local level and provide national level learning to assist others to implement this type of service. The specific objectives were to:

a)   Provide evidence of individual and interrelated outcomes from the groupwork programme for children, young people and women affected by domestic abuse, including improving children's safety planning and strengthening the mother child relationship.

b)   Develop an understanding of the factors that support successful recruitment to and completion of the programme and positive outcomes amongst participants, including unanticipated outcomes.

c)   Work with practitioners to encourage learning from experience, improved practice and sharing of practice as the programme proceeds.

d)   Assess the impact of the partnership working model of delivery amongst practitioners. This should include:

- understanding of suitability of the programme for all participants

- effective referral arrangements

- co-facilitation of groupwork

- strategies to promote informed consent and participation

- the wider impact on inter-agency working and any changes in practice relating to domestic abuse

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8. Sharp, C., Jones, J., with Netto, G., & Humphreys, C. (2010) Through the eyes of a bairn, Interim Evaluation Report, Scottish Women's Aid, http://bit.ly/Cedar_bairn_report.

e) Appraise the cost effectiveness of this model of service provision including delivery costs and likely distribution of savings (rather than computation of financial data).

f) Enhance national level learning from the programme including the effectiveness of the national partnership structures.

g) Support the development of a toolkit for implementation to enable wider adoption of the programme approach in other areas.[9]

h) Provide progress reports, interim findings and a summative evaluation report at key stages of the project.

An action research approach to evaluation

1.12 Cedar has been evaluated using an action research approach. This provided a systemic and reflective approach to evaluation to support self and peer review, on-going wider dialogue and sharing of lessons amongst Cedar practitioners, managers and other multi-agency partners. The evaluation process has been underpinned by a 'knowledge-based practice approach' to evaluation which has brought together the views of children, young people and mothers participating in the programme, with the views and experience of practitioners and formal research or evaluation evidence from elsewhere.[10] This approach has meant that emerging evidence arising from the implementation of the pilot has been trialled, interpreted and subjected to the 'hard test of complex live practice'.[11] Figure 1.3 shows a simplified representation of the different elements of the evaluation.

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9. This comprises four parts: Part 1 is the Cedar Toolkit; Part 2 is the Children's Group Manual; Part 3 the Mother's Group Manual; Part 4 is this final evaluation report.

10. Humphreys C, Berridge D, Butler I, Ruddick, R.(2003) Making Research Count: The Development of Knowledge-Based Practice. Research, Policy and Planning 21 (1): 41-50.

11. Wadsworth, Y (2010) Building in Research and Evaluation, Human Inquiry for living systems, Allen and Unwin.

Figure 1.3: Cedar evaluation - an action research approach

The Scottish Government National Delivery Plan

Cedar National Partnership Group

Beginning a community of enquiry

Reflective Data from Coordinators Hub

Edinburgh LAG **Fife LAG** **Forth Valley LAG**

Progress Reporting and Dialogue

Debriefing across all 3 LAG's

Annual Exchange Events

Interim Report

A Continuing Community of Inquiry

Feedback to CYP & Mothers

Qualitative Data from interviews with CYP and Mothers

Analysis of Monitoring Data

Web Surveys of Cofacilitators and Coordinators

Monitoring without indicators

Financial Data

End of Pilots

**FINAL EVALUATION REPORT AND FINDINGS
LAUNCH OF CEDAR FRAMEWORK**

1.13 The Cedar National Partnership, the three Local Advisory Groups (LAGs) and the Cedar Coordinators were part of the development of a 'community of inquiry' amongst the Cedar projects and their wider partners. The evaluation team acted as 'critical friends' to the pilots, ensuring that the review of evidence was systematic, recording discussions, and reporting emerging 'findings' in ways that facilitated further testing, reflection and sharing of learning to influence practice and report processes and outcomes.

1.14 Over a cycle of meetings, the LAGs reviewed the range of quantitative and qualitative data available. They explored how the pilots were working, what was working well and what needed to change. A small number of short briefing notes were circulated for wider comment. These highlighted some of the issues that arose including key lessons, but also uncertainties or contradictions revealed by the process.

1.15 The Cedar National Partnership also brought the three pilots together (although met less frequently) and provided an additional forum for this type of review process. In addition, three cross-pilot Exchange Events were held. These offered opportunities to consider purposes, analyse and validate evidence and reflect on practice in a more formal and structured way.

Sources and types of evidence

1.16 The evaluation process drew on a number of specific sources of quantitative and qualitative evidence. These included:

- First Exchange Event of Cedar pilots, March 2009

- On-going quantitative monitoring data of referrals and groupwork indicators

- Coordinators action research 'hub': a cross-pilot 'action learning set'

- Notes from Local Advisory Group meetings

- Notes from National Partnership Meetings

- 'Monitoring without indicators': a process of real-time feedback from participants reported by the Coordinators to LAGs or informally

- In-depth interviews with children, young people and their mothers, Summer 2009 and 2010

- Three Web surveys of all coordinators and co-facilitators, conducted in July 2009, January 2010 and July 2010

- Second Exchange Event, November 2009

- Final Exchange Event, December 2010

1.17 The key lessons and conclusions reported here are all based on evidence drawn from across these sources and analysed and validated by the action inquiry process, in particular the final Exchange Event. Appendix 1 contains a methodological statement and ethical protocol and Appendix 2 has further details of the research methods used and the original monitoring and evaluation framework. Appendices 3 and 4 contain the key messages from Children, Young People and Mothers for 2009 and 2010.

2. The Research and Policy Context for Cedar

The Policy Context

Domestic abuse as a children's issue

2.1   Domestic abuse is increasingly regarded as an issue for children in Scotland. Children and young people themselves view domestic abuse as something that is happening to them as well as their mothers. The UN Convention on the Rights of the Child 1989 and the Children (Scotland) Act 1995 both establish that children have a right to participate in decisions which affect their lives.

2.2   The unique perspectives of children and young people have enhanced both political and professional understandings of domestic abuse at the highest level of policy-making in Scotland, particularly through their influence on the development of the National Domestic Abuse Delivery Plan for Children and Young People (from now on known as the Delivery Plan).[12] This influence continues through the efforts of Voice Against Violence (VAV), a group of eight young experts who have first-hand experience of domestic abuse and different services, launched in November 2009.[13] Voice Against Violence works with the Scottish Government and the Convention of Scottish Local Authorities (CoSLA) on the Delivery Plan to 'make sure the Domestic Abuse plan continues and works and makes a difference to children and young people'. Cedar graduates are now involved in the Voice Against Violence group. The Cedar pilot has taken place within this context and has also enlarged understanding in Scotland about how domestic abuse affects children and young people and how they wish professionals and policy makers to respond.

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12. Three publications illustrate the important influence of children and young people's perspectives and the lessons from previous research: Stafford, A and C Smith (2009) Practical Guidance on Consulting, Conducting Research and Working in Participative Ways With Children and Young People Experiencing Domestic Abuse. Scottish Government. http://www.scotland.gov.uk/Publications/2009/09/16093124/0; Houghton, C. (2008) Making A Difference: Young People Speak to Scottish Ministers about their Priorities for the National Domestic Abuse Delivery Plan for Children and Young People, The Scottish Government, Edinburgh. http://www.scotland.gov.uk/Publications/2008/06/17120134/9 ; Humphreys, C., Houghton, C., & Ellis, J. (2008) Literature Review: Better Outcomes for Children and Young People experiencing Domestic Abuse - Directions for Good Practice, Scottish Government, Edinburgh.

13. See http://voiceagainstviolence.org.uk/

Early intervention and prevention: the principles of the Delivery Plan

2.3   The Delivery Plan sets out a common framework based on Getting It Right For Every Child (GIRFEC) principles and values and the aims of the National Strategy to Address Domestic Abuse in Scotland (2000). A focus of the Delivery Plan is early identification and intervention for families who are at risk as a consequence of domestic abuse or in need of additional support to prevent domestic abuse from becoming a risk. In this respect, it sits alongside the Early Years and Early Intervention Strategy[14] and A Curriculum for Excellence.[15]

2.4   Early intervention is understood to encompass 'building the capacity of individuals, families and communities to secure the best outcomes for themselves' and moving from 'intervening when a crisis happens towards prevention, building resilience and providing the right level of support before problems materialise'.[16] Cedar is not an early intervention in relation to domestic abuse. To benefit from the programme, children and young people need to be living in a safe, violence-free environment. But, it is an early intervention in relation to the broader developmental, behavioural and social difficulties that arise as a result of the trauma of domestic abuse on child development, the development of resilience and the relationships between mothers and children. Thus, early intervention may occur at any point in a child or young person's life. It is not just for young children.

Getting It Right for Every Child

2.5   Getting it right for every child seeks to enable parents, families, practitioners and communities to identify, at the earliest possible stage, where support is needed for a child and to provide that support at the earliest opportunity. Getting it right for every child asks how agencies can best work together to ensure that children and young people affected by domestic abuse are:

- **Safe:** protected from abuse, neglect and harm by others at home, at school and in the community.

- **Nurtured:** living within a supportive family setting, with additional assistance if required, or, where this is not possible, within another caring setting, ensuring a positive and rewarding childhood experience.

- **Healthy:** enjoying the highest attainable standards of physical and mental health, access to suitable healthcare, and support in learning to make healthy choices.

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14. The Scottish Government (2008) Early Years and Early Intervention... joint Scottish Government and COSLA policy statement, Edinburgh.

15. A Curriculum for Excellence - The Curriculum Review Group, Scottish Executive, Edinburgh 2004.

16. The Scottish Government (2008) op cit.

- **Achieving:** supported and guided in their learning and in the development of their skills, confidence and self-esteem at home, at school, and in the community.

- **Active:** having opportunities to take part in activities such as play, recreation and sport which will contribute to healthy growth and development, both at home and in the community.

- **Respected:** having the opportunity, along with carers, to be heard and involved in decisions which affect them.

- **Responsible:** having opportunities and encouragement to play active and responsible roles in their schools and communities and where necessary, having appropriate guidance and supervision and being involved in decisions that affect them.

- **Included:** having help to overcome social, educational, physical and economic inequalities and being accepted as part of the community in which they live and learn.

2.6   A GIRFEC approach requires that universal services and agencies are proactive about identifying risk associated with domestic abuse; that they work together; that they provide support for children that meets their needs in a holistic way, and respect their right, where appropriate, to confidentiality and to participate in any decision-making processes that affect them; and, that they integrate support for children with support for their mothers.

A multi-agency approach

2.7   The aims of the Cedar pilot projects are to improve outcomes for children, young people and women affected by domestic abuse, but also to improve joint working and agencies' responses when supporting children and young people affected by domestic abuse.

2.8   Cedar has used a range of agencies from the statutory and third sectors to provide support to children and young people through a co-facilitation approach, so that partner agencies have been directly involved in the co-delivery of the groupwork programme. The Delivery Plan recognised the considerable workforce implications of enabling agencies to deliver a personalised response for each child or young person affected by domestic abuse. As an experientially-based professional development opportunity, the Cedar model offers a way to tackle the noted inconsistencies in addressing domestic abuse amongst practitioners, attributed to different levels of awareness and skills.[17] The programme has the potential to be a

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

broader influence on joint working, organisational learning and strategic responses to domestic abuse through a 'ripple effect' within the areas in which it operates and to become a 'way of working'. This is discussed more fully in section 6.

Evidence of need: children affected by domestic abuse in Scotland

2.9 There were 51,926 incidents of domestic abuse recorded by the police in Scotland in 2009-10, equating to an overall incidence of 1000 per 100,000 population (or one in a 100).[18] Incidents with a female victim and a male perpetrator represented 82 per cent of all incidents of domestic abuse (where gender was recorded). Four of the five Cedar pilot areas had incidence rates higher than the Scottish average in 2009-10.

2.10 Such incident based data has many limitations as either a description or measure of domestic abuse. Whilst incident data does not report the numbers of children present or living in the household, when analysed by the age of the female victim, they show that rates are highest amongst female victims aged 22 to 25 years at 4,601 incidents per 100,000 population; in other words, in any 100 women of this age, 4.6 will have a recorded incident of domestic abuse. Figure 2.1 below shows incident rates are highest for women between the ages of 19-30; this is clearly a time when they are most likely to be pregnant and living with children, particularly young children.

Figure 2.1 Incidents of domestic abuse recorded by the Police, by age (female victims), Scotland, 2009-10
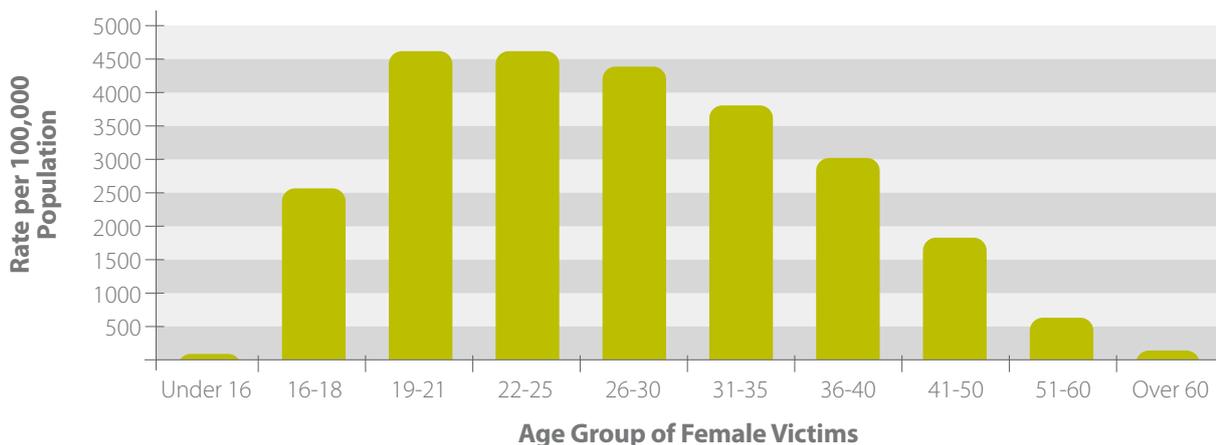
Rate per 100,000 population: estimated population as at mid 2009 (GROS); Source: Domestic Abuse Recorded by the Police in Scotland, 2010 Statistical Bulletin November 16, 2010

18. Domestic Abuse Recorded by the Police in Scotland, 2009-10, The Scottish Government, National Statistics, November 2010 http://www.scotland.gov.uk/Publications/2010/11/11095346/0.

2.11 The high prevalence, together with the age and gendered nature of domestic abuse, suggests that very high numbers of children in Scotland have lived with, or are living with, domestic abuse. It has been estimated that around 100,000 children in Scotland 'live with' domestic abuse.[19]

2.12 Domestic abuse can be the main concern and an enduring feature of a child's life or a background feature as one of a range of stresses in the family. The same Scottish Child Protection and Audit Review identified domestic abuse as a feature of (at least) one third of child protection cases. Police recognition of domestic abuse as also affecting children is acknowledged to be a key factor in the noted significant increase in non-offence referrals to the Children's Reporter in Scotland.

2.13 Whilst the Scottish Child Protection and Audit Review welcomed the recognition of the impact of domestic abuse on children, it nevertheless stated that the response to the problem to date has been 'haphazard'. The Review recommended giving priority to a more comprehensive and unified approach to meeting children's needs and endorsed the provision of services for children who have experienced domestic abuse as a necessary priority for inter-agency planning. It stated that these should be provided within a context of wider packages of measures, including the provision of information for mothers and partners about the impact of domestic abuse on children, programmes for reducing its occurrence and school curriculum measures.[20]

The Research to Practice Context

Evidence for the effectiveness of the groupwork approach and implications

2.14 The piloting of Cedar in Scotland has been a response to evidence about the need created by the impact of domestic abuse on children and young people, evidence of the effectiveness of interventions for children and young people and the views of children and young people themselves.[21] The programme is based on and responds to evidence about the impact of trauma on child development; evidence about what helps to protect children through developing resilience; how abuse and violence used against women can significantly undermine their relationships with their children and their parenting abilities, and the pros and cons of individual

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19. Scottish Executive, (2002) It's everyone's job to make sure I'm alright, Report of the Child Protection Audit and Review.

20. Scottish Executive, (2002). Op cit.

21. Humphreys, C, Houghton, C, & Ellis, J (2008) Literature Review: Better Outcomes for Children and Young People experiencing Domestic Abuse -Directions for Good Practice, Scottish Government, Edinburgh 2008. http://www.scotland.gov.uk/Publications/2008/08/04112614/0

support and groupwork. This evidence is reviewed more fully elsewhere;[22] this section highlights particular aspects of most direct relevance to the design and delivery of the programme to inform understanding of the Cedar pilot and the evaluation evidence. This section also draws on further literature about learning in groups and participation which is useful in enhancing understanding about how the Cedar programme has worked.

The impact of domestic abuse on children

2.15   Research evidence shows that in relation to the impact on child development, exposure to domestic abuse at any age can interfere with development.[23] Adverse life experiences during childhood, such as experiencing domestic abuse or child maltreatment, are thought to influence neurobiological and psychological processes.[24] Moreover, early stresses may condition the neural networks in babies' and young children's brains to produce cascading developmental effects.[25,26] For example, witnessing parental violence in the pre-school years predicted externalising problems in boys at age 16; and for girls it predicted internalising problems. Experiencing domestic abuse in early childhood leaves a legacy that appears during the adolescent years: the strongest predictor of behaviour problems in adolescence was a climate of chaos, violence and disruption in the home environment during the early years.[27] Developmental, behavioural and educational outcomes are all influenced by the effects of domestic abuse.[28] There is evidence that, once in a safe environment, children will recover competencies and behavioural functioning; importantly children themselves have testified that separation from the abusive parent brings about positive changes.[29]

22. Ibid.

23. Rossman, B (2001) 'Longer Term Effects of Children's Exposure to Domestic Violence', in Graham-Bermann, S. and Edleson, J (eds) Domestic Violence in the Lives of Children: The Future of Research, Intervention and Social Policy, Washington, D.C. American Psychological Association, quoted in Humphreys, C, Houghton, C, & Ellis, J (2008).

24. Cicchetti D, Valentino K. (2006) An Ecological Transactional Perspective on Child Maltreatment: Failure of the Average Expectable Environment and its Influence on Child Development, in D. Cicchetti & D.J. Cohen (Eds.) Developmental Psychopathology (2nd ed.): Risk, Disorder and Adaptation (Vol. 3). Wiley: New York.

25. Ibid

26. Gerhardt S. 2004. Why love matters: how affection shapes a baby's brain. Routledge: London

27. Sroufe L A, Egeland B, Carlso... & Collins W A. 2005. The Development of the Person. The Minnesota Study of Risk and Adaptation from Birth to Adulthood. Guilford Press: New York

28. Kitzmann, K, Gaylord, N, Holt, A and Kenny, E (2003). 'Child Witnesses to Domestic Violence: a Meta-Analytic Review', Journal of Consulting Clinical Psychology, Vol. 71: 339-352

29. Houghton, C. (2006) 'Listen Louder: Working with Children and Young People', in Humphreys, C. and Stanley, N. (eds) Domestic Violence and Child Protection: Directions for Good Practice, Jessica Kingsley Publications, London.

2.16   The emotional well-being of children and young people may also be affected as children living with domestic abuse show higher rates of depression[30] and trauma[31] than other children. The sleep patterns of children and young people may be affected impacting on all aspects of their lives[32] including their social relations and overall cognitive development.[33] While emotional problems are important, data from a large UK study suggests that of more significance are behavioural problems (conduct disorders) which are three times more likely to occur for children living with 'severe domestic violence'.[34]

Children's resilience

2.17   Existing research also shows that it is important to recognise that, despite living with domestic abuse, some children do as well as other children; such 'resilience' may well be positive,[35] but may also disguise different coping strategies and protective factors. Resilience is not an individual quality of the child but is derived from the relationship and community context in which the child lives; a context which will hold heightened risk or protective factors.[36] The risks and experience of children may be moderated by a number of factors including the mother's ability to maintain her parenting in adversity and mothers who are perceived by their children to be positively supportive.[37]

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30. Kitzmann 2003 op cit.

31. Mertin, P and Mohr, P (2002) 'Incidence and Correlates of Post-Trauma Symptoms in Children from Backgrounds of Domestic Violence', Violence and Victims, Vol. 17, p5.

32. Humphreys, C., Humphreys, C., Lowe, P. and Williams, S. (2009) 'Sleep and Domestic Violence: Exploring the impact and interconnections between mothers and their children. Child and Family Social Work 14 (1).

33. Holt, S., Buckley, H. and Whelan, S. (2008) The impact of exposure to domestic violence on children and young people: A review of the literature. Child Abuse and Neglect 32, 797-810.

34. Meltzer, H., Doos, L., Vostanis, P., Ford, T. and Goodman, R. (2009) The mental health of children who witness domestic violence. Child and Family Social Work, 14, 491-501. Note that the question on whether the child had witnessed 'severe domestic violence' was self-defined by parents (mainly mothers) as part of a list of possible traumatic events. The authors suggest that this approach was likely to underestimate prevalence.

35. Margolin, G and Gordis, E (2004) 'Children's Exposure to Violence in the Family and Community', American Psychological Society, Vol. 13, pp152-161.

36. Laing, L. (2001) Children, Young People and Domestic Violence Issue Paper 2, Sydney, Australian Domestic Violence Clearinghouse http://www.austdvclearinghouse@unsw.edu.au.

37. Cox, C, Kotch, J and Everson, M (2003) 'A Longitudinal Study of Modifying Influences in the Relationship Between Domestic Violence and Child Maltreatment', Journal of Family Violence, Vol. 18, No. 1, pp5-17.

2.18   There can be real fears for children, mothers and agencies that children (both boys and girls) who have been exposed to violence will in turn demonstrate violent behaviour.[38] Whilst there is strong evidence that the 'cycle of violence' theory is flawed, this issue is likely to be a factor in ensuring early intervention and access to services for both young people and their mothers. There may be behavioural issues, including potentially, violence towards mothers and referral may be experienced by young people as a punishment for these problems.[39] Such findings underline the need for sensitive responses with clear messages for children at every stage: 'that the majority of child survivors will not grow up be violent, that it's OK to be angry and get help with that anger, that it's not your fault, that it's not OK to be violent'.[40]

Children's perspectives

2.19   Research with young people with experience of domestic abuse suggests that children's perspectives are unique and adults cannot speak for them.[41] This may raise challenges for agency responses. Children's 'active participation'; being listened to, believed and taken seriously and being involved in solutions and decisions, helps children experiencing domestic abuse to cope.[42] Confidentiality and trust are important to them.[43] Children like to engage in fun activities with other children who have been through domestic abuse. These are important for mental and physical wellbeing and help to build confidence, networks and self esteem. Some children wish to support other children who are experiencing domestic abuse.[44]

38. Mullender, A, Hague, G, Imam, U, Kelly, L, Malos, E and Regan, L (2002) Children's Perspectives on Domestic Violence, London: Sage.

39. Paterson, R., Luntz, H., Perlesz, A. & Cotton, S. (2002) Adolescent violence towards their parents, Australian and New Zealand Journal of Family Therapy, Volume 23 Number 2 2002 pp. 90–100.

40. Humphreys, C, Houghton, C, & Ellis, J (2008) op cit.

41. Houghton, C. (2008) op cit.

42. Mullender, A, Hague, G, Imam, U, Kelly, L, Malos, E and Regan, L (2002) op cit. p121.

43. Houghton, C. (2008) op cit.

44. Humphreys, C, Houghton, C, & Ellis, J (2008) op cit.

The impact of domestic abuse on the mother-child relationship

2.20　The literature illustrates an emerging view that domestic abuse represents an attack on the mother-child relationship and goes beyond understanding the effects on children as solely due to 'witnessing' domestic abuse.[45] There are many indirect and direct strategies through which mothering is undermined, which include bringing about high anxiety and depression among mothers; prioritising men's needs above those of the children; undermining the ability of women to provide physical care and decreasing the mother's ability to be a confident parent.[46] Figure 2.2 draws on survivors' accounts and illustrates this kind of undermining:

Figure 2.2 What abuse sounds like: survivors accounts

What abuse sounds like

"Tell mummy she's stupid."

"Look at mummy, isn't she pathetic?"

"Get that child out of my face"

"Can't you even keep that baby quiet? Jesus, you're a shit mother."

"Tell him (social worker) about it and they'll take the kids"

"You're not going to the school, give me the keys."

"Come here, come here. Or do you want the child to do it for me instead?"

"What does he (the baby) need to go to the doctor for? Is the doctor good looking, is that why you want to go?"

Source: Scottish Women's Aid, training materials

2.21　It is also now more widely understood that children are embroiled in a myriad of ways when they 'live with' domestic abuse. Notions of 'witnessing' do not begin to describe the variety of ways in which children experience domestic abuse.[47] The conceptualisation of domestic abuse as 'coercive control' in which a large element of the abuse goes beyond physical harms to include sexual and psychological abuse of the mother and child, also alters thinking about domestic abuse as based on physical incidents

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45. Mullender, A, Hague, G, Imam, U, Kelly, L, Malos, E and Regan, L (2002) op cit.

46. Humphreys, C, Mullender, A, Thiara, R.K. and Skamballis, A (2006) 'Talking to my Mum: Developing Communication Between Mothers and Children in the Aftermath of Domestic Violence', Journal of Social Work, Vol. 6, No. 1, pp53-64.

47. Irwin, J, Waugh, F and Bonner, M (2006) 'The Inclusion of Children and Young People in Research on Domestic Violence', Communities, Children and Families in Australia, 1 (1): 17-23.

that take place in a domestic setting.[48] The tactics of coercive control reduce mothers' and children's 'space for action' as they are isolated from support, deprived of basic needs, subjected to routine violence and intimidation, punished or rewarded depending on their compliance and restricted in their ability to control their own routines in the home and wider community. One coercive tactic has been referred to as 'tangential spouse abuse', where the abuser threatens to hurt the child, treating them as an extension of the mother as a way to control her.[49]

Talking about domestic abuse

2.22 The literature suggests that few women and children have talked about the abuse either whilst it was occurring or afterwards. There can be a mutual 'conspiracy of silence' in which children protect their mothers from the knowledge of how much they know about the abuse and mothers simultaneously try to protect children from 'knowing' about the abuse they experience, or assume that 'moving on' from abuse means not speaking about it.[50] Other evidence shows that useful activities to support the mother-child relationship include talking about feelings and things that matter, including the experience of domestic abuse; building self-esteem; strengthening relationships through exploring similarities and differences in how the violence was experienced; and designing play-based and interactive joint activities for mothers and children.[51]

2.23 Provision for children is often seen as 'an add on' or secondary to the services for their mothers. In the context of coercive control, the protection and support of women needs to be linked to the protection and support of children.[52] Linked, but separate provision, for both children and their mothers, provides the potential to acknowledge both the individual and shared experience of domestic abuse and can focus particularly on strengthening the mother-child relationship. The Cedar programme, like other groupwork programmes is based on the belief that 'mothers themselves are the experts in their children's lives.'[53]

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48. Stark, Evan (2007) Coercive Control - How Men Entrap Women in Personal Life, Oxford University Press.

49. Ibid. p251.

50. Humphreys, C., Thiara, R. K., & Skamballis, A. (2010) Readiness to Change: Mother–Child Relationship and Domestic Violence Intervention, British Journal of Social Work 1–19.

51. Humphreys, C., Mullender, A., Thiara, R.K. and Skamballis, A. (2006) Talking to My Mum: A Picture Workbook for Workers, Mothers and Children Affected by Domestic Abuse London, Jessica Kingsley Publications.

52. Howarth, E., Stimpson, L., Barran, D., & Robinson, A. (2009) Safety in Numbers: A Multi-site Evaluation of Independent Domestic Violence Advisor Services. London: The Henry Smith Charity.

53. Loosely, S., Drouillard, D., Ritchie, D., & Abercromby, S (2006) Groupwork with Children Exposed to Woman Abus... Concurrent Groupwork Program for Children & Their Mothers, Children's Program Manual, The Children's Aid Society of London and Middlesex.

A spectrum of provision

2.24 The literature suggests that both individual and groupwork provision should be on offer for children who have been more seriously affected by domestic abuse as well as those who are less affected by the experience. Individual work is particularly suitable for children who have been severely affected by domestic abuse and have serious behavioural problems. Care should be taken to ensure that such work is viewed by children as a positive intervention, not as a punishment.[54]

2.25 Research suggests that groupwork has the benefit of addressing the issues of secrecy, supporting children to feel less isolated, providing opportunities to have fun and strengthening their peer relationships.[55] Children's accounts of being involved in groupwork are positive although some children will choose not to join in or will not be ready for groups. Children's ability to participate effectively in groupwork can vary according to individual inclination, the degree of behavioural issues and learning difficulties, and any physical disability. Fear of being identified as having suffered from domestic abuse can be a deterrent factor. In terms of outcomes, groupwork programmes have shown positive changes in children's aggressive behaviour; greater knowledge of safety; changed attitudes to violence; strengthened relationships between mothers and children; lowering of anxiety and increased self-esteem.[56] Groupwork also facilitates access to trusted networks of informal support and friends after the programme has ended.[57,58]

2.26 The literature suggests that groupwork programmes have been good at developing age appropriate themes and activities, but there can be a tendency for 'one size fits all' which does not allow for varied support for a range of children. Criticisms have also included the lack of follow up, high drop-out rates and little attention to the wide range of presenting problems.[59] This critique also suggests that groupwork programmes should focus particularly on aggression, internalising problems and problems in social relations.[60]

54. Humphreys, C, Houghton, C, & Ellis, J (2008) op cit.

55. Mullender, A, Hague, G, Imam, U, Kelly, L, Malos, E and Regan, L (2002) op cit.

56. Graham-Bermann, S (2001) 'Designing Intervention Evaluations for Children Exposed to Domestic Violence: Applications of Research and Theory' in Graham-Bermann, S and Edleson, J (eds) Domestic Violence in the Lives of Children, Washington DC: American Psychological Association.

57. Marshall, L., Miller, N., Miller-Hewitt, S., Sudermann, M., & Watson, L., (1995) Evaluation of Groups for Children who have Witnessed Violence, Centre for Research on Violence against Women and Children (Fanshawe College, the London Coordinating Committee to End Woman Abuse and the University of Western Ontario).

58. Debbonaire, T., (2007) An Evaluation of the Sutton Stronger Families Group Treatment Programme for Children Exposed to Domestic Violence.

59. Graham-Bermann, S (2001) op cit.

60. Ibid.

Mother's 'readiness' to engage

2.27   Cedar is based on women's desires, efforts and strengths to be 'good' mothers in the context of domestic abuse, and is designed to offer them a non-stigmatising service to process their experiences of mothering in adverse circumstances.[61] Psychological and emotional readiness for Cedar are key issues and link to a mother's sense of self worth and the degree to which she has started to acknowledge pre-existing strengths and strategies used to protect her children in the highly individualised, isolated and self-blaming context of domestic abuse.[62] Research on linked provision for children and their mothers (of which Cedar is an example), found that mother's 'readiness' to participate was affected by a range of factors, including their own situations and attitudes and those of the agencies that they encountered. Those women who were out of the immediate crisis and trauma of leaving and who already had the basis of a good relationship with their children were most open to engaging. Some women were seeking a service for their children and saw the chance to take part as an opportunity to improve their relationship with their children. These motivating factors enabled the women to be in a place where they could be more child-focused. Other women preferred to deal with the past by not talking about it. Some were in a better place to work with their children when they had been through group work or individual counselling first and had encountered strong worker support. Other issues of safety, risk, timing and stability of home and family life were also relevant in the mother's readiness to engage.[63]

Professional and agency readiness

2.28   The child protection literature shows that professional responses are influenced by working in unsafe environments.[64] A practitioner may feel constrained or be effectively immobilised from taking appropriate action by the influence of a hostile family environment.[65] This may occur as a result of direct threats, but also at a more subtle level by the perpetrator using indirect forms of intimidation, such as non-verbal communication, or 'disguised compliance' to manipulate professional responses.[66]

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61. Lapierre S. (2010) Striving to be 'Good' Mothers: Abused Women's Experiences of Mothering. Child Abuse Review 19: 342-357.

62. Lapierre S. (2010) Op cit.

63. Humphreys, C., Thiara, R. K., & Skamballis, A. (2010) op cit.

64. Stanley J, Goddard C. (2002) In the Firing Line: Violence and Power in Child Protection Work. Wiley: Chichester.

65. Ferguson H. (2009) Performing child protection: home visiting, movement and the struggle to reach the abused child. Child and Family Social Work. 14(4): 471-480.

66. Brandon M, Bailey S, Belderson P, Gardner R, Sidebotham P, Dodsworth J, Warren C, Black J. (2009) Understanding serious case reviews and their impact. A biennial analysis of serious case reviews 2005-07. DCSF Publications: Nottingham.

