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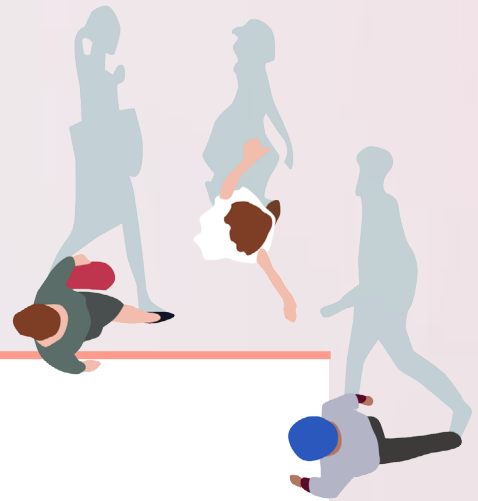
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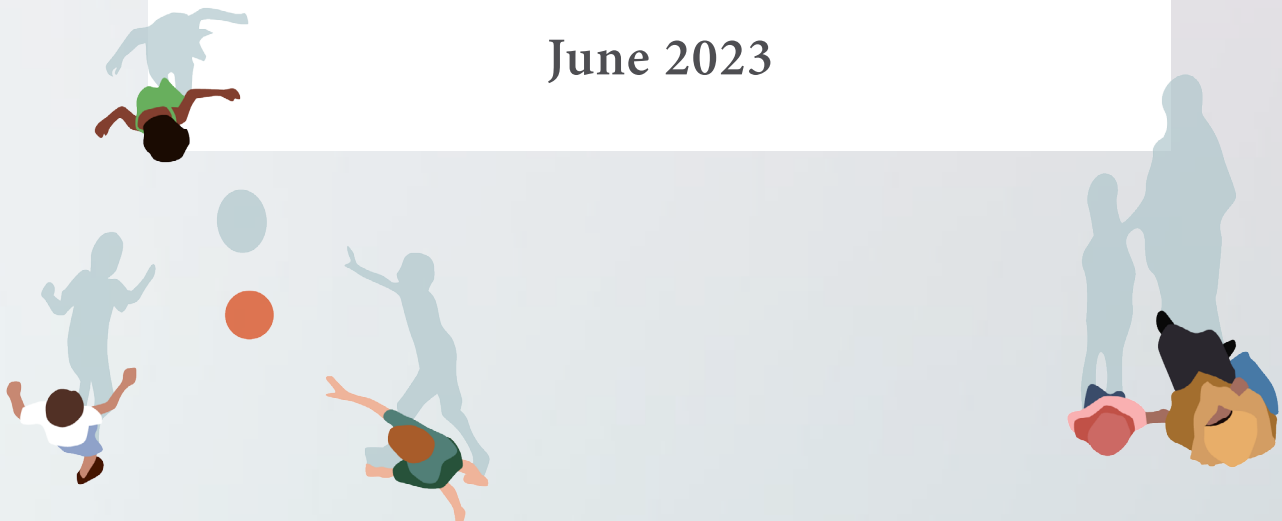


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DOMESTIC ABUSE AND SCHOOLS: EVIDENCE FROM THE SUPERVISION FOR DESIGNATED SAFEGUARDING LEADS EVALUATIONS

June 2023





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About Foundations - What Works Centre for Children & Families

At Foundations, the national What Works Centre for Children & Families, we believe all children should have the foundational relationships they need to thrive in life. By researching and evaluating the effectiveness of family support services and interventions, we're generating the actionable evidence needed to improve them, so more vulnerable children can live safely and happily at home and lead happier, healthier lives.

Foundations was formed through the merger of What Works for Children's Social Care (WWCSC) and the Early Intervention Foundation (EIF).

About the National Institute of Economic and Social Research

This research was conducted by a team from the National Institute of Economic and Social Research (NIESR). NIESR is Britain's longest-established independent research institute, founded in 1938 by a group of major social and economic reformers including John Maynard Keynes and William Beveridge. Its aim is to improve the public's understanding of the ways through which economic and social forces impact on their lives, and the ways in which policy can bring about change. As an organisation it works in collaboration with leading academic institutions, as well as government departments, charitable foundations, international organisations and the private sector.

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Abbreviation	Description
ACE	Adverse Childhood Experience
DfE	Department for Education
IPE	Implementation and Process Evaluation
DSL	Designated Support Lead
LA	Local Authority
RCT	Randomised Controlled Trial
WWCSC	What Works for Children's Social Care



EXECUTIVE SUMMARY

Introduction and background

This brief report on domestic abuse presents findings from a small study that was nested within two larger evaluations. These larger evaluations examined two school-based interventions, where social workers provided supervision to Designated Safeguarding Leads (DSLs) in primary and secondary schools, respectively. The supervision programmes were not specifically targeted at domestic abuse (or any other particular type of harm) but were intended as a more general intervention; the key aims were to improve knowledge and understanding of children's social care processes and issues among DSLs, reducing "inappropriate" contacts to children's social care, and to reduce DSL stress and anxiety. The evaluations explored the impact of the supervision programme on school contacts to children's social care, as well as impacts on DSLs' wellbeing, and other outcomes (Stokes et al., 2023a, 2023b).

Each evaluation included a randomised controlled trial (RCT), implementation and process evaluation, and analysis of costs. The impact evaluations found no statistically significant differences in the measured outcomes between schools assigned to receive supervision and schools without supervision, including in relation to the "appropriateness" of contacts, and DSL wellbeing. The implementation and process evaluations, however, found that supervision was well received by DSLs, who found the sessions useful, including having time for reflection, discussing complex and new cases, learning from a social worker's perspective, and discussing their own wellbeing. There were mixed findings on perceived impact. Many DSLs interviewed reported that supervision had no impact on their practices, because they were already confident in their ability to perform the role and their knowledge, including about thresholds that applied for children's social care referrals. At the same time, many DSLs described positive effects, particularly in relation to improving their confidence in the role and their emotional wellbeing.

These evaluations were funded by the Department for Education (DfE), via What Works for Children's Social Care (WWCSC). During the course of the evaluations, the DfE identified a need to better understand the role of schools and DSLs in identifying and responding to domestic abuse and was keen to use ongoing research studies. Therefore, in March 2022, DfE provided funding to carry out some additional data collection and analysis focused specifically on identifying and responding to domestic abuse. The additional data collection was conducted by adding questions specifically about domestic abuse to the DSL interviews, focus groups and surveys that were conducted as part of the implementation and process evaluations for the two main evaluations towards the end of the intervention in May–July 2022.



Objectives and research questions

The objective of this study was to explore the experiences of identifying and responding to domestic abuse among Designated Safeguarding Leads (DSLs) in schools, and the role of the supervision of DSLs programme (if any) in schools' ability to identify and respond to domestic abuse issues. The supervision programme involved DSLs receiving regular supervision sessions from a social worker.

We sought to answer three specific research questions:

1. How useful have DSLs found previous training and support around safeguarding children from domestic abuse?
2. How confident and prepared do DSLs feel in identifying and responding to domestic abuse?
3. Do DSLs perceive any impact on their ability to identify and respond to domestic abuse, as a result of taking part in the DSL supervision programme?

Design

We used a mixed-methods approach that drew on data collected from interviews, focus groups and surveys as part of the implementation and process evaluations (IPEs) of the two programmes where DSLs and other school safeguarding staff received supervision sessions with a social worker. The two programmes were conducted in primary and secondary schools, respectively (Stokes et al., 2023a, 2023b).

The evaluations of the two programmes included surveys of DSLs in schools at the end of the intervention in June–July 2022. These online surveys were completed by both schools assigned to receive the supervision (treatment schools) and those that continued with support as usual (control schools). The final section of the surveys included some questions aimed specifically at answering the research questions related to domestic abuse (see Appendix A). In total, 258 respondents from control and treatment primary schools and 117 respondents from control and treatment secondary schools answered these questions. The survey was distributed using SmartSurvey and the quantitative data were analysed using Stata. Although for information and transparency, descriptive statistics of survey findings are presented for both treatment and control groups (where applicable), this study on domestic abuse did not include an impact evaluation and is not intended to provide robust statistical evidence on any differences between schools that received the intervention, and those that did not.

