

North Essex Partnership NHS
Foundation Trust

Evaluation of SAAIF (Stopping
Aggression and Antisocial
Behaviour in Families)

**Priority
Research**



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1. Introduction



1. Introduction

Background

Priority Research Ltd. (PRL) was commissioned by North Essex Partnership NHS Foundation Trust to carry out an independent evaluation of the SAAIF project (Stopping Aggression and Antisocial Behaviour in Families).

Aims and objectives

PRL was asked to report on four aspects of the project:

- The general context and background
- The content of the courses
- Utility of the courses as perceived by participants, parents and children
- Utility of the courses as perceived by referring agencies

Personnel

The evaluation was conducted by Galen Ives, MSc CPsychol CSci AFBPsS MMRI, Chairman and Senior Consultant for Priority Research Ltd. He has extensive experience of qualitative and quantitative research; he is a Consultant Clinical Psychologist who for over 25 years has also worked as an expert witness in the family courts, advising on concerns such as domestic violence or failure to protect or understand risks to children. His research has included various projects on the topic of domestic violence .

Methods

The general context and background was established by discussion with SAAIF personnel and by desk research. The course content was evaluated by discussion with SAAIF personnel, discussion with participants and examination of course material; there was no direct observation of either the one day or 14 week courses.

A total of 23 course participants were interviewed, some in person but largely by telephone. Consent for an interview was first obtained by a SAAIF staff member with whom the client was familiar. The distribution was as follows:

	Adults	Teenagers
Day workshop	4 mothers 2 fathers	4 males 1 female
14-week course	8 mothers	3 males 1 female

The 14 adults interviewed included one parent of each of the 9 teenagers interviewed.

Telephone interviews were also completed with nine representatives of local referring agencies. These were:

- YOT
- Area TASCCs
- The Junction
- Catch 22
- Child & Family Counselling
- Social Care
- CAMHS



2. Context and background



2. Context and background

Domestic violence, once a taboo subject, has received much attention in recent years and has been the subject of many national and local initiatives. Most recently, domestic violence has been linked to the government's serious violence target in its Public Service Agreement "Making communities safer" (PSA 23)¹. It is now accepted that domestic violence is a widespread and serious problem, which apart from the personal suffering caused also costs the UK economy more than £20 billion annually².

Domestic violence has been given various definitions, but generally includes physical, psychological, sexual or financial abuse which takes place within an intimate or family-type relationship and forms a pattern of coercive and controlling behaviour. Implicit within this definition is the notion that any family member may be either victim or perpetrator, but notwithstanding this domestic violence is generally thought of as being perpetrated by men on women which, largely, it is. Estimates vary of how often men are the victims of violence from female partners, generally lying in the range of 5% to 15% of cases of domestic violence.

An area which has received little attention is the problem of violence from children to parents. There are good *a priori* reasons to suppose that this is likely to occur in some families where domestic violence has taken place - children who are neglected, abused or witness violence tend to grow up with high levels of anger and poor emotional regulation, and this is thought to have a neurological basis³.

Although "Battered parent syndrome" was mooted in a letter to a medical journal as

long ago as 1982⁴, evidence regarding child-parent violence is sparse. A literature search of references on (or mentioning) children's violence to parents found only one hundred such publications to March 2006, the earliest being from 1973⁵.

The Times on 16.9.02 carried an article noting that physical abuse by children accounted for 6% of calls to Parentline Plus, a charity helpline, and 17% concerned aggressive behaviour, with the children involved ranging from age four to 15. Little seems to have altered in the period from 2002, since current data from Parentline Plus relating to the quarter July to September 2008 are very similar - of a total of 9,157 calls, 765 were about physical aggression from children and 1,474 about verbal aggression, i.e. 6% and 16% respectively.

Various researchers have commented that the subject is poorly recognised, e.g.