Reading these signs correctly, responding appropriately and staying safe demand high levels of emotional intelligence and intellectual rigour from practitioners and their managers.[67]

2.29   A supportive organisational culture and workplace climate[68] and high quality supervision[69] with the opportunity for critical reflection[70] are central to generating non-routinised, relationship-based responses to children and families. This work is essentially characterised by the need for respect and compassion whilst also acknowledging uncertainty, risk and complexity.[71,72] Issues relating to inter-agency and inter-professional responses in cases involving serious injury and child death have been well documented in the literature.[73,74,75] These findings highlight the need for all practitioners and managers to be alert to the possibility of domestic abuse and the increased risk of other forms child maltreatment;[76] and to be aware of the influence that working in this challenging field can have on professional communication.[77] Whilst the Scottish review of child deaths and serious abuse cases 'rather surprisingly' found that domestic abuse was formally identified as a factor in only one of the key cases, a much higher incidence of between 30% and 70% was reported in findings from various studies conducted in England and Wales.[78] Other research has suggested that a culture of violence can become the norm for both workers and families resulting in the impact of violence not always being given sufficient attention.[79]

67. Brandon M, Bailey S, Belderson P. (2010) Building on the learning from serious case reviews: a two-year analysis of child protection database referrals 2007-2009. Department for Education: London http://www.education.gov.uk/publications/RSG/AllPublications/Page1/DFE-RR040.

68. Glisson C, Hemmelgarn A. (1998) The effects of organizational climate and interorganizational coordination on the quality and outcomes of children's service systems. Child Abuse and Neglect. 22(5): 401-421.

69. Gibbs J. (2009) Changing the cultural story in child protection: learning from the insider's story. Child and Family Social Work. 14: 289-299.

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

71. Taylor H, Beckett C, McKeigue B.

72. Taylor H, Beckett C, McKeigue B. (2008) Judgements of Solomon: anxieties and defences of social workers involved in care proceedings. Child and Family Social Work. 13: 23-31.

73. Gibbs J. (2009) Op cit.

74. Reder P, Duncan S, Gray M. (1993) Beyond Blame; child abuse tragedies revisited. Routledge: London and New York.

75. Reder P, Duncan S. (1999) Lost Innocents: a Follow-up Study of Fatal Child Abuse, Routledge: London.

76. Vincent S. (2010) Learning from Child Deaths and Serious Abuse in Scotland. Dunedin Academic Press Ltd: Edinburgh. http://www.rcpsych.ac.uk/mentalhealthinfo/mentalhealthandgrowingup/domesticviolence.aspx.

77. Reder P, Duncan S. (2003) Understanding Communication in Child Protection Networks. Child Abuse Review, 12(2): 82-100.

78. Vincent S. (2010) Op cit.

79. Owers, M, Brandon, M and Black J (1999) Learning How to Make Children Safer: An Analysis of Serious Child Abuse Cases in Wales, University of East Anglia/Welsh Office.

2.30 Agencies, whose professional responses are predominantly driven by crises, for example, where there is poor retention of staff, may be unwittingly reflecting the troubled circumstances of the women and children who are seeking their help. Statutory services often struggle to develop a coordinated approach to address women and children's joint victimisation where domestic abuse is reported. A professional relationship-based response is needed which addresses the traditional separation between women's and children's services, and helps promote good communication amongst professionals and between mothers and children in the aftermath of domestic abuse.[80] This requires leadership from the top downwards within and across agencies so that front-line staff feel well supported by their managers.

Learning together: developing competence, connection and confidence

2.31 Further literature about theories of learning, knowledge and participatory practice are useful in understanding the potential of the Cedar programme as a form of experiential learning. Experiential rather than didactic learning, has the potential to promote more transformational 'double-loop learning'. This happens when the previously taken-for-granted aspects of an issue are questioned. This questioning encourages a focus on problem-setting as well as problem solving. For example, if a mother or child starts to see their (child's) behaviour as a response to domestic abuse, rather than due to any failure on their part (as mothers), the problem becomes one of being able to acknowledge this and find new ways of relating that do not blame each other. This kind of insight, empathy and reframing is likely to be more effective and enduring than single-loop learning, where, on discovering something doesn't work individuals try to find more effective ways of achieving their goals. This is often insufficient for solving more intractable problems and may make the situation worse.[81]

2.32 Theories of representational, relational and reflective knowledge show how knowledge and power are intimately linked.[82] They are important in understanding social and experiential learning and may be particularly significant in building competence, connection and confidence for those in recovery from domestic abuse. Representational knowledge (or the power of competence), for example, knowing about theories of grief and loss, can provide the cognitive basis for building competence.[83] Through relational knowledge (or the power of connection) people come to feel that they are not alone, but are part of a larger whole:

81. Humphreys, C., Thiara, R. K., & Skamballis, A. (2010) op cit.

82. Argyris, C., Putnam,R. and McLain Smith, D. (1985) Action Science: Concepts, Methods and Skills for Research and Intervention, Jossey-Bass p53.

83. Park, P., (2001) Knowledge and participatory research, in Reason, P and Bradbury, H (eds) Handbook of Action Research, Sage, p86.

> *"Relational knowledge comes from connecting and leads to further connecting. It is reciprocal, not only in that the parties involved know each other, but also in that it grows from interaction. Forms of interaction may include ... hugging, telling stories or communicating through other means, sharing things and engaging in activities together ... What makes conversation and other forms of interaction that lead to relational knowledge possible are respect, caring, sincerity, authenticity and trust".*[84]

2.33 Reflective knowledge 'upholds the dignity of human beings as free and autonomous agents who can act effectively and responsibly on their own behalf in the context of their interdependent relationships'.[85] Reflective knowledge (or the power of confidence) helps people to understand what they themselves can do in order to help improve their situation. It is social, dialogical and emancipatory by providing value standards and self-confidence to engage in change.

2.34 These theories of knowledge, learning and change are the foundations of participatory practice. They may be more simply expressed and developed further by the idea of 'co-production' that suggests that public services are better able to meet people's needs when they are involved in an 'equal and reciprocal' relationship with professionals and others. It recognises and aims to combine and strengthen different kinds of knowledge and experience, and seeks to 'work with people rather than processing them'.[86] This entails a significant shift away from a culture of 'caring for', 'doing to' or 'telling about' to a culture of enabling and facilitating, in order to build capacity for people to help themselves and each other. Professional expertise is valued but does not replace the knowledge that comes from personal experience; real transformative change comes from combining all kinds of expertise.[87]

Implications of the research for practice

2.35 Both the research and the policy context informed the development of the Cedar groupwork programme. Recognition needed to be given to the negative impact of domestic abuse on the lives of children and young people as well as the factors which create resilience. The notion that domestic abuse is not a life sentence perpetuating generations of violence needed to be a strong underlying message for both the women and children and young people's groups.

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84. Ibid.

85. bid.

86. Boyle, D., Coote, A., Sherwood, C., & Slay, J (2010) Right here, Right now - Taking co-production into the mainstream, NEF/NESTA.

87. Ibid.

2.36   The perspectives of children and young people, recognising their agency and ability to provide support for other young people through active participation provides a key driver for the development of the groupwork content and process for Cedar, while recognising the strengths and limitations of the groupwork process. As a form of strengths-based, peer-learning, groupwork programmes such as Cedar may be way of harnessing the power of learning with and from others, which recognises the strengths and capacities of participants. They offer the potential to bring children and mothers 'together in empathy' to strengthen both family and community relationships.

2.37   Alongside these understandings of the potential of the groupwork process, lie the developing research findings about patterns in the mother-child relationship which have been affected by domestic abuse. In relation to the Cedar pilot, these factors underline the significance of the initial referral and assessment for group and the link between quality of assessment and the resulting group experience for any individual child, mothers and for the group as a whole. In considering suitability of individual children and group dynamics, inevitably agencies select those children considered most likely to benefit and those thought to be able to participate in a group setting. Nevertheless, any intervention needs to be offered as a clear option with children and young people making their own decision about whether they wish to participate. It also suggests a need to pay attention to the adaptation of materials and activities to make them relevant to the context of the children's lives and suitable for different ages. In relation to mothers, the 'readiness to change' literature suggests the need to recognise that the agency approach alongside the woman's particular circumstances and relationship with her children will influence her ability to participate.

National and Local Outcomes: Positioning the Cedar Project

Understanding impact

2.38   Cedar has been delivered within a context where there is the potential to contribute to a wide range of cross-cutting outcomes and policy agendas, both nationally and locally. The stronger focus on outcomes in the policy context in the UK recognises the complexity of securing positive outcomes for children and young people that go beyond the gift of any single agency or service. This section illustrates how the Cedar pilot has fitted into the Scottish policy context concerned with the outcomes of public policy for children and families.

2.39   The search for a way of demonstrating the connections between important 'upstream' (preventative) contributions or interventions and downstream (remedial) goals is universal. It is a common desire to be

able to attribute long-term and far-reaching outcomes directly to a particular intervention, not least to influence decisions on funding. Given the complexity and wider systemic influences on outcomes for children and young people, this is an unobtainable and unrealistic goal. Like many interventions, Cedar is a short term, limited approach centred on a 12-week groupwork programme. Definitive attribution of long term and more far reaching outcomes to a specific short term individual intervention such as Cedar could not ever be demonstrated:

"The fact is that it is difficult - in some cases nigh on impossible - to quantify the impact of early intervention and support for children and families. It is hard to prove that if that support had not been given there would have been a poorer outcome or to demonstrate short term improvements where change may be generational. But existing evidence, not to mention professional judgement, human intuition and experience - and sheer common sense - can take us a very long way. Where data is gathered, or measurement does take place, we should be sure that it is relevant and contributes towards driving improvement. We need too to focus on the big picture."[88]

2.40 With this understanding, it is helpful to establish the immediate ground in which Cedar operates and the connections between the behaviours, actions and relationships which it can influence and the further impacts of the programme, into which many other tributary programmes and influences will flow. Figure 2.3 provides an impact map showing the different elements that form the Cedar intervention, including processes, activities, and prospective outcomes. Reach refers to the numbers, proportion and 'representativeness' of individuals who participate in the programme. Evidence in relation to these outputs and outcomes are reported in sections 4-6.

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88. Deacon, S (2011) op cit. p24.

Figure 2.3: Cedar Impact Map: the outcomes of earlier intervention

National (High Level & Long Term Outcome)

Our young people are successful learners, confident individuals, effective contributors and responsible citizens

We have improved the life chances for children, young people and families at risk.

Intermediate & longer term outcomes

Improved education outcomes for CYP

Improved physical & mental health outcomes for CYP & Mothers

Improved drugs & alcohol outcomes for CYP & Mothers

Improved public protection & community safety outcomes for CYP & Mothers & wider communities

Improved criminal justice outcomes

Improved social care and child protection outcomes

Safe Healthy
Achieving
Nurtured
Active
Respected
Responsible
Included

GIRFEC *Resilience and protective factors*

CYP have strengths and assets that enhance normal development under difficult conditions

Factors in the CYPs environment that act as buffers to the negative effect of adverse experience:

- Reduced risk of adverse events or trauma requiring more intensive interventions
- Mothers are more confident and effective parents in post-abuse situations
- Mothers have better access to protective resources

Protective Environment: Communication and sharing knowledge between agencies is more effective

Shorter term/prior outcomes: influenced by Cedar service provider

CYP have a greater understanding of domestic abuse

CYP have a greater knowledge of how to be safe

CYP are more able to manage their emotions & their actions

Mother-Child Relationships are more positive

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

Mothers have greater knowledge of how to keep CYP safe and have support

Partner agencies better understand the complexity of domestic abuse and its impact on children and young people

Outputs

Reach

Agencies make referrals to Cedar groupwork

CYP attend Cedar groupwork programme

Mothers attend Cedar groupwork programme

Mothers are supported outwith a Cedar group

Referral & support agencies provide staff to deliver groupwork

Referral to other specialist services

Activities

Risk & Readiness assessment process

Outcomes for children, young people and mothers

2.41   As a result of the Cedar programme, it was expected that children and young people who have experienced domestic abuse would develop a greater understanding of the nature of the abuse and its effects on them, for example, to learn that domestic abuse is not their fault. Children and young people should develop a greater knowledge of safe behaviour and greater ability to manage their emotions and their actions in response to domestic abuse. Mothers were also expected to develop a greater understanding of domestic abuse and the impact for children, and importantly, it was expected that these new understandings would have a positive impact on relationships between mothers and children, crucial for the long term sustainability of the learning or legacy of Cedar groups.

Outcomes for agencies

2.42   The delivery of the groupwork programme piloted in Scotland was based on a co-facilitation model, drawing in facilitators from a wide range of agencies to work with the Cedar Co-ordinators in running groups, as well as receiving referrals from local agencies. This approach was expected to improve communication and the sharing of knowledge between agencies and over time to show a demonstrable educative and catalytic effect on wider inter-agency understandings of the impact of domestic abuse, particularly for children and young people. The impact map shows onward prospective outcomes for agencies that should benefit from developing a greater appreciation of the complexity of domestic abuse and its impact on children and young people, improved communication and sharing of knowledge. Overtime, this should also have a positive feedback effect on incoming referrals.

Demonstrating medium and longer term impact

2.43   The impact map illustrates a number of positive inter-dependent and mutually reinforcing processes and outcomes that move children and young people from a position of adversity and vulnerability to resilience and a more protective family and support environment. It also shows further onward and multiple impacts; initially those expressed in terms of the eight GIRFEC Well-being Indicators which capture the basic requirements for all children and young people to grow and develop to reach their full potential. These go beyond the immediate influence of any single agency or service, but towards which Cedar outcomes are likely to make an important contribution.

2.44   Further 'downstream' outcomes may be expected in a number of cross-cutting areas including educational attainment, physical and mental health, drugs and alcohol, public protection and community safety, criminal justice

and social care and child protection. At the local authority level, Cedar has a part to play in the achievement of local outcomes and targets, alongside other policy areas and agendas from across the 'whole system', particularly early years, educational and community safety agendas. National level outcomes will reflect the combined results of delivering a range of actions, programmes and services by statutory bodies, third sector organisations and partnerships.

2.45 Figure 2.3 shows these positive inter-dependent and mutually reinforcing processes and outcomes. Together, they should enhance the resilience of children, young people and their mothers and create a more protective environment. Children should have greater knowledge and understanding to make sense of their experience and practical strategies if domestic abuse occurs again. The successful achievement of these outcomes does not necessarily reduce the risk of domestic abuse occurring.[89] However, if mothers are more confident and effective parents in post-abuse situations and have better access to support resources, the risk of adverse events or trauma requiring more intensive interventions should be lessened.

2.46 Whilst the establishment of the counter-factual scenario, or what would have happened without the intervention, is conceptually, practically and ethically difficult, the interviews in 2010 did ask mothers about their views of the medium and long-term prospects for their children and themselves. This is discussed more fully in section 5. The interim evaluation report was called 'Through the Eyes of a Bairn'; this quoted a mother in describing how Cedar brought about transformational changes in her way of thinking and concrete changes Cedar had brought about in her parenting. This kind of insight, empathy and reframing might provide the best chance that both children and mothers will be able to sustain the learning from groups after the end of 12 weeks and set them on the right pathway for the longer-term outcomes.

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

3. Cedar referral, assessment and groupwork processes

3.1   This section discusses referral, assessment and groupwork processes, including group volumes, participation and completion. It highlights evidence from the on-going monitoring process of groupwork participation and completion, discussions at Local Advisory Groups, the Co-ordinators' action research hub, and Exchange Events.[90] Monitoring data has been a vital source of on-going intelligence for the Cedar programme and was discussed in the evaluation process to allow a comparison of experiences and sharing of learning across different areas. Referral data is reported below, alongside evidence about the assessment process from the hub discussions and the views of the assessment and groupwork process of children, young people and mothers from the interviews in 2009 and 2010. Discussion of group volumes, participation and completion provides important context for the discussion of the outcomes for children, young people and mothers reported in section 4 and 5.

3.2   Children were normally referred to a Cedar group by professionals from a variety of agencies, including teachers, social workers, the Police, Women's Aid or other voluntary or third sector staff. This was usually because they were exhibiting problematic or worrying behaviours or because their mother had expressed a concern for their welfare. Self-referrals were also made directly to the pilots through general publicity or after a sibling had been referred or completed an earlier group. Given the life experiences of many of the women and children attending Cedar and what may or may not already be revealed about the extent of child maltreatment and domestic abuse in their histories, the way referrals were responded to and how assessments were conducted was found to be of paramount importance to secure engagement.

Referral processes

Volume and sources of referrals

3.3   There were a total of 499 referrals of children and young people to the three Cedar pilots to the end of March 2011. In the context of highlighting a previously 'hidden need' whether this volume is higher or lower than expected is a moot point. Referral volumes and sources

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90. Details of the methods used are included in Appendix 2.

will reflect the complex interplay of existing relationships, attitudes and understandings of the nature and impact of domestic abuse on children, as well as operational practices, different histories of partnership working, geographies and service structures adopted by the different pilots. This data was reported to each of the Local Advisory Groups (LAGs) on an on-going basis and prompted useful discussions about lessons in generating more referrals and links with new referral agencies.

3.4   The pilots reported that most referrals were appropriate, although referral agencies did not always have a good sense of how well a child was likely to manage in a group setting. The reasons why a referral may not have been appropriate included: the child had no memory of the abuse; the abuse was too recent; the child was not 'ready' for group; or the child had substantial learning difficulties and behavioural problems such that it would be more appropriate to refer them elsewhere, perhaps for individual support.

Figure 3.1: Sources of referrals by pilot area: All referrals to end March 2011
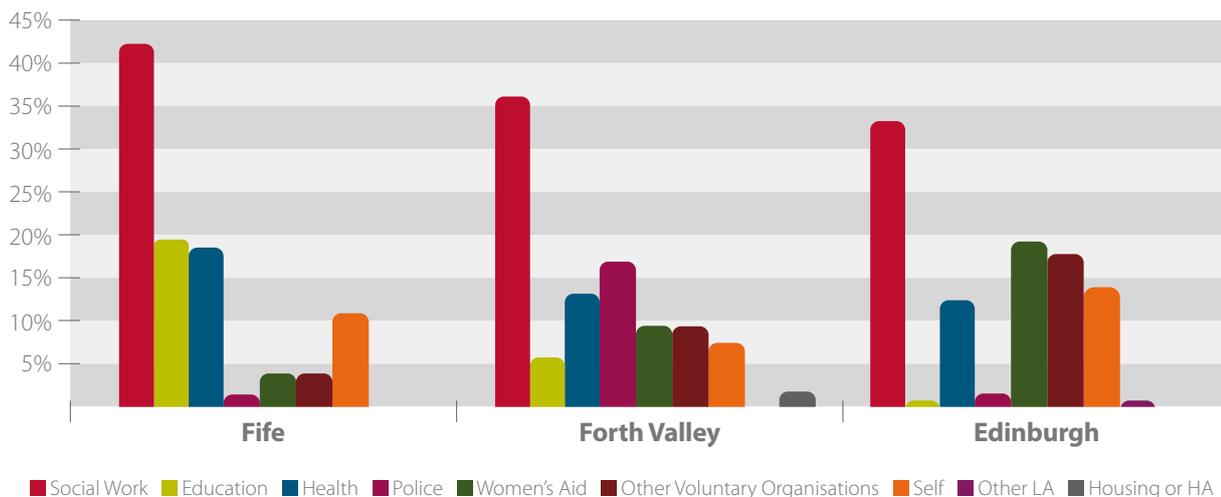
3.5   Figure 3.1 shows the distinctive and different patterns of referrals in the different areas. Fife had the highest volume of referrals whilst referrals in Forth Valley took time to establish similar volumes to the other areas. Final volumes to some extent reflect operational factors in the last six months of the pilot.[91] Notably the largest group of referrals in all three areas came from social work agencies. This included children and families social work, and specialist services that work with perpetrators or focus on youth offending. For example, in Fife most referrals came from the three statutory agencies of social work, education and health. About a fifth of referrals

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91. These included staffing difficulties, disruption caused by poor weather and delay to groupwork and uncertainty about continued funding.

in Fife were from schools and educational sources, including Integrated Community Schools.[92] The Family Protection Unit in Fife works with both Police and Social Work domestic abuse staff, so referrals were categorised as social work, rather than Police. The Edinburgh pilot received many more referrals from the voluntary sector, including Women's Aid, and had more self-referrals. In Forth Valley, referrals from the Police were far more significant than elsewhere.

3.6 A sufficiently large pool of referrals was needed to enable Coordinators to put together groups of a suitable mix and size, including factors such as age, gender and complexity of needs. Referral source also had implications for the ability to provide on-going and onward support; agencies such as the Police are likely to be signposting people to the groups and have no further role. Other agencies are likely to be in a better position to maintain a relationship with the family, during and after groupwork where this is appropriate.

3.7 Referral volumes and sources signal the importance of forging proactive referral relationships with a variety of agencies. They reflect the current context of existing relationships, attitudes and understandings of the nature and impact of domestic abuse on children and young people amongst partner agencies and women experiencing domestic abuse themselves. Unvoiced or tacit understandings and values act as hidden barriers and raise issues for referral and assessment practice. Professionals may express a lack of understanding about the position of the mothers, but amongst professionals and mothers alike, long-held perceptions and knowledge gaps or misunderstandings about the impact of domestic abuse on children and young people may be a barrier to referral (or group take up). For example, it may be (erroneously) thought that babies and toddlers are too young to be affected by domestic abuse, children are unaffected if they did not see or hear the abuse, or that by the time children become teenagers it's too late to help them.

3.8 The LAGs discussed the issues which arise from highlighting a previously 'hidden need'; for example, initially there were some fears expressed that a strong proactive approach might generate too large a volume of referrals which pilots would not be able to accommodate. The pilots found that longer forward scheduling of groups for particular ages for the year ahead was a useful strategy to manage expectations about what would be available and when, perhaps for different siblings, and would allow families to build this into their own plans.

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92. These focus on family support and engagement to help parents and carers support their child through early intervention and preventative work.

Age and gender of referrals

3.9   The age of children referred varied from three years to seventeen years.[93] Overall, 6% of referrals have been of under-fives, 41% have been children between the ages of 5-8 years, 36% between 9-12 years, 15% aged 13-15 years and 1% 16-17 years old. Figure 3.2 shows the number of referrals by age and gender for all pilot areas.

Figure 3.2: Numbers of referrals by age and gender: all pilot areas, to March 2011
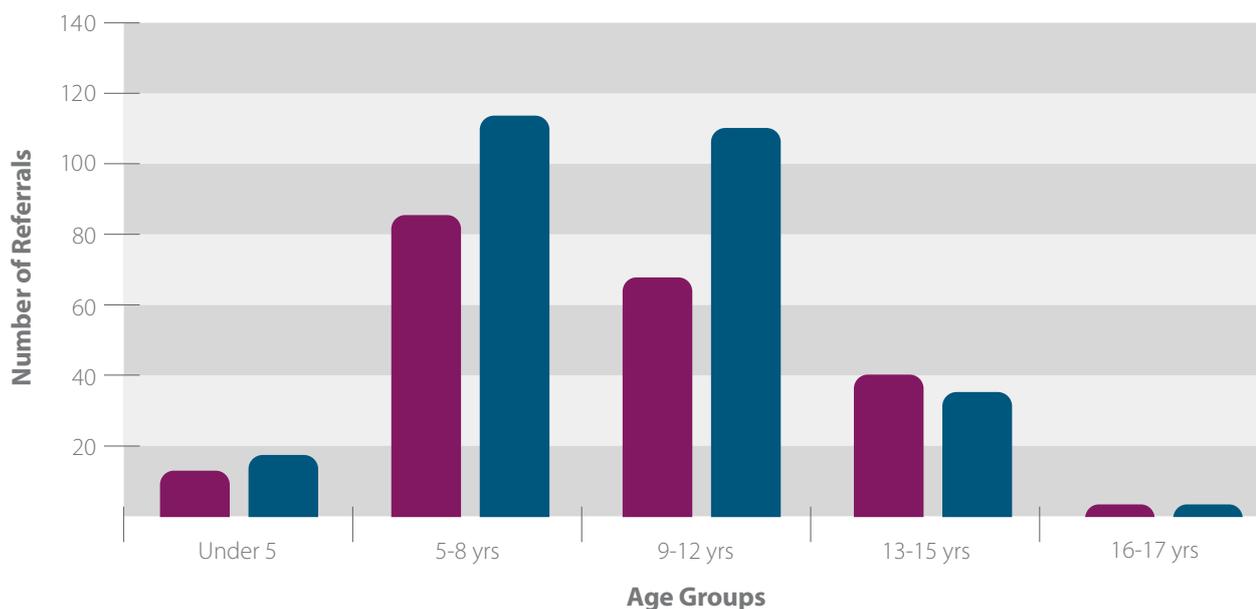
3.10   Overall, 57% of referrals have been boys. This pattern was consistent across the three areas and over time. The ratio of boys:girls was similar amongst both referrals and also those who joined a group. There were no consistent distinctive patterns of referrals related to age and gender (together) among the three pilot areas. The Cedar manual recommends that no group should have less than three children of the same gender.[94]

3.11   Discussion of gender in referral in LAGs and the Cedar coordinators 'hub' raised some interesting issues and assumptions about gendered behaviours, based on the experience of the Cedar coordinators and other LAG members. These factors were part of the complex mix of reasoning and decisions about whether to make a referral and about how to proceed in assessment visits. The Cedar pilots encountered fears about a potential 'cycle of violence' by children, mothers and professionals. Coordinators

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93. The same age range is reflected amongst group participants.

94. Three is suggested to address isolation, so that in the absence of one, the other two of the same gender would be able to pair up. Gender is considered less important in younger groups. The manual reports that coeducational groups of adolescents are noted to have been successful in addressing gender related issues.

were aware of the risk that boys may be more likely to be noticed and referred by their mothers or professionals, if they act out behaviours and are more disruptive. They were aware that quieter, less disruptive children may get overlooked and reported that some children were surprised and pleased that they had been the first in their family to attend a group. They also encountered some boys who were exhibiting violence towards their mothers. These issues are complex and may be as much to do with an individual child's reactions to adversity as gender. Disruptive and more withdrawn, or internalising, behaviours also presented issues for the management of group processes and dynamics as they affected the individual child and the group as a whole.

Ethnicity of referrals

3.12   In relation to ethnicity, overall 93.4% of referrals have been of 'White British' ethnicity, a slightly lower proportion than the population of the five local authority areas in which the pilot has operated.[95] Although numbers were small, only Fife and Forth Valley had any referrals that were not 'White British', despite their less diverse population than Edinburgh. Despite acknowledgement of the needs of children and young people from minority ethnic communities, no referrals to any of the pilots came from specialist agencies that work with black and minority ethnic groups.

Language and communication difficulties

3.13   Most group participants, both children and mothers, had English as their first language although there were some who did not speak English fluently. Other support may be required for a child or mother who has language or communication difficulties to enable them to participate fully in the group.

Special or additional support needs of children

3.14   Figure 3.3 shows that a minority of group participants had any additional support needs over and above those due to the domestic abuse itself.[96] These included learning difficulties and Attention Deficit Hyperactivity Disorder (ADHD). A small number of children in groups were on the Child Protection register, were 'looked after' or 'looked after and accommodated'.[97]

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95. Whilst strict comparisons are difficult, 2001 Census figures for the five local authority areas indicate that 98.33% of households are White British ethnicity.

96. This data may reflect differences in recording conventions.

97. In Scotland, the term 'looked-after' replaced the previous term, 'in care'. The term refers to the legal status of children under the age of 18 who have formally come under the supervision of the local authority. Looked after children do not necessarily live away from their family. A child that can no longer be looked after by the family and are in a children's home, residential school or a foster placement, is referred to as 'looked after and accommodated'.

Figure 3.3: Additional support or special needs: all children in groups to March 2011

	Has additional support needs	On Child Protection register	Looked after child	Looked after & accomm- odated	Total CYP in groups
Edinburgh	1	2	0	2	83
Fife	17	7	6	5	78
Forth Valley	30	5	3	2	58
Total	48	14	9	9	219
%	22%	6%	4%	4%	100%

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

Assessment processes

Assessment: children's and mothers' appropriateness and readiness for group

3.15   Assessment practice was a strong theme within the Coordinators' action research hub. The assessment process for group entry was essential to determine the child's appropriateness for group. The initial contact was about engaging positively with mothers and children, explaining the role of the group for and to the child and encouraging both the child and their mother to participate in a group, where appropriate. Coordinators undertook a risk assessment which related to the continuing risk presented by the perpetrator. A child must have been able to acknowledge the abuse and be ready to talk about it. The assessment visit may have been a child's first opportunity to talk about their experience. There was a need for a balance to be struck between conveying and gathering information and giving the child time to talk.

3.16   The coordinators usually undertook an initial joint assessment home visit, with a further visit by the children's group coordinator. One pilot tested the approach of inviting families into the groupwork venue for assessment, partly as a way of handling the workload implications of home visits.

3.17   As the pilots proceeded, Coordinators found that they needed to strengthen the focus of the assessment process to consider children and mothers' ability to function within a group context.[98] A sensitive appraisal of the additional needs of some disabled children, for example, hearing loss, impaired speech or language delay, was needed to ensure that appropriate support or adaptations would allow children to take part.

98. One approach was to ask schools for their view about the ability of a child to take part in groups. Fife noted that this was a particular issue with boys of 9-11 years old.

3.18 For over eight in ten children and young people who joined a group, at least one of the perpetrators of domestic abuse was their father.[99] In four out of ten cases, the child had contact with the perpetrator, which may present an elevated risk. Within the Coordinators' action research hub there was some discussion about the desirability of including current partners in the assessment. Further discussion of assessment protocols is included in Part 1 of the Cedar Toolkit.

Children's views of assessment

3.19 Children and young people acknowledged that they had a degree of choice about attending a Cedar group; and teenagers, in particular, were able to articulate their right to express their choice about going to Cedar very clearly. Some younger children did sense adult pressure to join with a small minority saying that they hadn't had a say in going to Cedar. However it is important to stress that even these children were 'ready for' Cedar and the assessment process persuaded them to try the programme out. They just needed to be offered a place:

"I wanted to go anyway. They were asking me. Do you really want to do this? And I was like, Yeah, of course I do, it seems quite interesting."
(Iain, aged 11 years)

" ... We [my Mum and I] just got to boiling point and we just wanted to get it all sorted out then. So I'm glad it came when it came."
(Brianna, aged 14 years)

3.20 Concerns about going to group varied from talking about what had happened in their family and to them as individuals in a group setting; other children not listening; and that there might be homework. One young person added: "I was feeling nervous. Yes, obviously. But it's something normal." This understandable human response from children also needs to be borne in mind in these early stages. Crucially, any fears that children and young people did have were quickly dispelled when they started attending a Cedar group. Some children expressed their surprise that they liked it.

Mothers' views of assessment

3.21 The assessment process centres on the needs of the child. The Cedar manual states that the Mothers' Group is there to provide mothers with information about their child's participation in group. It states that it

99. In some cases, domestic abuse had also been perpetrated by another partner of their mother.

is not a survivors' group and women are not expected to disclose and share personal experiences. However in reality, an acknowledgment of a mother's needs, especially if she herself has experienced abuse in childhood, may need to be considered separately from those of her child.

3.22   Mothers also reported very favourably on the assessment process for Cedar - that it was done 'with' them and not 'to' them. The coordinators showed considerable skill in the genuine, non-judgemental way which in which they engaged with mothers; this enabled group members to feel comfortable, listened to and able to make choices for themselves. Mothers had similar reservations about joining a group to children, and made some interesting observations about the journeys they had travelled from initial defensiveness to really appreciating the value of the project to help more mothers and children:

"The whole thing surprised me because I was quite negative at first … I mean I knew the workers, the workers came out for the visit, everything went fine but I still had it in the back of my head it's going to be one of those domestic violence groups sort of thing. I was really reserved, I really, really was … "
(Lorraine)

". . They weren't pushy at all. We were given an option whether we wanted to go or not, we didn't need to go … To be fair, there's not that many people that realise [about] domestic abuse … when the Cedar project came along, they really do understand what you're going through. I think maybe people should know a lot about it. Because they're really helpful. Very much so".
(Mairi)

3.23   Other women thought it might be like a TV confessional show, and one woman thought there would be tests. It is important to add that mothers, having received the service, were unequivocal when it came to recommending Cedar to a friend or someone who might need help. Whilst the written leaflets about Cedar were considered helpful, for many it was the coordinators' visit and ability to engage them and their child which had made the real difference to attending group:

"[The assessment was] done with me, very much. I found [women's co-ordinator] very aware of the words ... she was very much letting me feel at ease and it was my choice if I wanted to come. Even after she told me all the information, it was my choice if at any stage I didn't want to do this, it was my choice and she made that really clear".
(Catriona)

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

Lessons about readiness and capacity for group

3.24   In relation to women's own participation in a group, the pilots found it is difficult to separate out women's needs as mothers from their own needs as women experiencing domestic abuse recovery. This is not altogether surprising; a programme like Cedar can trigger, perhaps for the first time, reflection on a woman's own childhood and adolescence. The participants at the final Exchange Event talked about how Cedar can open up a 'can of worms' for mothers; not necessarily as a negative development as long as the right kind of support is available.