The evaluation also involved semi-structured interviews, conducted either online or by phone, and focus groups, which were carried out online. These were primarily conducted to explore experiences of the intervention. For a proportion of respondents, we added some questions focused specifically on answering the three research questions on domestic abuse (see Appendix B). This section typically lasted for around five minutes of the interview. We asked questions related to domestic abuse in 57 interviews and five focus groups with a total of 72 DSLs and safeguarding staff in treatment schools (that is, those schools allocated to



receive the DSL supervision programme). This included 36 interviews in primary schools, and 21 interviews in secondary schools; all focus groups took place in secondary schools. No qualitative data were collected from the control schools (that is, those schools that did not receive supervision as part of the DSL supervision programme). The interviews were recorded, with the permission of participants, transcribed verbatim and then analysed using a framework approach.

Findings

Training and support

Around two-thirds of primary and secondary school DSLs surveyed had received domestic abuse safeguarding training within their general safeguarding course, and nearly three in ten had received specialised, standalone training around domestic abuse, in the three years prior to the survey. In interviews and focus groups, DSLs reported that the domestic abuse training contained within the general safeguarding programme was not particularly useful due to its generalised content which meant it was difficult to apply in practice.

DSLs who had received additional training specifically around domestic abuse safeguarding generally described this as “very useful”, but the sessions were often only one-offs and varied in types of training providers, delivery methods and topics covered. There was general agreement from DSLs across both school phases that more specific training on domestic abuse would be useful for identifying and managing domestic abuse cases, especially training suited to the individual contexts of their schools, and that was delivered regularly and uniformly across the country. It was noted by DSLs that specific training on domestic abuse is especially important now, as they had observed a rise in reported cases.

Other sources of domestic abuse training and support mentioned by DSLs were police notifications and meetings, which were described as helpful in identifying and managing cases of domestic abuse.

Confidence and preparedness

Our survey, interviews and focus groups showed variation in DSLs’ confidence and preparedness. Between a third and two-thirds of DSLs responding to the survey stated they felt well prepared to undertake a range of actions in relation to domestic abuse, such as identifying, managing, documenting and referring cases of domestic abuse. In interviews and focus groups, it was apparent that DSLs were hesitant to over-sell their confidence and abilities in dealing with domestic abuse cases, and many emphasised they would always appreciate further training around this.

One of the most common themes was that DSLs found it challenging to identify domestic abuse cases, especially when children did not disclose a case or there were not clear visual clues. This was especially hard for primary school DSLs as children were seen as less likely to disclose at that age. Many DSLs mentioned that they were more confident in their ability to manage cases once they were alerted to the situation. However, some DSLs also said that



they would benefit from further training and information on how to manage domestic abuse cases once alerted to them, in order to feel more confident..

DSLs who had greater experience in dealing with domestic abuse cases more often said they felt confident in their ability to recognise and manage domestic abuse cases. Additional factors that made DSLs more confident included: having strong and trusting relationships with parents, carers and local communities; getting advice from domestic abuse specialist organisations, colleagues and school support networks; making safeguarding decisions as a team within the school; teaching students how to recognise healthy relationships; provision of expert training for teachers on spotting early signs of domestic abuse; and having systems in place to make sure students have a trusted person to disclose to.

Changes in practices and perceived impact from DSL supervision

The survey findings showed no notable differences in confidence and preparedness in identifying and managing domestic abuse cases between DSLs in control and treatment schools. At the same time, among those schools receiving the programme, around four in ten primary school DSLs and around three in ten secondary school DSLs felt that the supervision and support from their supervising social worker had a positive impact on their ability and confidence in identifying and managing domestic abuse cases.

The interviews and focus groups indicated that many DSLs had not covered domestic abuse in their supervision sessions, which is not surprising as the intervention was not designed to have a domestic abuse focus. Furthermore, some explained that they did not discuss domestic abuse cases in supervision sessions as those cases would typically meet thresholds for referrals. These cases should therefore not be discussed as part of the supervision sessions as these children would already have an allocated social worker.¹ Other DSLs said they would prefer to go to alternative contacts first, because supervision sessions were infrequent and domestic abuse cases needed to be addressed immediately.

DSLs that had covered domestic abuse cases during supervision sessions had mostly brought a domestic abuse case to discuss during a session in order to obtain specific advice, which they found helpful. In the sessions, DSLs had typically discussed their thoughts and actions taken for a particular case, and the social worker had advised on other ways they could have approached it or actions they could also take. Therefore, the reported impact of supervision sessions on DSLs' confidence was typically centred around individual domestic abuse cases rather than improving their overall confidence in their general practice in dealing with cases of domestic abuse. DSLs often noted that general advice or training can be ineffective in improving confidence in managing cases as each case can be so different, and that the opportunity to talk through management of an individual case was helpful in its specificity. Some DSLs had also received information packs from their supervisor between sessions, which they generally found very helpful. It saved them time in sourcing the information themselves and gave them access to information that they could not previously access or had

¹ The programme required that such cases were not discussed as part of supervision.



no prior knowledge of, including information that covered less prominent cases of domestic abuse.

Conclusions, implications and recommendations

While many DSLs in this study said they felt prepared to identify and manage domestic abuse cases, they were also hesitant to over-sell their confidence in this area. DSLs found it particularly challenging to identify domestic abuse cases, but said they were more confident in their ability to manage cases once they were alerted to the situation.

This report provides some tentative evidence that the DSL supervision programme can potentially improve perceived confidence and ability among some, but not all, DSLs regarding identifying and managing domestic abuse cases. However, this is based on relatively limited evidence gained through interviews and focus groups with treatment schools. Furthermore, the survey findings provide mixed evidence, suggesting a positive perceived impact among 30–40% of DSLs in treatment schools as a result of the intervention, but little difference between treatment and control schools in overall preparedness among DSLs in relation to domestic abuse.

The perceived improvement could occur through DSLs receiving information from their supervisors about practices and guidance on domestic abuse situations, and through discussing and reflecting on individual domestic abuse cases with their supervisors. However, many DSLs did not cover domestic abuse cases in supervision sessions, which is not surprising as the intervention was not specifically targeted at domestic abuse but was more general in nature.

Overall, DSLs often said it would be useful to receive more training specifically on domestic abuse, especially training tailored to the context of their schools. The findings point to the value of providing specific and regular training for DSLs, and for particular support around identifying domestic abuse, as well as in relation to some other key activities, such as how best to have conversations with pupils and families.

The findings of this study also highlight areas for future research in relation to domestic abuse safeguarding. This includes increasing understanding of the current landscape of domestic abuse training for DSLs, and in particular, which types of training are most effective. Future research could also further explore which factors, outside of training, are associated with greater confidence and knowledge in identifying and managing domestic abuse among DSLs, and strategies and interventions that may improve this.



1. INTRODUCTION

Background

The Domestic Abuse Act 2021 sets out the new statutory definition of domestic abuse as behaviour of one person to another when those persons are "personally connected" and when the behaviour is abusive, including physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, psychological, emotional or other abuse. It does not matter whether the behaviour consists of a single incident or a pattern of conduct.²

Domestic abuse is an issue of significant concern in the UK, with the number of police recorded domestic abuse-related crimes in England and Wales increasing by 7.7% from 2021 to 2022, following the post-pandemic trend of yearly domestic abuse case increases (ONS, 2022). The Children's Commissioner estimates that 3 million children under the age of 17 live in a household where an adult has experienced domestic abuse (Victim's Commissioner, 2020), and the Domestic Abuse Act 2021 now recognises children as victims of domestic abuse in their own right if they see, hear or experience the effect of the domestic abuse. Furthermore, children abused by parents or carers are almost three times more likely to have seen or heard family violence, so knowing when a child witnesses abuse can be an important indicator of further threats to a child's safety and wellbeing (Radford et al., 2011).

Domestic abuse can come in many forms: physical or sexual abuse; violent or threatening behaviour; controlling or coercive behaviour; economic abuse; psychological and emotional abuse. It is recognised as an Adverse Childhood Experience (ACE) and can lead to severe short-term and long-term impacts, affecting children's mental health, wellbeing and development into adulthood (Asmussen et al., 2020). Domestic abuse can often coincide with and exacerbate other ACEs such as substance misuse and criminal activity, and there are recognised links between domestic abuse and compounding social issues including homelessness, offences, poverty and substance abuse (DLUHC, 2021; MoJ, 2018; Fahmy et al., 2016; Humphreys et al., 2005). Mental health disorders that can develop as a result of domestic abuse can include depression, anxiety, post-traumatic stress disorder and eating disorders (Bacchus et al., 2018; Bundock et al., 2013). Additional impacts on children and young people can include the development of behavioural problems and emotional trauma (Radford et al., 2011; Scully et al., 2019). Longer exposure is considered to produce the most severe effects and can lead to intergenerational cycles of abuse, whereby the child is more likely to enter a violent or abusive relationship and is at greater risk of future victimisation outside of the home (Asmussen et al., 2020). In extreme cases, domestic abuse can lead to the death of the victims (Butler et al., 2020; CAADA, 2014; Oliver et al., 2019).