*"Children hitting mothers is a type of violence that has largely been ignored in research on violence against women"*⁶

and

*"Adolescent-to-parent abuse is a serious social problem that has received limited attention from researchers and service providers"*⁷

Against this background, it is perhaps unsurprising that services specifically tailored to the problem of child to parent aggression are rare. So far as the author of this report is aware, the SAAIF project is unique in the UK in the level of intervention and support which it offers. There exists

¹ PSA 23 - Home office, May 2008

² Walby (2004) *The cost of Domestic Violence - Report to the DTI* Women and Equality Unit, DTI

³Teicher et al: *The neurobiological consequences of early stress and childhood maltreatment*. *Neurosci Biobehav Rev* 2003; 27(1-2):33-44

⁴Lewin PK *J Can Med Assoc* 1982; 126 (6): 593-4

⁵Compiled by Eddie Gallagher From www.eddiegallagher.id.au

⁶Ulman & Strauss *Violence against mothers in relation to violence between parents and corporal punishment by parents* *J Comp Fam Studies* 34: 41-60 2003

⁷Cottrell B & Monk P *Adolescent-to-Parent Abuse: A Qualitative Overview of Common Themes* *J Family Issues*, November 1, 2004; 25(8): 1072 - 1095

2. Context and background

the Tulip Group, a voluntary organisation set up to provide help and support to parents who are experiencing violence or abuse from one of their children, based in the Wirral, Merseyside, but this does not provide treatment programmes.

There have been initiatives in the United States, such as the *Confident Parenting: Survival Skill Training Program* which is the main parenting intervention provided by the Los Angeles County Department of Children and Family Services. It is designed as a ten-session programme to be used with small groups of parents, and a one-day seminar version of the programme for larger numbers of parents has recently been created; however, the whilst the programme does address violent behaviour by children it is not specific in this respect.

More specifically, a program in a Central Illinois County was designed for youths who displayed threatening or abusive behaviours, particularly toward family members, but this does not appear to be current.

Minnesota is well known for its Domestic Abuse Intervention Program, founded in 1980, and its innovative approach to tackling domestic violence, but despite a range of programs it currently has nothing specifically for child on parent violence.

There is a commercial online support programme for parents with "out-of-control teens" based in Indiana.

Generally, there is somewhat more discussion of the problem in the USA, Canada and Australia, but even here there is a paucity of statistics, information, research and specific intervention programmes.

In contrast to the above, programs to assist female victims of partner abuse are now widespread, and assistance for perpetrators are also becoming more common.

Against this background, the SAAIF programme, developed by youth workers to address a perceived need, can be seen as something of a pioneering effort.

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3. Course content



3. Course content

There are two programmes available - a one-day workshop and a 14-week course. Whilst the latter is obviously able to offer a more in-depth approach, the aims of both are similar and there are principally four of these:

- To foster better communication between teenager and parent
- To increase insight and awareness
- To provide tools for dealing with anger and aggression in oneself and others
- To provide an enjoyable, "fun" experience for children and adults alike

Given the paucity of ready-made material noted in the previous pages, it is unsurprising that the courses had to be put together from scratch, utilising a variety of games, exercises and questionnaires either derived from other fields or specifically designed for the purpose.

A key feature of both programmes is that the group work is carried out both with the parents and children separated, working on their own age-specific material in different groups, and with both together.

Readers will appreciate that the writer has not observed any of the courses so that information about content is not first hand. The impression gained from speaking to the course organisers (Linsey Benjamin and Tina Elliott), examining some of the printed course material, and interviewing participants is that the course content is detailed, appropriate, and that a good deal of thought and creativity has gone into assembling it.

Features which were particularly appreciated by participants included:

- *It was fun, I'd do it again* (parent, day workshop)
- *The trust game* (parent, day workshop)
- *Nice to have a laugh with D because we hadn't had a laugh for ages. It proved we could get on* (parent, day workshop)
- *The structure, it was well put together* (parent, 14 week course)
- *We all had a laugh. It was a friendly environment, it made me want to go there, it wasn't a chore. I didn't expect it to be that good* (teenager, 14 week course)
- *There were activities, it wasn't just sitting talking. I liked the games that help you understand things* (teenager, 14 week course)
- *Trust games* (teenager, day workshop)



4. Views of clients



4. Views of clients

Interviews with clients followed the following protocol:

1. How did you hear about SAAIF?
2. Which programme have you been on?
3. When was it?
4. Who else was on it with you?
5. Did you want to go on it?
6. What was going on in your family/at school/in the community that made someone think you both needed to go on SAAIF?
7. How long had the problem been going on?
8. Who else had tried to help with the problem before?
9. Did you meet the people running the programme before it began? If you did, did that help you decide to go?
10. What do you remember doing on it?
11. What did you enjoy most?
12. What did you like least?
13. What did you learn?
14. What difference has it made? [Prompt if required - Do you have a better/closer relationship with your parent/teenager after SAAIF?]
15. Would you advise someone else like you to go on it? Why/why not?
16. What would make it better?
17. Any other comments?