3.25   One mother who was interviewed in 2009 withdrew after one session simply because she could not cope with the subject matter and the intensity of talking about her own and other women's lives:

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

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

3.27   In any group assumptions will be made, and not necessarily shared, about what is the 'norm' within that group. The women in the 2009 sample, who were less comfortable or more critical of the group, were dealing with complex abuse scenarios which may not have been easy to talk about in a group for fear of being judged or talked about. Despite these issues, all the mothers interviewed across both years were positive about the project as a whole, including Beth, who withdrew early on from group: "I wouldn't put people off that just because I didn't feel comfy in that situation."

3.28   Three mothers described marked benefits from participating in a further mothers' group such as increased confidence and more reflective learning about themselves and their lives. Most importantly, their children had also really benefitted.

3.29   A mother who was back living with the abusive father of her three children while she and her daughter were attending Cedar groups reported that the children's father had felt isolated. Despite reading his partner's folder, the father found his child's disturbed behaviour immediately after Cedar very hard to deal with:

"Dad's felt very isolated that everything regarding Carla in support and help's for me, it's not for him. Dad's a productive Dad, he wants to do things. He's very hands-on. He's a fantastic dad. He's trying as much as I am to find a resolution to some of the problems ... But there doesn't seem to be as much support for Dad as a Dad as there is for me as a Mum. And Dad felt very isolated for that."
(Angela)

3.30   Angela added she "didn't feel it was difficult" in the group because her circumstances were similar to two other women's. These examples illustrate the complexities of relationships and suggest that circumstances may not have been revealed at assessment or may have changed after the assessment for group was completed.

3.31   The 'Mother's readiness and capacity for group' story of practice below illustrates many of the issues which touch on mother's own memories and histories, fears and fantasies about what a group will be like, mental health issues and the timeliness and motivations to change.

Story 1: Mother's readiness and capacity for group[100]

My name is Marie. I've got three children, all girls aged 11, 10 and 8. The youngest is withdrawn and wouldn't go out anywhere without me or her sisters; she never mixes with other kids in our neighbourhood. My two older girls have been to Cedar - different groups - and I'm hoping there's going to be a place soon for Danielle. Danielle's a bit out on a limb now because although she's withdrawn 99% of the time she can fly off the handle sometimes with no warning - like the anger thermometer exploding! The older girls are doing really well now. They both have much more confidence and don't fight as much with me and amongst themselves.

My Mum died when I was three and my Dad just left us to fend for ourselves really. I guess you could say we were neglected - well I'd say that now. Cedar helped me to begin parenting my kids much better. Funny to say it but I found doing things with my hands, like the play-doh helped me to open up in the group. I really like those feelings cards too.

I was so nervous about joining the Cedar group ... thought 'God, it's going to be one of these man hating things!', but it's not. I really gave the workers from Cedar a hard time when they came here to see me. I decided to go to Cedar for my oldest girl, because she still blamed me, but then it gave me something as well and it helped us all. I've had praise for how my kids have turned out, but I know there's underlying issues in my children that are hurting them especially now with Danielle, my youngest, but Cedar has helped me begin dealing with it. I really hope I can get her to a group very soon.

I'm the only one left in my family now; my brother and sister both died last year and I was given diazepam. After I was assessed for Cedar I asked if I could go back on them again but it got out of hand this time. I was going to that group and nobody even knew I was on them, because I'd got to the point where I'd felt normal on them. Towards the end of the group I told them about it though, and I've managed to wean myself off them now but it was an uphill struggle. I'm certain that without Cedar my depression would have got worse.

I'm also on the waiting list now to get trauma treatment for issues from my childhood so Hayley, the women's co-ordinator has been really great. I just feel I need that wee bit more support - Cedar did open up a bit of a 'can of worms' for me. It was the session on sexual abuse that did it for me; I sensed a couple of the other Mums found that really hard too but they didn't say anything. I guess I'd tried to bury things from my past, but that session brought it all back.

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100. This is the first of a series of nine stories of practice. They are composite stories based on themes from across many of the narrative sources available. Fuller details are provided in Appendix 2.

Co-ordinators' views of assessment

3.32   The 'Assessment Story of Practice' considers the assessment process from the Coordinator's viewpoint and illustrates the challenges of conducting assessments and the difficult contexts in which they sometimes take place. The issues raised in the story highlight the need for good supervision and support and a chance to reflect on complex and emotionally challenging practice scenarios, which may raise previously unidentified risks of harm to a child. Assessment is time consuming and demanding, yet is the crucial first encounter with Cedar.

Story 2: Assessment Story of Practice

I'm a Womens Group Co-ordinator and I've been working on the Cedar project since it started. My story is about an assessment visit. Our approach is to see the child twice and the mother once or sometimes twice as well.

It's been quite a struggle to fit them all in - and this visit was at the end of a busy day running a group and handling some office work. It took us half an hour to find the right address. At first it looked like there was no-one in, but it turned out the TV was on and they didn't hear the bell. You never know what to expect on these visits. At least there wasn't a vicious dog on this occasion. It was pretty chaotic though; I had to ask if we could go and sit in the kitchen because there were a couple of guys stretched out on a sofa bed watching TV and drinking beers and one kept staring at me. My colleague had to sit on the stairs to talk with the boy.

The Mother was a bit sceptical about the idea of a group. She said to me that she'd always preferred to keep the social services out of her business. The referral had been made by the school. I told her what other Mums had said about Cedar and she seemed a bit more interested after that and the conversation improved. I have to admit I felt very uncomfortable ... wasn't sure who those guys on the sofa bed were. It didn't seem like a particularly ideal set-up. The young boy has ADHD. I couldn't help but think it can't be easy for him living there. Of course, I've seen things like this before and I know it's easy to overlook issues or to rush to judgement. But I've also seen children from very challenging backgrounds do well in Cedar groups. I kept thinking 'it's everyone's job to make sure I'm alright' and wondering whether I should be delving a bit deeper.

I made it very clear that whether they came to group was down to them. It's quite hard to convey the group atmosphere, but it seems to work best to be straightforward with folk ... I pretty much said 'take it or leave it' but I made it clear it should be a joint decision with her son.

Anyway, they did decide to come along - apparently her son was quite keen and that seemed to tip her into saying OK. To cut a long story short, they

both completed a group about 4 months later. It wasn't straightforward though: a few issues did come to light during the group itself and we were able to secure some extra support for the family. But actually they both seemed to get a great deal from the group.

We're still doing assessments at home. It still takes ages and we struggle to fit it all in. I know that one pilot is inviting mothers and children to the venue where the groups are held, whilst we're still doing home visits. It makes you wonder if it's the best use of our time.

3.33 Coordinators found assessments in many ways more demanding to manage than groupwork - not least because there was less structure and appointments were often cancelled. They viewed the assessment process as essential to enabling them to make a decision about suitability for group and also which age group a child may be better suited to, depending on maturity. With experience, they learnt to be 'more paced' about doing assessments, to keep a 'fresh-head' and remain family-centred. Coordinators acknowledged the complexity and the emotional impact of the process on themselves and found that it was essential to be able to stand back and reflect on their practice. They used the hub to hypothesise about different aspects of the assessment process including possible child protection issues; and consider what a Coordinator's role and responsibilities might be in relation to other early intervention or child protection professionals.

Groupwork volumes, participation and completion

3.34 This section provides evidence about the outputs of the assessment process in the three pilot areas through discussion of groupwork volumes, participation and completion and provides further context for the discussion of outcomes in sections 4 and 5.

Groupwork volumes

3.35 Figure 3.4 shows that between January 2009 and the end of March 2011, there were a total of 39 groups for children and young people and 26 for mothers completed across the three areas.

Figure 3.4: Total number of groups for Cedar pilots, to March 2011

	Edinburgh	Fife	Forth Valley	Totals
CYP - No of groups	14	14	11	39
Mothers - No of groups	9	10	7	26

Source: monitoring data, all groups to March 2011

3.36 The volume of groups was well below the numbers originally envisaged during the pilot period, which in hindsight were rather ambitious.[101] The programme took much more time to recruit staff and become established and the first groups did not start until January 2009. The pilots found that attempting to run more than three children's groups a week was not sustainable, if the Children's coordinator was to be in every group. The actual staff-child ratio to date has varied from 3:3 to 3:8. This is a high staff: children ratio, but is also a means of providing on-the-job training. Some groups were disrupted by poor weather during the winter and staff absence. Whilst there were differences across the areas, due to different volumes of referrals and other local factors discussed above, the workload implications of managing referrals, assessments and groupwork were severely underestimated.

Participation and completion of groups

3.37 Figure 3.5 shows that overall 219 children and young people were recruited across the three areas to groups and 191 children and young people completed groups.

Figure 3.5: Numbers in groups by area, March 2011

	CYP No in group-at start	CYP with a Mother in Group at start	CYP with a Mother not in any group	CYP in group at end
Edinburgh	83	64	19	73
Fife	78	53	20	67
Forth Valley	58	39	12	51
Total	219	156	51	191

Source: monitoring data, all groups to March 2011

3.38 Initial group size ranged from three to eight children or young people, with an average of 5.6.[102] Mothers' groups have ranged in size from two to 14. Average waiting times from the date of referral to groups start date for children and young people were between 17-22 weeks. The significance of such a wait depended on the ability of the Coordinators to schedule groups well in advance, inform people when their group will happen and manage the workload implications of maintaining a waiting list. For most mothers interviewed, this was not an issue and for some accessing a group happened very quickly after assessment.

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101. This was anticipated to be five children's groups a term alongside two mothers groups, after the first round of groups had been completed to give a total of 99 CYP groups and 39 mothers groups over the full pilot period.

102. Average group size at the end was 4.9.

3.39 Figure 3.6 shows participation and completion rates across all areas. Almost nine in ten children and young people that started a group completed it and this figure was consistently high across all three pilot areas; Cedar LAG members and others have suggested that this is a very high retention rate for groupwork of this kind. There was no relationship between age, gender or additional needs and completion of a group. Moreover, of the fifteen children and young people in group who were on the Child Protection register, 13 completed group, a rate of 87%, the same rate as for children not on the register.[103]

Figure 3.6: Participation and completion rates: all areas, March 2011

- ■ % of all CYP who completed group
- ■ % of all CYP with Mother in group at start
- ■ % of all CYP with Mother in group at start, where both completed
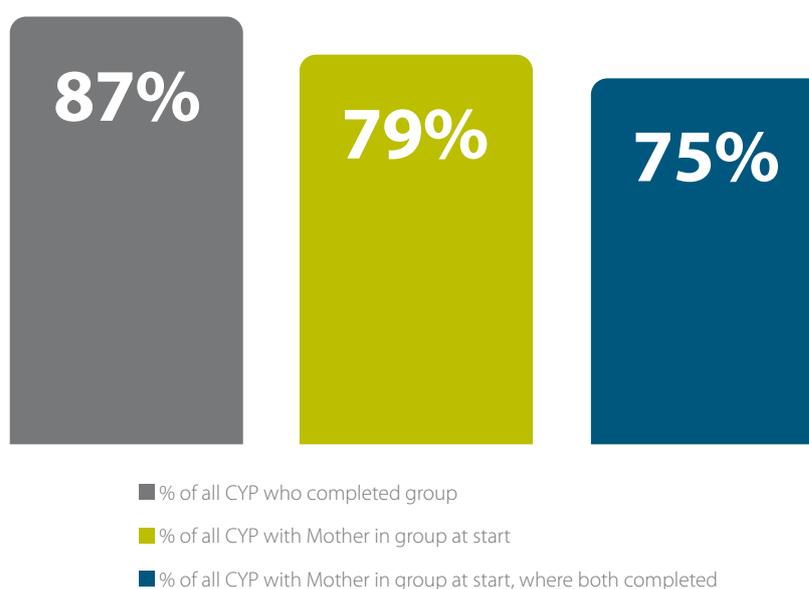
Source: monitoring data, all groups to March 2011

3.40 Of the 39 children and young people's groups, 18 retained all the children in the group to the end. A small number of children did not finish their group because of decisions taken that it was not appropriate for them at that time or their family circumstances had changed. One Edinburgh group of 4-5 year olds was abandoned in week six after a series of logistical issues which meant it was difficult to maintain continuity. However the group had a formal ending and the children took away a scrapbook of their work.

3.41 Nearly eight in ten children and young people had a mother who joined a mothers' group at the start, either concurrently or alongside a sibling. Mother's initial participation in a group has varied across the three pilot areas and was slightly higher in Forth Valley. The age range of mothers in group varied from 24-52 years old.
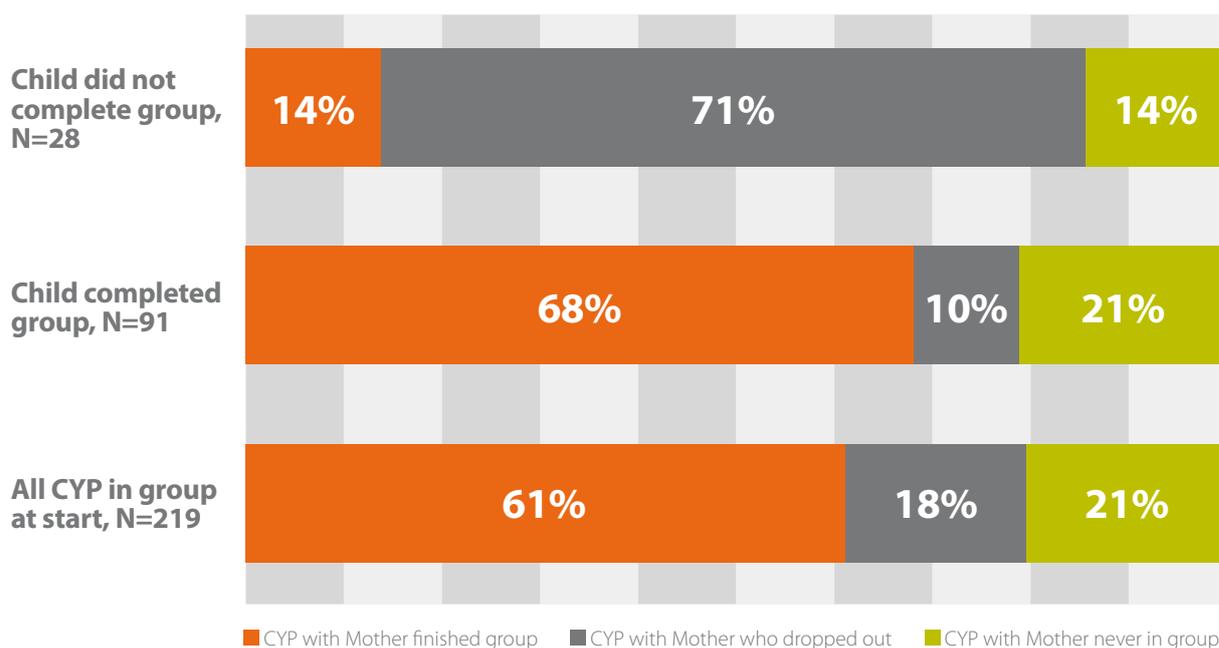
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103. Although slightly more children with identified additional needs did not complete group, there was no statistical relationship (p=0.334).

3.42   Reasons for initial non-participation of mothers in groups include an assessment that a group environment was not appropriate in an individual case because of drug dependency; in some cases, the coordinators took the view that the mothers were too traumatised and had not had sufficient time to process their experience. Some mothers were not able to attend due to work and other family commitments. Coordinators found that not all mothers feel comfortable in a group setting and there may also be other issues which may compromise the group experience for the other participants. Some mothers had been violent themselves and this, and other situations, may present a real challenge to the maintenance of positive group relationships and confidentiality. There was a shift in practice over time as the pilots began to think more about the 'readiness' of a mother to participate in a group herself, whilst not compromising the ability of the child to attend a group if they wished.

3.43   Overall for three-quarters of children and young people, whose Mother was initially in a group, both they and their mother completed group. Despite initial higher participation rates, mothers were less likely to complete a mothers' group in Forth Valley than any other area; it must be noted that these figures are affected by the decision to end the first mother's group early due to non-attendance and other difficulties. Reasons for drop-out of mothers were varied and included changes in family and personal circumstances that made it difficult to continue; a more general inability to engage with the group and personal inclinations; one mother said that the group was "too American" for her, although she was happy for her children to continue in group.

3.44   Figure 3.7 shows that for just over a fifth of all children, their mothers were never in a group. This proportion is the same for those children that completed group, suggesting that there is no association between a mother never being in a group and the completion rates for children.[104] Despite these similar rates of group completion, there is a strong sense amongst facilitators that children do qualitatively better if their mothers do attend a group and this is discussed in more detail in section 6.

104. p=.097

Figure 3.7: The relationship between group completion for children and young people and their mothers, all areas, March 2011

	CYP with Mother finished group	CYP with Mother who dropped out	CYP with Mother never in group
Child did not complete group, N=28	14%	71%	14%
Child completed group, N=91	68%	10%	21%
All CYP in group at start, N=219	61%	18%	21%

■ CYP with Mother finished group   ■ CYP with Mother who dropped out   ■ CYP with Mother never in group

Source: monitoring data, all groups to March 2011

3.45   Figure 3.7 also shows that of those children who did not complete a group, 71% had a mother who also did not complete a group. Whilst there was an association between the drop-out of mothers and children, (as might be expected due to changes in family circumstances for example) where mothers did drop out of their group, this did not necessarily jeopardise the completion of groups for all children; overall, half of the children still went on to complete their group.[105]

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105. 40 children had a mother who dropped out. 20 went on to complete their own group. The total number of mothers (individuals) who dropped out is less as some had more than one child in group. Whilst sub-group numbers are small, the mutual drop-out from group of children and mothers was more common in Edinburgh and Forth Valley, than in Fife; in the latter case, more mothers went on to complete their group or were never in a group to start with.

Discussion and summary of key lessons for referrals, assessments, groupwork participation and completion

3.46   There are clear relationships between the quantity of referrals, the assessment process and the number, size and quality of groups; all these factors affected the rates of participation, the overall completion rates for children, young people and mothers and the quality of the outcomes achieved.

Generating referrals through multi-agency partnership working

3.47   The volume of referrals suggests that there has been both a need (children meeting the eligibility criteria) and demand (engagement with Cedar) for a service to meet the needs of children and young people experiencing recovery from domestic abuse. A sufficiently large pool of referrals is needed to enable Coordinators to put together groups of a suitable mix and size, including factors such as age, gender, diversity and complexity of needs. This brings challenges for managing continuing inward referrals and group scheduling.

3.48   Any new programme or approach has a certain amount of promotional work to do to 'get it on the radar' of the appropriate agencies and generate sufficient and suitable referrals. Referral volumes in part must reflect the challenges of publicising the programme, which will depend to some extent on existing relationships and networks. But, publicity is not the only challenge to a programme of this nature. The Cedar pilots faced a number of attitudinal challenges which showed the complexities of where any Cedar programme might sit or be seen to sit, within the range of service provision. Cedar was often addressing previously hidden needs; some professionals felt that these were not sufficiently serious to cross the 'threshold' for intervention. It was noted that there could be 'ambivalence' in some agencies because the work was seen as an 'early intervention' or not for particular groups of children; and in a tight financial and regulatory climate there may be other pressures which may influence perceived priorities for services.

3.49   The boundaries between preventative and crisis interventions are not clear-cut; there is evidence from the pilots of the value of Cedar in helping children understand and process their experience which has been cited in child protection case conferences. The need to do more to support children with lower level needs below the 'thresholds' for crisis interventions had also been noted in a recent social work inspection in Edinburgh, underlining the place of Cedar within wider social work provision.

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106. The introduction and roll-out of routine enquiry about domestic abuse across a range of NHS Scotland health services is another priority area of the National Delivery Plan. The priority settings are mental health, maternity, addictions, sexual & reproductive health, A&E, and primary care.

3.50   Greater awareness of the scale of and impact of domestic abuse on babies, children and young people and the introduction of routine enquiry in health care settings, are likely to generate more referrals to programmes of this kind.[106] Such 'additional needs' are not likely to be an attractive prospect for statutory authorities unless this recovery-focused work is seen as a solution rather than a burden. Cedar should have a place within wider social work provision and be integrated into existing services as 'a way of working', such as multi-agency teams and pre-existing partnership models of service delivery.

Extending the reach of the programme

3.51   The pilot illustrated some of the knowledge and attitudinal barriers to referral. The success of the approach depends on the existence of good referral relationships with a variety of agencies. The extension of the 'reach' of the groupwork programme was a strong challenge to the Cedar pilot, highlighted in the interim report. There was some limited use of co-facilitators from specialist agencies and their advice was that if single gender groups and appropriate food were available, Cedar should be able to meet the needs of minority ethnic communities living in Scotland.[107]

3.52   The Forth Valley pilot was working across a large geographical area and was keen to test out the use of Cedar in a rural setting, however they had no referrals at all from the more rural north-west of the area. The LAG did initiate some local rural publicity to address this issue. Fife also has some rural communities but found that most referrals were not from rural areas and that distance was not a deterrent as families were willing to travel to groups in the main towns.

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

Initial assessment as engagement

3.54   The Cedar pilot has demonstrated the value of the initial assessment as a form of engagement. The high initial participation rates for mothers in groups alongside their children, is a testament to the quality of the initial

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107. Towards the end of the pilot, co-facilitators from specialist agencies that work with minority ethnic communities attended training for Cedar and were expected to start to make referrals to the on-going programme.

assessment process. Children's and mothers' views of the assessment process were consistently positive. The process was a good way to engage those who may have been guarded or sceptical in their initial response. Cedar has been offered, not imposed on mothers and children, and this was an important element of the success of the programme. Coordinators adopted a 'holistic' and investigative approach by looking at the other children in a family, not just the child who has prompted the referral by others. The pilot experience shows the importance of addressing mothers and children's natural fears and fantasies at the assessment stage.

3.55   However, this form of assessment is time consuming and demanding; the workload implications of the assessment process had been largely unanticipated in the initial planning of the Cedar pilot. There were concerns expressed at the National Partnership that Cedar may be 'over-assessing'. This raised issues about whether assessment should just be confined to assessment 'for group', or be part of a more extensive or 'expert' process which identifies other needs, such as the referred child's need for protection. In some families this may have extended to concerns being raised about risks to or concerns about other children in the same family, such as an unborn child. It can be extremely challenging and time-consuming to undertake home visits, resolve child protection issues and entry to group or ongoing Cedar group membership for children and mothers in complex practice scenarios which uncover increased risks to a child. At the same time it needs to be acknowledged that a skilled initial assessment and/or ongoing assessment through group and the provision of timely services in this context can be life-saving.

3.56   Pilots trialled different approaches to initial assessment, including giving a bigger role to information sessions and inviting the families to the groupwork venue. Coordinators learnt how to balance the chaos and demands of home visits, diary management, and facilitating the groups themselves. This required considerable skill and flexibility to respond to the unexpected, including previously unrecognised child protection concerns. Overall, views about home visits were generally supportive of their value as a way of capturing a much clearer sense of the family context, although it must be acknowledged that they are only a moment in time and ways need to be found to continue to take into account the significant changes that can happen in family circumstances. For children, the prior development of a plausible 'cover story' to explain absence from school to peers, especially with younger children, needs to be on the agenda at the assessment stage or in the first group session to ease the transition between school and Cedar group.

3.57   Initial assessments for Cedar work best when they are conducted informally by experienced practitioners. This is complex and intellectually and emotionally challenging work. It is important to acknowledge that

practitioners and managers working in the field of child protection and domestic abuse are all influenced by the physical and emotional demands of the work to some degree. Given the complex needs of many of the children and their mothers and the importance of quality assessments, careful consideration needs to be given to the emotional impact of this work on coordinators, co-facilitators and referring professionals. A form of critical reflection though action learning, as occurred in the hub, or ongoing group supervision and case discussion would serve to improve referrals and assessments still further, and optimise the Cedar service offered to children and mothers. Guidance about on-going monitoring and self-evaluation is included in Part 1 of the Cedar Toolkit.

Readiness and capacity for group

3.58   Readiness and capacity to participate in a group does need to be part of the assessment process for both mothers and children. Sensitive appraisal is needed of whether a group is the most appropriate setting to support a child or mother who has language or communication difficulties. Both disruptive and more withdrawn or internalising behaviours present issues for the management of group processes and dynamics as they affect the individual child and the group as a whole.

3.59   Whilst the key question at assessment must remain whether a Cedar group is right for the child at that time, the pilots have shown that it is difficult to separate out women's needs as mothers from their own needs as women experiencing domestic abuse recovery. Women have their own emotional needs during the group but, with support, can still attend. There is a need to consider the mother's own 'readiness to engage with change' and to participate in a group at the assessment stage.

3.60   Mothers should be supported to make a judgement for themselves about their own readiness to participate in a group. Consideration of the mother's own capacity and willingness to participate in a group at the assessment stage, gives the coordinators a chance to ensure that appropriate additional services are in place, which in turn safeguards the integrity of the group as whole. This lesson has been learnt the hard way: without this attention at the earliest stages, Coordinators may find themselves taking on additional roles in order to maintain mothers' participation in a group or to support mothers outside a group.

3.61   Cedar has the potential to generate more accurate assessments of family circumstances, including assessing previously unrecognised risk or potential risk within a family, in partnership with other services, such as CAMHS. Assessment is not a one-off process; the groupwork process itself offered a sophisticated form of ongoing assessment of need to take account of the significant changes that can happen, either in family

circumstances, disclosure, or personal preferences. Any later decision that a group is not timely or appropriate for a participant can be a positive pathway to more appropriate forms of support or a return to Cedar at a later date. This ensures that the right services are sensitively offered to children and mothers when they may be vulnerable and in need of help. Where families that most need help are accurately identified at a much earlier stage and signposted to other more appropriate services, this adds value to the overall benefits of Cedar.

Starting with the end in mind - the importance of onward referrals

3.62   The pilot has shown that Cedar is not just about the groupwork programme; it is also about bringing agencies together and strengthening the network of support. An important lesson has been that it is important to 'start with the end in mind'; to clarify the expectations of partner agencies that make referrals about their continuing remit in relation to the families they refer and to avoid omission or duplication of efforts. At the beginning there needs to be a designated 'lead professional' for the child who joins a Cedar group. The Cedar pilots have recognised that not all referral agencies are in a position to adopt a 'lead professional' role because of the nature of their contact with the family and their remit, for example, the Police have a short term, crisis driven involvement.

3.63   There is an important role for Cedar coordinators at the end of the group programme. Monitoring data suggests that for the majority of those who completed a Cedar group there appeared to have been a nominal involvement by at least one lead agency at that stage. A small scale self-evaluation exercise in Fife in early 2011 found that most agencies no longer had contact with the families. This may be interpreted as a positive sign or may simply reflect administrative systems.

3.64   The positioning of Cedar, in the middle of a longer multi-agency process, raises issues about communication and confidentiality. The sharing of learning and insights about a particular child with other professionals in that child's life may help sustain the outcomes from Cedar for that child and also enable more effective interventions by other services. A more sustainable strategy would be to have a very clear primary focus on the strengthening of the mother-child relationship and to explicitly encourage the mother and child to share their learning with each other, and if desired, also with the school.

3.65   Much of this learning about Cedar referral and assessment processes relates to recognition of boundaries, the ability to make confident, assertive decisions about suitability, not trying to make Cedar fit all needs and seeing where an onward referral should be made and where the role ends. The pilot has shown that the Cedar approach is about very much more than the 12-week group work programme.

Group size, mix and practical arrangements

3.66   The Cedar programme has provided a service to a wide age range of children and young people and their mothers; it has also effectively engaged, in groups, with both boys and girls and those children and young people with additional support needs. Age, group size, gender mix and mix of complex needs are all factors, together with issues about the quality of assessments and facilitator training. All children and young people are best supported in groups that are not too large; in the last year of the pilot, no children's group was larger than six. Whilst it is hard to be prescriptive about any of these issues, the participants at the final Exchange Event suggested that group size should be smaller when it is considered that the participants might be more challenging, possibly limiting the number to around five.

3.67   As the Cedar pilots worked with a wider age range of children, facilitators adapted some of the arrangements to suit different age groups which, they suggest, largely seemed to have worked well. Such approaches included meeting with young people after school hours. In relation to younger children, there were some concerns that there was still a lot of material for young children to absorb in a relatively short period. The importance of a good venue was also underlined, although suitability of some venues was questioned.

3.68   Experience of groupwork with mothers showed that so much depended on the mix within the groups and that it was vital to pay attention to group composition and viability to reduce drop-out and enhance the group experience for all members. Diversity in terms of age or experience did not seem to be a barrier. Rather, inclusion of a mix of mothers' group members at different stages of the 'recovery' process provided an important 'reference point'; showing to some how far they have come and to others that positive change is possible. The pilots found that women have their own emotional needs during the group but, with support, can still attend a group with other women from diverse backgrounds.

The value of concurrent groups

3.69   Group participation and retention rates have been consistently high, with the majority of children and young people having a mother who participated in a concurrent group and high rates of completion for both children and young people and mothers. The pilot has shown the value of concurrent groups for mothers and children as a form of motivation and way to recruit previously 'hard to reach' families. Involvement in groups has given mothers the opportunity to express their support for their children in a visible, practical and non-stigmatising way.

3.70 Whilst there was an association between the drop-out of mothers and children, where mothers did drop out of their group, this did not necessarily jeopardise the completion of groups for all children. There was no association between a mother never being in a group and the completion rates for children. Despite these similar rates of group completion, there is a strong sense amongst facilitators that the qualitative outcomes for children are better if their mothers do attend and complete a group.

3.71 To ensure the full benefits of the concurrent groupwork are consistently secured, there is clearly a need, wherever possible, to encourage mothers to take part in groups, yet do so without undue pressure. There is also a need to continue to support mothers who do not attend group and to ensure that the child's outcomes are not jeopardised by their mother's decision not to attend a group.

3.72 There is also a need to ensure that the structure of the concurrent groups is not diluted: for example, that mothers' groups take place before the children and young people's groups and that they focus on what the children and young people will be doing in their session. In addition, constant attention should be paid to maintaining the balance in the mothers' group between mothers' personal issues and the focus on the children. Whilst informal support over coffee has been valued by mothers, it is unlikely to be a sufficient and structured substitute for attendance at group by a mother.

Strengthening local and national responses to domestic abuse

3.73 The experience of the pilots suggest that Cedar sits best within a local context where there are clear policies and partnership strategies to respond to domestic abuse, including awareness training, tackling perpetrators, support for women and children and prevention. Local Advisory Groups are a valued forum and provide practical support for implementation. They should be maintained as an effective part of the Cedar model as part of broader partnership working. The impact of Cedar on wider individual and organisational learning is discussed in section 6.

3.74 Cedar Coordinators have built up considerable knowledge in how to assess risk in cases of domestic abuse, build relationships with women and children in the early stages and manage these throughout their participation in the group work programme with some very impressive outcomes. This expertise needs to be drawn on locally and nationally by other agencies to identify early signs of domestic abuse and risk of harm to individual children. Coordinators could also share some of the tried and tested techniques used in Cedar to help communicate successfully with

mothers, and especially, children and young people about domestic abuse; this would be of great value to many professionals working with children and families in other services.

3.75 The pilot has operated at relatively small-scale, running far fewer groups than initially anticipated. The volume of groups has to be considered in the light of the success in retaining high numbers of group members, both children and mothers. This must be testament to the value and strengths of the assessment process and skill in groupwork. The groupwork co-facilitation process is discussed in section 6. Cedar's contribution to a more accurate, non-stigmatising and timely assessment of women and children experiencing domestic abuse is an important part of any overall view of the contribution that the Cedar approach may be able to make and consideration of value for money and this is discussed in section 7.

4. Outcomes for children and young people

4.1 This section reports the key findings from interviews with children and young people. It discusses their perspectives of the group experience and the outcomes for children and young people, including the impact on the mother-child relationship.[108] Section 5 discusses outcomes for mothers.

The interview process in 2009 and 2010

4.2 A total of 27 children and young people, aged five to 16 year were interviewed. Three children were aged five to seven years and some of the children aged nine and ten years had a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD). Taking both years of the pilot together, children and young people and mothers were evenly drawn from across the three pilot areas; both genders were also well represented. All but two children and young people in the sample were White British. Fuller details of the ethical protocol and approach to the interviews and details of the sample and research methods are include in Appendices 1 and 2.