² See <https://www.gov.uk/government/publications/domestic-abuse-act-2021/domestic-abuse-statutory-guidance-accessible-version#chapter-2--understanding-domestic-abuse>



Due to the often-hidden nature of domestic abuse crimes, it is difficult to identify and support victims of domestic abuse, and experts suspect that many children who experience domestic abuse are missed (CAADA, 2014). This can particularly be the case for younger children, who are less likely to recognise when behaviour is abnormal, or less likely to feel able to disclose their experiences (Bottoms et al., 2016). Signs of exposure to domestic abuse in children can include the development of mental health problems, difficulty sleeping, lower attainment, difficulty regulating their emotions, increased aggression, substance use and self-harm (NSPCC, 2022).

In addition, recent research into the effects of domestic abuse on children and young people has shown that older children can be at heightened risk of experiencing physical and sexual abuse offences compared to younger children (NSPCC, 2020). Teenagers may experience domestic abuse in their own relationships, and sometimes changes in teenagers' behaviours are attributed to adolescence instead of being correctly identified as signs of experiencing domestic abuse (NSPCC, 2020).

Identifying safeguarding concerns in schools, including recognising signs of domestic abuse in children and young people, is a key part of the role of Designated Safeguarding Leads (DSLs) (DfE, 2022). School staff are well placed to observe changes in children's behaviour, provide a safe environment for disclosures, help children to recognise unhealthy relationships and to support families in accessing welfare services (Stanley et al., 2015). The important role of schools in tackling domestic abuse, as part of multi-agency efforts, is highlighted in the Home Office's statutory guidance on domestic abuse.³

About this report

This brief report on domestic abuse presents findings from a small study that was nested within two larger evaluations. These evaluations examined two school-based interventions, where social workers provided supervision to DSLs and other safeguarding staff in primary and secondary schools, respectively. These supervision programmes were not specifically targeted at domestic abuse (or any other particular type of harm) but were intended as a more general intervention. Each evaluation comprised an RCT, implementation and process evaluation and analysis of costs. The evaluations examined the impact of the supervision on school contacts to children's social care, as well as impacts on wellbeing of DSLs, and other outcomes (Stokes et al., 2023a, 2023b).

These evaluations were funded by the Department for Education (DfE), via What Works for Children's Social Care (WWCSC). During the course of the evaluations, the DfE identified a need to better understand the role of schools and DSLs in identifying and responding to domestic abuse and was keen to make use of ongoing research studies. Therefore, in March 2022, DfE provided funding to carry out some additional data collection and analysis focused specifically on identifying and responding to domestic abuse. The additional data

³ See <https://www.gov.uk/government/publications/domestic-abuse-act-2021/domestic-abuse-statutory-guidance-accessible-version#chapter-2--understanding-domestic-abuse>



collection was conducted by adding questions specifically about domestic abuse to the DSL interviews, focus groups and surveys that were conducted as part of the implementation and process evaluations for the two main evaluations towards the end of the intervention in May–July 2022.

About the DSL supervision trials

In recent years, WWCS have run multiple large-scale interventions providing DSLs with supervision from a Supervising Social Worker (SSW). Through supervision, these programmes aimed to improve the “appropriateness” and quality of contacts made by schools to children’s social care. Reducing “inappropriate” contacts may help in ensuring the resources of children’s social care services are focused where they are most needed. For the purpose of the evaluation, contacts were considered “inappropriate” when they did not lead to further action by children’s social care. It is important to acknowledge that this is an imperfect measure. Another aim was to improve DSLs’ wellbeing, with increased confidence in decision-making and reduced anxiety among DSLs. The two interventions where we explored questions of domestic abuse were: individual supervision for primary school DSLs (Stokes et al., 2023a) and group supervision for secondary school DSLs and safeguarding staff (Stokes et al., 2023b). These programmes were evaluated using RCTs. Schools within participating local authorities (LAs) were randomly assigned to either receive supervision from a social worker (“treatment” schools), or to continue with support as usual (“control” schools).

The impact evaluations found no statistically significant differences in outcomes between schools assigned to receive supervision and schools without supervision, including in relation to the appropriateness and quality of contacts, and on DSL wellbeing. The implementation and process evaluations, however, found that supervision was well received by DSLs who found the sessions useful, including having time for reflection, discussing complex and new cases, learning from a social worker’s perspective, and discussing their own wellbeing. There were mixed findings on perceived impact. Many DSLs interviewed reported that supervision had no impact on their practices, because they were already confident in their ability to perform the role and their knowledge, including about thresholds that applied for children’s social care referrals. At the same time, many DSLs described positive impacts, particularly in relation to improving confidence in the role and their emotional wellbeing.

As noted earlier, the supervision programmes were designed as more general interventions and not specifically targeted at domestic abuse. However, it is possible, retrospectively, to hypothesise that the intervention may help to improve how schools and DSLs identify and respond to domestic abuse. In particular, DSLs may benefit from discussing and reflecting on cases related to domestic abuse with their supervisor. This could include gaining knowledge of guidance and good practice, becoming more confident in decision-making, and better understanding thresholds in relation to domestic abuse cases. This report will explore whether there were any such reported effects of the interventions on DSLs’ perceived confidence in identifying and responding to domestic abuse, as well as generally exploring practices and views among DSLs in this area.



More details about the design, methodology and findings of the evaluations are available in the evaluation reports (Stokes et al., 2023a, 2023b).

Research questions

The objective of this study was to explore the experiences of identifying and responding to domestic abuse among DSLs in schools, and the role of the DSL supervision programme (if any) in schools' ability to identify and respond to domestic abuse issues.

We sought to answer three specific research questions:

1. How useful have DSLs found previous training and support around safeguarding children from domestic abuse?
2. How confident and prepared do DSLs feel in identifying and responding to domestic abuse?
3. Do DSLs perceive any impact on their ability to identify and respond to domestic abuse, as a result of taking part in the DSL supervision programme?

Ethics and data protection

Ethical approval for the original evaluations was granted by the NIESR Research Ethics Committee in August 2021. This required the submission of an application form by the evaluation team to the research ethics committee outlining the key features of the project and setting out the ethical issues involved and associated mitigations. The additional inclusion of the domestic abuse element of the study was then separately notified to the Research Ethics Committee.

For the original trials, each participating LA coordinated the recruitment of schools within its area. LAs were provided with an initial template letter by WWCS for LAs to distribute to schools. Schools were able to withdraw from the evaluation. In the information provided to potential participants in approaches for interviews, and in distributing the surveys to school staff, individuals were informed that their participation was voluntary and that they could withdraw at any stage.

A project privacy notice was developed in collaboration with WWCS, informing participants about the purpose of the study, the type of information being collected, how this would be used as part of the research and their rights in relation to their data. A copy of the privacy notice is available at: <https://www.niesr.ac.uk/wp-content/uploads/2021/09/Data-Privacy-Notice-2121-DSL-FINAL.pdf>

Data-sharing agreements were set up between WWCS, NIESR and the individual participating LAs. Limited personal data was to be shared for the purposes of the evaluation; this related mainly to contact details of DSLs and other school staff, as well as SSWs and other LA staff involved in the project and evaluation, mainly for the purpose of facilitating the interviews and surveys that formed part of the study. Further details relating to data protection are given in the trial protocols.



The trials are registered on the Open Science Framework, with separate registrations for the primary school trial and the secondary school trial.⁴

⁴ See <https://osf.io/c38hb> and <https://osf.io/5v8h7>



2. METHODS

We used a mixed-methods approach that drew on data collected from interviews, focus groups and surveys as part of the implementation and process evaluations (IPEs) of the two programmes where DSLs and other school safeguarding staff received supervision sessions with a social worker. The two programmes were conducted in primary and secondary schools, respectively.