The characteristics of the respondents and the programmes they attended are given in the table on page four. Some were unsure exactly when they had attended, but the range was from 2005 to May 2008.

The adults were generally more forthcoming than the teenagers and a few of the latter were decidedly noncommittal, saying that they didn't know or that they couldn't remember.

There were various referral paths (described by the adults in the sample; a parent of each of the teenagers was interviewed):

- YOT (2)
- Social Services (4)
- Court
- GP
- Family member
- School (2)
- Friend
- Police/PCSO (2)

Did you want to go on it?

Nobody who was interviewed specifically said that they did not want to go on the programme; one adult said *I wasn't sure it would work* and another *I didn't mind*.

Six had been cautiously positive about it:

- *Yes, something to help*
- *I'll try anything once*
- *I thought I'd give it a go*
- *I'm always keen to learn*
- *Willing to give anything a try*
- *I thought it would be good*

Two were enthusiastic:

- *I was over the moon about it*
- *It seemed tailor made for me, it was a way of fulfilling my parenting order*

and four were desperate and grateful for any assistance:

- *At the time we'd have done anything*
- *I was willing to give anything a try*
- *I'd have tried anything that'd help*
- *It felt like a good idea, I'd tried everything else*

Four of the teenagers commented:

- *A friend was on it*
- *Yes, to try and help things*
- *Anything was worth a go*
- *So I could spend some time with my dad*

4. Views of clients

What was going on in your family/at school/ in the community that made someone think you both needed to go on SAAIF?

The parents reported a variety of problems:

- *Excluded from school, going missing for days, kicking off at home breaking things, locking me [mother] in bedroom*
- *School problems, ADHD, tantrums, breaking things, violence to me [mother]*
- *Caused an awful lot of damage in the house. Assaulted me [mother] several times*
- *I couldn't control him, arguing with my husband over him*
- *S's behaviour, shouting, angry, throwing things*
- *Clashes between me [father] and L*
- *Pranks at school and everywhere*
- *M was right off the wall, violent to me [mother], to his little sister, smashing up the house, locking us in a room*
- *His behaviour, winding me [father] up all the time*
- *Behaviour problems with D, taking it out on me [mother]*
- *J was excluded from school*
- *Destructive behaviour at school and at home*
- *Violent outbursts, threatening, smashing the house up, he was more in charge than I was [mother]*
- *Getting abusive, kicking out, spitting*

Four parents thought the problems had been lifelong and that they had had difficulties with their child since infancy. Most of the rest regarded their difficulties as having lasted for several years and none described recent onset.

All of the families had been involved with other agencies prior to their referral to SAAIF. The median number of prior agencies was two, range one to four. These agencies were:

- *CFCS (6)*
- *Connection (1)*

- *Mind (1)*
- *Police (5)*
- *School (10)*
- *Social Services (4)*

Did you meet the people running the programme before it began? If you did, did that help you decide to go?

As a matter of policy, staff from the project will contact potential participants before the programme begins to introduce themselves, describe the programme and answer questions. This is considered essential, particularly from the teenager's perspective. Comments from participants largely confirmed this:

- *I'd met Tina, then I spoke to someone on the phone so I knew what to expect (parent)*
- *It helped the way they talked (parent)*
- *It helped to make me less apathetic (parent)*
- *They came round to discuss it, it was helpful (parent)*
- *Yes, it helped (parent)*
- *I met Fiona and I knew Tina anyway. It'd have been a lot harder without (teenager)*
- *I knew Tina before, I probably wouldn't have turned up without that (teenager)*

One teenager thought it had not helped because of her frame of mind at the time:

- *They came round before, it didn't help, I was in a frame of mind where I didn't give a shit. I had to go [because of a Supervision Order]*

What do you remember doing on it?

Memories of the courses attended varied, and those who had been more recently tended to have clearer recollection of the activities undertaken. Also, as might be expected, the adults and teenagers differed in the kinds of activities which had stayed with them.