4.3 In line with the action research approach to this evaluation, anonymised feedback from local interviews within each pilot area was shared with the relevant Local Advisory Group shortly after the interviews were transcribed. This acknowledged and consolidated progress and promoted rapid improvements on the ground where appropriate. Key messages, derived from the sample of children and young people and mothers in each year, were posted to participants in November 2009 and November 2010, and then circulated within the Cedar professional community. This timely feedback, written specifically for those who took part in the research, served to value each participant's unique contribution to the evaluation. The key messages from both years are included in Appendices 3 and 4.

The group experience and Cedar outcomes: children and young people's views

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

4.4 The overwhelming majority of children and young people across the age range were fulsome in their praise about the Cedar group environment

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108. All names have been changed to ensure anonymity.

and how it helped them have fun, make friends and recover from the effects of domestic abuse. Several children commented positively on the wide range of snacks and activities on offer, such as playing games outside and indoors, making name badges and treasure chests, using playdoh, the anger thermometer, the volcano, the feelings cards, writing things down and the handouts and folders.[109]

Treasure chests help children to understand about confidentiality

Ground rules developed in a teenage group[110]

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

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

4.5   There was feedback at a more subtle level about the positive atmosphere in groups and the value of being in a group with other children who have experienced domestic abuse in their family. The group was a safe environment which, after early nerves, children and young people looked forward to attending. In the groups a good balance was achieved between the 'fun' or 'downtime' elements of the groupwork, and talking about domestic abuse. Brianna, aged 14 years commented on how skilled the facilitators were at turning "everything they want you to do into fun so ... I always was looking forward to going as well."

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

4.6   Several children reported really valuing the opportunity to listen and talk and make new friends. Most said they would recommend Cedar to a friend or someone who might need help. Those who were not quite sure said it was either because they wanted to keep what had happened to them private or did not know anybody who needed Cedar.

4.7   Children and young people really appreciated the facilitators who ran their groups. Some commented on their disposition and how attentive they were: "They were always happy, they were always cheery. I loved it. They always bothered to ask you how you were and stuff ... "This ensured that children were given a warm welcome each time they attended group. The attention paid by facilitators to enhancing children's self esteem made each child feel valued right from the outset.

4.8   Positive affirmations and good endings were similarly important. Alan, aged 15 years, said he particularly liked: " ... The end bit, when they told us what we did well during that group. That helped 'cos it made us feel good ... it gave us an idea of what's good about us."

4.9 Some children found dealing with other children's curiosity about leaving school to attend group or returning after group quite difficult to deal with "because everyone asks you lots of questions about where you've been". Other children found ways of adeptly rebuffing any questioning, for example, by saying they had been to "a club" or simply saying "It's none of your business!" One child reported receiving help from a Coordinator about what they might say; another child said they had support at school from the head teacher which prevented other children probing further. Holding teenage groups after school hours tended to avoid this issue. The physical journey back and forth to a Cedar group generally worked well for children and their mothers. Despite a few issues with taxi bookings overall, the provision of taxis was valued.

4.10 Co-facilitators were asked about their views on practical arrangements for groups which were the responsibility of the Cedar coordinators. These were felt to have largely worked well, facilitating attendance, providing a welcoming environment and so assisting in the fullest participation in the group. Despite some practical difficulties with taxis, on the whole respondents felt that arrangements had worked well:

> *"Mothers often commented on how helpful the taxis were. They also commented on things like temperature, food, venue, cigarette breaks, which indicated that these things mattered to them."*

4.11 There was very positive feedback from mothers on emotional safety, disclosure and confidentiality in the groups. When conversations about the past became more difficult, the facilitators came across as skilled and trustworthy practitioners:

"It was good, nice and very kind because we got to share our feelings and share what has been going on in the past."
(Shona, aged 7 years)

"Well, when you were upset about talking about something, they took you away and they gave you a drink and they asked you what was the matter ... and they wouldn't share it with the group ... they made us laugh."
(Siobhan, aged 10 years)

"I think it was really good because it was quite relaxed and it didn't feel like there was any pressure on you to join in, but it felt safe if you did say something, then you know that they wouldn't go and tell anybody and that they were going to look after you ... "
(Katy, aged 14 years)

4.12 This theme of genuine attentive and positive regard for the other was particularly important to some children whose needs had not been met due to the effects of domestic abuse on their mother and the demands made by other siblings: "They listened to us really carefully and didn't ignore us ... and they always tried to sort of like, help us in our problems." In the groups this positive regard expressed itself as a natural and caring way of being with children and young people - 100% focused on helping them in every way possible:

"They didn't just treat you like children, they treated you like adults ... they were just really being themselves ... they wanted to help us, so I enjoyed it."
(Brianna, aged 14 years)

4.13 Negative comments about the group environment, of which there were very few, highlighted the importance of accurately assessing children's readiness or suitability for group and how facilitators managed children with challenging behaviour once they were in group. This also underlines the importance of assessment for group discussed in section 3.

"The worse thing was people talking ... and I think they were laughing ... the boys were being nasty ... it's because they make fun and laugh in group."
(Iain, aged 11 years)

4.14 Problematic group dynamics were not an issue for the teenagers interviewed. However, several requested more time in group with a 'wind-down' before going home.

4.15 The overwhelming majority said they preferred being in a group to one-to-one sessions with an adult. Some younger children said they would have preferred one-to-one sessions with a facilitator either because of the difficulty of speaking about the past in front of others or because they really liked a particular facilitator. Being able to listen to others and join in when you want to was especially important as these two teenagers testify:

"It's a place where you can relax a wee bit and just talk about it slowly, you're not having to be in a rush or you're not like tied with an adult like trying to push you on."
(Sebastian, aged 16 years)

" ... They don't push you to talk about it. You don't have to talk about your experience, you can just sit and listen to others. But most of us did. You just felt comfortable as well ... I think that actually the group was the most help I could get."
(Heather, aged 16 years)

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

4.16 The Cedar approach to ensuring that basic safety and physiological needs were met in the groups,[111] was the basis from which children and young people could begin to confront the painful experiences in their lives with others who understood. Being with peers was pivotal to the development of children and young people's understanding of domestic abuse. Alan, aged 15 years, spoke for many about the transformative understanding about domestic abuse that Cedar can bring about: "It helped me understand why I felt how I did about what happened". Another dominant theme was not being the only person in the world who has experienced domestic abuse in their family:

"I got to know other people that I didn't know before and then they're going through the same troubles as I had so we had a lot in common ... other people that would understand what had happened and ... that was just the best thing about it ... It felt that I wasn't the only one in the world that had problems with my Dad in my life."
(Alasdair, aged 11 years)

111. Maslow, A. H. (1943) A Theory of Human Motivation, Psychological Review 50(4):370-96.

4.17   Not only did the children talk about how much they personally appreciated their Cedar group, some also saw how other children benefited from it as well. This feedback came from seven year old, Shona: "I think that everyone is just under control now and they feel more about their Dad and that, and ... they expressed a lot ... "

4.18   The supportive group environment, where the isolation that domestic abuse creates was finally brought out into the open, offered a firm foundation to begin addressing and healing the deeper effects of the abuse, in particular apportioning responsibility for the abuse. It also helped children understand more about other aspects of abuse, for example, physical, sexual and emotional abuse:

"Listening [to the other children] ... the story ... the Private Part one ... and it is a really good book ... "
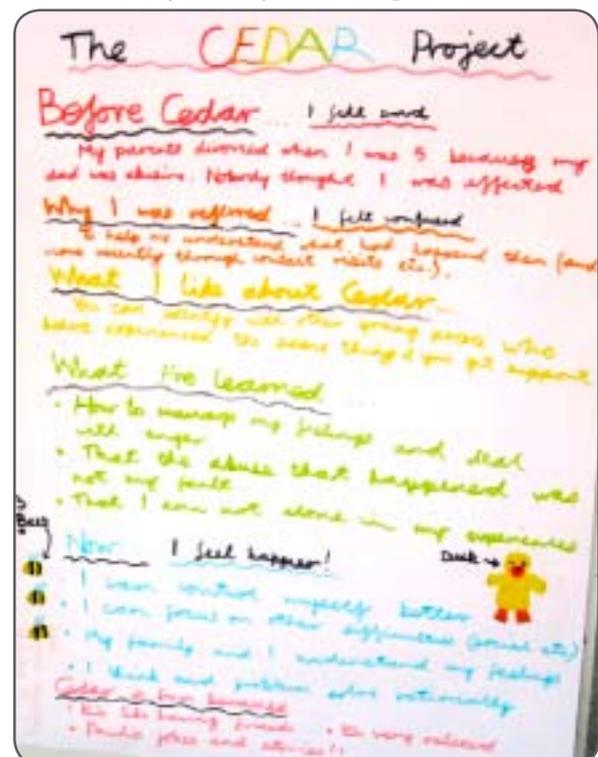*(Shannon, aged 9 years)*

"Inside hurt and sexual hurting ... I'd never learned [about] that, and I never thought we'd have done [that] in Cedar. I was just so surprised at that ... and I learned loads about [the hurting and the shouting], and that's what makes me happy about it."
(Marlon, aged 10 years)

Picture of anger from a teenage group

Written by a 14 year old girl

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

*"I told [the coordinator] the last time really private, because it was like …
it was my old Dad. He was like doing rude stuff to us and … hurting us really
badly … and I don't want to spread it about, you see, because they might spread
it about to other people".*
(Cora, aged 9 years)

4.20 The story "It's not my fault" captures the potential of Cedar to help children and young people see themselves and their lives differently - from confused, powerless victims to healed survivors with real strengths to offer the world.

Story 3: "It's not my fault, other kids have it"

I'm Alana and I'm 15 years old. I finished my group a few months ago and now my younger brother is doing Cedar. My little sister was born much later and our Dad had left when she was born. First to start off it was a bit "Ooh!" because I have never really talked about like the hurting and shouting - the domestic abuse - in our family before because my Gran, my Dad's Mum, and my Dad say "It's all over and done with". My Mum used to say that as well.

I liked how we didn't have to talk about things that had happened to us if we didn't want to in the group. Having snacks there and drinks on the go just helped to make it a nice atmosphere. And I liked how we all became friends in the end. We all did enjoy it I think? Yeah, 'cos everyone had been through it, so anything I did say, everyone knew what I meant. They gave us a really good understanding of domestic abuse, and also sneaky ways of getting stuff out of you by making you have fun!

Basically, I learned about how domestic abuse can actually change your life. You think "Oh if only I was a little bit older, I could've stopped him. I could have stopped them from doing what they did". And you start to blame yourself. But the group helped you to understand that it's not your fault, it's their fault, and they shouldn't be doing that. Cedar gave us a clear definition of what domestic abuse was. It's not just like physical abuse, it covers verbal, financial, sexual abuse. Coming to the group has really

helped me a lot, in understanding about it. It's helping my brother too. Yesterday he said to our little sister "hands are not for hitting" when she had a wee temper tantrum. He really liked the volcano but I found the iceberg thing really useful because we had all these emotions under the surface that we were hiding, and we couldn't really tell people about it. So it helped us just learn everything about it. It makes you feel like you're not alone; other people actually did go through it. I think it would be quite intimidating just to see someone on your own about it.

I was noticing that I was getting really angry over really stupid things. I would be all the way up at number ten - that's the angriest and everybody else was just like number three or something. I'd be like, "that's a bit stupid to be angry about". So that helped me a lot to understand, and to just calm down a lot more. They helped me understand that if I've got something to say, say it, but say it in a nice way. I'm getting along with everybody in the house a lot better now - just treating them well, with respect and stuff like that. So it's a lot easier, instead of being a bit jealous of how they have been brought up compared to me. My little sister is at the age where I was when I was going through all of that, I get a bit like "you are so lucky you don't need to put up with any of that", but even though I shouldn't because she is just having a normal childhood. She was too young to understand what was going on. And me and my younger brother understood.

I just feel like everything's done now, so I don't need any support in my life, it's just like a normal teenager's life now so I can deal with it by myself. I also realise that I had a different childhood to my little sister and loads of other children and young people out there, but it makes me the person I am today. I'm in my last year at school, so I'm glad that I went in that group because I've got all my exams coming, so I can knuckle down this year and get on with them. Before in a test I'd be sitting there wondering about something else but now I can just try and get on with my work. So it's a lot easier. The teachers say I'm doing much better now and my last report was much better so I hope I do well.

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

4.21   The positive group atmosphere, together with the structured Cedar curriculum and range of activities on offer, helped children and young people transform their understanding of domestic abuse and reduced self-blame. It also taught them strategies to recognise their feelings and deal with their anger. Some children, especially those under 12 years, tended to recount what they had learnt about their emotions through the metaphors of the volcano or iceberg or were just moving into the early stages of trying to change their behaviour:

"I learnt with the volcano not to be angry … I liked the way it exploded and needed to think before you explode."

(Shona, aged 7 years)

The volcano is a memorable metaphor: week 7 [112]

"We once done this activity like - it was iceberg and like at the top it's quite small, but then under the sea it goes big … so like, if somebody feels quite, quite angry, then, they've got a lot more feeling underneath."
(Rhona, aged 12 years)

"I think I still need to put into practice like what to do when you … like one of the things was count to ten. Count to twenty. Walk away. Go upstairs to your bedroom and punch your bed, like punch your pillow and that's all I can remember about that … but I've not really practiced that. I just need to put it into practice."
(Rory, aged 10 years)

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

Acknowledging feelings: different weeks

MY PICTURE ABOUT ANGER

MY PICTURE ABOUT MY FAMILY

Love Is......

a people
it can be different things
can be close friends
  "   "   family
  "   "   boyfriend/girlfriend
         pets

risky!
no perfect formula
Equality

do good things together
treat each other with respect
spend loads of time together
say nice things about each other
being loyal, trustworthy
doesn't matter how you look – personality

LOVE Isn't....

taking money from each other
not trusting
two-timing
not listening
shouting at each other
throwing things at each other
battering each other
ignoring each other
having a baby
sex
cheating
being cruel

Control
taking risks together

4.22 Others, especially teenagers, reported being more able to deal with their anger at a practical level, giving examples of how they now acted or would act in response to apparent provocation:

"I'm a teenager, we still don't understand our feelings that well, but I understand a bit more when I'm sad. It's like more controlling them as well, controlling what you do. When you're angry, you usually do something stupid, completely, like hit a wall or something, or take it out on the people that you actually love. Now, if I'm angry, I'll go for walks, I'll play sports, just to keep my mind off it. Obviously the problem doesn't go away, but you can come back to it and talk it out civilly."
(Heather, aged 16 years)

4.23   As the research interviews normally took place soon after groups ended, there may have been less opportunity for some children to put into practice what they had learnt and their current circumstances may have limited their opportunities to put their learning into practice. The lack of emotional stability at home or possible absence of a home compromised these two children's ability to apply the learning from Cedar about managing emotions and actions. Children living in these circumstances are discussed further below.

4.24   Two boys aged 10 and 11 years talked in very concrete terms about feeling less angry when they woke up in the morning. One said, "I feel like I can get up and start a new day happy, and not get up grumpy and shouting at my Mum and my wee sister". The other described himself before Cedar as "Furious ... at everybody ... and now I'm feeling ... enthusiastic ... it's good when I wake up in a cheeky mood". However, both boys felt they needed to go back to another group; one had already been accepted onto a second group and was really looking forward to it, "Yes I've got to go to it again. Yes I've got to, I want to go to it forever."

4.25   Both were living in neighbourhoods with high self-reported levels of violence or harassment in their local community: "We've moved about because of all the violence we've been through ... we can't get away from it, no matter where we go." When asked what he would do if he was upset about something, he said he would tell his Mum or "just go batter the person". Whilst both he and his Mother reported a substantial improvement in their relationship, he still saw violence as a legitimate way to solve problems when he was upset.

4.26   Positive changes in relationships amongst siblings as a result of Cedar was more mixed, especially when one child had gone to Cedar but siblings were waiting for a place, or were not planning to attend.

Children and young people have greater knowledge of safe behaviour

4.27   Several children reported a greater knowledge of safe behaviour, and were able to articulate how Cedar had helped them to develop their own safety plans. The younger children generally recounted what they would do if there were a fight, in some instances reading from the plan in their folder:

"Well I learnt about [staying safe] until I'm ... if like my Mum and Dad are fighting and all that, I've got to go close by a friend or auntie or something or call the police or something like that, dial 999."
(Harry, aged 9 years)

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

"I love my mum's cooking"

"Playing with my brother on our scooter and rollerblades"

"Going to the park with my family"

4.28 Not many children and young people had actually gone through their safety plan with their mother; and teenagers were less sure about its purpose or value. In some instances this was because their mother did not have a partner and they did not have contact with their father. The 'Safety Planning' story outlines some of the key issues children and young people raised around safety planning. Mothers' knowledge of safety planning is discussed in section 5.

Story 4: Safety planning

I'm Kieran and I finished my group six months ago. I'm 15 years old and live with my Mum and my little sister, Carlie. She's just been to a Cedar group for younger kids - she's eight years old. Cedar helped make our Mum a lot more confident. She really liked those little cards and the flowers and the presents. She even went out and got a new haircut and colour afterwards. She thinks I haven't noticed! We haven't seen our Dad since I was 12 - that's when they split up for the last time - and our Mum has just started seeing a guy called Paul - that's since she finished her group about the same time as me. It's hard getting used to him, but he seems OK. He's started staying over a couple of nights in the week. She says she'd like to marry him, but I'm not at all sure about that because they've only been going out two months or something. It's good to see Mum happier though and he buys things for her and us sometimes. Our Mum hasn't talked to us about the safety planning bit, I guess because Dad has gone and it is just the three of us.

I thought our group was really good and it was much better when we had some extra time at the end just to wind down, chat and stuff. I'd never turn to the safety plan though. I am not the kind of person that goes "This could probably save my life, let's use it!" The theoretical thing is to go away, get out the house and go and tell someone what is going on. The thing I would do in the past is get in the middle of it and try and stop it, I have always been like that! Now I would just stand there and just go "please stop" over and over again ... have just decided that condoning violence is not a good idea anymore.

I've not talked much about Cedar with my younger sister, but she did say to me that we should go into my room because the door locks and just stay there until any fighting's over. But I go out quite a lot and stay over with a friend sometimes when Paul's here so, now I think about it, I'm not sure whether that would work for Carlie when I'm not here?

The Tulip DVD made her cry a bit because it reminded her about what used to happen before between our Mum and Dad. We didn't see that one because it was for little kids, but we had this other childish one which I didn't see the

point of and a depressing DVD about an abusive relationship between teenagers. I would keep it in though because it made you understand what signals to look for, for domestic abuse, but, they could have showed the good side of it as well. I'm struggling with that a bit right now especially when I see Paul and Mum together. I think Mum's hoping this relationship will turn our better.

I'm more worried about bullying here on the estate where I live, there's kids that are quite violent here and go round in gangs. And there was a girl in our group who had a like a stalker guy who kept pestering her, but the group helped her deal with that so that was really good. I suppose what I'm saying is I just don't quite get what the purpose of the safety planning, call 999 thing is?

Cedar's impact on the mother-child relationship: children and young people's and mothers' views

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

4.29   In the 2009 sample several children said they were able to talk to their mother a bit more about things that made them feel sad or worried them:

"Well after Cedar was finishing, I got upset and I was crying and I told my Mum … ten minutes after, I think, I told my Mum … and then I felt better afterwards."
(Rory, aged 10 years)

"I've been able to talk to my Mum when there's something wrong and my Mum says that's actually a lot better because she's able to sort it all out."
(Alasdair, aged 11 years)

4.30   However, there was less reporting in 2009 of substantial and beneficial changes in the relationship such that children and women could really move on in their lives post abuse. One woman described how domestic abuse still framed her relationship with her child albeit within an improved relationship:

" ... I was always the baddie to my son. Not that I'm no the baddie - I'm still the baddie, but I'm no the 'big huge baddie'! ... I'm still obviously battling through a few issues with him, and it's, it's a lot better than what it was like."

(Lorraine)

4.31   Others talked in more general terms about their child becoming a bit more open or more "cuddly" or Cedar making "us all a little bit closer" with their children being more prepared to talk about things with them:

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

4.32   Amongst those interviewed in 2010, a minority of children and young people reported little or no change in the relationship: either the relationship was good in the first place or because little had changed. However where positive impact was mentioned, mothers tended to describe a greater degree of change than their children. Outcomes for mothers are reported in full in section 5.

4.33   When improvements were reported, they seemed to be part of a wider process involving reduction in self-blame for children and mothers. This in turn helped calm family relationships through a new shared understanding of domestic abuse which made sense of the past.

"I learnt not to blame myself ... plus I found a way to communicate with Fiona without screaming and losing my head because I would tend to ... The house is a lot calmer."
(Gail)

4.34   Mothers appreciated knowing what their children were doing week by week, through attending group and referring to the handouts they and their children received. In some instances the handouts and folders acted as a safe bridging device to talk about domestic abuse through recounting

what each had covered in their groups. The resources helped mothers understand their children's behaviour; and using Cedar language defused some tense situations at home where previously there may have been an abusive response. Mothers' folders were occasionally left out somewhere for children to go through, being used to promote a relaxed conversation about what had been covered in the session that week; others showed their folders to adult relatives. One mother also used selected handouts with two younger children who were waiting to go to Cedar.

4.35   Cedar helped put an end to the 'conspiracy of silence' around domestic abuse in the family, and opened up ways of talking about the past and relating to each other which were not charged with negative emotion. As this understanding of domestic abuse (and other forms of abuse) increased so a burden or something like a cloud lifted from the family. This was expressed in terms of an increased confidence, mixing and playing with peers outside in the community for some younger children or a change in a child's zest for life:

"She was a lot more introvert before, not saying she didn't mix with other kids, she did, but she was very choosy ... she plays with [other children living nearby], she shoots out and about on her scooter, she's fearless now, absolutely fearless"
(Sharon)

"She was tired all the time and she would sleep the whole night and get up ... would literally wake her up at five minutes to eight and rush her to get her breakfast and get her to school. It was such a hassle in the morning. And she was depressed. I didn't even think a child could get depression. I wasn't even aware of that but since going to Cedar she's like a different girl ... she's like, right, come on, let's go!"
(Catriona)

4.36   Once relationships started to heal there could be many spin offs; family members beginning to relax and enjoy being in each other's company further reinforced a positive sense of self-worth and well being: "I'm getting on better with my daughter and also it makes me feel that I'm worth something, whereas before it was a case of I'm no worth anything". In this context it needs to be acknowledged that domestic abuse, as a sustained attack on the mother-child relationship, has far reaching consequences for women and children: the simple things that make up 'normal' family life, like having a laugh or a good time together simply evaporate. The story of practice 'Parenting Better' describes the process a mother and her daughter went through on the Cedar programme to forge a much improved relationship.

4.37 Some younger children reported feeling sad that the group had come to an end and some said they wanted it to go on longer: "there was nothing I didn't like about the group. I miss it. I wish it could have lasted a bit longer." Teenagers were slightly less concerned about their groups coming to an end, indicating that Cedar had helped them move on "Cedar enough? I think so, yeah, because I've forgot about it [domestic abuse] really."

4.38 Cedar may not be sufficient for some children: children may need more time or individualised support, particularly where there may be undisclosed abuse from the past or ongoing abuse in a child's life, for example, on contact visits with their father. As one child cautioned: "Well make [Cedar] longer because some children might like not feel that good about ... there might be other stuff going on in their families."

Story 5: Parenting Better

My name is Marion and I have a daughter aged 10 who has ADHD, a son aged 14 and a 19 year old daughter who lives with her boyfriend in Glasgow. Myself and my youngest daughter attended a Cedar group. Originally the referral was made by my son's headmaster, but actually he wasn't keen to go. When the Cedar coordinators came round they talked to my daughter as well and after that we decided we'd both go. She's getting to what I call the 'wee temper stages' and stuff that's very like her Dad and I just wanted to try and help her. She was starting to have some issues at school - not really bullying other kids, but just naming calling and stuff like that. I think my son's doing OK, but I wish he'd have gone to Cedar too.

She seemed to mostly enjoy the group. There was one session when she didn't want to go back to school. I was chatting with one of the other Mums and she told me that she took her child to the park after the group and they had lunch together before she dropped off her son at school. So, I said to my daughter, 'alright then, let's get a sandwich and we'll go and find a bench to eat it on'. It was nice - she didn't say much, but she went back in without any bother.

Cedar's been fantastic for her - her behaviour's improved in the playground and the teachers have said she's concentrating a lot better now. I'm managing much better too. I don't get as angry with her now as I used to do because my reaction used to be to accuse her of 'being like your f**king father'. Now, you'd be amazed! I'll say to her 'hands are not for hitting' and she understands it, whereas before she would just lash-out big time with me! She's still quite strong willed but it's made me a lot more understanding and patient with her - most of the time anyway. I'm not as irate and I'm not as stressed and shouting at her and stuff. I'm more patient, a bit more relaxed and I do try to understand her point of view a bit more.

I had no idea it was going to help me as much as it has. I think Cedar helps you bond with your child, and it shows you why they're behaving the way they do, because unfortunately nobody ever sat down and wrote a manual on how to be a parent! We even gave advice to each other sometimes, like one of the Mums was having problems with her teenage sons so me and another Mum were able to help her out.

We didn't used to do very much together as a family. We were quite distant and we weren't sitting down and watching DVDs or anything like that. We were all in our own little bubbles. I've just bought a table for us to eat at so we can all sit down and talk about what our day has been like. I don't let them get away with anything mind you - because I'm still quite, 'my house, my rules', you know, which I think a kid needs.

The Mums in the group keep in touch ... got a text the other day from one of them just saying 'remember you're a survivor, we're survivors'. Everybody's been through the same stuff and although we're different, we really have a strong bond. So I think we are all going to meet back up with all the kids as well, just take them to the park or somewhere one day and just have some fun.

Other lessons about the impact of domestic abuse on children

4.39   There were a number of children who had experienced domestic abuse from a very early age: a number, including some siblings, were reported as having ADHD or severe behavioural problems or post traumatic stress disorder (PTSD) type responses to ordinary every day events like a knock at the door, which brought earlier traumatic memories flooding back. One young person's earliest memory was of a fight between her parents when she was two years old. Following two emotionally challenging episodes, one involving her father contacting her again after a number of years, she started getting flashbacks and nightmares about this incident:

"It just brought weird memories back that I never even thought I had ... It wouldn't happen every night, but it would be weekly, a couple of times of week. And I'd wake up and think, Oh no, what's happening to me, why is this all coming back to me?"
(Heather, aged 16)

4.40   Heather's mother could not believe that she had retained so much of the incident, including exactly what she was playing with at the time: "It's so shocking to realise that kids as young as two and three actually

can go back and tell you exactly what's happened to them when they were younger." Another mother of a much younger child spoke about the traumatic and enduring effects of domestic abuse on her young daughter from birth to aged two years:

"She's never felt safe. She never felt safe. Still to this day she can't sit in groups. She can't be right in the middle. She'll be claustrophobic. She's got to sit on the outside and we've been having talks with the teacher, she's got to be on the outside at school. She can't cope. If she feels the attention's on her and if it's something [they're] talking about what reminds her of the past and about the situation where she felt scared, she needs to go somewhere to hide. That's what makes her feel safe".[113]
(Catriona)

4.41 Catriona felt that health professionals, especially, need to do more to respond to domestic abuse: "There could've been something at the baby clinics ... " She added that her own professionals perhaps held back from mentioning the issue because she felt they feared for their own safety.

Facilitators views on outcomes for group participants

### Views on outcomes for children and young people

4.42 Figure 4.1 reports the views of children's group facilitators of the outcomes for the participants, based on response to the web surveys. This shows that the vast majority agreed that the outcomes for children and young people were positive. They suggest that Cedar was able to create a positive group environment for children and young people; they gained a greater understanding of domestic abuse and greater knowledge of safe behaviour. Although still broadly positive, there is less certainty amongst facilitators about behavioural change. One commented:

"I think Cedar makes a start in helping children and young people manage emotions and reactions, but 12 weeks is too short a time to have a significant impact on behaviours which have been formed over years. Cedar plants seeds and hopefully other agencies and professionals can help these seeds to grow".

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113. Despite these difficulties, Catriona's young daughter completed her Cedar group.

Figure 4.1: Outcomes for children and young people - views of facilitators
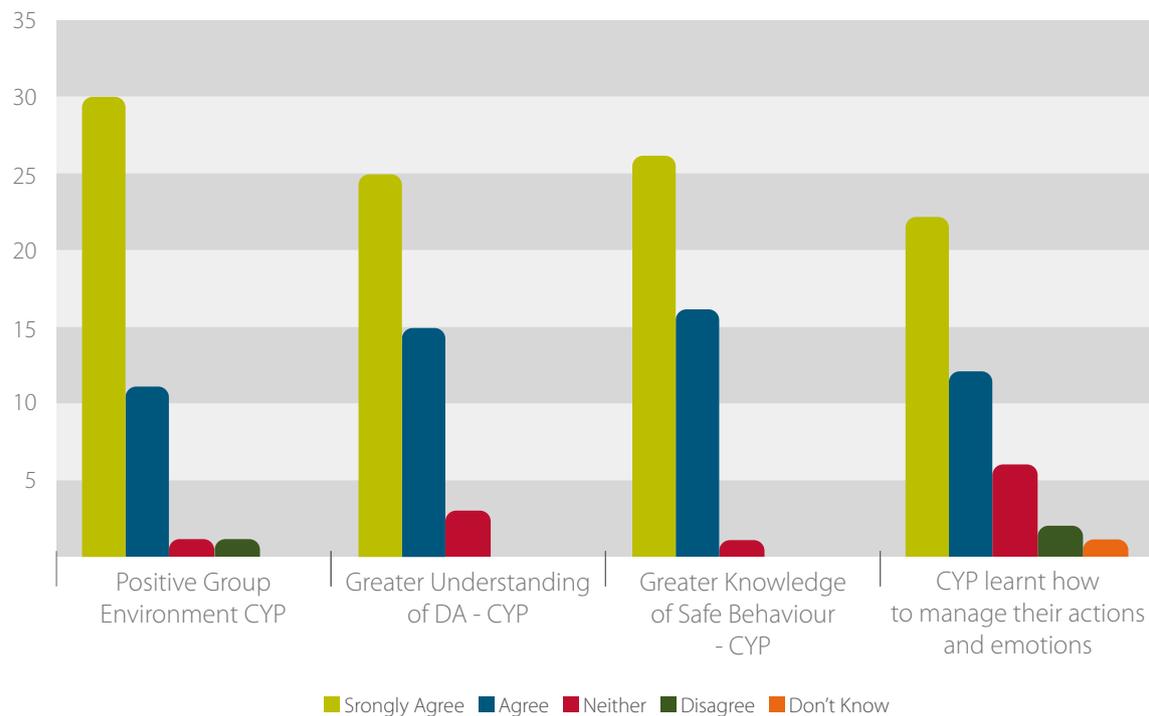
Source: web surveys of facilitators CYP groups, n=43

4.43 Facilitators felt that the children made friends and bonded well. Facilitators were confident that in most groups the children and young people felt heard and involved in decisions about how groups were run. Many comments were made about the 'group effect' and group dynamics across the age ranges:

> "[There was] laughter and fun ... some of the groups were just so funny and joyous".
>
> "Nothing but praise and positives have come out of my experience of the CEDAR project ... The proof was in the sadness on the young people's faces when we had our last session as they had made genuine friendships. Giving them a sense of worth can also only have a positive effect on their education and ambitions for the future."
>
> "Although the members of the group were very diverse, they formed an unmistakable bond of understanding with each other and gelled well as a group."
>
> "The programme was very well organised so the young people always felt comfortable with the facilitators. They came up with the rules so that made it easy to police them. The after-school atmosphere that was created definitely helped when it came to the young people sharing their experiences."

4.44   Facilitators made comparisons with one-to-one work and comments on the value of the concurrent groups:

"Group work benefits children in that they can see that they are not the only person who has experienced abuse. Also, if a young person is reluctant to talk about issues on a 1:1 or finds it difficult to share experiences, a group programme is less threatening and children can absorb content and participate in a less intensive environment than being on their own with a worker. Group contains fun elements and is a shared experience with a beginning and an end which gives a sense of completion and closure. The concurrent model is excellent in giving mother's the skills to support their children and improve their relationships."

"The concurrent nature creates a common bond between child and mother and ensures that mother knows what to potentially expect from the child on returning from group. Having a group rather than individual sessions I think makes it easier for young people to see that they are not alone and that other families have had similar experiences. The peer support was also invaluable and some children spoke about things that probably would have taken a lot longer to come out during individual sessions."

4.45   Some of the outcomes reported were unanticipated by facilitators:

"[Children developed] social skills and confidence. When some children started the group, they were very withdrawn and quiet and made little eye contact. By the end of the group they were more able to talk out with greater confidence in clearer voices and look at each other."

"Many of the teenagers had difficulty hearing positive comments about themselves- by the end of the group they were more able to accept and hear this."