The evaluations of the two programmes involved surveys of DSLs in control and treatment schools, including at the end of the intervention in June–July 2022. The final section of the surveys included three questions aimed specifically at answering the research questions related to domestic abuse (see Appendix A). In total, 258 respondents from control and treatment primary schools and 117 respondents from control and treatment secondary schools answered these questions.⁵ In some cases there were multiple respondents from the same school, such that overall, there were responses from staff in 240 primary schools and from staff in 82 secondary schools (Table 2.1). The survey was distributed using SmartSurvey and the data were analysed using Stata, a statistical software package. For information and transparency, survey findings are presented for both treatment and control groups (where applicable). However, this study on domestic abuse did not include an impact evaluation and is not intended to provide robust statistical evidence on any differences between schools that received the programme and those that did not.

Table 2.1. Survey response at endline, by trial arm (control and treatment), and responses by individual level (total number of responses, where some are from different safeguarding staff in the same schools) and by school level (number of responses from unique schools)

Number of respondents (individuals)	Primary	Secondary
Total (treatment + control)	258	117
Treatment	160	76
Control	98	41
Number of respondents (schools)		

⁵ Note that not all necessarily answered all three questions; the number of respondents for each question is given in the notes underneath each table within the section presenting our findings.



Total (treatment + control)	240	82
Treatment	156	48
Control	84	34
Response rate (schools)		
Total (treatment + control)	20%	27%
Treatment	35%	31%
Control	11%	22%

The broader evaluations also involved semi-structured interviews, conducted either online or by phone, and focus groups, carried out online. These were primarily conducted to explore the experiences of the intervention. For a proportion of respondents, we added questions focused specifically on answering the three research questions on domestic abuse (see Appendix A). This section typically lasted for around five minutes of the interview. The interviews were recorded, with the permission of participants, transcribed verbatim and then analysed using a framework approach (adapted from Ritchie & Lewis (2003)), drawing out key themes and messages from the transcripts.

Overall, we asked questions related to domestic abuse in interviews and focus groups with a total of 72 DSLs and safeguarding staff in treatment schools (that is, those schools allocated to receive the DSL supervision programme). This included interviews with 36 DSLs and safeguarding staff in primary schools, and 21 interviews and five focus groups with a total of 36 DSLs and safeguarding staff in secondary schools. No interview or focus group data were collected from the control schools (that is, those schools that did not receive supervision as part of the DSL supervision programme).⁶

The two broader evaluations included interviews and focus groups with a total of 133 DSLs and safeguarding staff in treatment schools. The DSLs were contacted by email and sampled to include a mix of schools, including by local authority, school size, proportion of pupils eligible for Free School Meals and geographical context (see Appendix C for more detail about the broader sample). The qualitative findings provide an in-depth and diverse perspective into the experiences of DSLs that we spoke to but may not necessarily reflect the views of all practitioners receiving the supervision. Furthermore, for our findings on domestic abuse, it is important to note that the interviewers were briefed to cover domestic abuse only when there was time to do so, as the main objective was to cover all sections

⁶ This is because the broader evaluations, which the domestic abuse study was nested within, only included interviews and focus groups with schools allocated to the treatment group.



related to the main evaluations. As such, the DSLs and safeguarding staff that were asked about domestic abuse (roughly half of those interviewed for the broader evaluations) were not sampled in a systematic way, which may have introduced further bias into the sample covered in this report.

The full evaluation reports (Stokes et al., 2023a, 2023b) include more detailed information about the methodology and sampling for the IPE, and the section about limitations in this report provides more detail regarding the strengths and weaknesses of the research design that forms the basis for this report.



3. FINDINGS

Section 1: Previous training and support

Survey findings

Our survey findings suggest that most primary (Table 3.1) and secondary (Table 3.2) school DSLs received domestic abuse safeguarding training within their general safeguarding course, both in control schools (66% of respondents) and treatment schools (61% of respondents). Just under three in ten of all DSLs surveyed (27%) had received standalone training specific to domestic abuse (in the three years prior to the survey).⁷ While this specific training was described as “very useful” among interview and focus group respondents, the sessions were often only one-offs and varied considerably in terms of types of training providers, delivery methods and topics covered.

Our survey data highlighted that a higher percentage of secondary school DSLs (20% of respondents) compared with primary school DSLs (6% of respondents) reported having received no previous training in domestic abuse in the three years prior to the survey. This difference was not as stark in our interviews and focus groups, however, as both primary and secondary school DSLs reported either receiving domestic abuse training contained within the more general safeguarding course or detailed further specific training they had received.

Table 3.1. Primary: What previous training have you had in safeguarding children from domestic abuse in the past 3 years: (tick all that apply) (Percentage of participants who answered “yes”)

	Control: Number of responde nts	Control: Percentage of responde nts	Treatment : Number of responde nts	Treatment : Percentag e of responde nts
Training in domestic abuse that was contained within	70	71%	104	65%

⁷ Respondents could select all options that applied in answering this survey question; some DSLs who stated they had received training on domestic abuse as part of a more general safeguarding course also indicated they had received specific standalone training on domestic abuse (24% of secondary DSLs and 16% of primary DSLs).



more general safeguarding course				
Standalone training specific to domestic abuse	31	32%	36	23%
Training in teenage relationship abuse	2	2%	0	0%
No previous training in domestic abuse	4	4%	12	8%

N=98 for control; N=160 for treatment.

Table 3.2 Secondary: What previous training have you had in safeguarding children from domestic abuse in the past 3 years: (tick all that apply) (Percentage of participants who answered “yes”)

	Control: Number of responde nts	Control: Percentage of responde nts	Treatment : Number of responde nts	Treatment : Percentag e of responde nts
Training in domestic abuse that was contained within more general safeguarding course	22	54%	41	54%
Standalone training specific to domestic abuse	15	37%	20	26%
Training in teenage relationship abuse	3	7%	6	8%
No previous training in domestic abuse	11	27%	12	16%

N=41 for control; N=76 for treatment.



Interview and focus group findings

Interviews and focus groups with primary and secondary DSLs further supported the survey findings, with several DSLs interviewed stating that they had not received any specific training on domestic abuse outside of information given in their more general safeguarding training.

“Beyond the DSL training, I’ve never had specialist training myself about domestic violence and domestic abuse in particular, just what’s contained within the two-day training that everybody has to have.” – DSL, secondary

“Only what’s included in the Safeguarding Lead training and refresher training. The [name of local Children’s Partnership] ran a programme pre lockdown. So, I haven’t really caught up with whether or not they’ve resumed it, but they used to run a regular training session ... But nothing like a specific course or training session just on it [domestic abuse].” – DSL, secondary

“Well I would say not a specific course, but certainly when I’ve had safeguarding training, [right] there’s usually been a section of that training within the day or the two days. But I think, yes, I think there’s a need perhaps for that.” – DSL, primary

When commenting on the usefulness of the domestic abuse training contained within the general safeguarding programme, one DSL noted that this was not useful as cases “aren’t always black and white” and “unless a child comes up to you and discloses”, it can be very difficult to apply the general safeguarding training to identify cases of domestic abuse. Another DSL who had not received any specific training on domestic abuse reflected that this often meant they felt they were “winging it”, and as a result they would tend to refer any domestic abuse cases immediately to social care over having the confidence to address these themselves:

“I’m not trained in it at all, apart from I did a course on it, as part of the DSL training, and I’m part of ... like local authority network meetings, where it’s raised. But I’m not trained in it, so I just know that as soon as there’s anything domestic violence at all, I always refer for the families.” – DSL, primary

In addition, one DSL stated that the standard safeguarding training had not been as useful as the supervision sessions, as the standard safeguarding training had more generalised content, while supervisors could hone in on more specific indicators within their own case:

“She [the supervisor] said, ‘Well that could indicate that something more is happening at home, so, that could be explored.’ So, she’s been able to pick up on indicators that I might not have been aware of, just from that more generalised training.” – DSL, primary



Usefulness of previous training specific to domestic abuse

There were some DSLs who had received additional training specifically around domestic abuse. These were often led by the school or local authority's own initiative, or local domestic abuse specific charities, rather than as a national intervention to prepare or upskill the DSLs. For example, secondary schools in one area mentioned their LA's additional online training as useful training:

"We did the [name of LA] online training around domestic abuse, every member of staff at the school did that this year, and obviously, that's part of the three years statutory training that we did in September, so, that was useful, that helped." – DSL, secondary

"I've done extra courses online as well ... different parts of the [safeguarding] Team have done different courses ... we're all continuously updating knowledge, so, we don't just do the basic training ... the courses that we already access, through the [name of LA] Learning Pool, are really good and we do use those ... we're always booking on those and doing those, and updating those." – DSL, secondary

DSLs who had received additional training specifically around domestic abuse safeguarding described it as very useful, and one DSL noted that having training where they had heard from victims of domestic abuse themselves was particularly useful:

"... from listening to the victims as well, what they've done, what's worked for them, what hasn't worked for them as well, that's been useful as well." – DSL, primary

Additionally, a few DSLs noted that receiving training on domestic abuse that was more contextually relevant to their school communities was particularly useful.