4. Views of clients

Adults:

- A lot of talking
- Writing on boards, explaining about stuff
- Separate sessions for parents and kids. A lot of work on communication. A really really good evening on drugs and alcohol. The cycle of violence. ABC framework.
- Looking at my own safety
- A lot of involvement together, games, confidence building for S
- Some of the games, the underlying message was quite helpful, built up the trust between us
- Not a lot
- Different activities - mini assault course blindfold, separate sessions for parents & kids, scenarios - what would you do? How well do you know each other
- Played games, built things, quizzes. All interactive, everyone involved
- Various games, kids vs. adults, obstacle course
- Someone talking about drugs. Homework, things that'll help the kids at home
- Talked about how to stop anger directed at you
- Discussions. How we felt about things. Learning where we needed to change
- All sorts of things

Teenagers:

- Talked about anger management and talked about feelings a lot
- Talked about things
- Something about crimes and what you get for them
- Talking about drugs. Parent stuff.
- Stuff with mum, making a tall thing out of paper. Games. Brain teasers. Quizzes to see what we know about each other
- Parents did stuff while kids did other stuff. Trust games. Quizzes and questions
- Playing lots of team building games. Eating lots of food. Getting presents

- Stuff about mum and me and what we knew about each other
- Activities, teamwork building things, quizzes

What did you enjoy most?

The adults gave more differentiated answers to this; even with prompting, the teenagers tended to be vague and mostly remembered activities:

- We all had a laugh. Friendly environment, it made me want to go there, it wasn't a chore. I didn't expect it to be that good
- It was all all right
- Can't remember
- Activities, not just sitting talking. Games that help you understand things
- Meeting other people who were angry as well
- Trust games
- Games and that
- All of it was all right
- Making things

Only one of the adults mentioned a specific activity, the trust game. Four particularly valued the experience of meeting others in a similar situation:

- Really good to meet other people who had problems with their boys. Good knowing we weren't the only ones
- The safety of being there with other parents. You felt listened to and understood. Being able to be open without being judged
- You don't feel alone, we had a grand old whinge
- Talking to other mothers in the same situation

Two mentioned specific child-related matters:

- Nice to have a laugh with D because we hadn't had a laugh for ages. It proved we could get on
- S realising he couldn't carry on doing it

4. Views of clients

Two mentioned feeling personally encouraged:

- *It put me on such a high, realising it wasn't my fault*
- *Encouragement to want his behaviour to stop*

The remainder commented on nonspecific aspects of the day or course:

- *It was fun, I'd do it again*
- *The whole thing was grand, enjoying doing something together with M*
- *It was generally interesting*
- *The people on the course, parents and staff, all friends, no bitchiness*
- *The structure, it was well put together*

What did you like least?

Many struggled to answer this question; the majority of the adults and all of the teenagers could remember nothing they did not like. Some took the opportunity to reiterate their positive feelings:

- *Nothing, it was all well organised*
- *Nothing, it was a nice day out and the people were very friendly and helpful*
- *Nothing, they were fantastic*
- *Nothing, all of it was good*
- *Nothing, I liked it all*

For the five who could recall something they did not like, their comments did not relate to any specific feature of the course or day:

- *Felt we didn't fit - most were single parents, dad was the only man in the room. One lad who talked too much, took over the conversation - he'd always had a drink.*
- *J. only went once*
- *I'm hard of hearing and found it difficult at first to communicate*
- *It was a bit of a long day*
- *The time of year, having to travel in the cold and dark*

What did you learn?

The respondents generally related well to this question and were able to identify various learning points. This included the teenagers, only two of whom found the question difficult to answer.