4.46   The power and unique value of learning with and from peers was demonstrated and some children were able to be 'active participants', welcoming the chance to help other children:

"One young person in the group displayed a very mature and openly supportive attitude towards others who may have been finding things difficult. This made him stand out from his peers. Another was able to talk openly about his sexual abuse, seeing himself as 'the expert' when it came to this session. That made this particular session very interactive".

4.47   A further unanticipated outcome was that some young people became advocates for other children and young people experiencing domestic abuse recovery:

> "The group became very good friends and two members are now part of a Scottish government taskforce programme (Voice against Violence) which to me highlights the importance of running the Cedar project in the future."

4.48 Whilst there were very few negative comments about the group experience, this co-facilitator acknowledged that some groups had been more problematic:

> " ... We had additional factors affecting our group experience, [I felt that] all the children may not have experienced a sense of security within this particular group, in which they felt safe enough to explore their experiences of domestic abuse".

Discussion and summary of the outcomes and key lessons for children and young people

A positive and welcoming group environment

4.49 These findings show that the Cedar pilots were able to create a positive group environment for children and young people across a wide age range and including both boys and girls and some children with additional needs. The groupwork process seems to have worked well, creating a safe, containing environment that was comfortable, welcoming, inclusive and supportive. Groups felt physically and emotionally safe, there was a good balance of fun and talking about domestic abuse. Children found the facilitators themselves and the way they ran the groups, affirming and trustworthy. Groups allowed them to go at their own pace and most children and young people felt it was better being in a group rather than being seen individually.

Learning with and from peers

4.50 Being with their peers was pivotal to their development of a greater understanding of domestic abuse. Children and young people learnt that it was not their fault and that they were not alone in their experience. Groupwork gave children and young people an opportunity to be both respected and responsible: the ability to give and receive peer support was powerful and empowering for children and young people. Positive regard and feedback from peers gave children and young people much needed confidence and a stronger sense of their own self worth.

Transforming understanding of domestic abuse

4.51   The positive group atmosphere, together with the structured curriculum and range of activities on offer, helped children and young people transform their understanding of domestic abuse and reduced self-blame. It also taught them strategies to recognise their feelings and deal with their anger. The programme gave children and young people a language to talk about their feelings and experiences through varied creative and playful activities. It made good use of visual images and memorable metaphors, which aid communication in group and at home.

The value of the Cedar curriculum and structure

4.52   The views of co-facilitators do endorse the value of the Cedar programme and the positive group experience created for children, young people and mothers. It is clear that facilitators were able to work together with the programme materials to create a safe and trusting environment and to make it fun for the children. They adapted the materials where necessary and were able to make best use of their skills and experience to support the groups. Facilitators found the structured curriculum to be valuable both in terms of the content and flow, but also that it provided a framework to keep the group on track and avoid the temptation to avoid what might have been felt to be more difficult subjects. This is discussed more fully in Section 6.

4.53   The way that groups for children and young people have been run is an important factor in generating the condition in which they can be comfortable and learn with their peers; this includes establishing conditions for trust in the confidentiality of the group; involving the children in establishing ground-rules; encouraging listening to others, use of positive affirmations and respect for others; enabling children to contribute their experience as 'experts in their own lives'; ensuring materials and activities are age-appropriate and varied; and providing opportunities to play and wind-down before going home.

Lessons for safety planning

4.54   Children and young people gained greater knowledge of safety planning and support, although teenagers were less sure about its purpose or value to their lives now. Given the fluidity and informality of some living arrangements and the onset of new or reformed relationships, the issue of children's safety and safety planning should be on the agenda throughout the 12-week programme. The selection of DVDs for teenagers should ensure they are age-appropriate. DVDs also need to show what healthy relationships look and feel like to counteract a dominant experience of dysfunctional relationships, and to build young people's emotional awareness of when a relationship is likely to be right for them as well as wrong.

4.55   Safety plans need to be more tailored to each child's individual circumstances at the time and focus on what concerns them. For example, if you are a young man who lives with his mother and no one else it may make more sense to work on a safety plan for going out and about in the local neighbourhood. A young woman may wish to develop a safety plan which includes keeping herself sexually safe. A child who has contact with her/his father and whose mother has a new partner may need two safety plans relating to each household, identifying who can help nearby and appropriate relatives on both sides of the family who could be contacted in an emergency.

4.56   Mothers need to be encouraged to go through the safety plan with their child. It needs to be acknowledged that these are not easy conversations for mothers and children to have: everybody wants to move on from the past and safety planning is a reminder that domestic abuse could happen again. A more specific focus on these issues with mothers in group (and individually, as appropriate) may help them to better prepare for these potentially tricky conversations, which will be different for each child's particular circumstances.

Meeting wider needs

4.57   Despite these positive outcomes, Cedar may not be sufficient for some children. The children and young people interviewed had gone through periods of profound change and adjustment to new family circumstances. A project like Cedar with the possibility to be listened to on a one-to-one basis, as required, helps them begin to process some of the powerful feelings associated with the multiple layers of grief and loss that many were dealing with. It can also point them in the right direction for follow-on services as appropriate.

4.58   For some children Cedar may offer a long awaited and timely opportunity to disclose past or ongoing abuse in their lives, or where there may be other issues affecting the family. By addressing other forms of abuse in a child-centred and open way, Cedar helped children begin to understand what might have happened to them earlier in their lives and to make more sense of current relationships. Most importantly this learning may potentially render them less vulnerable to future abuse. However, children may need more time or individualised support. This should continue to be acknowledged by openly addressing this issue during the groups and having one of the co-facilitators readily available to see children individually who need to disclose further abuse. Some mothers faced similar issues and these are discussed in Section 5.

5. Outcomes for mothers

5.1 This section discusses outcomes of the Cedar groups and the group experience for mothers; it builds on the discussion of the outcomes for children and young people and the mother-child relationship reported in Section 4. In total, twenty five mothers were interviewed across the two years.[114] Fuller details of the ethical protocol underpinning the interviews with mothers and children, and details of the sample and research methods are include in Appendices 1 and 2. This section also draws on the views of the coordinators and co-facilitators drawn from the web surveys.

The group experience and outcomes: mothers' views

Cedar has created a positive group environment for mothers

5.2 Feedback from mothers in groups was overwhelmingly positive, although like their children, some mothers described having pre-group nerves. For the vast majority of women, Cedar offered a safe, structured group environment away from the day to day demands of family life: this mother spoke for many about the group environment: " ... The atmosphere was really welcoming ... you felt like you were supposed to be there."

5.3 Many of the comments illustrate a similar appreciation of the attention to the group environment displayed by the children and young people. Mothers commented on the skilled, relationship-building approach of their facilitators and the value of being with other mothers:

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

5.4 Mothers also appreciated having readily available snacks and drinks 'on the go'; a range of 'hands on' activities to help group members get to know each other especially in the early stages; well-researched sessions

114. One mother, who was interviewed in 2009, agreed to a follow up interview in 2010 after more of her children had participated in Cedar.

to engage with; and a mutually supportive environment. Good quality food is an essential component of Cedar, creating the right kind of group atmosphere where participants feel valued. For some women, especially those who missed out on being physically and emotionally nurtured as children, the opportunity to be creative - to play - and to be able to help themselves to a range of good quality food and drinks, fed them at a much deeper level.

5.5   The story of practice 'Being valued - safety in groups for mothers' outlines some of the main components of successful group work with mothers; the highest order outcome being mothers as 'experts' in their own lives, mutually supporting each other in post-abuse parenting.

Story 6: Being valued - safety in groups for mothers

I'm Karen and I've got four children under 12. Three of them have been to Cedar now and the last one is going soon. Originally we were referred by Women's Aid, but after the eldest had been in a group, I could see it would be good for the others too. I have to say that it's been fantastic for the kids. It's really opened up something.

I have been in a few groups in my time I can tell you so I was a bit wary! But, now, I've actually been twice myself. For me, the first time was alright even though it was so new and the way I was feeling made it quite hard. But my second child wanted me to do the group alongside her and actually I was up for that because by then, I knew it was fine to talk more about it. I was more relaxed. The first time I wasn't really ready to open up too much, so I didn't always say that much ... just listened really.

The Cedar groups were run very well. The venue was nice - all comfy chairs and cushions and bright colours. The snacks were always lovely and we always got chocolate and stuff. It was nice to make yourself a tea or coffee when you wanted and to eat something without feeling everybody's going 'she's a greedy so and so'. It was just a good atmosphere, a relaxed atmosphere - to be honest you felt like you were supposed to be there. It'd be fair to say that it was pretty tense to start with. We had the ground rules of course - we decided what they should be. It probably took me a few weeks to trust that folk wouldn't talk about you outside the group.

The coordinators were brilliant ... think what was really good about them was they facilitated but they didn't take over, if you know what I mean? It didn't feel like being in school. And also they were willing to share a couple of their own personal experiences and laugh at themselves. And they worked very well as a team, they sort of bounced off each other really well -the banter was good between them as well, and between us. The sessions went very

smoothly but it was done with a very, very light touch. They went out of their way to make the group as welcoming and as comfortable a place to be as possible.

It was really quite delicate the way they went into it. First of all they get you relaxed and then you move into the tougher stuff as it goes on. It's good the way they go about it, it's really done well. They'd also researched poems and stuff on the internet. She'd words for songs - actually they had a lot of us in tears, but it makes you look at things from a kid's perspective. If you were down they knew exactly how to pick you back up. They were down to earth and concerned about how things were going in your life. People could be upset and other weeks they were perfectly happy. So we went through mixed emotions and it was a bit of a rollercoaster.

We gave each other advice and support. There was a lassie with younger kids than mine whose kids were playing up - we were just helping her keep the kids under control and one of the others helped me out. I've ended up making a really good friend. You could pick your own wee bits out of everybody's stories, you'd recognise things in everybody's story and even though everybody's stories were different you had empathy with the girls at Cedar! It's made a massive difference to my life. Without it, I would still be struggling and I think that my children were definitely going to end up like the thugs out on the street nowadays; violent, aggressive, not being able to share their feelings or talk about it, get it out in the right way, just turning to violence for everything, drugs, drink - just the wrong path, totally. I can see that my children are not going to go on that path - whereas before I just saw destruction for their whole life.

5.6   Feedback from mothers was overwhelmingly positive about their experience in group. Any issues mentioned were in relation to the accessibility of venues; changing group composition; timing of group sessions and being better prepared for the group ending. In the 2009 sample two women reported issues relating to the ground rules: one felt 'judged' by the group and the other mentioned an apparent breach of confidentiality by another member. There was no further feedback of this nature in the 2010 sample.

5.7   Three women from one of the pilot sites mentioned going along for coffee with their Women's Group Co-ordinator to a local café while their children attended group; two were members of a mothers' group and one was unable to attend group because of other commitments. These mothers appreciated this more informal approach, which served to brief them about what the children were covering in their group that week.

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

5.8   A dominant theme arising out of mothers' experience of Cedar was that, through group membership, they understood domestic abuse had not only happened to them. Many recognised and unpicked for the first time, though listening to others' stories, their own partner's strategies to seize and maintain control in the relationship and family as a whole. This realisation reduced self-blame and isolation, which created a shared reframing of domestic abuse as ultimately about the abuse of power and a partner's need to retain control. With this shared learning, the womens' perceptions of themselves, as both women and mothers, changed:

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

"At first, before I went to the group, you're isolated. You think you are the only person that is going through it. Nobody understands. Like you get, for [so many] years I was with him 'why did you stay?' But nobody ever asked that, because they all know why they stayed ... 'Why did you not just walk away?' That's what folk would say, but we never ever got that. There wasn't questions at the group at all and you found out that you weren't alone, there was other people in that situation the same as you. That's what I liked about it, because you came from being isolated to a group. It was good."
(Liz)

"I think the Cedar project made me realise it was all about control. For them to be in control of you and I don't think I'd really seen it before. I would definitely know the signs to watch out for next time".
(Mairi)

5.9   The majority of mothers reported changes in their knowledge about domestic abuse and several said they were more understanding and acted differently when their child reacted in a particular way. However, it was easier for women to talk about their own stories of change than their children's. This may have been to do with the magnitude of the women's own needs in some instances, for example, recognising signs

of abuse in their own childhoods for the first time, being single parents in the aftermath of domestic abuse and parenting two or more children with additional or complex needs. Women who were now parenting in less challenging or more settled circumstances were able to articulate their learning about the effects of domestic abuse on their children more clearly:

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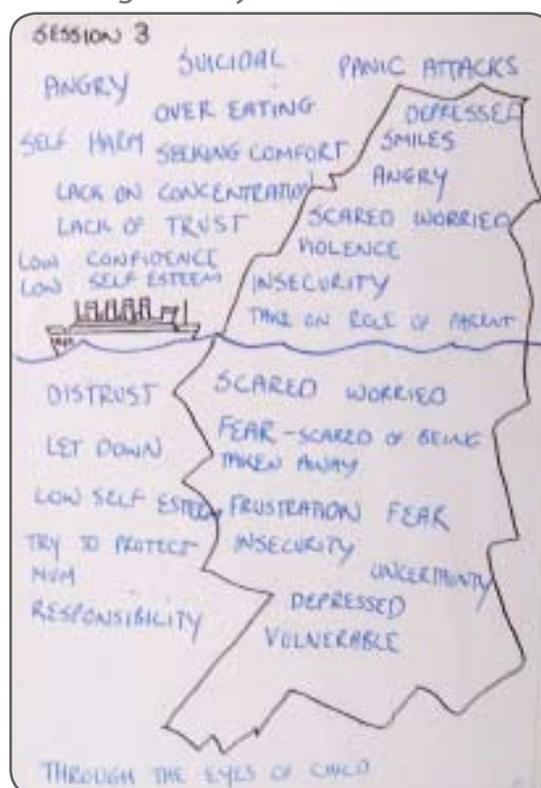*(Lorraine)*

Using the iceberg metaphor - from a Mothers' group

Through the eyes of Mothers
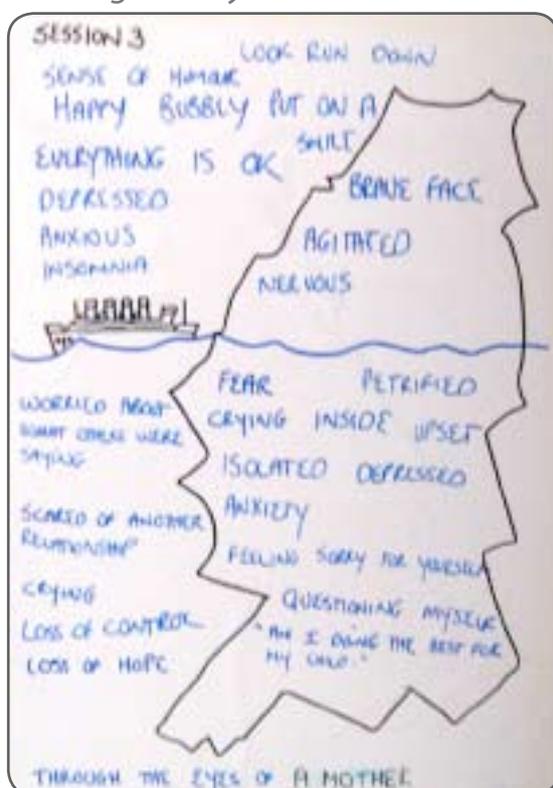
Through the eyes of Children

5.10   The story of practice 'Double empathy' describes Cedar at its best for mothers whose eyes were opened to both the effects of domestic abuse on their children and on themselves as adults and perhaps also as children. It also touches on the enduring traumatic effects of abuse on women when they, themselves, have experienced an abusive childhood:

Story 7: Double empathy

I'm Sarah and I've got two boys aged 11, that's Murray and Neil, aged 7. We all went to Cedar earlier this year. Until then, to be fair, I didn't actually realise what they'd both had been through. Then Murray started saying what he had seen. I couldn't understand why he wouldn't go to school then I realised it's because he didn't want to leave me in the house by myself.

It was all great. We got to make our badges, the first group we went to. I felt like a little child again actually getting to stick and glue and have little pictures, it was great. Cedar opens up your eyes to what domestic abuse is about. It makes you realise what your kids have been through. It wasn't until Murray actually said to Cedar project, "I was cuddling my wee brother standing in the corner of the kitchen and my wee brother was crying and I was trying to comfort my brother". Well, that kind of hit home a bit, because I didn't even realise they were standing in the corner crying. I was really oblivious to it.

The main thing I learned was that it wasn't my fault. I think Murray has learned that as well but Neil has some way to go. Seeing all the things written up on the wall you actually learn more about yourself. It's a pity that my youngest boy Neil left half way through: he just takes off sometimes when things get difficult. He was much younger when it happened; his first memory is of us screaming at each other and me kicking my ex you know where it really hurts! He can even remember the puzzle he was doing when it happened. They've referred him on to CAMHS, but we're still waiting for him to be seen.

Cedar brought up one thing that was very difficult for me, and that was my Mum and Dad's relationship. He's been dead a really long time, so to actually have it all brought back up was quite a shock. It was them talking about what abusers do - it was like 'Oh my God'. To us, when we were wee, that was just normal, you know. We knew that, as we got older, that we didn't want to bring pals in to watch it but it was normal to us.

Still, to this day, if I hear a man roaring and balling, I stop and put my neck down just because I know I'm probably going to get the face. And it's nothing to do with me. Hannah, one of the facilitators, said to me at that point 'Do you feel that you need extra help?' And I was like 'I'd rather not' because I've got enough trouble with Neil at the moment without dredging all that up on top

of it. Maybe one day, if the time's right, I'll go and I'll seek some kind of help for that, when I can get him more settled.

In any case, Neil seemed to get something out of the group, because he said 'I don't have to feel alone any more'. They've both opened up a bit more since Cedar and, you know, but Neil's been actually quite badly scarred by it all. And if I hadn't have never met Cedar I would never have known these things. I used to have a flashpoint a lot faster because I didn't understand why Neil was behaving the way he was behaving, and now I've got a lot more patience with him. Before Murray was getting worried that he was going to turn into his Dad - my concern was about him kind of going into his own little world if he hadn't got help from Cedar. Now I see a brighter future for us especially if Neil can get more help.

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

5.11   Most mothers were able to articulate a theoretical understanding of the importance of safety planning for their children. One mother said how hard she and her two young children found watching the Tulip DVD - it brought home to the effects of abuse on them all - although she added "it's very good that it was on" and was grateful to the Cedar project for the work they had done on safety planning with her children. On a practical and emotional level these were awkward conversations for mothers to have with their children. The act of safety planning with her children opens up the possibility that this could happen with a current or future partner. Children could be distressed without much-needed reassurance. Mothers may wish to leave an unhealthy relationship; but external stressors, such as poverty, and personal vulnerabilities may drive them back into the same or similar relationship. One mother had a good grasp of the complexity surrounding this issue:

"I promised him I'd never put him in that situation again ... I suppose you can't promise them all that ... I'd say it's probably the most difficult thing, because ... you don't expect to go through it again, you don't want to go through it again. But you never know, it can happen. So obviously they've got to be aware of the situation."
*(Mairi)*

5.12   A small number of mothers raised a lack of support from family members as a barrier when it came to making children's safety plans effective.

Where mothers had talked to their children in practical terms about safety planning, the children confidently recounted their strategies to keep themselves safe in the evaluation interviews.

Unanticipated consequences: new perspectives on childhood experiences

5.13   Numerous personal losses and periods of upheaval were reported by several mothers. Some women were also dealing with a potential "can of worms" of realisations about multiple layers and types of undisclosed abuse from their own childhood and adult relationships. They were beginning to acknowledge the effects of domestic abuse and other forms of abuse on them, as both children themselves, and as adults, and the influence of these experiences on them now.

Images from the Exchange Event, December 2010

It can bring up a lot of memories for Mum when discussing things in the group.

can of worms
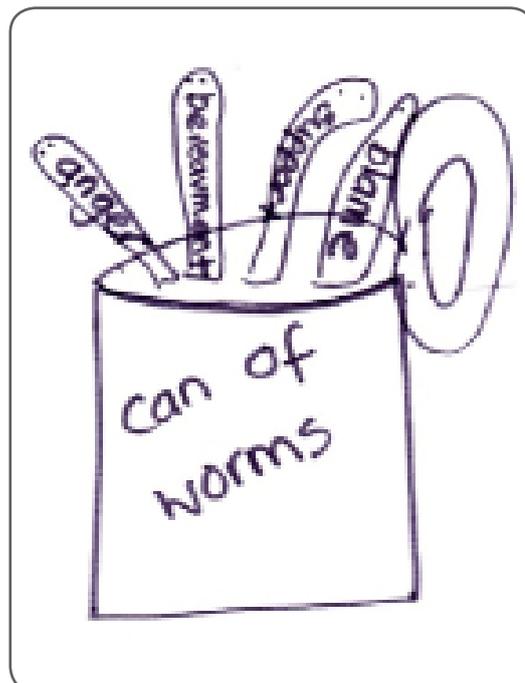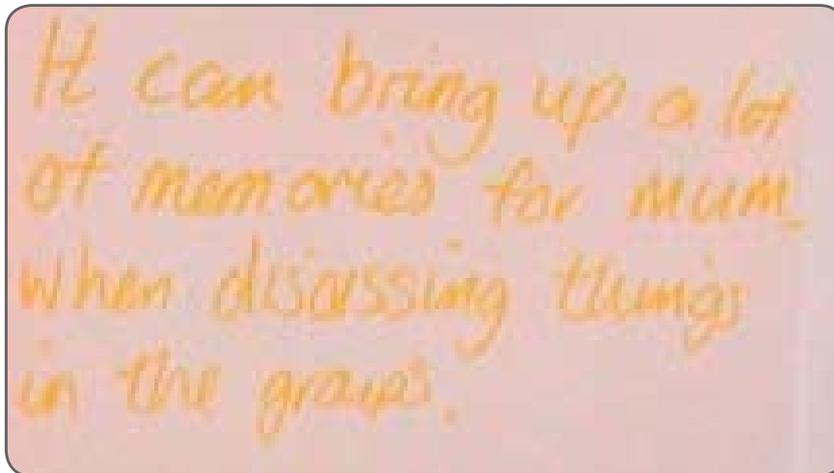
5.14 Some mothers, who were reminded of their own troubled childhoods and specific incidents of abuse, used the groups to begin healing their own abuse as children, as well as addressing aspects of their adult relationships in the context of domestic abuse. One woman spoke at length about her abuse as a child, what she shared in the group and what she kept to herself:

"There is a lot of stuff I remember. [The abuse in childhood] did screw me up for a long time. But going through it with Cedar I remember there was one point I just looked at the facilitators and said to them that I wish I could confront my abuser and say 'No, you did abuse me'. Do you know what I mean? Because I never had that chance. I can remember an incident of physical abuse as far back as three year old. It was difficult going over sexual abuse stuff because I didn't come out with it, but it was going on in my head. That was really quite difficult."
(Carrie)

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

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

5.16 Whilst unanticipated, these realisations may not have been unwelcome. They could herald, as for this mother, Morna, a period of improved wellbeing with the timely provision of more specialist services to deal with longstanding issues:

*"It's my childhood more than my adulthood. So I've been to the Doctor … .
went straight over and made an appointment and they've referred me. I'm just
on the waiting list to get the treatment … eventually I told the Cedar Group,
I told [the co-ordinator] and the ladies that … I'd got myself an addiction but I was
bringing myself down off them … It was good because I think [the co-ordinator]
has dealt with a lot of different types of abuse and things like that. So she kind
of knew that there was underlying problems. She just phoned me one night out
of the blue and she was really helpful … it was good to know that she was still
thinking about me when she left the group".*
(Morna)

The journey through grief and loss

5.17　Some women, like Morna, were beginning to process their own childhood experiences empathising with their own hurt and re-connecting with their children in the absence of self-blame. At the same time they had acquired new insights into promoting a healthier family life. For some this journey had been quite profound. Cedar challenged women's previous understandings about 'normal behaviours' between men and women and gave them greater confidence in determining what is acceptable both for themselves and for their children, especially their daughters, in future relationships:

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

"She will be able to tell the signs as well. She is much more confident I think in herself."
(Jean)

Brighter futures

"Dark, aye, darkness has just come away from you … and it's as bright as ever."
(Kirsty)

5.18　For many a new much happier 'brighter futures' chapter was opening up in their lives, one in which the effects of domestic abuse on them and their children was beginning to fade into the background: "Well I was five years down the line … [the effects of living with domestic abuse are] still with you every day and since going to the group it's not with me every day … it's made a massive difference to myself."

*Moving forward-
work from a mothers' group*
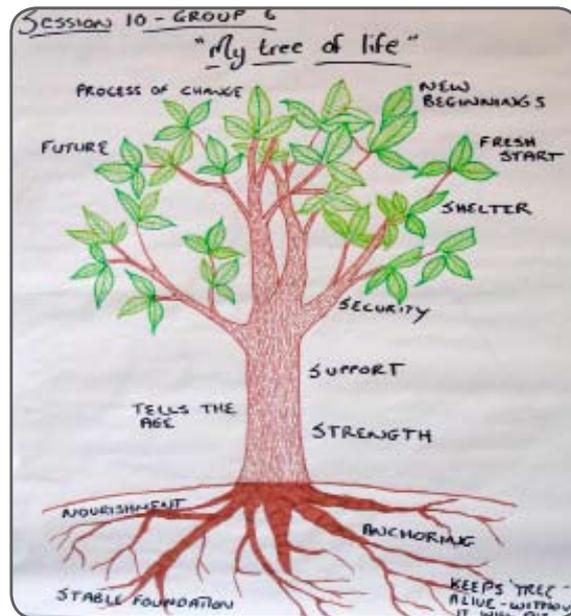
5.19 After Cedar, in addition to the evidence about the impact on the mother-child relationship reported in Section 4, further evidence from mothers shows that they had confidence that the programme has transformed both the short-term and longer-term prospects for their children and themselves. They mentioned improved physical and mental health; better performance of their children in school; and improved family relationships:

"My daughter doesn't get half as much migraines as she did before."
(Catriona)

"She is excelling in school, she really is ... her school report is amazing ... I was just grinning from ear to ear reading it."
(Sharon)

"We are working more as a team. When she was little I used to say to her if I wanted to get something done, 'come one we're a team.' And it feels more like that now, that we're a team a lot more of the time."
(Ellen)

5.20 Mothers were more optimistic about the future, and whilst none could know what will now happen because of the learning from Cedar, they were able to envision a much more positive longer-term outlook:

"Well, I think I can do anything that I want to do in life now, work-wise, relationship-wise, travel places, to anywhere I want. My children are going to grow up, I think, more healthy mentally and physically and get more out of life what they should and to be what they can be."
(Catriona)

"I think we can move on and be happy ... I think that you can be happy and you make your own future. And you can make your kids happy even though they have been through a bad experience from the beginning of their life, you can make the rest of their life pretty happy or try and make it as happy as possible."
(Adeline)

"Cedar's brought us closer as a family. I'm more confident than I was ... I can go out and do things more. I've learned that it's not my fault, I've learned that I actually can do things ... I've learned a lot from them. They've really, really been helpful and I definitely would recommend it to anybody."
*(Morna)*

5.21 In the context of some mothers' defences coming into play at the referral and assessment stage, for example, being quite negative or "not really bothered", as one mother put it, it was heartening to note how positive so many were about the programme: "I will really thank the Social Worker for putting me through it to be fair. And that's something I never thought I would say about them ... I really feel that it's worth its time and effort. It's a really good project". This is important feedback both to professionals who are considering referral to Cedar and policy-makers interested in effective engagement with previously 'hard to reach' families and outcomes for children.

Facilitators views on outcomes for mothers

5.22   Figure 5.1 shows that facilitators' views on outcomes for mothers are positive and these endorse the findings from mothers. The majority reported that they felt there had been a positive group environment for mothers and that they gained a greater understanding of domestic abuse. Views about mothers' greater knowledge of safe behaviour were also positive, although were less emphatically expressed. Again, although still broadly positive, there was less certainty amongst facilitators about the impact on the mother-child relationship.

Figure 5.1: Outcomes for mothers - views of facilitators
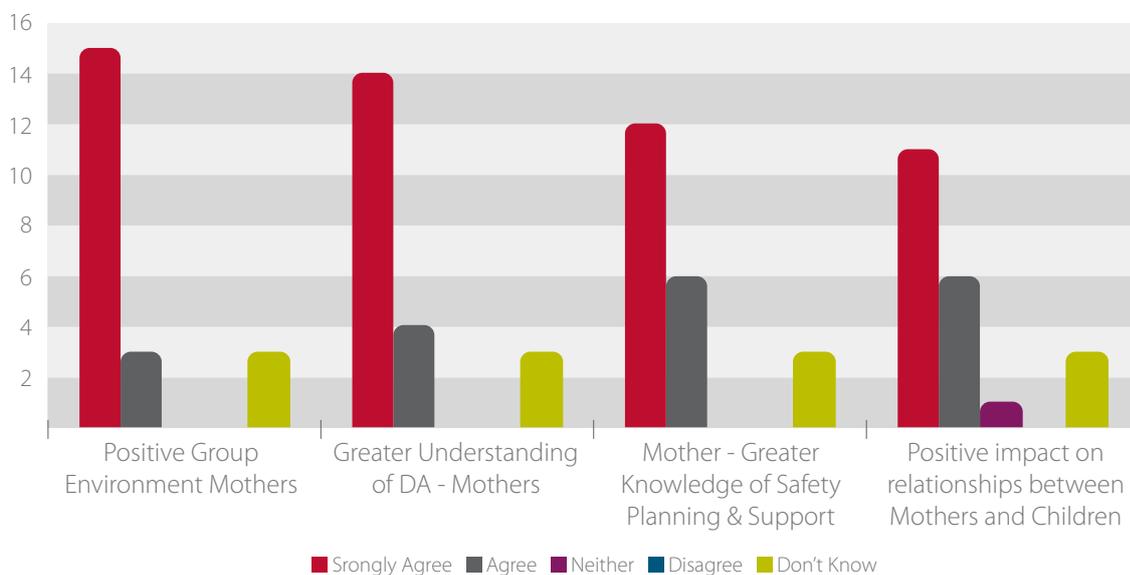
Source: web surveys of facilitators, Mothers groups, n=21

5.23   Facilitators suggested that groupwork was a powerful way to raise understanding about the impact of domestic abuse on children, with their mothers, in less directly confronting and stigmatising ways:

> "Many of the mothers had denied the impact of their partners' actions (and sometimes their own actions) on their children, and it was powerful for them to acknowledge their contribution, whilst simultaneously maintaining the belief that they were not to blame for the abuse."

> "[Outcomes for mothers were] overcoming isolation and working on feelings of guilt and shame through the positive experience of being in a group, being nurtured and valued, and sharing common experiences. Increasing the mother's self-esteem and allowing her to look at uncomfortable feelings in a safe setting makes her less afraid and more able to support her child."

> "The best thing the women attending got was support from other women attending the group. Women were able to acknowledge some of the issues for their children and were able to accept that some of their children's poor behaviour was not meant as a personal attack on them".

5.24 As with children and young people, many comments related to the power of being a group with peers to end isolation, promote self-esteem and learn from each other:

> *"The women found the experience of being in a group therapeutic in itself, as it was a means of overcoming the isolation which is an inherent part of the abuse dynamic, and of lessening their sense of guilt and shame. The consequent increase in self esteem and confidence can only support them in their parenting."*
>
> *"Having women at different stages of the process of moving on from abuse in the group allowed those further along the road to support others by showing that it was possible to move forward and have a happy future. This increased the self esteem of the first set, allowing them to reflect on how far they had come, and instilled hope in the other set."*

5.25 There were further comments from mothers group facilitators about the value of the concurrent approach:

> *"I feel the concurrent nature of the programme is central to its success. I hope that the fact mothers were attending helped the children to recognise that their mothers do have some understanding of the impact of the abuse on them and want to support them to heal from the abuse, even when relationships between mothers and children are strained and volatile."*

> *"Mothers are aware of what is happening and possible effects the discussions will have on the child. Children are aware of what will be happening as mothers have told them, which often means they come in excited and raring to go. Mothers and children are able to bond over the common learning experience."*

5.26 In relation to the way that the programme supports the relationship between mothers and children, whilst still generally positive, there was less confidence that there had been a consistent positive impact:

> *"I think the programme supports practitioners to keep the needs of children as a priority. In my experience this focus can at times be lost in groups for parents and it becomes 'all about them'. The structure of sessions is key, I believe, in striking the balance of needs."*

Discussion and summary of the outcomes and key lessons for mothers

Creating the conditions for learning

5.27   Cedar offered a non-stigmatising, safe and structured group environment for mothers. Mothers valued the skilled, authentic, relationship-building approach of their facilitators which showed respect, care and sincerity and built trust within the group. Like their children, the mothers also appreciated the food and the range of activities. These are essential components of Cedar to create the right kind of group atmosphere where participants feel valued, are able to learn and provide mutual support to each other. This experience made mothers unequivocal in recommending Cedar to others.