Types of previous training

The topics covered in the specific domestic abuse training DSLs attended were quite varied. They included: "the effects of domestic abuse", "what is considered abuse and the different types of abuse", "honour-based violence", "the risk of domestic abuse to children and how it impacts them" and "domestic abuse signs in children".

Training providers

DSLs received additional training from a range of sources including their local authorities, police briefings, online discussion boards, the local safeguarding partnership, children's social care, their academy or trust, The National College, and/or from charitable organisations.. They described these as helpful in keeping their training up to date:

"It's useful, it's very interesting, and you get ideas then about what to do, it's really helpful ... We're always updating this training, so it keeps us up to date and fresh with the information." – DSL, primary



Training formats

DSLs mentioned training that was delivered both in person and online, and that their formats were a mix of interactive and informative. One DSL noted that online training could often feel less supportive as there were less opportunities for peer support:

“A lot of the courses in the last few years have been virtual. You don’t get as much kind of, I want to call it chit chat ... that’s also that support mechanism ... So, I might be sitting with somebody from a different school, who has got an issue, what they’re talking about and you get that support from each other.” – DSL, primary

Another DSL reported that training courses could become repetitive for those who had been in the role for a few years, suggesting making these modular and bringing in new speakers to ensure the training remained engaging:

“... one of my challenges if you’ve been in a role long enough ... it’s quite hard to go to a training where you’re not spending quite a lot of it thinking, okay I know that, that’s good. It is just reassuring. It doesn’t particularly change your practice going forward if that makes sense.” – DSL, primary

Frequency of previous training

Domestic abuse training delivered by charities was often described as a one-off and was not completed recently, with many saying they couldn’t remember when they had last completed specific training, or that this had taken place prior to the COVID-19 pandemic. DSLs who received additional training from their local authorities or academies/trusts reported having this more recently and frequently, but this varied between areas.

Types of previous support

When DSLs were asked about the support they had received in dealing with domestic abuse cases before starting supervision sessions, quite a few reported having little to no support on this, but those who had described it as very useful. Extra support came from similar sources to additional training, and those mentioned were local authority network meetings, social work referrals and subsequent meetings, the local safeguarding hub’s phoneline, their academy or trust and/or charitable organisations. One DSL also mentioned that their experienced predecessor had been particularly useful in supporting them with domestic abuse cases:

“But within our team, our Head of School has got a lot of experience on safeguarding, so I know here, there’s always someone I can go to for that help.” – DSL, primary

Some DSLs also noted the issues currently facing domestic abuse support services for families. One DSL noted that the waiting lists for emergency response services supporting children in cases of domestic abuse can be months long, and that there is a need for more response services to tackle this support gap. Another noted that many agencies had



experienced recent budget cuts, and that these have led to less support services for families to disclose to, and less services for DSLs to refer to.

Other sources of support mentioned by DSLs were police notifications and meetings, which were described as helpful in identifying and managing cases of domestic abuse.

Thoughts on additional training

There was some agreement from DSLs that further, more specific training on domestic abuse safeguarding situations would be useful. Some expressed that they felt they could never receive enough training, and highlighted that reports of domestic abuse cases have become more frequent recently, so the need for confidence when dealing with these cases has become more urgent:

“We’ve not done anything specific, as I say, our last two cases have been domestic violence, this will be handy.” – DSL, primary

“I mean definitely I would probably do some more training on it without any shadow of a doubt because I think it’s a bit like neglect, it’s an area where there’s always a bit of a grey area and I always find training on those things very, very useful.” – DSL, primary

In addition, DSLs discussed how ongoing training could help to keep their knowledge “fresh”, and that it becomes “use it or lose it”, whereby DSLs will lose confidence in dealing with domestic abuse cases when they are encountering them less often, and as a result not regularly practising those skills.

DSLs who were keen to receive more specialist training on domestic abuse safeguarding wanted this to be less irregular and more consistent across the country. Topics they suggested to cover included: “what are the right and wrong things to say”, as well as best approaches to broaching conversations with families, and what support could be offered to families:

“[I would like training on] the best approaches and having those conversations with those families. Some training ... on how to have that conversation, how to broach it, how to get to a point where that parent feels that they can say something to you. When to just go right, okay, we’re not getting anywhere with this, we can’t get the evidence. I find it really hard when we’ve reported what we feel is something that is of a concern and then we’re just asked, ourselves, to have a meeting with the parent to discuss what’s going on, that’s sometimes quite difficult. ... [A]nd maybe even as well [training on] the support that could be offered out there, that we could get in for the students ... and for the families, wider than our kids, would be useful I think.” – DSL, secondary

In addition, some DSLs suggested training could be more contextualised to different school communities, as there could be ways in approaching conversations around domestic abuse, and providing support, that are more suitable to different families. One example given was that some parents may prefer to go to services outside of the standard referral support



services suggested in training, such as their local place of worship, so it is important to ensure these places are considered when training DSLs on how best to support a victim of domestic abuse and their family.

Primary school DSLs in particular mentioned that they felt they would benefit from additional training on how to have conversations with younger children without prying. Some secondary school DSLs thought that staff would gain more confidence through direct experience working with families instead of through additional training courses. One secondary DSL felt they had already received enough training for their role across different topics, and that they would not benefit from specific training on domestic abuse. They went on to state that, with the limited time they have, they felt there is more need to prioritise children and being in school than attending training.

Some DSLs across primary and secondary groups also stated that having a social care case worker who was available to contact immediately to discuss cases on an individual basis, would be a more useful form of support.⁸

Section 2: Confidence and preparedness

Survey findings

Many DSLs responding to the survey reported that they were confident in their ability to identify, manage, document and refer cases of domestic abuse (describing themselves as “well prepared” or “very well prepared” in survey responses) (see Tables 3.3 and 3.4). Nevertheless, for some of these activities, this still applied for fewer than half of DSLs responding. From both survey responses and interviews/focus groups, it is apparent that DSLs are hesitant to over-sell their confidence or abilities around dealing with domestic abuse cases, and many emphasised they would “always appreciate” further training around this.

One area in which primary school DSLs were least confident in was their ability to talk appropriately with pupils about their experience of domestic abuse (with 33% of those in the treatment group stating they were “well prepared” or “very well prepared” to do so). This was also reflected in interviews where primary school DSLs raised concerns about the best approach to probe around young children’s disclosures without prying. Both primary (33%) and secondary school DSLs (44%) also felt least prepared to judge the level of risk to pupils

⁸ The sessions that formed part of the supervision programme were intended to take place on a 4–6 week basis. Ad hoc support could also be provided, but findings from the main evaluations for the primary and secondary programmes indicated that some DSLs assumed ad hoc support was not part of the programme. Others however did make use of ad hoc support, with some describing it as a particularly valuable part of the programme (Stokes et al, 2023a, 2023b).



exposed to domestic abuse, and both groups' frustration around this could be felt in interviews and focus groups.