Teenagers:

- *That there is another way - at the time I'd forgotten what it used to be like before all the shit started*
- *Other people's experiences*
- *How mum feels, her point of view*
- *I learned to trust my dad more and how to talk to him*
- *To go to places like that more. It's not like they give you crap stuff, it's really good fun and we didn't fight*
- *When you're a family you have to communicate*
- *How to get on better with my dad*

Parents:

- *That we were doing everything we could*
- *I learned so much, things I had to face in myself. I learned about adolescence. It made me realise things about me growing up*
- *Things like being positive, being non-confrontational*
- *About mental abuse in a previous relationship. That what he was doing was wrong and you don't have to put up with it. It wasn't just me.*
- *We worked together, worked things out together. I can walk away when she shouts.*
- *I got a lot out of it - I don't feel it's my moral highway any more, I listen more*
- *You think you know your child, it's a surprise to find you don't*
- *Learned about other people's problems and how they dealt with it. Got things to try.*
- *Nice to be able to get on with D.*
- *You're not alone out there. A lot about drugs I didn't know*

4. Views of clients

- *Patience. It was good for J to see he wasn't the only one with problems*
- *To calm myself down. Listen to what's being said. Change the situation rather than get into a battle*
- *Techniques for dealing with things, e.g. you don't have to give a reason*

What difference has it made?

There was a range of responses to this question, from no difference at all to major, lasting change. Interestingly, even when one party (parent or child) claimed no benefit, the other said it had been useful in some way.

Six of the 14 adults spoken to felt that the experience had been important and of lasting value:

- *Helped us talk more about what was happening, we'd tended to blame each other. His behaviour changed, he was less violent in the home. It definitely helped, it was a good experience all round*
- *I'm doing things a lot better with my daughter, but it was too late for J. He's still confrontational but I'm handling it differently, it's helped how I react now.*
- *It started the change, the beginning of the turnaround. He's a different person now*
- *It was easier for me to cope with his behaviour. It's lasted, and 90% of the time it's better*
- *We learned to become friends again. Made a big difference, he's not in my bed, he's cooperative, there's more talking to each other. It's lasted*
- *There's been no violence since the course*

A further six were positive but felt that the effects were less impressive:

- *Helped in the short term, unfortunately not an awful lot in the long term*
- *I got a lot more out of it than S did, I can handle him better*

- *She knows where her boundaries are now*
- *Our communication's improved, we're rather alike*
- *You learn how to deal with things. It helped at the time but with the medication he's on now he's better*
- *J learned to control himself a bit more, made progress in settling down. It's continued since then.*

Two (both on one-day courses) thought there had been little effect:

- *Not a bit, but O Liked it*
- *Gave D a very brief push to communicate better but he forgot in a couple of weeks. We've still got major problems here*

The teenagers were more or less evenly divided on whether the programme had made a difference or not:

- *Me and mum are closer now, there's less rows.*
- *I'm not so argumentative*
- *Me and mum have a better relationship*
- *Talking to each other more, not arguing*
- *It wasn't an instant solution, I got a lot calmer. OK for a month/6 weeks then I drifted back*
- *I made a really good friend. Helped with me and mum for a little while, then we really fell out and I ended up in care*
- *None, I ended up in prison*
- *Not that much*
- *A bit, we fight less. But otherwise not much*

Would you advise someone else like you to go on it? Why/why not?

All of the adults agreed that they would recommend the project to others, even the one mother who felt that she had not personally gained anything from it. Some were quite enthusiastic in their recommendation.

4. Views of clients

- *Yes, but only with the same staff*
- *Yes, just for the simple fact that there's so many people in that position*
- *Most certainly, even if they think as I did that I'd not get a lot out of it*
- *It might work for other people who don't have such entrenched problems*
- *Yes, give it a go, it's worth it*
- *Absolutely, you've got to try everything*
- *Yes, it was a fun day, I was at the end of my tether*
- *It's a really good place to go, really helpful*

Six of the teenagers thought they would recommend the course, the remaining three were uncertain:

- *Definitely, it's a really good thing*
- *Yes if things are bad, it did help quite a lot*
- *I would if I met someone like me*
- *Yes, I'd recommend it*
- *Yes, it's grand, it was fun*
- *If you don't get on with someone you get on better if you go on it*
- *Don't know really, I can't remember what we did*
- *Don't know, I didn't find it that useful, someone else might*
- *Maybe, don't know*

What would make it better?