Understanding the impact of domestic abuse on children

5.28   Mothers now have a greater understanding of domestic abuse and its influence on their children's development; they understood domestic abuse had not only happened to them. Many recognised their own experience in others' stories; these kinds of realisations reduced self-blame and isolation and altered women's perceptions of themselves, as both women and mothers. The majority of mothers reported changes in their knowledge about domestic abuse and several reported different responses to their children's behaviours.

Talking about safety planning

5.29   Most mothers gained a greater knowledge of safety planning for children and sources of support. However on both a practical and emotional level, mothers found that these are awkward conversations to have with their children and needed more guidance on how to talk with their children about their safety plans. This endorses the learning from children discussed in Section 4. The issue of children's safety and safety planning should be on the agenda throughout the 12-week programme and be more tailored to each family's circumstances. This is particularly important given that women in post-abuse situations are often living in fluid and uncertain domestic arrangements and relationships. A challenge to the forward development of Cedar would be to consider a more systemic approach involving all family members attending Cedar and a form of support for men (including current partners) to help them understand the effects of domestic abuse on their partner's children or their own children. Moreover from a child protection perspective, it is vital that fathers' and current partners' involvement in the family is properly assessed.

The value of concurrent groups

5.30   The Cedar curriculum and structure brings additional benefits to those of groupwork; the concurrent nature of the groups and shared curriculum provides an impetus for mutual processing of learning between sessions for mother and child. The Cedar resources and language, handouts and folders are valuable tools for mothers to use with their children in the home environment.

5.31   The way that mothers' groups are run can have an important impact on the insights gained by mothers. Based on experiential rather than didactic learning, there is evidence that the approach can promote the insight, empathy and reframing that is essential to support more sustainable and transformational learning. The playfulness of the environment within the mothers' group and the mirroring of the content of the children's group is important in underlining that Cedar is ultimately for the children. At the same time, the processing of their own experience that the mothers undertake may be the best chance that they will sustain the learning from group after the end of 12 weeks. This underlines the importance of encouraging as many mothers as possible to attend the group, whilst also helping mothers who do not attend or drop-out of the group to support their child in other ways.

Mothers' needs as women experiencing recovery from domestic abuse

5.32   The interviews showed that women have often experienced numerous personal losses and periods of upheaval. The magnitude of a woman's own needs can influence her capacity to reflect on both herself and her children, although even some women who were parenting in quite challenging or unsettled circumstances were able to articulate their learning about the effects of domestic abuse on their children. In this regard the work done in group on grief and loss and self-care should remain a high priority.

5.33   There is a danger, that, for some mothers realising the damage that domestic abuse has done to their children, could further erode their confidence and capacity to parent without further support services in place. This realisation may also be a factor in some women's flight from groups as they seek to hang on to their defences and tried and tested coping strategies.

5.34   For some women re-engaging with multiple episodes of grief and loss in their lives may tip them still further into other forms of harmful behaviour, such as drug and/or alcohol misuse, or lead to the development of serious mental health issues. However, with support, this could herald a period of improved wellbeing with the timely provision of more specialist services

to deal with longstanding issues. If there are other services that family members might need, such as drug and alcohol misuse treatment or adult mental health services or CAMHS for example, the period running up to the end of Cedar or immediately following the groups would be a very good time to discuss accessing more specialist help for them and their children.

5.35 Cedar may also open up the enduring traumatic effects of abuse on women when they, themselves, have experienced an abusive childhood. Some women were just beginning to understand this more fully through their involvement with Cedar. This is psychologically challenging even for the most resilient, reflective and well-supported woman. This underlines the need to ensure that there is support in place for some women, especially those who have been abused themselves as children, to maintain their ability to parent during Cedar and sustain improvements in the mother-child relationship afterwards.

Maintaining the focus on the mother-child relationship

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

5.37 It is clear that outcomes for mothers were not secondary to those for the children; whilst mothers were not the primary focus of the programme, the insight, empathy and reframing of their experience that some mothers undertook may be the best chance that they will sustain the learning from the group and be able to continue to support their children in their mutual recovery process. For the positive outcomes reported in sections 4 and 5 to be evidenced even more strongly and be sustained there needs to be a consistent focus on the building of the mother-child relationship throughout the programme.

5.38 Mothers' accounts indicate that the programme has transformed both the short-term and longer-term prospects for their children and themselves. They mention improved physical and mental health; better performance of their children in school; and improved family relationships. The degree of optimism shown by mothers about the influence of Cedar on them and their children, and their aspirations for a brighter future need to be built on in the crucial post-Cedar period. This could secure longer-term help for some mothers and their families by improving access to more specialist services, thus bringing about further positive change.

6. Co-facilitation, Individual and Organisational Learning

6.1 This section discusses the experience of both Cedar coordinators and co-facilitators (jointly referred to as facilitators) of the groupwork process, with a focus on the issues raised by the co-facilitation of groups and highlights individual and organisational learning arising from the programme. It draws on the information directly from the pilots, three web-based surveys of co-facilitators,[115] telephone interviews with a small number of co-facilitators and discussion of the issues around co-facilitation in LAGs, at the Exchange Events and within the National Partnership.[116] This section also draws on the views about co-facilitation of the group participants themselves.

6.2 The facilitators also provided further evidence about the outcomes of the programme for group participants and this has been reported in Sections 4 and 5. A profile of the group facilitators is provided first to provide a fuller understanding of their backgrounds and experience before discussing their views about their own learning from the groupwork processes.

Multi-agency co-facilitation: a profile of facilitators

6.3 The pilot has relied on the donated 'input-in-kind' of co-facilitators.[117] In addition to the six Cedar coordinators, a total of 68 different people acted as co-facilitators for groups, of whom 14 were men.[118] Co-facilitators were drawn from a range of agencies including local authority Social Work, Education, Nursery or Childcare departments, the Police, Child and Adolescent Mental Health Services (NHS), Women's Aid, SACRO, Barnardos and other voluntary sector organisations with a domestic abuse, sexual abuse or single parent focus.

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115. These were conducted in Summer 2009, January 2010 (co-facilitators only) and Summer 2010. A total of 73 responses were received from 53 individuals. Respondents were asked to comment on the experience of the most recent group in which they have been involved. An overall response rate of 85% was achieved. Responses were received from a wide range of agencies, reflecting those from which co-facilitators had been drawn.

116. Data from the successive surveys was fed into the discussions at the LAGs and the National Partnership and a briefing note on the issue of co-facilitation was circulated in April 2010.

117. This model of co-facilitation is discussed further in Section 7.

118. Men co-facilitate the children and young people's groups only. The Groupwork Manual advises that mothers groups are co-facilitated by women. This is presumably based on the gendered analysis of domestic abuse, although was never questioned during the pilot or explored in the evaluation.

Figure 6.1: A profile of facilitators, to March 2011

Type of group	Edinburgh	Fife	Forth Valley
CYP group	11	24	14
Mothers Group	3	5	5
Both groups	3	1	2
Type of agency			
Education		6	
Social Work	4	3	9
Council - other	1	4	
NHS-CAMHS	3	1	
Police	1		
Women's Aid	3	5	4
Voluntary	6	11	7
Total	17	30	21

Source: Cedar pilots, 2008-11

6.4   Figure 6.1 shows some interesting differences in the deployment of co-facilitators. In each area, at least half of the pool of co-facilitators was drawn from voluntary sector agencies, including Women's Aid. Fife developed the largest pool of co-facilitators, and whilst they came from a range of agencies, they were the only pilot to use co-facilitators from the local authority education department. In contrast, Forth Valley drew the largest number of their co-facilitators from local authority social work departments, largely Stirling Council, one of the three local authorities in the area. Edinburgh made slightly greater use of the same co-facilitators in both types of groups.

6.5   The web surveys gave more insight into the backgrounds and motivations of facilitators and allowed analysis of changes in the pool of co-facilitators over time. A clear trend was that over the course of the pilot more men were recruited as co-facilitators. Overall, the vast majority were not from minority ethnic groups and were largely working in non-supervisory or management positions. Most had opted to take part in the Cedar programme, rather than being required to by their employer. Their professional backgrounds were very varied and encompassed social work, domestic abuse, addictions, Children's Services, child protection, child and adolescent mental health, special needs education, the Police, criminal justice, nursery nursing, nursing and community education. A noticeable shift occurred over the pilot period as there was more involvement from staff employed by non-social work local authority departments. It is worth noting that young people in particular appreciated the involvement of teachers, the Police and male facilitators.

6.6   Figure 6.2 shows that overall the vast majority of facilitators had at least some experience of working with women who have been exposed to domestic abuse and only a minority had no experience of working with children exposed to domestic abuse. Similarly, they mostly had at least some experience of groupwork.

Figure 6.2: Previous Experience of Facilitators

	No.	Within group %
None/very little experience of groupwork	5	7%
Some experience of groupwork	36	51%
Extensive experience of groupwork	29	41%

None/very little experience of work with women experiencing DA	1	2%
Some experience of work with women experiencing DA	22	48%
Extensive experience of work with women experiencing DA	23	50%

None/very little experience of work with children exposed to DA	6	10%
Some experience of work with children exposed to DA	29	49%
Extensive experience of work with children exposed to DA	24	41%

Source: Web surveys, 2009-10

6.7   A noticeable pattern over time was that in later cohorts, whilst there were some who had previously facilitated a Cedar group, the 'new recruits' had less experience of groupwork and less extensive experience of working with women who have been exposed to domestic abuse, than those involved in the initial rounds of groups. A small number had no or very little previous experience of working with children exposed to domestic abuse. Whilst such a dynamic might be expected it has implications for training over the longer term.

6.8   In terms of their motivations, Cedar was anticipated to provide co-facilitators with an opportunity to develop skills, enhance their understanding of the impact of domestic abuse on children and young people and gain more experience of groupwork. Some more explicitly offered their experience and skills to the Cedar programme and saw co-facilitation as an opportunity to engage more fully with other agencies working in the same field, to mutual benefit. Over time, there seemed to be a more general awareness of Cedar as an opportunity for continuing professional development and sometimes a quite particular interest identified in Cedar as an opportunity to influence practice elsewhere:

"I was keen to hear from the young people themselves about their experiences, and in particular how that is impacting on their education. From a guidance perspective it was also an opportunity to ask the young people what school support is appropriate and worthwhile for young people experiencing domestic abuse."

6.9 Overall, around two-thirds of survey respondents had attended some kind of pre-Cedar programme training. Most comments on the training were broadly positive; the most effective approach appears to have been inclusion of discussion of the dynamics of groupwork and working together as co-facilitators, including a focus on the amount of preparation and debriefing that should go into the groups. It was suggested that delivery of detailed information about programme content can be achieved in other ways.

The experience of co-facilitation and groupwork processes

6.10 Figure 6.3 below summarises the views of coordinators and co-facilitators about the groupwork process. Co-facilitators reported that the experience of co-facilitation was largely positive and the majority of co-facilitators said they would be happy to co-facilitate further groups, although fewer indicated a willingness to lead the groups. Feedback from mothers also suggested that on the whole the dynamics between the co-facilitators worked well; children and young people reported that the facilitators did a really good job and they appreciated the relaxed 'hands on' approach. They said that the facilitators went out of their way to make the groups as welcoming and comfortable as possible, listened to them and were always helpful.

Figure 6.3: Summary of views about different aspects of the groupwork process

worked less well ↑

worked well ↓

GROUP PROCESS

- Helping the group maintain a positive safe climate for learning together
- Recognising and supporting people in individual distress and disclosure
- Handling formal endings of the group
- Finding ways to give everyone a chance to participate

- Modelling and teaching helpful group behaviours
- Initiating discussion when the group doesn't generate ideas
- Handling any unscheduled departures of members from the group
- Assisting group members to honour the rules that have been established
- Maintaining the balance between the mother's personal issues and the focus on the child (mothers' group only)

- Handling challenging behaviours and language

SUPPORTING LEARNING

- Making it fun
- Adapting the programme material, resources and activities to the circumstances and group members
- Drawing on the experience of all members of the group
- Guiding problem solving, not fixing things for people

- Encouraging group members to reflect
- Using the mix and diversity of the group to best effect

- Using conflict to support learning

6.11 In relation to what has worked well, the right balance appears to have been struck between the creation of a relaxed and fun atmosphere and space for challenging 'work', in both children's and mothers' groups. Groups brought women from diverse backgrounds together who were at different stages of recovery from domestic abuse. The atmosphere created allowed them to be supportive of each other and to share their experiences. Involvement of participants in the creation of the ground-rules also set the right tone and atmosphere.

6.12 Figure 6.3 shows that in terms of groupwork processes, the element that worked best overall was helping the group maintain a positive safe climate for learning together. Other strong elements of group work were recognising and supporting people in individual distress and disclosure; handling formal endings of the group and finding ways to give everyone a chance to participate.

6.13 Whilst usually strong, some elements of groupwork process did not consistently work well. These were modelling and teaching helpful group behaviours; initiating discussion when the group doesn't generate ideas; handling any unscheduled departures of members from the group; assisting group members to honour the rules that have been established and maintaining the balance between the mother's personal issues and the focus on the child. Overall, the most problematic aspect of group process appears to have been handling challenging behaviours and language; whilst more than half said it had worked well most of the time, there was some more problematic experience.

6.14 Figure 6.3 also shows that in terms of supporting learning, the most positive elements were adapting the programme material, resources and activities and making it fun, with both these elements being consistently achieved. The more challenging elements were encouraging group members to reflect, using the mix and diversity of the group to best effect and using conflict to support learning.

6.15 As groups involved a wider range of ages and the pilots experimented with groups of larger sizes, other issues came to light about group process and suggest that groups with too large a range of children's ages and abilities should be avoided, rather than necessarily avoiding larger groups. A number of children's groups with seven participants successfully retained all members, including one of five to seven year olds. A small number of children's groups proved to be more problematic than others. The practice story 'Not all plain sailing' illustrates the dilemmas and difficulties.

Story 8: Not all plain sailing

I'm a Cedar Children's Group Coordinator. I started work in 2008 and had run about 6 groups before things started to go pear-shaped. We'd had a spate of referrals of boys aged 11-14 and we'd managed to do all the assessments and put together a group of eight of them to run after school on Thursdays. I'm not sure why we did it this way - but we did, perhaps because we hate to make families wait for too long before they get a place. It was bigger than previous groups and also all boys.

Well, the co-facilitator I'd been hoping to use went off sick a few days before. Luckily I managed to find someone else to do it that did have lots of experience of working with teenagers. The quiet person in the group was a volunteer - she did have some useful previous experience though. Together, we got off to a pretty good start really. I don't know what it was, but as we got into the more tricky stuff, she seemed to lose her nerve - I had to stress the importance of talking about the difficult stuff. She might have preferred it if we'd taken them skateboarding or something! So we struggled on with it week by week. It would have been better if she'd been on the training course. Hindsight is a wonderful thing.

You'd expect some behaviour issues with eight boys in the room. I had to exclude one from the group because of the way he spoke to me. They weren't all disruptive - in fact, one or two of them hardly said a word in most sessions and I was concerned about that. One of the quiet ones told me after week 3 that he didn't like it when some of the others were 'bad and spoiling the fun for others'. Some of them really struggled to listen and take turns and the older ones clearly thought the DVD was really childish. I cringed a bit myself. But it really kicked off after week 6, when we had a disclosure from one of the boys and another one laughed. After that, the session was effectively over. I was glad there were three of us. I knew we had to change tack.

6.16   The facilitators reported tensions between them around different thresholds of what types of behaviours are tolerated and different behaviour management strategies. As noted in Section 3, in response to these issues, initial assessment practice was altered to ask children about their experience of being in groups. Another suggested way of getting an early warning of difficulties would be to have an additional introductory session prior to the formal 12 sessions commencing which may indicate potential issues about group participation.

6.17 The presence of the extra facilitator or 'quiet person'[119] in the group seems to have been valuable. It allowed some less experienced facilitators to observe first and learn about the programme before potentially stepping up into more active roles in facilitation of groupwork. For others, this role added variety to their experience of facilitation. The role has been important in supporting individual children where needed; although, in practice, they have not been 'quiet' and their roles have been flexible and re-negotiated in response to the particular needs of the group:

"When the facilitator was off sick ... due to the difficult nature of the group, I supported the facilitators with the sessions content in addition to behaviour management of specific children. We agreed I would not just have an observation role and I would be part of the group, which I felt worked well and did not create anxiety for the children, as they were able to get to know me".

6.18 Figure 6.4 shows that in relation to working with each other, most elements of the process worked consistently well. Earlier feedback suggested that debriefing, working together during the group, following through agreed actions, planning and managing different styles of facilitation all needed greater attention and the Interim Evaluation Report suggested that there was a need to nurture and value the co-facilitation process more explicitly. These findings now suggest that the Cedar pilots took this on board and that these elements were consistently stronger than in the early days:

"Time was allotted each week for proper planning and debriefing so everything felt relaxed and unrushed. The three co-facilitators had a similar facilitation style and shared a willingness to go with flow to a certain extent, while being aware of the need to stick with the programme, so we all gelled well and the sessions flowed."

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119. This was the original term used.

Figure 6.4: Summary of views about working with other facilitators

worked well — worked less well

WORKING WITH OTHER FACILITATORS

• Debriefing at the end of each session • Working together with other facilitators during the group • Following through agreed actions between and at later sessions • Managing different styles of facilitation • Judging when to change from the agreed plan for the session	• Finding time to plan sessions and share tasks with other facilitators	

Source: Web surveys, 2009-10

6.19 Finding time to plan and share tasks with other facilitators was less consistently achieved; comments suggested that there remained issues about dedicating time to planning the next session, rather than 'tagging it onto the end' of the previous session, when time is usually a factor. Contingency planning for staff absence and supervision or debrief arrangements were also important to recognise the impact that the groups can have on the professionals, as well as the participants.

6.20 Overall co-facilitators report that they were supported and valued by Cedar staff and that this had positive effects on the whole group experience for the participants:

"I felt our styles of facilitation complemented one another, and felt that my contributions were valued. I had permission to make mistakes, and was encouraged to be creative and use my initiative. Overall, co-facilitating was a very positive and rewarding experience for me, and one which has increased my confidence and knowledge of group work practices. I think the women picked up on how comfortable and co-operative the facilitation was, and I hope that this demonstrated for them a positive working relationship and encouraged them to respond in the same co-operative manner to us as facilitators and to the other group members."

Individual and organisational learning

6.21 In relation to individual and organisational learning, the majority of co-facilitators reported positive outcomes for themselves and their agencies. Figure 6.5 shows these individual and wider benefits in terms of the development of knowledge and skills.

Figure 6.5: The development of knowledge and skills: all coordinators & co-facilitators

Legend: Srongly Agree & Agree · Neither · Strongly Disagree & Disagree · Don't Know
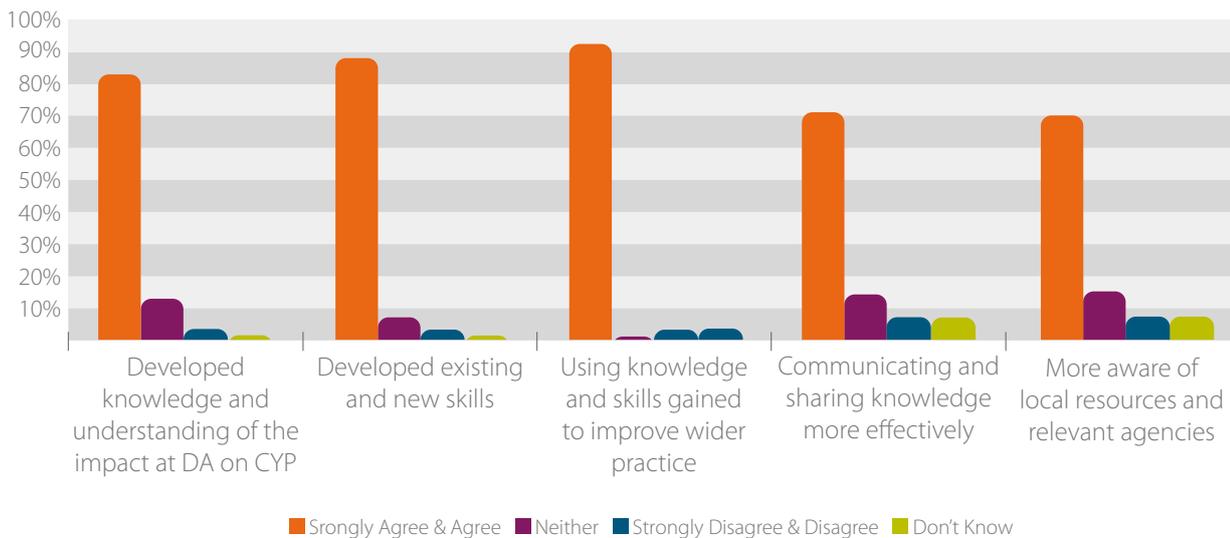
Source: Web surveys, 2009-10

6.22 Despite their high prior level of experience, the vast majority reported that they developed their knowledge and understanding of the impact of domestic abuse on children. An experienced co-facilitator from a specialist voluntary agency had used the 'immense learning' to give the Management Committee greater insight into issues of domestic abuse. Most also developed their skills and were able to use that knowledge and skills to improve their wider practice:

"I've changed my own input. I'm more sensitive about the way I put things. I'm more aware of how some young people would take what I say. I'm more confident [in my wider work]. I understand more about where young people are coming from. Before I used to think what they needed was a formal service ... professional response - now I'm more child-focused ... think about what would connect with the young people, use their language and ask their opinions."

6.23 Co-facilitators acknowledge the power of hearing accounts at first hand 'from the horse's mouth' in the group-setting:

> "I learnt from talking to the Mothers - it was real eye opener for them - and for me. They assumed that children would be unaffected - although I knew that they would be, I still learnt. The mothers supported my learning. In any group, there's always learning for you as a participant - even if you're a facilitator."
>
> "I was very knowledgeable anyway - but I am also always learning. In the group, you kept hearing new stories - it's several years since I did front-line work - the newness made quite an impact on me. Hearing it fresh inspired me to do a better job. Being with Mums and hearing experiences first hand- I don't think alot of people get that privilege. They maybe get the abridged version of events."

6.24   Another dimension to the learning from Cedar for professionals may lie in the nature of the 'joint working' involved in which professionals from across a variety of agencies co-deliver the programme. This is quite unusual:

> "You meet lots of people in this work - at conferences and meetings, but Cedar gave us an opportunity we might otherwise never have - to deliver something together. I think that's unique."

6.25   Figure 6.6 shows further individual and organisational learning. Most co-facilitators reported that Cedar had contributed to greater communication and sharing of knowledge between agencies and greater awareness of resources and other agencies. Figure 6.6 also shows that most think that their own agency does take domestic abuse as seriously as they think it should, reflecting the nature of the often specialist agencies that have provided staff.

Figure 6.6: Further individual and organisational learning: co-facilitators
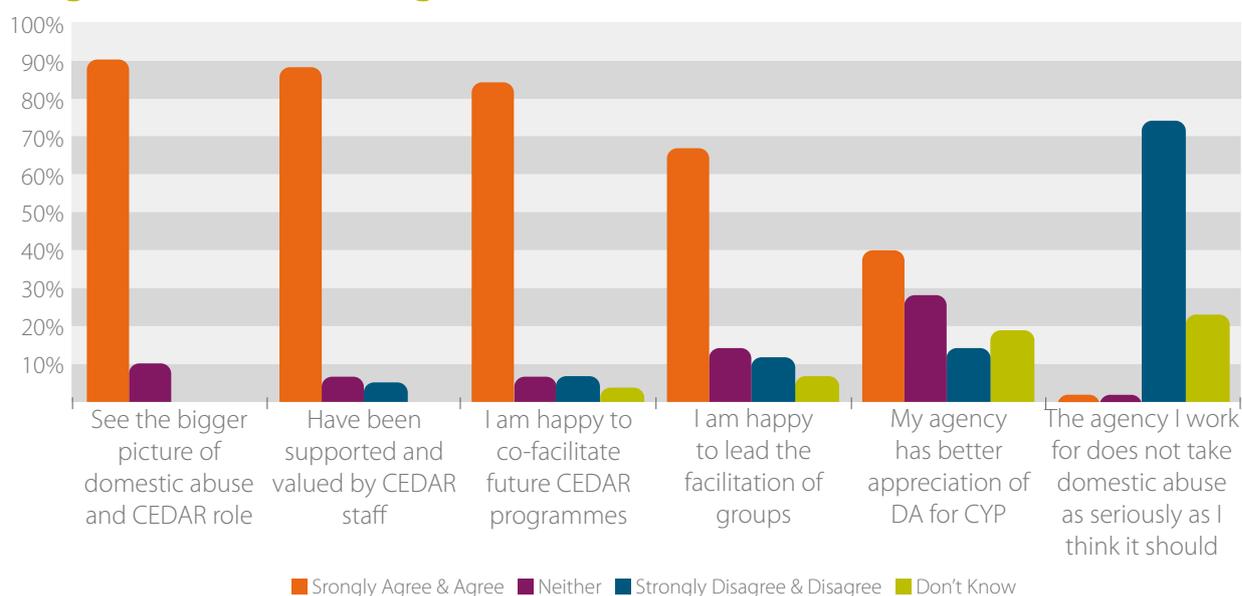
Source: Web surveys, 2009-10

6.26 Whilst some staff have been well-informed and have been able to provide information to the Cedar pilots, the networking and opportunities to share information and experience have clearly been widely valued. Cedar provided some professionals with new skills, particularly groupwork skills, and other insights of value. This includes the theory of the programme, for example the ways that the concepts of anger, blame, and loss are described, have had a practical value in aiding the analysis of other service-users' situations. Co-facilitators also reported that they have gained ideas of how to better support mothers with parenting issues and practical ideas and resources to use in wider family and parenting work. Cedar also allowed some to extend their work:

> *"I'm involved in the Youth Work Partnership and I promote Cedar wherever I can; it all crosses-over. At the moment, we're looking to see where the young people from the Cedar group might go onto. It's heightened my awareness of community services - this is a new element of my work".*

6.27 The Learning at Work story of practice illustrates many of these issues of individual and organisational learning.

Story 9: Learning at Work

My name is Gordon and I've facilitated two children's groups now. I work for a voluntary organisation that supports vulnerable children so it wasn't new to me. I also worked with perpetrators in the past. I've got extensive experience of running groupwork for children and young people. I was keen to co-facilitate a Cedar group - I admit I wasn't too sure we'd get through the set topics each week.

The first group were aged 8 and 9 - the last group were teenagers. They were amazing - they were able to articulate what had happened much more, but the little ones could draw or play and you could have a conversation about it. But in both groups, my eyes really opened - it was hearing their stories - I was constantly amazed by the variety of things that can happen and also by how each of them had dealt with it. I was reminded of how much they have to tell lies, about just how they cope and that many of them are just getting on with their lives - the issues can be really hidden and it can take quite a while for them to come out.

There was one story told by a young man about how after an incident at home, his mother didn't call the Police. It turned out later because she thought that was the best way to keep her children safe. Anyway, he didn't agree, but of course, he wasn't able to tell his Mum that and he just resented her for not calling the Police. He told us in the group that this was something

he wanted to tell his Mum - which he then did. She had no idea. Their relationship transformed after that.

It raised my awareness of what they see - but also of what they can give back to others. One would say something and another one would say 'that's happened to me too'. You saw their strengths - how they cope and how strong they are. All the play and creative devices like the icebergs, volcano and so on were very powerful learning tools.

I did know one of the other co-facilitators before - but the three of us running the group gelled really well. I'm not saying we didn't have our differences. Certainly our styles were different - there was a few times I gulped! It was quite honest and frank, for example, when they were talking about 'what's OK and what's not OK'. Some of the young people were being very honest with other kids - it was not embarrassing or shameful for them to talk about it. They must have felt safe to do that. They all helped each other. Nobody rubbished it - they were accepting and quite kind to each other. The topics for each week meant that we'd know 'this is the work we're now doing'. I have to admit that in the past groups I've been running, it's perhaps been easier to skip over things because of our own discomfort with some subjects.

I'd have to say too that it did seem to be important to the young people that one of us was a man. They got on very well with me. One boy took a real shine to me. It's a funny thing to say but I was definitely a positive role model - I thought it was important for them to see that men could do this.

Hearing these experiences first hand has been a real privilege. Personally I've learnt loads from it. It does professionals good to see how things are done by others - to get out more! I've mentioned some of it to a colleague when we were coming back from a recent conference together. But I've not really had time to talk to my manager or the wider team. After all with the recent budget we've got other things to be thinking about.

Discussion and summary of key lessons about groupwork facilitation, individual and organisational learning

6.28   The findings here build on and endorse those reported in Section 3; the quality of groupwork facilitation is the final thread that draws together all the prior factors that have supported positive referral and assessment processes to secure participation in groups. By both creating the right group environment for children, young people and mothers, and in the ways that they have worked, facilitators have played a crucial part in the achievement of the high retention rates for groupwork reported in Section 3 and hence the very positive outcomes reported in Sections 4 and 5. In addition, the facilitators have benefited from their individual learning

for their own practice and that of their wider organisations by extending understandings of domestic abuse and the potential of strengths-based approaches to broader professional practice.

Learning together in practice

6.29   Co-facilitation of groupwork proved to be a constant and 'live' learning process and the challenges of this kind of groupwork facilitation were evident as facilitators inevitably had their preferred ways of dealing with things. It was encouraging that the Cedar pilots were prepared to try out different approaches and took on previous feedback. In this kind of inter-professional context, it remains the case that at times it was difficult to give critical feedback without invoking defensiveness; there have been tensions between facilitators about sharing of information about group participants and different thresholds around child protection issues.

6.30   These findings underline the importance of all facilitators attending pre-group training. The extra facilitator role is a useful way of learning 'on the job' but is unlikely to be a substitute for training. In particular, joint training for those intending to work together to deliver the programme is likely to be most valuable. Inclusion of previous programme graduates in the delivery of the training has been a positive development in the late stages of the pilot.

6.31   Training needs to include discussions of group process and dynamics; given limited time, it may be best for information about curriculum content to be delivered in advance in other ways, through pre-reading or a more general information session. Management of different styles of facilitation also needs particular attention in training sessions and during groupwork to ensure a more universal experience and to draw on the different perspectives and experience of a range of professionals as a positive asset for the programme.

6.32   Training and continuing attention to these issues are likely to be particularly significant where co-facilitators are recruited from a wider range and more generalist agencies. The pilots adopted the later practice of allowing co-facilitators to work with both types of group (although not the concurrent ones). This approach offers the potential to deepen and enrich the learning potential for co-facilitators, although is likely to be restricted by the more general limitations of the model which relies on in-kind contributions.

6.33   Whilst pre-group training is important, the Cedar programme has been shown to offer a powerful way for professionals to learn together in practice about the impact of domestic abuse on children. Co-facilitators acknowledged the power of hearing accounts at first-hand. There have been very positive learning outcomes for the professionals involved in

co-facilitation, particularly given their existing relatively high level of expertise and knowledge. Cedar has provided some professionals with new skills, particularly groupwork skills, and other insights of value. This includes theory, language, practical ideas and knowledge of resources likely to be valuable in their wider family and parenting work. Cedar has also allowed some to extend their work.

6.34   This experience suggests that Cedar can contribute to genuine professional integration of service providers, but there does need to be explicit and continuous attention paid to the co-facilitation process and the mechanics and dynamics of working together to run groups amongst professionals with varied styles of practice and experience.

The value of multi-agency co-facilitation

6.35   Different styles of facilitation and the different perspectives and experience of a range of professionals are a positive asset for the programme. A clear message from the pilots is that all statutory services should provide staff to co-facilitate Cedar groups, including teachers and social workers. The need to recruit more male facilitators will provide a continuing challenge from within a domestic abuse and children's services workforce that is predominantly female. The pilot has shown that it is possible to use Cedar to train those from more generalist agencies to work with children and young people experiencing domestic abuse recovery.

Extending agency understandings of domestic abuse

6.36   There is evidence that involvement in co-facilitation of Cedar groups was able to have an educative and catalytic effect on both individuals and their organisations, in particular on wider agency understandings of domestic abuse and practice, as it affects children and young people. The full potential of this effect on wider understandings and practice will only be fully realised with a more conscious, deliberate attention to sharing insights and learning with wider colleagues.

6.37   Cedar has been a vehicle to address the traditional separation of services for women and children in recovery from domestic abuse. It has helped to promote good communication amongst a range of professionals and better professional integration of services. However, the full potential of this broader effect on wider understandings and practice may not be realised without a more conscious, deliberate attention to sharing insights and learning with wider colleagues. This requires strategic leadership within and across agencies so that front-line staff feel well supported by their managers and expected to share and build on their experience.