Around half of DSLs responding to the survey, who both had and had not received the supervision, reported feeling “well prepared” or “very well prepared” to make appropriate referrals to children's services. DSLs that were not confident in their ability to make appropriate referrals often stated in interviews that they would instead “err on the side of caution” and refer all cases, especially in cases where they felt they lacked sufficient training, such as for domestic abuse or violence cases:

“I’m not trained in it, so I just know that as soon as there’s anything domestic violence at all, I always refer for the families.” – DSL, primary

Table 3.3. Primary: How prepared do you feel to perform the following: (percentage who answered “very well prepared” or “well prepared”)

	Control: Number of responden ts	Control: Percentage of respondents	Treatment: Number of respondents	Treatment: Percentage of respondents
Manage disclosures of domestic abuse	43	48%	53	38%
Identify domestic abuse indicators based on pupil behaviour and knowledge of the family	41	46%	49	35%
Talk appropriately with pupils about their experience of domestic abuse	38	43%	46	33%
Document pupil experience of domestic abuse in school safeguarding records	59	66%	74	52%
Judge the level of risk to pupils exposed to domestic abuse	35	39%	46	33%



Instigate an early help assessment for domestic abuse	30	34%	49	35%
Make appropriate referrals to children's services screening team / Multi-Agency Safeguarding Hub for domestic abuse	50	56%	74	52%

N=89 for control; N=141 for treatment.

Table 3.4. Secondary: How prepared do you feel to perform the following: (percentage who answered “very well prepared” or “well prepared”)

	Control: Number of respondents	Control: Percentage of respondents	Treatment : Number of respondents	Treatment : Percentage of respondents
Manage disclosures of domestic abuse	19	46%	32	48%
Identify domestic abuse indicators based on pupil behaviour and knowledge of the family	19	46%	30	45%
Talk appropriately with pupils about their experience of domestic abuse	21	51%	30	45%
Document pupil experience of domestic abuse in school safeguarding records	26	63%	43	65%
Judge the level of risk to pupils exposed to domestic abuse	17	41%	29	44%



Instigate an early help assessment for domestic abuse	17	41%	29	44%
Make appropriate referrals to children's services screening team / Multi-Agency Safeguarding Hub for domestic abuse	22	54%	41	62%

N=41 for control; N=66 for treatment.

Interview and focus group findings

Our interview and focus group findings showed that, while most DSLs would say they have received some training on how to deal with a range of domestic abuse safeguarding situations within the general safeguarding training, some do not feel as confident as they would like to about applying this in practice. DSLs would say they feel “fairly confident”, “quite confident” or “pretty confident”, while noting that “there are always difficult cases”.

Challenges in identifying and managing

DSLs recognised the challenges that can make them less confident in identifying and managing domestic abuse cases, with the most common comment being that if a child does not disclose a case, or there aren't clear visual clues, then it can be very hard to identify – and that this is especially hard for primary DSLs as children are less likely to disclose at that age:

“It's really difficult in terms of identifying domestic abuse because if you're not seeing someone with a bruise or an injury frequently, it's difficult to identify ... Unfortunately, lots of people that are in those relationships don't want to say ... I do find that the children are either conditioned to not really talk about things or more worryingly, is that they don't see it as anything abnormal to share.” – DSL, primary

“I think it's such a hard one, because unless the child discloses or we're informed by the Police that there are things going on, then I think it's a hard one to identify really. Some children will come and tell you what goes on ... But some, clearly are not [open].” – DSL, primary

“In terms of identification, it's obviously really challenging if there's not a disclosure, we're well trained and we know what to look out for ... we try our best to identify but the challenges are there, because naturally children don't want to disclose at this age group.” – DSL, primary

Other factors that affected DSLs' confidence in their ability to identify and manage domestic abuse safeguarding concerns were:



- / Receiving police alerts for cases they would not have expected knocked their confidence, as it could make them doubt their own judgement in identifying signs of potential domestic abuse
- / Knowing or suspecting children or family members are hiding something or lying about a situation, but not being able to get further information, and not having enough evidence to act or intervene
- / Language barriers with children or parents
- / Parents refusing help or support due to victim denial.

While the above factors were mentioned in a limited number of cases, they illustrate challenges in both identifying and responding to domestic abuse, and thus areas where further support for DSLs and schools may be beneficial.

Many DSLs mentioned that they are confident in their ability to manage cases of domestic abuse once they are alerted to the situation, but identification can be a greater challenge and lowers their confidence around domestic abuse safeguarding:

“So, I’m confident if I know about it, but I’m not confident if nobody informs me about it.” – DSL, primary

Police notifications were noted by some DSLs as an important means of becoming aware of domestic abuse cases, but some suggested that further information and training around how to manage cases once alerted to them could be useful. The importance of being alert to signs of domestic abuse safeguarding concerns in situations that had not yet resulted in police involvement was also noted.

In addition, some secondary school DSLs noted there had been a rise in domestic violence cases they were alerted to since the start of the pandemic, and that they had noticed a higher proportion of their safeguarding cases were relating to domestic violence. One secondary school DSL said they had 14 cases last year when the “the average in the county council area for a Secondary School is nine, but prior to COVID, I had only ever had two”.

Solutions to improve confidence

DSLs who have had more experience with domestic abuse cases often said that they do feel confident in identifying and dealing with cases of domestic abuse:

“I’m quite confident because, as I said, we get that quite a lot in our school.” – DSL, primary

Additional factors mentioned that help DSLs to feel confident in identifying and managing these cases are:

- / Having strong, open, trusting relationships formed with parents/carers and the school’s local communities:

“We very much rely on having good relationships with our families so that they trust us that if there is something like domestic cause that’s



happening, they are able to say that it's happening, and we can then respond accordingly.” – DSL, primary

“It's that building up trust, but it comes back to those relationships with parents, all the time ... that's what you've got to get in at the first point, is they're not going to trust you and you've got to build up that trust to be able to get in there to support them.” – DSL, primary

- / Getting advice and support from domestic abuse specialist organisations or the council.
- / Advice from experienced colleagues and school support networks
- / Making safeguarding decisions as a team within the school:

“Yes. I think we do feel confident because we're a team ... I think as a team we are so much more effective than it would be if it was all the responsibility was on me as the DSL. ... I'm in our open plan office now and ... we're all in this office together and we can have those conversations and I think that's really valuable.” – DSL, primary

- / Regular signposting of support services for students/parents/carers
- / Teaching students how to recognise healthy relationships
- / Expert training for teachers on spotting early signs of domestic abuse
- / Making sure students have a trusted person to disclose to, in or outside of school:

“So, we run lots of different things in school, we have a Play Therapist, we have a Counsellor, we have a Learning Mentor that bridges the gap between families and children, so we can support both families and children, and obviously if we're in a situation where we're concerned enough that it hits the threshold, we'll make a referral.” – DSL, primary

Both secondary and primary DSLs noted that having teachings in their curriculum that highlight healthy relationships to children and inform them of services could be particularly effective in helping disclosure. One primary DSL emphasised the importance of making sure younger children have knowledge of healthy relationships and have trusting relationships with teachers to disclose to them:

“The job as a Welfare Assistant is to check in with those children, keep those relationships up with those children. She does something called safe hands where you talk about who's your safe person at home, who's your safe person at school. She'll sort bubbles with them and all of that is pre-emptive and it's a way for children to be able to say actually this is not going very well ... I think one of the really brilliant things about our school is we're not just reactive if a child happens to disclose ... We're not actively looking for domestic abuse and other things, however, we are giving vulnerable children that chance to say something whereas they might not say it if we didn't.” – DSL, primary



Section 3: Change in practices and perceived impact from DSL supervision

Survey findings

Survey results showed that around four in ten primary school DSLs and around three in ten secondary schools DSLs (Table 3.5) felt that the supervision and support from their supervising social worker had a “positive impact” on aspects such as their ability and confidence in identifying signs and symptoms of domestic abuse, and their knowledge and confidence in managing domestic abuse disclosures.

Table 3.5. Primary and Secondary: Have the supervision and support from your supervising social worker had an impact on: (percentage who stated “positive impact”)

	Treatment (primary): Number of respondents	Treatment (primary): Percentage of respondents	Treatment (secondary): Number of respondents	Treatment (secondary): Percentage of respondents
Your ability to identify signs and symptoms of domestic abuse	59	42%	22	33%
Your confidence in identifying signs and symptoms of domestic abuse	59	42%	19	29%
Your knowledge of domestic abuse disclosure management	54	39%	18	27%
Your confidence in managing domestic abuse disclosures	62	44%	19	29%

N=140 for treatment in primary schools, N=66 for treatment in secondary schools.