The adults had more to say about possible improvements than the teenagers. Four of them commented on organisational aspects:

- *One-to-one feedback then and there rather than filling in a form*
- *It'd be nice if there was something like that once a month to ingrain the habit of communicating more*
- *Earlier in the evening, 7-9 is difficult for travel, 5-7 would be better*
- *Would be good to have a follow-up in a month or 6 weeks*

Three thought that there should be more involvement of other family members:

- *One for parents who are still together - having just one man there made him uncomfortable and that made the women uncomfortable*
- *Bring in other brothers and sisters. Maybe a crèche so I don't have to worry about baby sitting*
- *There should have been some fathers there*

Five had no comment to make, two of these specifically saying that it was fine as it was:

- *None, it was all run very well*
- *Not really, they've just about got it right*

The one mother who did not find the course helpful thought that *We need a boot camp!*

Of the three teenagers who offered comments, two mentioned access:

- *If it was nearer. If I could have been bothered*
- *If the taxi would come on time*

The third would have liked more personal attention:

- *One-to-one sessions with a worker, just the two*

Any other comments?

The one adult who had elsewhere made negative comments explained why this was:

- *They were nice enough people but it wasn't one of the better courses I've been on, not what I was expecting - I was expecting help, and I didn't see it as help. I wanted some answers.*

It seemed clear that the family had very entrenched problems; the mother gave the impression of wanting someone else to sort these out, rather than to engage with her difficulties herself.

4. Views of clients

Other comments were:

- *We were seeing a psychotherapist at the time, SAAIF was much more helpful*
- *Just keep it going*
- *It's only as good as the kids' commitment*
- *I thoroughly enjoyed it, it was an eye-opener. The staff were just so great*
- *We want to go on the 14-week one. I need someone to contact me because I feel I've been dropped.*
- *Absolutely nothing negative about it whatsoever*
- *It's a different household now and it all started with SAAIF*
- *Everyone enjoyed the interaction*
- *There ought to be more things like this*

Five of the teenagers offered further comments:

- *Maybe if me and my dad had put more work in it would have really really helped*
- *The workers are good, they do their best.*
- *It gave me some good quality time with my dad*
- *There were problems getting there but the day was really good*
- *It was good*

Comment

It was clear that both the one day workshop and the 24 week course made a lasting impression. Forty percent of the adults spoken to felt that attendance on the programme had made a significant and lasting difference to the difficulties in their families; all but one of these had attended the 14-week course.

A further 40% believed that there had been some benefit; these six were evenly divided between the 14-week course and the day workshop. Both of the parents who felt that little had been gained had attended the day workshop.

It is difficult to tell how far this sample is representative of all those who have attended the programme. It is likely that a selection bias is operating - those who benefitted may well be more likely to agree to an interview, and the more chaotic families may have been less available for follow-up.

Nevertheless, it is clear that some individuals do gain great benefit from the programme even if the true proportion of those who do has not been established. This is an extremely difficult client group who often have very entrenched problems spanning generations; that the programme can make a lasting difference to any at all is already impressive. The significance of this is discussed further in the conclusion.



5. Views of referrers



5. Views of referrers

Interviews with referrers followed the following protocol:

1. How did you first hear about SAAIF?
2. How many clients have you referred?
3. What criteria did you use for referral?
4. What difference has SAAIF made to your organisation?
5. What difference has SAAIF made to your clients?
6. What are SAAIF's most positive features?
7. What does SAAIF most need to improve upon?
8. How would you like to see the service developed in the future?
9. How would you rate SAAIF on the following? (5-point scale, 1 = poor, 5 = outstanding)
 - skills of staff
 - professionalism
 - organisation/administration
 - Feedback/liaison with you
 - Clarity of criteria for referral

Note: two respondents had themselves helped to facilitate day workshops; they were not asked this question
10. Any other comments

Most of the referrers had heard about the project because they were already involved with youth work; they knew the people setting it up and were aware of the project from its inception.

Numbers referred ranged from a single client to about a dozen; some had referred a few personally but were aware of others referred by other members of their team.

The criteria used for referral were broadly similar for all:

- *Domestic violence - either child to parent or parent to parent where the child was present*
- *Anyone who had experienced domestic violence in the family, parent or child*
- *Aggressive, violent behaviour towards a parent or having witnessed domestic violence in the parental relationship*
- *Domestic violence from mother's partner*

and from daughter

- *Aggression in the home, domestic violence young person to parent*
- *Domestic violence within the household, not necessarily child to parent*
- *It's a bit woolly in some ways - if there's aggression in the house, not necessarily child to parent*
- *Child domestic violence to parent*
- *Domestic violence in the family and a young person in that situation or the child is violent*

What difference has SAAIF made to your organisation?