Extending a strengths-based approach to broader professional practice

6.38   There may also be further benefits for service design and delivery. Cedar is a form of experiential and social learning for professionals as well as for group participants which could have a significant impact on broader professional practice that seeks to adopt a more strengths-based approach. The elements of such an approach are evident here. They include the recognition of the existing capacities of children and mothers; their involvement in decision-making about what is right for the family; enhancement of resilience by support for the development of peer networks; encouragement of a non-judgemental approach in which professionals share what they know based on professional and personal experience; and the 'facilitation' of learning and change through the development of trust and respect. These qualities of respect, caring, sincerity, authenticity and trust are all crucial in building competence, connection and confidence for those in recovery from domestic abuse.

7. Cedar in Scotland: learning from the pilot programme

7.1   Cedar was grant-funded as a pilot project for 2008-2011 by the Scottish Government. Two further aims of the evaluation of the pilot were to enhance national level learning from the programme, including the effectiveness of the Cedar National Partnership and appraise the cost-effectiveness of the Cedar pilot model of service provision. This section discusses these issues to provide a fuller context for the summary and conclusions in Section 8.

Assessing value for money

7.2   The assessment of value for money of a pilot programme presented a number of practical and conceptual limitations. The costs of a standalone pilot designed to test out the design and delivery of a new programme of work may not be true reflection of the costs of the routine delivery of an established programme of work.

7.3   The pilot has operated far fewer groups than initially anticipated. Whilst original targets were ambitious, the volume of groups has to be considered in the light of the success in retaining high numbers of group members and the learning about the effectiveness of the approach. Previous sections have discussed a number of issues that influence the capacity of the programme and which are pertinent to any mainstreaming of the approach and discussion of value for money, including the involvement of coordinators in all groups; the value of the high staff: children ratio; the workload implications of managing referrals, assessments and groupwork; the importance of assessment as engagement; the value of the co-facilitation as continuous professional development and wider individual and agency learning.

7.4   Section 2 and the impact map (Figure 2.3) set out a number of positive inter-dependent and mutually reinforcing processes and outcomes that were expected to move children and young people from a position of adversity and vulnerability to resilience and a more protective family and support environment. The impact map also showed further onward and multiple impacts that go beyond the immediate influence of any single agency or service, but towards which Cedar outcomes can be expected to make an important contribution; the positive outcomes achieved in the Cedar pilot do give confidence that the programme has transformed both the short-term and longer-term prospects for children, young people and their mothers.

7.5   A full assessment of value for money would need to consider all the short and longer-term costs, the direct and indirect costs and the potential for savings, even if they may not be directly or immediately quantifiable. Data available is limited to short-term service delivery direct costs; even with this data, different recording conventions make it difficult to identify direct groups costs separately from general costs on a reliable basis. Cedar coordinators' salary costs are the largest single item. Data for long-term and indirect costs is not available. Establishing a monetary measure of the potential or actual savings in the short and long-term, is problematic for conceptual, empirical and practical reasons.

7.6   The original funding proposal estimated that co-facilitators would need to be prepared to work for 48 hours over the 12-week period, including 12 hours preparation time and 36 hours for delivery. This estimate included both mothers and children's group co-facilitators, even though mothers' groups are 30 minutes longer than children's, adding another 6 hours to the requirement for some co-facilitators. The July 2010 co-facilitators web survey asked co-facilitators to estimate how many hours per week they typically spent on Cedar for each group, including preparation, groupwork, debriefing and supervision during the 12-week programme, but not including travel or training. Responses ranged from three to eight hours per week, with an average of four hours for both children's and mothers' groups. This was typically described as having a moderate impact on the rest of their work, but also as easy or mostly manageable and well worth the effort. An indication of the value of Cedar is suggested by the finding that the majority of co-facilitators were happy to co-facilitate future Cedar programmes.

7.7   The interim evaluation report noted that the coordinators' role in leading groups had been seen as necessary on grounds of quality assurance and continuity of relationships with children and mothers. This approach limited the capacity of the programme. Despite their general willingness to be involved in the programme again, fewer co-facilitators were willing to lead the facilitation of future groups; some suggested that this is due to their own lack of confidence. Originally as a response to staff sickness, one of the pilots latterly allowed experienced co-facilitators to become 'lead facilitators', running groups without a Cedar Coordinator present. This was a successful strategy but, raises issues about supervision and support for those staff and the additional time needed to take on this role under the 'in-kind' model.

7.8   Figure 7.1 below shows the number of groups run in the three areas and gives the overall costs of the pilot at about £0.83m over the three-year period. It also gives an estimate of the value of the time input donated by agencies that have provided staff to co-facilitate groups. This totals almost £100,000 of extra resource.

Figure 7.1: Number of groups, co-facilitators and cost estimates, all areas January 2009- March 2011

	Edinburgh	Fife	Forth Valley	Total
Number of CYP groups to March 2011	14	14	11	39
Number of Mothers groups to March 2011	9	10	7	26
Number of co-facilitators	17	30	21	68
Total cost of pilotsa	£275,894	£267,890	£293,519	£837,303
Estimated cost per beneficiary b	£2,038	£2,313	£3,425	

Estimated value of co-facilitator input (excluded above) c

	Edinburgh	Fife	Forth Valley	Total
Children & young people's groups	£26,880	£26,880	£21,120	£74,880
Mothers' groups'	£8,640	£9,600	£6,720	£24,960

a   This is based on the grant claims made to the Scottish Government.

b   Primary beneficiaries are children and young people that complete the groupwork programme.
    A number of other secondary beneficiaries are also included, using weighting factors. See Figure 3
    in Appendix 2.

c   This is costed at £20 per hour; weekly time input is four hours for both CYP & mothers groups.

7.9   Whilst the primary beneficiaries of Cedar were the children and young people that completed the groupwork programme, the pilot has shown that Cedar was able to bring about further benefits, both to mothers and through the assessment process. The approach to value for money therefore needs to recognise these wider benefits.[120] On this basis, the costs per beneficiary were in the range of £2-£3,400; this included coordinator time, cost of venues, travel and costs associated with running groups, but excluded donated co-facilitator time input. These figures were affected by the relatively low numbers in groups and the number of groups that have been run in total. There were higher initial resource costs, for example, to purchase equipment, and it would be expected to see economies of scale over time.

7.10   Information about actual or prospective savings is not available; early intervention of this kind will not necessarily generate identifiable savings for the care system. Comparative costs of more intensive support such as kinship or foster care have been provided by Edinburgh Council. These suggest that kinship care costs an average of nearly £5,000 a year with foster care at £21,000 for local authority placement and more than twice that for an independent placement.[121]

120. This approach is explained in Appendix 2.

121. Personal communication from City of Edinburgh Council, October 2010.

7.11   Cedar's potential to generate more accurate assessments of family circumstances and offer appropriate services, including assessing previously unrecognised or potential risk within a family, needs to be taken into account in any consideration of value for money. Judgements about value must also consider the qualitative evidence of outcomes reported in sections 4 and 5 and the wider benefits for co-facilitators and their agencies that arise from participation in the Cedar programme, discussed in section 6.

7.12   Value for money was discussed at the final Exchange Event. One of the Cedar graduates, aged 17 summed up the views of those present in this powerful way "You can't put a price on happiness". A clear view was that Cedar was a cost-effective intervention that, in the long term, will save money for many services including the NHS, the Police, Social Work, Education and Criminal Justice. Economies can be made if the right children are worked with at the right time thus preventing the provision of more costly specialist services further down the line.

7.13   It is notable that the bulk of referrals to Cedar came from statutory agencies, whilst most co-facilitators were from the voluntary or third sector. Whilst the time allocation for co-facilitators may have been a small underestimate, it does seem that the largely positive experience and goodwill sustained the programme through the pilot period. Given the changes in the wider funding climate since the pilot commenced, it may be that the most fundamental threat to the resourcing of co-facilitation comes from the more general precariousness of publicly-funded agencies. A number reported that the uncertainty of their general funding for 2011-12 and beyond may mean that they are unable to offer staff time for this role. This is likely to be a major challenge for any organisation in the UK seeking to implement Cedar following this model.

7.14   It is clear that a Cedar approach has the potential to contribute to a wide range of cross-cutting outcomes and policy agendas, both nationally and locally. The Organisation for Economic Cooperation and Development (OECD) has suggested that expenditure on children should be regarded as if it were an 'investment portfolio'.[122] The pilot experience suggests that investment in Cedar made an immediate impact to address the serious childhood adversity created by domestic abuse and put children and families onto a different and more positive future pathway. It has been shown to be a valuable way to begin to 'undo the harm' to children and to the mother-child relationship caused by domestic abuse. If adopted as a broader 'way of working' there is potential to adopt this approach using existing posts in a variety of different settings and to benefit from using it to strengthen a collaborative and holistic approach that puts outcomes for children at the centre. There is great potential to focus resources in times of austerity to reduce long-term costs of all kinds.

122. OECD (2009) Doing Better for Children. September.

The role of the Cedar National Partnership

7.15 The First Exchange Event in March 2009 proposed a set of outcomes for the National Partnership. Although never formally adopted by the partnership, they suggested a vision for the partnership that was both strategic and operational. They suggested that the National Partnership should support the implementation of the local pilots, remaining sensitive to local needs and strengths; develop a Cedar Toolkit which maintains the integrity of the Cedar programme while being flexible to meet the needs of local areas; be able to use the learning from the evaluation process in an on-going way; publicise the programme and ensure that it remains on the national agenda; promote dialogue with other local authorities; and ensure that there is a long term future across Scotland for Cedar.

7.16 Whilst evaluation of the National Partnership itself has not been a strong focus, it is possible to make some observations about how the National Partnership has operated.[123] The Partnership has been unusual in that it was led by a national voluntary sector organisation with involvement from three statutory agencies. This presented a number of challenges to maintain the integrity of the programme whilst working across different agencies, each with different cultures and thresholds. However, the involvement of the three managers from each of the three pilot areas has ensured that the partnership has had a clear understanding of the practice issues. The Partnership organised a well-attended and well-received international conference in June 2010 at which a number of Scottish local authorities were present, as well as Cedar graduates.

7.17 As the pilot progressed, the challenges of 'roll-out' became as much about securing funding to continue Cedar in the original pilot areas as extending the programme to new areas. Other local authorities including the other two from Forth Valley were never part of the National Partnership and this did not provide a good basis from which to consider roll-out of the programme, even within the pilot areas. With hindsight, a national focus on testing how Cedar could meet the needs of children, young people and mothers from different minority ethnic communities living in Scotland would have been valuable.

7.18 As the pilot drew to a close a training programme has been established facilitated by the Cedar Coordinators with colleagues from London (UK). A Cedar Toolkit will be launched in 2011 which will include a range of resources including UK manuals; an animation; tools, resources, advice and a Cedar website.[124]

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123. The evaluation facilitators have attended a number of meetings of the National Partnership and the National Conference and have commented on the action plan and other documents.

124. www.cedarnetwork.org.uk

Reflections on pilots

7.19 The experience of evaluation alongside a pilot programme of this nature has illustrated a number of challenges and this is instructive for those interested in the use of pilots, evidence-based practice and roll-out. The ability to draw on and use the learning from the evaluation process in an on-going way relies on strong commitment to that process and ability to reflect on practice and if necessary, alter course. After some early nervousness amongst the pilots about the extent to which it was reasonable to alter an 'evidence-based' programme to make it fit better local needs and contexts, there has been a palpable growth in confidence in the Scottish model of Cedar and greater clarity about the core elements or 'guiding principles' which must be retained, and the local adaptation, which is necessary to make it work in each area. These are discussed in Section 8.

7.20 As a grant-funded and time-limited programme, the pilots were set up with staffing and funding arrangements that were not intended to be sustainable in the long term. National funding has meant that the programme was not necessarily tested in the manner in which it would be expected to be deployed as an integral part of mainstream services. This is not unique to Cedar, but has been brought into sharper focus by the shift in the financial climate in which this programme has operated since 2008; whilst much could not have been foreseen, in practice, as the pilot ended, the continuation of the programme which has shown very positive outcomes will depend largely on local abilities to retain the expertise developed and the outcome of national funding bids to charitable trusts.

7.21 The pilot experience suggests that by building in reflective processes to the programme development, lessons have been able to be built on and practice altered and this approach should be continued. This is discussed in section 8.

The value of the Cedar pilot: discussion and summary of key lessons

The benefits of the multi-agency co-facilitation model

7.22   The multi-agency partnership co-facilitation model is a crucial element of the way that the Cedar pilot has been structured and it contains both fundamental strengths and weaknesses. The coordinators' role in leading groups and the under-estimation of the workload implications of managing referrals, assessment and groupwork did limit the capacity of the pilot programme. Co-facilitation through donation in-kind has been a largely positive experience throughout the pilot and has been sustained by considerable goodwill. A clear message is that at local level, the Cedar approach should be integrated into existing services. This will enable it to move away from the pilot model to become a 'way of working'. There is scope for continued flexibility and creativity in delivery, but Cedar 'should not be watered down'.

Building on the expertise from the pilot

7.23   Alongside the coordinators, the pool of co-facilitators remains a valuable resource for any continuing programme within the three pilot areas and related inter-agency training; the uncertainty of funding for many organisations for 2011-12 and beyond may be the most fundamental threat to the resourcing of co-facilitation. This is likely to be a major challenge for any organisation in the UK seeking to implement Cedar following this model. A national support network should be established to make the most of the existing expertise, allow sharing of good practice and ensure quality is maintained.

7.24   The findings of this evaluation provide a strong endorsement of the value of the Cedar approach. A clear view from the final Exchange Event was that the Cedar pilot has been successful and should now be extended across Scotland with dedicated funding for local authorities. Graduates said that it is important to 'keep Cedar as Cedar' by maintaining the integrity and quality of the approach. They urged the Scottish Government and the National Partnership to 'avoid stepping back and losing momentum' and gave clear support for a national support network to make the most of the existing expertise, allow sharing of good practice and ensure quality is maintained.

8. Cedar in Scotland: the value of the Cedar approach and future directions

8.1 A clear message from the experience of the national pilot is that Cedar is an important and powerful approach that brought about a transformation in understandings of domestic abuse and its impact for children and young people. In the acknowledgment of individual and shared experiences of domestic abuse, Cedar helped put an end to the 'conspiracy of silence' around the issue and the shadow it casts over families. For many, Cedar made an immediate and substantial impact to address the serious childhood adversity created by domestic abuse and put children and families onto a different and more positive future pathway. It is a valuable way to begin to 'undo the harm' to children and to the mother-child relationship caused by domestic abuse.

8.2 The Cedar pilot has enlarged understanding in Scotland about how domestic abuse affects children and young people and how they and their mothers wish professionals and policy makers to respond. Cedar blends the best of skilful and reflective professional practice with the experiential knowledge of mothers and children and young people. If adopted as a broader 'way of working' there is potential to adopt this approach in a variety of different settings and to use it to strengthen a collaborative and holistic strategy that puts outcomes for children at the centre. There is great potential to focus resources in times of austerity to reduce long-term costs of all kinds.

Outcomes for children and young people and mothers

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

8.3 Children learnt that it was not their fault and that they were not alone in their experience. This learning helped them to build self-esteem and see themselves and their lives differently. The positive and relaxed group atmosphere and approach, together with the structured curriculum and range of activities on offer, encouraged interaction and made it easier to build trust and make connections with others. These are essential components of Cedar to ensure participants feel valued, are able to learn and provide mutual support to each other.

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

8.4   Cedar has taught children and young people strategies to recognise their feelings and deal with their anger. The programme gave children and young people and mothers a language to talk about their feelings and experiences through a wide range of engaging activities.

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

8.5   Whilst there is evidence that children and young people did have greater knowledge of safety planning and support, the issue of children's safety and safety planning should be on the agenda throughout the 12-week programme and be more tailored to each child's individual circumstances. Whilst most mothers also had a greater knowledge of safety planning for children and sources of support, they need more guidance on how to talk with their children about their safety plans.

Mothers now have a greater understanding of domestic abuse and its impact on children

8.6   Cedar offered a safe, structured group environment for mothers. Mother valued the skilled, authentic, relationship-building approach of the facilitators which showed respect, care and sincerity and built trust within the group. The transformation that mothers had undergone in group was multi-dimensional: they realised that abuse had not just happened to them; many unpicked for the first time, through listening to others' stories, their partner's strategies to seize and maintain control in the relationship and family as a whole. This realisation reduced self-blame and isolation, which created a shared reframing of domestic abuse as ultimately about the abuse of power and a partner's need to retain control. With this shared learning, perceptions of themselves, as both women and mothers, changed.

Cedar has a positive impact on relationships between children and mothers

8.7   Concurrent groups for mothers and children gave mothers the chance to express their support for their children in a visible, practical and non-stigmatising way. Most children and young people had a mother who joined a group at the start and in most cases, both they and their mother completed group. There was a strong sense that children do qualitatively better if their mothers do attend a group. The reduction in self-blame helped to calm family relationships through a mutual understanding of domestic abuse which made sense of the past and opened up new

ways of talking and relating to each other. Children and young people were happier, coping better at home and in school and were more able to talk to their mothers. These findings endorse previous research about the value of mothers and children talking about feelings and things that matter to them, including, but not only, the experience of domestic abuse. For outcomes to be evidenced even more strongly and sustained in the longer-term there needs to be a consistent focus on the building of the mother-child relationship throughout the programme.

Families have a more positive future outlook

8.8 Feedback from Cedar graduates - mothers, children and young people - was positive and compelling. A clear message from mothers especially was that family relationships had been restored as a result of Cedar and that they have a much more positive future outlook. There was a sense that they had regained their 'space for action' as they reclaim a sense of control over their own lives. They mention improved physical and mental health; better performance in school; and improved family relationships. The degree of optimism shown by mothers about the influence of Cedar on them and their children, and their aspirations for a brighter future need to be built on in the crucial post-Cedar period. This could secure longer-term help for some mothers and their families by improving access to more specialist services, thus bringing about further positive change.

Understanding the guiding principles of the Cedar approach

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

The Cedar core: curriculum, structure and strengths

8.10 The Cedar core is the combination of the curriculum, structure and a strengths-based approach. The scope of the 12-week curriculum and range of activities offered to children and young people seems to be about right. The pilots have shown that the programme can be adapted to suit different age groups, both boys and girls and the context in which children

and young people are living. Cedar is not a 'one size' programme; there is scope for variety and adaption of activities and approaches, but the basic dual structure, curriculum content and flow are a valuable framework and should not be diluted. This is crucially enhanced by a strengths-based approach in all areas of the programme based on the qualities of respect, caring, sincerity, authenticity and trust. For some children, Cedar will not be suitable; some will not wish to take part, the 12-week programme may not be sufficient or they may need more time or individualised support, particularly where there may be undisclosed abuse from the past or ongoing abuse in a child's life.

Learning with and from peers

8.11   Groupwork is a powerful way to raise understanding about the impact of domestic abuse on children, with both children themselves and their mothers, in less directly confronting and stigmatising ways. Cedar is popular with children, young people and mothers; they express a strong preference for a groupwork approach rather than one-to-one counselling.

8.12   Groups allowed children to go at their own pace, to listen to others and be listened to, to give and receive affirmations and other feedback, all of which helped build confidence and a stronger sense of self-worth. Being with peers was vital to the development of understanding of domestic abuse; to be able to give and receive peer support enhanced learning and promoted recovery. Such reciprocity is a unique resource for recovery from domestic abuse and a core element of the way that Cedar works.

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

Mutual recovery - outcomes for mothers are not secondary

8.14   Concurrent groups have important practical and enduring value in terms of supporting children on a week-by-week basis and in the potential to generate and sustain more systemic and enduring change within the family. Cedar may also open up the enduring traumatic effects of abuse on women when they, themselves, have experienced an abusive childhood. Outcomes for all mothers are not secondary to those for the children and self-care for mothers is an important theme; whilst mothers are not the primary focus of the programme, the insight, empathy and reframing of their experience that some mothers undertake may be the

best chance that they will sustain the learning from the group and be able to continue to support their children in their on-going mutual recovery process. These findings provide a positive endorsement of the value of the concurrent groups, which acknowledge and work with the experiences, strengths and vulnerabilities that mothers and children bring with them, thus building confidence and resilience for the future.

Assessment as engagement

8.15 Cedar can be a way to bridge the 'approachability gap' that often prevents take-up of services. The approach brings additional benefits as a means of 'assessment as engagement'. Through sensitive non-stigmatising engagement and ongoing assessment through group, Cedar can offer much-needed additional services to children and families who may have previously fallen into a 'hard to reach' category and where the complexity of a child's needs may not have been fully appreciated. An initial or later decision that a group is not timely or appropriate for a participant can still be a positive pathway to more suitable support. Readiness and capacity to participate in a group does need to be part of the assessment process for both mothers and children.

Multi-agency professional learning and integration

8.16 Cedar is a powerful and unique way for professionals to learn together in practice about the impact of domestic abuse on children, by co-delivering the programme. There have been very positive outcomes for the professionals involved in co-facilitation and show that Cedar can contribute to genuine professional integration of service providers to produce more effective working together and pooling of knowledge of resources.

8.17 Different perspectives, experience and facilitation styles of a range of professionals are valuable assets for the programme. Coordinators and co-facilitators were able to work together to create a safe, containing environment that was comfortable, welcoming, inclusive and supportive. The outcomes for all participants could not have been achieved without this positive grounding. Both assessment and groupwork facilitation are complex and emotionally challenging work which require strong relational and reflective skills. Nevertheless, the pilot has shown that it is possible to use Cedar to train those from more generalist agencies to work with children and young people experiencing domestic abuse recovery; in this way it can be a means to tackle the inconsistencies in addressing domestic abuse amongst practitioners.

8.18 Cedar provided some professionals with new skills, particularly groupwork skills, and other insights of value. Learning from involvement in co-facilitation can also have an educative and catalytic effect on wider

multi-agency understandings of domestic abuse and practice, particularly as it affects children and young people. There is also potential for wider impact on broader professional practice that seeks to adopt a more strengths-based approach and get the co-ordinated response right for every child. This will only be fully realised through a more conscious, deliberate attention to sharing insights and learning more extensively. With a strong steer at strategic level within all contributing partner agencies, a more child and family centred integration of services could be delivered in the medium to longer term.

Extending the value of the Cedar approach

Referral volumes and sources

8.19   The volume of referrals suggests that there has been both a need and demand for a service to meet the needs of children and young people experiencing recovery from domestic abuse. Referral volumes and patterns to some extent illustrate the nature of existing inter-agency relationships within an area, rather than being an objective measure of need. Whilst there are both knowledge and attitudinal barriers to referral, there are also new opportunities; the pilot has shown that it is possible to engage with families often seen as 'hard to reach' and through their experience of being part of a high quality non-stigmatising service, reach others through personal recommendation and service generated self-referrals.

Enhancing the network of support

8.20   Cedar is not just about the 12-week programme; it also assists in the enhancement of the network of support, either instead of or after group, by bringing previously unacknowledged needs to the attention of the appropriate parties and strengthening the resources available to family members. In this way, Cedar can also promote more positive pathways for children who do not attend or for those that do not complete a group.

Extending the reach of Cedar

8.21   Tackling violence against women is one of the priority areas identified by Scottish Ministers under their gender equality duty. A recent review of progress notes that the Cedar pilot is one of the initiatives being progressed. The same review noted a more general concern about the lack of services and barriers to access for minority ethnic women, disabled women and lesbian, gay, bisexual and transgender (LGBT) women experiencing violence.[125] The Cedar pilot experience shows that

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125. (Scottish Government, 2010) Reporting on Progress Towards Equality of Opportunity for Women and Men Made by Public Authorities in Scotland, Ministerial Priorities for Gender Equality, Tackling Violence Against Women: A Review of Key Evidence and National Policies, Edinburgh.

more explicit, deliberate attention needs to be paid to reaching different communities of place and interest and that there is real need to develop a more inclusive strategy in any roll out of Cedar.

Valuing early intervention and prevention

8.22   As a programme that addresses often previously hidden needs, ' early intervention' of this kind may not be seen as a priority. In practice, the boundaries between preventative and crisis interventions are not clear-cut; indeed, part of Cedar's strength is that traditional boundaries between universal and specialist services are transcended. Greater awareness of the scale of and impact of domestic abuse on babies, children and young people and the introduction of routine enquiry in health care settings, are likely to generate more referrals to programmes of this kind. Such recovery focused work should be viewed by the statutory authorities as a solution rather than a burden. Cedar should have a place within wider social work provision and be integrated into existing services as 'a way of working', such as multi-agency teams and pre-existing partnership models of service delivery.

Strengthening local responses to domestic abuse

8.23   The experience of the pilots suggest that Cedar sits best within a local context where there are clear policies and partnership strategies to respond to domestic abuse, including awareness training, tackling perpetrators, support for women and children and prevention. Local Advisory Groups are a valued forum and provide practical support for implementation. They should be maintained as an effective part of the Cedar model as part of broader partnership working.

The Cedar approach as a way of working

8.24   The multi-agency partnership co-facilitation model is a crucial element of the way that Cedar has been structured and it contains both fundamental strengths and weaknesses. As a pilot, the volume of groups completed was well below the original ambitious targets; the coordinators' role in leading groups and the under-estimation of the workload implications did limit the capacity of the pilot programme. However, the volume of groups completed has to be considered in the light of the success in retaining high numbers of group members, both children and mothers.

8.25   Co-facilitation through donation in-kind has been a largely positive experience throughout the pilot and has been sustained by considerable goodwill. A clear message is that at local level, the Cedar approach should be integrated into existing services. This will enable it to move away from the pilot model to become a 'way of working'. There is scope for flexibility

and creativity in delivery, but Cedar 'should not be watered down'. The challenge to the approach is to find ways to scale it up so that many more children and families can benefit. In any roll-out of Cedar the workload implications of managing referrals, assessments and groupwork need to be realistically appraised and any targets for numbers of groups need to take into account the importance of securing high quality outcomes for all participants and in enhancing the wider network of support.

8.26   The uncertainty of funding for many organisations for 2011-12 and beyond may be the most fundamental threat to the resourcing of the multi-agency co-facilitation model. This is likely to be a significant challenge for any organisation in the UK seeking to implement Cedar following this model. The establishment of a Cedar National Support Network is important to make the most of the existing expertise, allow sharing of good practice and ensure quality is maintained.

8.27   The pool of Cedar co-ordinators, co-facilitators and Cedar graduates and their considerable experience derived from the pilots is a valuable resource for any continuing programme and related inter-agency training across Scotland; this needs to be drawn on locally and nationally by other professionals and agencies to identify early signs of abuse and offer timely services to optimise children's development.

Creating a Cedar community of reflective practice

8.28   The evaluation of the pilot programme has been a rich source of learning from a range of different perspectives as the approach has been trialled and tested in Scotland. By building in reflective and evaluative processes to the programme development, lessons have been able to be built on and practice altered. This has also provided strong endorsement of the value of the Cedar approach, whilst indicating some areas where further development would be useful. These are likely to include, but not be confined to, learning about programme adaptations to meet more diverse needs; the impact and quality implications of using experienced co-facilitators to lead groups; the effects of attitudes and understandings in influencing referral rates and types; the qualitative impact for children and young people of the non-participation or drop-out from group of their mother; the benefits of prioritising sibling participation in groups; links between Cedar and provision for fathers and perpetrator programmes; understanding the organisational ripple-effect and how organisations can maximise organisational learning from Cedar. This approach to reflective practice and self-evaluation should be continued to enable continuous learning and improvement. The development of Part 1 of the Cedar Toolkit and National Cedar Network should provide valuable resources and support.

Summary of key lessons for practice

8.29 This final evaluation report complements the other parts of the Cedar Toolkit which integrates the wider learning from the pilot into the manuals and resources. Key pointers for practice are provided below. These are not exhaustive, but highlight key areas of practice that underpin the unique contribution of the Cedar approach.

- Ensure there is a sufficient pool of referrals to support viable groups of a suitable mix and size, including factors such as age, gender, diversity and complexity of needs. Tackle attitudinal barriers to referral and promote the broader value of early intervention and prevention.

- Maintain the strengths-based, non-judgemental approach to assessment and groupwork. This should recognise the existing capacities of children and mothers, ensure their involvement in decision-making about what is right for them and demonstrate the core qualities of respect, caring, sincerity, authenticity and trust that are key to recovery. Ensure that initial assessments for Cedar are conducted informally, preferably in the home environment.

- Offer Cedar groups to children and young people across a wide age range. Cedar may be a valuable intervention at any point in a child or young person's life.

- Recognise the importance of the welcoming group environment and the meeting of basic safety and physiological needs for children, young people and mothers. This is an essential component of the Cedar approach.

- Acknowledge that Cedar will not be suitable for everyone. Some will not wish to take part, the 12-week programme may not be sufficient or they may need more time or individualised support.

- Recognise the value of concurrent groups for mutual recovery and that outcomes for mothers are not secondary, but support those for the children and young people, particularly in the longer term. Ensure that, as far as possible, the child's participation is not jeopardised by their mother's decision not to attend or continue in a group.

- Keep to the Cedar curriculum and structure, but adapt the activities to suit different age groups and the context in which children and young people are living.

- Ensure that there is a consistent focus on the building of the mother-child relationship throughout the programme and on ways that mothers can continue to best support their child at home and at school, during and after group.

- Involve participants in decisions about how groups are run. Facilitate groupwork to encourage interaction, sharing and the development of peer networks.

- Recruit more male co-facilitators for children's and young people's groups so that a mix of both male and female co-facilitators can be deployed in most groups, especially those for teenagers.

- Continue to test the reach of the approach by building relationships with specialist agencies to learn more about what may need to be adapted to meet more diverse needs.

- Always 'start with the end in mind'. Clarify the expectations of agencies about their continuing remit in relation to the families they refer to ensure that Cedar enhances the network of support for children and mothers.

- Retain the multi-agency co-facilitation model and pay ongoing attention to the dynamics of working together to run groups amongst professionals with different value bases and orientations, and varying styles of practice, thresholds and experience. Provide joint training for those who will be working together.

- Integrate the Cedar approach into existing services to become a 'way of working' and ensure that all statutory services provide staff to co-facilitate Cedar groups.

- Provide follow on opportunities for Cedar graduates - both children and young people and mothers - to continue to be involved in supporting their peers and sharing their expertise with professionals at local and national level.

- Ensure Cedar is part of a multi-agency strategic response to domestic abuse, including awareness training, tackling perpetrators, support for women and children and prevention.

- Share the individual professional learning from Cedar more widely through deliberate strategies for organisational learning.

- Be flexible and creative in the delivery of Cedar without diluting these core elements. Find ways to scale it up so that many more children and families can benefit.

Extending the value of Cedar: recommendations for future policy and practice

Investment to reduce long-term costs of all kinds

8.30 A Cedar approach has the potential to contribute to a wide range of cross-cutting outcomes and policy agendas, both nationally and locally. A clear view from the pilot programme was that Cedar is a cost-effective

intervention that, in the long term, will save money for many services including the NHS, the Police, Social Work, Education and Criminal Justice. Economies can be made if the right children are worked with at the right time thus preventing the provision of more costly specialist services further down the line. The Organisation for Economic Cooperation and Development has suggested that expenditure on children should be regarded as if it were an 'investment portfolio'. The pilot experience suggests that investment in Cedar makes an immediate impact to address the serious childhood adversity created by domestic abuse and puts children and families onto a different and more positive future pathway.

8.31   These findings suggest that organised provision with a structure and approach explicitly designed to address the challenges of recovery from domestic abuse for children and post-abuse parenting for mothers no longer need be a neglected area. The participants at the final Exchange Event recommended that Cedar should now be extended across Scotland with dedicated funding for local authorities. Cedar graduates said that it is important to 'keep Cedar as Cedar' by maintaining the integrity and quality of the approach. They urged the Scottish Government and the National Partnership to 'avoid stepping back and losing momentum' and gave clear support for a National Support Network.

8.32   Very high numbers of children in Scotland have lived with, or are living with, domestic abuse. Many also live in communities where violence, harassment and endemic, low-level abuse are part of everyday life. This goes well beyond incidents of violence within the home to a much broader cultural issue, which needs addressing if the harm caused by domestic abuse in Scotland is to be reduced. Within this broader context, Cedar graduates may need access to follow on support or more specialist services to sustain the learning from Cedar; and access to broader non-violent behavioural strategies to be used at home and within the communities where they live and go to school.

Extending participation

8.33   The voices of women and children from Cedar should continue to be heard in the forward development of policy and practice in this area. Their insights and expertise have been a valuable reality check as the programme and the evaluation have developed. The National Support Network should explore how Cedar graduates - both children and young people and mothers - can continue to be involved in supporting their peers and sharing their expertise with professionals at local and national level.