Interview and focus group findings

Many DSLs interviewed had yet to cover domestic abuse in their supervision sessions. Those that did cover it mostly brought a case to discuss in sessions and get specific advice, although some had been sent information packs outside of sessions by their supervisor that they found “very helpful”, especially as they covered less prominent/discussed cases of domestic abuse – for example, women perpetrators and domestic abuse in same-sex couples:

“[The supervisor] also signposted information about, I can’t remember the name of the programme now, I’ve got it in my notes, but where the male member of the family is actually the recipient of the domestic abuse. [This was useful] because I think that probably is underrepresented in training.”
– DSL, primary

DSLs often agreed that the supervision sessions helped with their confidence on a more case by case basis, rather than helping their overall skills around domestic abuse. One DSL commented that their supervisor had helped them to see each case with objectivity and deal with them professionally:

“I think it’s just being able to talk about it to somebody who is totally objective, because they don’t know the families ... they can talk about it, in a more, not a clinical way, because that doesn’t sound right, but in a more sort of professional way, I suppose, because they’re not emotionally involved at all, so, they can talk you through things, and they can point them in the direction of where you can get support from, or where you can access support for the family from, so that’s been really useful.” – DSL, primary

Both primary and secondary DSLs talked about the usefulness of information provided by their supervisor on domestic abuse, as it saved them time in sourcing the information themselves, and gave them access to information that they couldn’t previously access or had no prior knowledge of:

“Incredibly useful, one example would be a child that we’ve got in a special guardianship arrangement, so [the supervisor] was able to point me in the direction of the Special Guardianship Services, that I didn’t know existed and I had tried to find this service before, just by googling, but couldn’t find it, and she was able to put me in touch with them and that was incredibly useful. Then other things like the domestic abuse support for parents... that I was able to signpost a parent to. Incredibly useful, yes, things that I didn’t know existed.” – DSL, primary

“So, for example, we did a discussion around domestic violence, and she sent me some information through that we were able to share as part of a Parents Session with our families. Which would then provide them support rather than us having to get unnecessarily another profession involved with that.” – DSL, secondary



Another DSL added that their supervisor had helped them by providing legal advice regarding a domestic abuse case.

A few DSLs did not think discussing the cases in supervision sessions had improved their confidence in managing domestic abuse cases, and said that they would go to other contacts first over the supervision sessions because the sessions are infrequent, and their supervisor did not know the school as well:

“We [DSL and supervisor] had a good relationship, very friendly and very easy. But there are lots of other people who I can go to as well. And because I don’t wait for my visit with [the supervisor] as my first point of call if I need information, I would then phone like my locality officer. If I think, oh what do I do about this, I am not quite sure, I phone her and you deal with it there and then, don’t you. And I know I could do that [with the supervisor], but she is new, and I have known these people longer. And that’s already in place, so I go to them.” – DSL, secondary

Other DSLs mentioned that they did not discuss domestic abuse cases in supervision sessions as they would typically immediately meet thresholds for referral and therefore, they were not allowed to be discussed as part of the supervision sessions:

“I don’t think I’ve had any cases to discuss actually because there couldn’t be a social worker involved with the cases I spoke to [the supervisor] about so it has to be fairly low level and most of them if I do get someone that I’m worried about [regarding domestic abuse] I will put in a referral straight away.” – DSL, primary

Additionally, some DSLs mentioned that, although supervision sessions were helpful in managing cases of domestic abuse, they weren’t helpful in the initial identification, which is key to the safeguarding:

“Like I said, the problem is almost like, to be able to access the support, I know [the supervisor] would be able to help me, and I know that we would be able to do that, it’s almost that initial identification of who and how, that’s the trickiest part.” – DSL, primary

One DSL who had not covered domestic abuse safeguarding in their sessions said they planned to bring this up as a topic in the future, as they believed this would be helpful:

“I’m going to actually write that down. Maybe that’s something we need to discuss in one of our up-and-coming sessions is to talk about domestic violence more ... Unless it’s actually come up as a specific case, which I don’t recall, we’ve not really brought that up as a topic.” – DSL, secondary



4. LIMITATIONS

As described at the start of this report, this research on domestic abuse was nested within two broader evaluations. While this offered an opportunity to conduct additional data collection in a relatively efficient manner, it also meant that this study needed to fit within a research design that was already in place. For example, as the main evaluations were already ongoing, it was not possible to add specific questions on domestic abuse to the baseline surveys. This would have enabled a more detailed assessment of any change over the course of the intervention. In addition, as the main focus of the interviews and surveys was concentrated on the broader evaluations, it was only feasible to collect a relatively limited amount of data specifically in relation to domestic abuse.

It is also important to acknowledge the limitations with both data collection methods used in this report.

The survey findings could be affected by non-response bias – that is, those individuals who respond to the survey may not be representative of all individuals who were eligible to complete it. This could particularly influence findings if the likelihood of response is correlated with factors such as improvements in practice, or engagement with the supervision programme. Although for information and transparency, survey findings are presented for both treatment and control groups (where applicable), this study on domestic abuse did not include an impact evaluation and is not intended to provide robust statistical evidence on any differences between these groups.

Similarly, the main limitation of the interviews and focus groups is the potential bias of the sample of DSLs that we spoke to. The sample only represents a small proportion of the schools in the treatment groups, and it disproportionately includes schools that engaged with the intervention, despite significant efforts to recruit as many schools as possible that did not engage with the intervention. Furthermore, we only covered domestic abuse in some of the interviews that were conducted as part of the two evaluations. The interviewers were briefed to cover domestic abuse only when there was time to do so, as the main objective of the interviews was to cover all sections related to evaluating the intervention itself. As such, there was no systematic way of sampling which schools were asked about domestic abuse, which may have introduced further bias into the sample covered in this report.

Overall, the sample did include a mix of schools, including by LA, size, proportion of pupils eligible for free school meals and geographical context (see Appendix C), so although the qualitative findings may not necessarily reflect the views of all in the treatment group, they provide an in-depth and diverse perspective on the experiences of those who received supervision. The findings should be considered with these strengths and limitations in mind.

Finally, the timing of the intervention should also be acknowledged, in that schools and social care services were still dealing with a period that had been significantly impacted by the COVID-19 pandemic. It is not possible to determine the extent to which the pandemic may have affected the findings in relation to domestic abuse, but this context should still be borne in mind. It is also important to acknowledge that each trial took place within ten LAs, and thus caution should be taken in extrapolating the findings more widely.



5. DISCUSSION AND CONCLUSION

This study explored the experiences of DSLs in identifying and responding to domestic abuse safeguarding concerns, and whether regular supervision sessions with a social worker affected DSLs' confidence in these areas.

Training and support around domestic abuse safeguarding

Findings from the survey, interviews and focus groups indicated that most DSLs had received training in domestic abuse as part of their general safeguarding training. It was much less common for DSLs to report that they had received specific, standalone training in domestic abuse. In interviews and focus groups, some DSLs reported that the domestic abuse training contained within the general safeguarding programme was not particularly useful, due to its generalised content which meant it was difficult to apply in practice.

DSLs who had received training specifically relating to domestic abuse safeguarding usually felt this was very useful, although the sessions were often one-offs and varied in types of training providers and topics covered. Many DSLs who had completed such training indicated that this had been completed some time ago (prior to the COVID-19 pandemic), which may point to a need for more recent or refresher training. Indeed, some DSLs highlighted that training should be regularly updated so that they did not lose their knowledge, and that the need for more specific training on domestic abuse had become more pressing, given they had observed recent increases in reported domestic abuse cases. Some DSLs stated that in person training was more effective than online delivery, as this provided attendees opportunities to share experiences with peers. In addition, the opportunity to hear from victims of domestic abuse was valued, as well as training that was contextualised to each school's community.

Our findings suggest that many DSLs, across both primary and secondary schools, would find further specific training on domestic abuse useful. Nevertheless, it is important to acknowledge that this view was not unanimous, as some felt training could become repetitive, and that experience was more valuable than training.

Confidence and preparedness in identifying and responding to domestic abuse cases

There was variation in DSLs' confidence in identifying and responding to domestic abuse concerns. Between a third and two-thirds of DSLs responding to the survey stated they felt well prepared to undertake a range of actions in relation to domestic abuse, such as identifying, managing, documenting and referring cases of domestic abuse. In interviews and focus groups, it was apparent that DSLs were hesitant to over-sell their confidence and



abilities in dealing with domestic abuse cases, and many emphasised they would always appreciate further training around this.