Two respondents seemed to have difficulty relating to this question and despite prompting spoke of value to their clients. The remainder were very positive about SAAIF's contribution, emphasising the unique nature of the provision:

- *It's provided extra value, another aspect of work we weren't qualified in. It provided something the clients needed*
- *It's a very good project which complements our own work. The parenting handbook has been really well received*
- *A huge difference, it's invaluable - there are no other local groups that do this*
- *It's given us somewhere to go - before there was nothing specific to domestic violence*
- *It's a totally invaluable resource and it's got a very good reputation*
- *A lot - it's an extra resource, a different way of working. It's a huge asset*
- *There's nothing else, that's the key thing, it's unique*

What difference has SAAIF made to your clients?

Similarly, very positive remarks were made about the effect of SAAIF on the clients referred:

- *It made a considerable difference to the*

5. Views of referrers

child-parent relationship

- Most reported back positively although some could not engage. Risks diminished and family relationships were happier
- It has been really positive in getting relationships back on course, and in one particular case it made a huge difference
- The level of violence ceased altogether; continued for the 2 months they were followed up
- We've had some really positive feedback, the feedback's all been positive. For some it's made their whole life better
- Have only personally referred one so I don't really know, but the families were at their wits' end
- It's helped the relationships at home and helped the parents to understand what's going on
- Helps young people to think about different ways of behaving. It's helped the relationships in the family
- It gives them greater understanding and gives them more tools for coping

What are SAAIF's most positive features?

Flexibility and ease of access were the most frequently mentioned features:

- It's easily accessible and easy to refer to
- Having the option of either the one day or 14-week course, they suit different clients
- Accessibility - it's very flexible in how they provide the sessions
- The range of resources and their adaptability to the referral - it's a very flexible way of working
- Flexibility - they tailor it to the people who arrive on the day, it's not cast in stone

Related to this was the "user friendliness" of the service:

- It's non-threatening
- They're good at outreach and engaging with families

- It's very 'user friendly' to young people
- It appears neutral in its stance to both young people and their parents

Two mentioned specific outcomes:

- Getting young people and their parents to re-evaluate their relationship and rediscover the positives
- Allowing young people just to have a good time and have fun together

Another two repeated the comment that SAAIF is fulfilling a need not otherwise provided for:

- The fact that they deal with domestic violence - there's nothing else
- It provides a service that otherwise wouldn't be available

One person praised the skill set of the staff:

- The staff have got extensive experience of working with young people

What does SAAIF most need to improve upon?

How would you like to see the service developed in the future?

Respondents tended not to distinguish between these two questions and their replies have been pooled.

There were no comments relating to course content. Most related to availability, stressing that SAAIF courses should be put on more frequently, and at more locations:

- Access - I'd like a whole SAAIF project just in Colchester
- To be able to roll it out for better access to all
- Do it more often, every couple of months
- Different choices of venue
- Frequency - more of it, it should be available continuously
- They're under-resourced, they've had the rug pulled from under their feet, there are funding problems. We need more of it, develop more, along the same lines, with more secure funding

5. Views of referrers

- Train up other members of staff to expand it
- They only run two per year - a rolling programme throughout the year. More structured and reliable feedback. Better publicity about what's available.
- More often, and wider across the district
- Be more readily available
- More SAAIF, more frequent, covering more areas

Other comments related mainly to administrative matters:

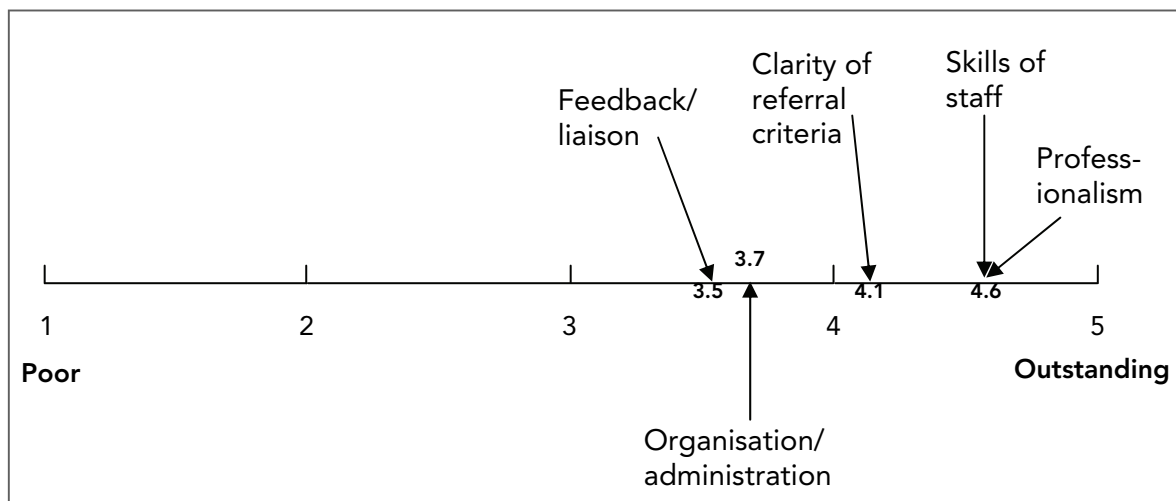
- They need to integrate more with the generic workers, make them more aware of the work and coordinate more
- The criteria are tight (age, sex, level of violence) so there's no opportunity if they're outside the criteria
- Follow-up, especially those on the one-day programme
- Look at the age range, provide something for younger kids, seven onwards
- Use feedback from participants more to

develop resources and keep up to date

There were few additional comments, most respondents feeling that they had already said what they needed to:

- They've done a great start, I'd like to see more of it. It's very important work, and I continue to hear positive things about it from the community and the clients
- Just want more of it
- I think a ten-week programme is more bearable than the longer 14 week one
- Better publicity of availability

The results of the rating scales are summarised below. It can be seen that skills and professionalism gain the highest ratings, followed by clarity of referral criteria. Feedback and liaison received the lowest ratings, but these were still above neutral.





6. Conclusions



6. Conclusions

Priority Research Ltd has been involved with service evaluation projects in the public sector for over 20 years; it is very unusual to see a service so universally acclaimed by users and stakeholders alike as has been the case with the evaluation of SAAIF.

Certain conclusions can be drawn without reservation:

- The service is innovative and probably unique in the UK
- It is offered with a very high degree of professionalism and skill
- It provides assistance for a very difficult client group for which few if any alternatives are available
- It is greatly valued as a resource by a variety of local agencies working with children and families
- There is demand for the service
- Some clients referred to the project gain considerable and lasting benefit

Two important questions have not been answered by this research:

- What is the prevalence of child to parent violence, and hence the potential demand for the service?
- How typical of the overall client group were the 23 respondents interviewed?

Regarding the first, although statistical data are largely absent, there appears to be considerable anecdotal evidence that this is a hidden, but probably quite common problem. The comments of the referrers indicate that from their experience, the existing provision is insufficient to meet demand.

The second question cannot be answered directly, but as previously remarked there is probably a response bias operating in favour of positive outcomes. Even if this is so, there is nevertheless clear evidence that some participants do gain lasting benefit, probably more so from the longer course than from the day workshops.

This is not a trivial matter. Even ignoring the personal benefits to the families concerned, the long term benefit to society is very considerable. Much research indicates that children from abusive backgrounds under-perform their peers academically at all stages of development, and are more likely to show behavioural disturbances, to become involved in substance misuse, and to engage in dysfunctional relationships. It is unfortunate that the cost savings which result from deflecting a young person from a dysfunctional life are, although considerable, largely invisible, deriving from a general reduction in antisocial behaviour and future domestic violence.

There is clearly scope for expanding and developing SAAIF; this would benefit both the local communities and the agencies serving them.

The team involved have developed both a high level of expertise and an extensive toolkit of procedures; these constitute a valuable resource in themselves. If the political will were present, there would be scope for developing this Essex service as a centre of excellence, providing training and leadership in this field of work for the rest of the UK. Whilst this would require a substantial budget to set up, it might in the medium term become self-financing by providing training, supervision and course materials to other local authorities.

To conclude, there is one caveat: this type of work will remain resource intensive; it requires a high level of personal skill by staff members. As various commentators noted, flexibility is of the essence and a formulaic approach will not work. Highly trained, competent staff will continue to be essential to the success of an enterprise of this kind.