Appendix 1: Methodological Statement and Ethical Protocol

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

Introduction

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

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

Developing a child-centred research process

The ways in which researchers view children and young people are inextricably linked to the power relations which form between researcher and participant (Robinson and Kellett, 2004). These relations demand even more consideration in an evaluation of a project designed to support children's recovery from domestic abuse where abuse of power, coping strategies and developing resilience are very much to the fore. Christensen and Prout (2002, p. 480) outline four ways

that notions of child and childhood have been identified in research: the child as object, the child as subject, the child as social actor, and the child as participant/ co-researcher.

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

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

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

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

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

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

Respecting the position of mothers

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

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

Our approach: action research design and protocol

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

To address the safety needs of the participants in the study, we will explicitly address Mullender at al's (2002) 'three Cs and three Ds' - consent, confidentiality, child protection, disclosure, distress and danger. We view individual protection as a paramount concern. We do acknowledge that this may limit the

development of wider understandings of domestic abuse as a systemic problem that affects whole communities (Burns, 2007). Cedar programme participants have taken part in the 12-week groupwork programme on a confidential basis. Our research approach creates a new space where participants can speak openly about issues that they may not have disclosed to the programme professionals or other participants. In this respect, our approach allows those voices to be heard without fear of the consequences. Rather than adopting a fully participatory approach to the evaluation (for example, by involving programme participants in some kind of group inquiry process), we believe that this individual approach allows for things that might not otherwise be disclosed to emerge and still become part of an inquiry process, whilst protecting confidentiality.

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

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

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

Engagement of key 'gatekeepers' and access

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

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

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

Consent

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

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

Confidentiality and child protection

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

The Children and Young People's information sheet uses the sentence: 'Everything you say to me will be private unless I am worried that you or

someone else is in danger' and the consent form seeks confirmation that 'I know that everything I say will be private unless you are worried that someone is not safe'.

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

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

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

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

Data protection, confidentiality and anonymity

Interviews will be recorded using digital sound recording equipment to ensure high quality; participants will be assured that the recording and any other data such as drawings will be kept safe and destroyed at the end of the research project. A copy of the sound file will be made by the researcher before delivery to the transcribers.[126] Instructions will also be given for changing names and any other identifying characteristics so that the data are anonymised when the transcript is sent by e-mail to the researcher for checking. All files will be deleted on the memory stick prior to returning to the researcher. These arrangements for the secure processing of data comply with Schedule 1 of the Data Protection Act 1998.

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

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

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

Distress

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

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

Danger

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

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

Enjoyment, empowerment, and emancipation

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

Summary

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

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

Stage
INFORMATION: Assessment stage

Action
1. Cedar co-ordinators mention the evaluation to children and mothers during the pre-group assessment phase.
2. Cedar co-ordinators raise the evaluation interviews informally and as appropriate with children and mothers during weeks 1-4 of the group work programme.

Comment
1. Co-ordinators indicate that participation in the evaluation interviews is entirely voluntary and will not affect whether they are offered a place(s) on the group work programme.
2. Co-ordinators use their discretion re-mentioning the interviews in mothers' and children's group sessions in the first four weeks of the programme. Children and mothers will be advised that they will have plenty of time to make up their minds about being interviewed.

Stage
CIRCULATION OF INFORMATION SHEETS
AND PERMISSION TO CONTACT SHEETS: Week 5 of groups

Action
Written information about the interviews will be given out by the Cedar co-ordinators to mothers and children by week 5 of the group work process.

Children under 12 - mothers receive the mothers' and children's leaflets, the pink & yellow 'permission to contact me' forms, and envelope to discuss with their child at home. Children also told about the interviews in their group and given opportunity to discuss.

Children over 12 (and 10-11 year olds in those groups) - mothers receive the mothers' leaflet and pink consent form. Children receive the children's leaflet,

the yellow 'permission to contact me' form and an envelope in the group.

Mothers and children encouraged to discuss participation at home.

Comment

Potential participants will have an opportunity to discuss the interviews with Co-ordinators and be encouraged to take the leaflets home with them to talk over together whether they wish to be approached by a member of the research team. The leaflets will make it clear that declining to be approached or take part in the study at a later stage will not any way affect service delivery to them and their family.

In signing the 'permission to contact me' forms children and mothers will give agreement to their contact details being passed onto a member of the research team so that initial contact with them can be made. The forms will ask each participant how they would prefer to be contacted. An envelope for return of the forms will be provided for return to the Co-ordinator.

Stage
PERMISSION TO CONTACT: By week 7 of groups

Action

At the next session (by week 6) Co-ordinators will remind mothers and children about giving in the 'permission to contact me' forms in the sealed envelopes. This will occur either individually before or after the session or within the group itself, as considered appropriate within each pilot.

Further follow up in week 7 if necessary.

Comment

Children and mothers will agree in principle to take part in the research by ticking a range of boxes on the 'permission to contact me' form giving their preferred method of contact.

Non return of the forms will be taken as a child and/or mother not wishing to have any contact with the research team.

Stage
By week 8

Action

A nominated Co-ordinator in each pilot site posts all the envelopes special delivery to Dr Jocelyn Jones, Research for Real associate (by week 8).

Stage
CONTACT: By week 12

Action

Within the following three/four weeks (by week 12) the research team will call the potential participants; answer any questions they might have; ask if it is OK to arrange an interview at a venue of their choice; and to give their signed consent on the day to be interviewed.

The interviews will take place within an agreed time period after the end of the groups.

Comment

Agreeing in principle to be interviewed on the phone does not mean mothers and children have formally consented to be interviewed: they can opt out at any stage up to the end of the interview.

Phone contact will cover how and where the children and their mother wish to be interviewed e.g. whether a very young child might prefer to be interviewed with his/her mother present.

Participants will normally receive a reminder of the interview between 12 and 48 hours before the arranged time. The reminder will either be by phone or text.

If by text, neutral language relating to meeting up will be used to ensure safety.

Stage
INTERVIEWS: Securing and maintaining consent

Action

Children and mothers will have the purpose of the interviews explained again and written consent will be obtained to go ahead with the interview. Where appropriate mothers of children under 12 will be encouraged to complete the child's consent form with their child just prior to the child's interview taking place.

Children and mothers will be reminded that participation in the interviews is entirely optional: they can decline to take part if they wish or pass on any questions and/or have a break. They will also be asked how they would like to receive the findings when they are published.

PASS and TIME OUT cards will be given to the children, which they can hold up if they don't want to answer a particular question or wish to take a break. Participants will also be asked whether they are content for the interview to be sound recorded, and where practical and if they wish, the children themselves will be given control of the digital sound recording equipment.

10 minutes at the end of each interview will be used for closing.

Participants will be offered a card with appropriate resources they might turn to in the event of distress following the interview.

Stage
INTERVIEW CLOSURE: Appreciation & Future Participation

Action
Each child will be given a prepared personalised thank you letter, a specially designed Certificate of Participation and token/voucher on behalf of the research team to thank them for their contribution. Mothers will also receive a prepared thank you letter and voucher on the same basis. Any expenses, on production of receipts (including for child care), will also be reimbursed at this point also taking account of any return travel expenses which have not yet been incurred.

Comment
All participants will also be asked how they would like to receive their copy of the key findings feedback e.g. post or email, and if by post to what address.

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

Stages of consent related to age of child/young person	< 8	8-11	12-15	16+
INFORMATION	Mother discusses the child's participation in the interviews with him/her and asks him/her if they would like to take part	Mother discusses the child's participation in the interviews with him/her and asks him/her if they would like to take part	Mother discusses the young person's participation in the interviews with him/her and asks him/her if they would like to take part Young person decides whether they would like to take part Any conflict or difference of opinion will be discussed with Co-ordinators on a case by case basis	Mother discusses the young person's participation in the interviews with him/her Mother decides whether she would like to take part Young person decides whether they would like to take part

Stages of consent related to age of child/young person	< 8	8-11	12-15	16+
CONTACT	If child says yes then mother signs the consent to be approached form on behalf of herself and her child Forms returned together in a sealed envelope by mother to Co-ordinators and then posted unopened to the Research Team Research team calls mother and child If give agreement to meeting, interview arranged with mother and child Order of interviews agreed with mother	If child agrees then child signs their consent to be approached form Mother also gives her consent on behalf of herself and her child Forms returned together in a sealed envelope by mother to Co-ordinators and then posted unopened to the Research Team Research team calls mother and child If give agreement to meeting, interview arranged with mother and child Order of interviews negotiated with mother and child	Young person signs the form giving their consent to be approached Mother gives her consent to be approached Forms returned together by mother in a sealed envelope to Co-ordinators and then posted unopened to the Research Team Research team calls mother and young person If give agreement to meeting, interviews arranged with mother and young person Order of interviews negotiated with mother and young person	Young person signs the form giving their consent to be approached Mother gives her consent to be approached Forms returned, preferably together in a sealed envelope(s), to Co-ordinators and then posted unopened to the Research Team Research team calls mother and young person If give agreement to meeting, interviews arranged with mother and young person Order of interviews negotiated with mother and young person

Stages of consent related to age of child/young person	< 8	8-11	12-15	16+
CONSENT	At beginning of interviews signed consent given by mother on behalf of her and her child Child may be interviewed with or without mother present In the closing stages of the interviews mother will be asked how she and her child would like to receive their copy of the research findings Helpline card given to mother	At beginning of the individual interviews signed consent given by mother on behalf of her and her child, and by the child her/himself In the closing stages of the interview mother and child will be asked how they would like to receive their copy of the research findings Helpline card given to mother	At beginning of individual interviews signed consent given by mother on behalf of herself and by the young person her/himself In the closing stage of the interview mother and young person will be asked how they would like to receive their copy of the research findings Helpline card given to mother and young person	At beginning of individual interviews signed consent given by mother on behalf of herself and by the young person her/himself In the closing stage of the interview mother and young person will be asked how they would like to receive their copy of the research findings Helpline card given to mother and young person

Other fieldwork issues

Piloting of topic guides

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

Feedback of findings

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

Paying participants

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

Reimbursement of participant expenses

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

Venue and refreshments outside the home

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

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Appendix 2:
Further details of research methods

Exchange Events

Three Exchange Events have been held in total. The first in March 2009, focused on the collaborative development of the Monitoring and Evaluation Framework for the project as a whole.

The second Exchange Event in November 2009 was based on World Cafe principles and was attended by over 40 people from across all three pilots, the National Partnership and the Scottish Government.[127] This focused on generating lessons for the pilot to date for the interim evaluation report and implications for the remaining period of the pilot.

The final Exchange Event in December 2010 was attended by around 60 people from across all three pilots, including Cedar Graduates, Coordinators, Co-facilitators, members of the National Partnership, the Scottish Government and people from third sector agencies and local authorities from other areas of Scotland.

In-depth interviews: fieldwork methodology and sampling 2009 and 2010

Figure 1 shows the spread of ages in the achieved sample in both 2009 and 2010.

Figure 1: Total interviewed by Age, 2009 and 2010

127. http://www.theworldcafe.com/
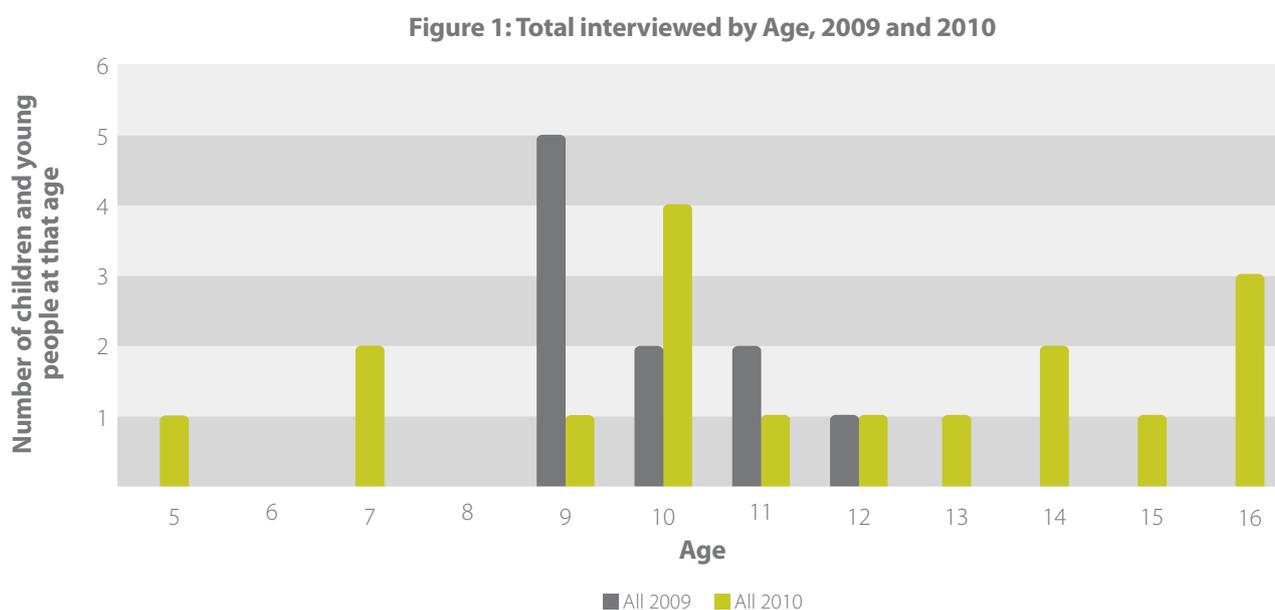
Taking both years together, children and young people and mothers were evenly drawn from across the three pilot areas. Figure 2 shows that both genders were also well represented.

Figure 2: Total interviewed by Gender, 2009 and 2010

Interviews[128] were conducted using topic guides, two different versions for children and teenagers and one for mothers. In the second year of the research younger children and children with learning difficulties such as ADHD, were able to respond to the topic guide questions by selecting Boardmaker(r) images, which some were already familiar with. All the tools used with children and young people were designed to be age-appropriate and test the desired outcomes from the Monitoring and Evaluation Framework.

Key messages, derived from the sample of children and young people and mothers in each year, were posted first to participants in November 2009 and November 2010, and then circulated to the wider Cedar professional community. This feedback valued each participant's important contribution to the evaluation. The key messages from both years are included in Appendices 3 and 4.

Developing a monitoring and evaluation framework

At the first Exchange Event in March 2009, a story based process was used with key Cedar staff and colleagues to generate shared views about appropriate indicators for routine monitoring and outcome indicators for groupwork and individual and organisational learning. This event provided a series of outcome, process and output measures that were owned by key stakeholders, and

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128. The entire interview process was agreed by the Research Advisory Group. The detailed methodological statement and ethical protocol for the project provides much fuller detail about the approach used (Appendix 1).

subsequently used to guide data collection in all aspects of the evaluation. This Monitoring and Evaluation Framework is included at the end of this Appendix.

Monitoring and real-time improvements to process and outcomes

Analysis of the referral database provided by the three pilots was reported to the three Local Advisory Groups. This included basic information about referrals and those in groups including group completion data. In addition, a 'monitoring without indicators' process captured 'real-time' accounts from coordinators and others about stories, incidents, examples and experiences that they considered to be significant in some way for the development of the programme. Examples include the language that children and young people use to refer to violence and how it affects them; how Cedar tackles shame; and decisions about changing practice in response to emerging issues such as inter-agency working and conducting assessments. These insights have been incorporated into the on-going reflective processes of the wider evaluation in the LAGs and the Coordinators Action Research Hub and have provided an effective and engaging way to track emerging issues, subtle changes in understandings and changes in practice as the programme has developed. The Coordinators' Action Research Hub normally met with a member of the research team every two to three months to track progress on a more formal basis. Coordinators also worked as a self-organising practice improvement Hub, meeting up and contacting each other informally on a more frequent basis throughout the life of the project.

In line with the formative approach to this evaluation, anonymised feedback from local interviews within a pilot area was also shared with each Local Advisory Group shortly after the interviews were transcribed. This acknowledged and consolidated progress and promoted rapid improvements on the ground where appropriate.

Surveys of Coordinators and Co-facilitators

A series of three separate web-based surveys were sent to coordinators and co-facilitators.[129] A total of 73 responses were received from 53 individuals. An overall response rate of 85% was achieved. This information was supplemented with five telephone follow-up interviews with co-facilitators to provide fuller understanding of their experience of running Cedar groups. Survey respondents were asked each time to comment on the experience of the most recent group in which they have been involved. The surveys built a profile of the coordinators and co-facilitators, sought their views on the practical arrangements for groups and their perspectives on the outcomes of groups for children, young people and their mothers. They also asked about their experience of group work processes and facilitation, their views of their own individual learning and the impact on their wider organisations. A briefing note on Co-ordination and Co-facilitation based on the survey results was issued in April 2010.

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129. These were conducted in Summer 2009, January 2010 (co-facilitators only) and Summer 2010.

Cost-benefit analysis

The approach to the cost-benefit analysis was modelled on that recommended by Centre for Excellence and Outcomes in Children and Young People's Services (C4EO).[130] This model calculates a net cost of outcomes, but is based on a single category of beneficiary, for example, each child. To calculate an indicative cost it was necessary to agree on who to count as a beneficiary. Whilst the primary beneficiaries are children and young people that complete the groupwork programme, it was recognised that Cedar is able to bring about further benefits, both to mothers and through the assessment process, even if children and young people do not join a group.

After discussions with the pilots and the National Partnership, the C4EO approach was extended to include a number of categories of secondary beneficiaries. These are included in the calculations at a discounted rate; Figure 3 shows the weighting factors adopted. This recognises the additional value of mothers' participation, both in and out of a group (concurrently and with a sibling), and children and young people who started but did not complete group or had an assessment only. The method did not take into account the benefits for co-facilitators.

Figure 3: Weighting factors used to assess beneficiaries of Cedar

Primary beneficiaries	Weighting factor	Notes
a) All CYP that completed a group	100%	
b) CYP that started but dropped out of group	50%	

Secondary beneficiaries

	Weighting factor	Notes
c) Assessment only-CYP	10%	This suggests that assessment only is worth one-tenth of full participation in a group
d) Reinforcement of Mothers: all mothers that completed a concurrent group	100%	Regardless of whether the CYP also completed the group
e) Reinforcement of Mothers: all mothers that completed a group with a sibling	50%	
f) Reinforcement of Mothers: engagement with mothers not in group	10%	

130. See www.c4eo.org.uk

Stories of Practice

This report contains nine Cedar 'stories of practice'. These were developed from across the data available for the final Exchange Event in December 2010. They are composite stories based on themes from across many of the narrative sources available. They were chosen to synthesise and reflect the themes in the evidence and together they reflect the broad range of issues that have been raised across the evaluation activities. These stories reveal what the narrators liked and didn't like about their experience of Cedar; what mattered to them and what worked well for them; the things that caused anxieties or conflicts and what gave them comfort or reassurance. They reveal much about the deeper issues and meanings that they attach to their experience; the assumptions, values, expectations, ways of seeing and emotions of which they may not always have been aware, may have found to be 'un-discussible' or chosen not to speak about. As a result, they show key 'touch points' or 'hot spots' - both good and bad - towards which interventions or new actions will need to be directed.[131] At the Exchange Event these stories were 'told' by volunteers for whom they had some resonance; story tellers included Cedar graduates, Coordinators and Co-facilitators. The stories were analysed through a group process which drew out key themes and learning and from which the participants together developed recommendations. These stories are available as audio files on the Cedar website.[132]

Extending participation

Cedar graduates were supported to participate in the final Exchange Event by the efforts of the pilots. As noted in section 2.2, two young people who participated in Cedar went on to join the Voice Against Violence group. They attended the Scottish Women's Aid Cedar Conference in June 2010 alongside a number of mothers from across the three pilot areas. Some of these graduates were invited to attend the final evaluation event and made significant contributions to the day by telling the stories of practice, participating in the group discussions and highlighting key issues to report to funders.

131. Bate, P., & Robert, G. (2007) Bringing User Experience to Healthcare Improvement, p66.

132. http://www.cedarnetwork.org.uk/

Cedar Proposed Monitoring and Evaluation Framework May 2009

Outcomes for children & young people	Outputs and processes	
	Output indicators – from monitoring	Processes – qualitative indicators
Cedar has created a positive group environment for children and young people		
Indicative elements: • I have had fun • I feel that I have been listened to • I don't feel alone in experiencing domestic abuse	Number of children starting and completing groups Referrals and group participants by age, gender and ethnicity, area/LA Knowledge of support and other needs and circumstances of children in groups Trends in sibling participation in groups Mothers' participation in group	Views on the group process Views of programme content and structure Understanding of reasons for non-participation Understanding of reasons for non-completion
Children and young people have developed a greater understanding of domestic abuse		
Indicative elements: • I know that the abuse is not my fault • I know that the abuse is not my Mum's fault • I know I'm not the only one who this has happened to/It's not just me • I understand the importance of respect in relationships	Child's relationship to the perpetrator Whether child has contact with perpetrator	Views of what was learnt through the programme and factors that supported learning
Children and young people have greater knowledge of safe behaviour		
Indicative elements: • I know how I can keep (and my brothers and sisters) safe • I know how to get help		Examples of learning from the programme in relation to safety

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

Indicative elements:	Examples of learning from the programme in relation to relationships and behaviours
• I can talk to my Mum about what happened in our family/I am able to talk to my Mum about past or current abuse • I know it is OK to feel different emotions and get support to cope with them • I feel more confident • It's OK to be angry, but I know it's not OK to hurt myself, others, or property • I can make choices about my life and what happens within it	

Outputs and processes

Output indicators - from monitoring	Processes - qualitative indicators

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

Outcomes for mothers

Indicative elements:	Views of programme content and structure for children Views of what was learnt by the mother & child through the programme and factors that supported learning, including group environment and processes
• I see how this has affected my child • I know that I am not the only mother who has had these experiences and feelings • I don't feel guilty or responsible for what has happened/I know the abuse wasn't my fault	

| | Outputs and processes | |
Outcomes for mothers	Output indicators - from monitoring	Processes - qualitative indicators
There has been a positive impact on relationships between mothers and children		
Indicative elements: • I feel more confident as a parent • I am able to talk to my children about what's happened and their feelings • I know what a healthy relationship is and that I'm worth it • I am more optimistic about our future • I feel more optimistic about me and my children's future	Trends in sibling participation in groups	Examples of learning from the programme in relation to relationships and behaviours of mothers and children
Mothers have greater knowledge of safety planning for children and sources of support		
Indicative elements: • I am more able to keep myself and my children safe/I know how to keep myself safe • I can identify my support needs and am able to access them • I feel more in control and know that I have choices	Onward referrals post-group for children and mothers	Views on information/folders provided and examples of use
Cedar has created a positive group environment for mothers		
Indicative elements: • I feel that I have been listened to • I know that I am strong - 1 have coped and survived • I can talk more comfortably with people I have met other women who know and understand what I've been through	% of mothers taking part in group Number of mothers starting and completing groups Referrals and group participants by age, gender and ethnicity, area/LA, first language Knowledge of additional support needs of mothers Trends in sibling participation in groups	Views of the mothers group environment Ideas and recommendations for future groups Understanding of reasons for non-participation Understanding of reasons for non-completion

Outcomes	Output indicators	Processes - qualitative indicators
The experience of the referral and assessment process was positive	Understanding of source and appropriateness of referrals Ratio of offers to referrals	Views of the assessment process Views of the information provided in advance Understanding of reasons for non-offers Knowledge of gaps in referral channels
Practical arrangements for groups minimised barriers to access and participation in groups	Number and ratio of places offered but not accepted Rate of completion of groups by mothers and children	Understanding of barriers to access and participation, including attitudes of others, confidentiality, practical arrangements, relationships with schools knowledge of reasons for non-completion

Outcomes for Cedar programme	Outputs and processes	
	Output indicators - from monitoring	Processes - qualitative indicators
There is a good understanding of the purpose of the Cedar programme		
Indicative elements: • The referral process and criteria are clear and accessible • Cedar has offered appropriate support and services to all children and young people referred to the project • There has been an increase in the number and type of agencies making referrals to Cedar and more self-referrals • There is a good understanding of the particular value of groupwork for mothers and children	Understanding of the nature of referrals across 3 projects, by age, gender and ethnicity, area/LA Understanding of rate of offers and differences in offers made across 3 projects, by age, gender and ethnicity, area/LA Understanding of group completion rates across 3 projects, by age, gender and ethnicity, area/LA	Understanding of assessment processes and differences across all 3 projects The three Cedar pilots are working to the CGTP manual Groupwork processes are identified and understood

Outputs and processes

Outcomes for mothers	Output indicators - from monitoring	Processes - qualitative indicators
Understanding of outcomes of groups for children		
Indicative elements: • We have listened to children and valued their experience • We are more aware of the complexity of children's needs • We understand more about safety planning for children	Knowledge of support and other needs and circumstances of children in groups	Understanding of difference made by Mother's participation Understanding of difference in group outcomes across 3 projects Understanding of contribution of co-facilitation model to support group outcomes Understanding of reasons for non-completion of groups
Understanding of outcomes for children not in groups and post-group	Onward referrals of non-participants Additional needs of child non-participants Onward referrals of group participants	Understanding of reasons for non participation in groups Understanding of the nature of onward referrals (in place of and post-group) across 3 projects

Agencies have a greater understanding of domestic abuse and the impact for children at individual and organisational levels

Professional and operational level outcomes • As co-ordinators and co-facilitators, we have developed our knowledge and understanding of the impact of domestic abuse on children • As co-ordinators and co-facilitators, we have developed existing skills and learnt new ones which are of benefit to each of us, our agency and our service users Strategic and organisational level outcomes • Our agencies have a better appreciation of the complexity of domestic abuse and its impact on children and young people • Our agencies are taking domestic abuse more seriously than before	Trends in inward referrals from different sources Trends in referrals of child by demographic characteristics - age, gender, ethnicity, area	Understanding of complex and diverse needs of children experiencing domestic abuse Understanding of barriers to referrals to Cedar Understanding of the factors that supported positive outcomes for children and mothers including group environment and processes and programme content Acknowledgement of professional practice learning and skills development by delivery staff Examples of further actions by statutory and third sector agencies that agencies, at least in part, attribute to their involvement in Cedar

Working together

Professional and operational level outcomes	Trends in onward referrals to different agencies	Understanding of barriers to referrals to and from Cedar
• We can see the bigger picture and understand our role and limits within it		Acknowledgement of improved inter-agency working
• We're communicating more effectively and sharing knowledge with other agencies		Acknowledgement of organisational learning by strategic and non-delivery staff
• We have stronger connections with other agencies as a result of working closely together		Patterns of agency involvement in co-facilitation
• There has been an increase in the number of co-facilitators from a broad range of agencies		Views of co-ordinators and co-facilitators of relationships and working practices
• As a co-facilitator I have been supported and valued by Cedar staff		
• We are more aware of the local resources available and of other agencies which we can refer to and work with		

Outcomes for mothers	Outputs and processes	
	Output indicators - from monitoring	Processes - qualitative indicators
Outcomes for partner agencies[133]		
Strategic, organisational and wider outcomes • Other staff in partner agencies are more aware of the complexity of women's & children's needs • Partner agencies recognise and have a greater understanding of the impact of domestic abuse and the need for services • Partner agencies understand the impact of domestic abuse on children - specifically their ability to learn, behaviours, and mental health and development • Individuals within agencies use this knowledge to improve practice • Other staff in partner agencies are more aware of the local resources available		Examples of changes in policy and practice by statutory and third sector agencies that agencies, at least in part, attribute to their involvement in Cedar

133. Note these refer to wider agency outcomes beyond those for co-facilitators.

Appendix 3:
Key messages from children and young people and mothers 2009

Cedar - What you told us

Messages from Children and Young People

1. Cedar was good. Some of us were a bit worried that we weren't going to like going, but it was fun and we made new friends.

2. We loved the tasty snacks and outside activities. We liked making the name badges, the dice game, the playdoh, playing bingo, the handouts and folders, writing things down, the anger rules, the memory book and the volcano!

3. Cedar helped us to understand that quite a lot of people have domestic abuse in their lives: "It wasn't just happening to me."

4. The people running the Cedar groups did a really good job.

5. Cedar did help us with our lives, but sometimes it was hard to talk about things in the past like bad memories.

6. If our friends at school asked questions about where we'd been, some of us told them, but others found ways to avoid their questions if we wanted to.

7. We now know that what happened was not our fault. We understand our feelings a bit better now and know what to do when we feel upset.

8. Cedar helped us learn about staying safe when domestic abuse is going on.

9. We thought it was better to be in a Cedar group because people there had gone through the same troubles. Some of us would have liked the groups to go on a bit longer.

10. Most of us have been able to talk to our Mums a bit better when something is worrying us.

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

Jocelyn Jones
07729729700

Cedar - What you told us

Messages from Mothers

1. We felt involved in the assessment process for Cedar. It was done 'with' us and not 'to' us.

2. The Cedar Co-ordinators were 'down to earth', approachable people. They listened well. We were given enough information.

3. We liked the relaxed atmosphere and the snacks and activities. It is important that Cedar is always comfortable and easy for people to talk.

4. Most of us thought it was better to be in a group with other women who have been through domestic abuse than to be seen individually. Some weeks were hard and there were some tears, but a lot of laughing too!

5. Being in a Cedar group made it easier for most of us to talk about all the things that have gone on rather than keeping it to ourselves. Some of us found listening to each other helped make sense of what had happened to us individually.

5. Cedar helped us understand more about domestic abuse and its effects on us and our children.

7. Most of us thought Cedar helped us and our children move on from the blame and guilt that domestic abuse causes. Being in a Cedar group helped some of us understand a bit more about our own childhoods and past relationships.

8. Most of us thought Cedar helped us and our children understand our feelings more. Some of us said that we had become a bit closer with our children and they were less angry.

9. Most of us said we would recommend Cedar to a friend and some of us already had!

10. More could be done in Scotland to bring domestic abuse out in the open. Many of us thought it was just happening to us. Leaflets should be handy everywhere and anywhere.

We are grateful that you told us what you think. You have helped us to make Cedar as good as possible for all children, young people and their mothers. Good luck in the future.

Jocelyn Jones
07729729700

Appendix 4:
Key messages from children and young people and mothers 2010

Cedar - What you told us

Messages from Children and Young People - 2010

1. Cedar was really good. It was fun and we made new friends.

2. Cedar helped us understand what domestic abuse can do to people and how we felt going through it. It helped us realise that the hurting and the shouting hadn't just happened in our families.

3. We now know that what happened was not our fault. We understand our feelings a bit more now and know what to do when we feel angry or upset.

4. Most of us said we were getting on better at home or school now.

5. We loved the tasty snacks and relaxed atmosphere. There were lots of activities on offer and all of us found things that we really liked doing.

6. The people running the Cedar groups did a really good job. The listened to us very carefully and always tried to help with our problems.

7. Most of us felt it was better being in a group rather than being seen individually by a grown up. In the group you could go at your own pace and just listen if you wanted to. Some of us said it was good to help each other out too.

8. We had all done safety planning, but some of us felt our plans needed to fit better with our lives now.

9. Some of us who were teenagers would appreciate 2 to 21/2 hours for each group. This would give us more time to relax, especially before going home.

10. Getting to and from the groups generally worked well. If our friends at school asked us where we'd been, we found ways to answer without saying more than we wanted to.

Thank you for telling us what you think. You have helped to make Cedar as good as possible for all children and young people.

Good luck in the future.

Jocelyn Jones
07729729700

Cedar - What you told us

Messages from Mothers - 2010

1. Cedar helped us and our children move on from the blame and guilt that domestic abuse causes. Being in a Cedar group helped some of us understand a bit more about our own lives.

2. We understand more now about domestic abuse and its effects on us and our children. We learned that it wasn't our fault.

3. The facilitators running the groups went out of their way to make the groups as welcoming and comfortable as possible -they did a great job. We really appreciated the relaxed 'hands on' approach in the groups, and the different activities.

4. Being in a Cedar group made it easier for us to talk about all the things that have gone on rather than keep it to ourselves. Some weeks were hard and there were some tears, but a lot of laughing too - it was a bit of a rollercoaster at times!

5. It was better to be in a group rather than to be seen individually. We listened to each other and realised we weren't alone, and we helped each other out in many different ways.

6. The folders are an excellent resource for us and our children. Some of us are using the Cedar way of talking about things at home, with good results.

7. Most of us felt there had been positive changes in our children's behaviour and in our relationship with them.

8. Safety planning is important but it's a very difficult subject to talk about with our children, and not all of us managed to do this.

9. We felt involved in the assessment process for Cedar. It was done 'with' us and not 'to' us.

10. All together, Cedar is a really helpful service for children and mothers who have experienced domestic abuse. All of us said we would recommend Cedar to a friend who needed help and some of us already had!

Thank you for telling us what you think. You have helped make Cedar as good as possible for all children, young people and their mothers. Good luck in the future.

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cedar project

children experiencing
domestic abuse recovery project

scottish
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**For more information about the Cedar approach go to
www.cedarnetwork.org.uk**