One area in which DSLs typically expressed feeling least prepared was in their ability to talk appropriately with pupils about their experiences of domestic abuse. This was particularly the case for primary school DSLs; although this finding was also reflected in secondary school interviews, with DSLs indicating that an area in which they would most appreciate further training was how to have appropriate conversations with pupils and families.

One of the most common themes was that DSLs found it challenging to identify domestic abuse cases, especially when children did not disclose a case or there were not clear visual clues. This was especially hard for primary school DSLs as children were seen as less likely to disclose at that age. Many DSLs mentioned that they were more confident in their ability to manage cases once they were alerted to the situation. Some DSLs also noted that further training would be useful in managing domestic abuse cases, as they were not always confident that they were taking the best next steps in managing the case after being alerted to it.

DSLs who had greater experience in dealing with domestic abuse cases more often said they felt confident in their ability to recognise and manage domestic abuse cases. Additional factors that made DSLs more confident included: having strong and trusting relationships with parents, carers and local communities; getting advice from domestic abuse specialist organisations, colleagues and school support networks; making safeguarding decisions as a team within the school; teaching students how to recognise healthy relationships; provision of expert training for teachers on spotting early signs of domestic abuse; and having systems in place to make sure students have a trusted person to disclose to.

Perceived impact of supervision sessions on ability to identify and respond to domestic abuse

Our findings provide some tentative evidence that the DSL supervision programme can potentially improve confidence and ability among some, but not all DSLs, regarding identifying and managing domestic abuse concerns. Findings from the survey were mixed. Between 30% and 40% of DSLs indicated that the supervision programme had a positive impact on their confidence, ability and knowledge in relation to domestic abuse. At the same time, there was little difference between DSLs in treatment and control schools in terms of the percentage who felt well prepared to undertake a range of actions in relation to domestic abuse.

The perceived positive impact could occur through DSLs receiving information they were previously unaware of from their supervisors in relation to domestic abuse, as well as through discussing and reflecting on individual domestic abuse cases with their supervisors. However, many DSLs did not cover domestic abuse cases in supervision sessions, which is not surprising as the intervention was not designed to have a domestic abuse focus. Some DSLs said their domestic abuse cases typically met thresholds for referrals and therefore were not allowed to be discussed during the sessions. Other DSLs said they would prefer to



go to alternative contacts first, because supervision sessions were infrequent and domestic abuse cases needed to be addressed immediately.

In addition, while some DSLs reported that supervision sessions were helpful in managing individual cases, it was also noted that they were potentially less helpful in improving the initial identification of domestic abuse safeguarding concerns.

Recommendations

While acknowledging its limitations, this study points to some initial recommendations to further support DSLs in relation to domestic abuse safeguarding.

The findings point to a need for **provision of regular, specific and standardised training on domestic abuse**. There was general agreement among DSLs in this study that further specific training on domestic abuse would be valued. Opportunities for and types of training on domestic abuse varied by area and school, pointing to a case for a more standardised approach to training across the country. At the same time, the training content should be sufficiently flexible to adapt to the context of differing school communities.

Key areas where further training may be most useful include **further support in identifying domestic abuse**, as well as how to have appropriate conversations with pupils and families. DSLs typically felt less confident in identifying domestic abuse, compared to their ability to manage cases once aware of them. Other support mechanisms outside of training can also be useful; in particular, some DSLs noted the value in readily accessible support (such as a social worker they could contact as and when needed), given the need for potential domestic abuse concerns to be handled promptly.

There may also be value in **increasing opportunities to share best practice**. DSLs valued the opportunity to share experiences at networking meetings and in-person training courses. Creating more of these opportunities could provide an additional route to improve best practice around domestic abuse safeguarding.

The findings of this study also highlight areas for future research in relation to domestic abuse safeguarding. This includes increasing understanding of the current landscape of domestic abuse training for DSLs, and in particular, which types of training are most effective in increasing DSLs' knowledge and confidence in this area. Future research could also further explore which factors, outside of training, are associated with greater confidence and knowledge in identifying and managing domestic abuse among DSLs, and strategies and interventions that may improve this.



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APPENDICES

Appendix A. Survey questions on domestic abuse

Q1: What previous training have you had in safeguarding children from domestic abuse in the past 3 years: (tick all that apply)

- / No previous training in domestic abuse
- / Training in domestic abuse that was contained within more general safeguarding course
- / Standalone training specific to domestic abuse
- / Training in teenage relationship abuse

Q2: How prepared do you feel to perform the following:

[Manage disclosures of domestic abuse]

[Identify domestic abuse indicators based on pupil behaviour and knowledge of the family]

[Talk appropriately with pupils about their experience of domestic abuse]

[Document pupil experience of domestic abuse in school safeguarding records]

[Judge the level of risk to pupils exposed to domestic abuse]

[Instigate an early help assessment for domestic abuse]

[Make appropriate referrals to children's services screening team / Multi-Agency Safeguarding Hub for domestic abuse]

- / Very well prepared
- / Well prepared
- / Fairly well prepared
- / Moderately prepared
- / Slightly prepared
- / Minimally prepared
- / Not prepared

Q3: Have the supervision and support from your supervising social worker had an impact on:

[Your ability to identify signs and symptoms of domestic abuse]

[Your confidence in identifying signs and symptoms of domestic abuse]

[Your knowledge of domestic abuse disclosure management]

[Your confidence in managing domestic abuse disclosures]

- / Negative impact



- / No impact
- / Positive impact
- / Unsure



Appendix B. Interview questions on domestic abuse

I also want to ask you a couple of general questions about your experiences as a DSL of identifying and responding to domestic abuse cases and children affected by domestic abuse.

1. As a DSL, how confident or prepared do you feel in identifying and responding to domestic abuse cases?
 - a. Potential probes:
 - / How many domestic abuse cases have you had in past year?
 - / Confidence in managing disclosures of domestic abuse?
 - / Confidence in identifying domestic abuse indicators based on student behaviour and knowledge of family, and judge the risk to students exposed to domestic abuse?
 - / Confidence in talking appropriately with students about their experiences of domestic abuse?
 - / Confidence in instigating Early Help assessment for domestic abuse, or making appropriate referrals to CSC?
2. Have you had any previous training/support in safeguarding children from domestic abuse? Was this useful/not useful?
 - a. To what extent has the supervision sessions with the Supervising Social Worker helped your confidence in this area? Why/why not?
 - b. Going forward, what type of support/training, if any, would be useful for you as a DSL to improve your confidence in identifying and responding to domestic abuse cases?
 - c. Apart from training, is there anything that would be useful for you as a DSL/school in this area?

Note to interviewer if asked:

For the purpose of this interview, a student exposed to domestic abuse is defined as any student who has seen, heard or witnessed the effect of domestic abuse of a parent/guardian or relative. [for secondary schools only]: In addition, we include any student who has experienced abuse in their own intimate relationship (teenage relationship abuse) if both people in the relationship are between the ages of 16 and 18 years of age.

We are referring to students who are victims of domestic abuse, rather than perpetrators of abuse.

Domestic abuse includes the physical, sexual, economic or psychological abuse of a partner (someone the perpetrator is dating or in a relationship with) or a relative.

Examples include:

- / Constant blame, or being put down in front of others
- / Intentionally isolating someone from family and friends
- / Bullying, threatening or controlling behaviour
- / Taking control of someone's finances
- / Monitoring or limiting someone's use of technology



- / Unwanted kissing or touching or sexual activity
- / Scratching, punching, biting, strangling or kicking.



Appendix C: Sample of interview and focus group respondents

Table C.1. Number of qualitative interviews by individual DSLs and by schools, primary schools, broader evaluation

	Individual DSLs	Number of treatment schools
LA 1	4	3
LA 2	2	2
LA 3	20	18
LA 4	2	2
LA 5	3	3
LA 6	3	3
LA 7	1	1
LA 8	8	7
LA 9	13	11
LA 10	5	5
Total	61	55

There were six schools where more than one staff member was interviewed. In total, we conducted 61 interviews in 55 schools.

Table C.2. Type of establishment, primary schools, broader evaluation

	Number of treatment schools	Percentage	Total treatment schools
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Academy convertor	12	11%	105
Academy sponsor-led	5	11%	45
Community school	23	14%	159
Foundation school	3	11%	28
Free school	1	25%	4
Voluntary aided school	9	12%	75
Voluntary controlled school	2	7%	30
Total	55	12%	446

Table C.3. Percentage of pupils eligible for free school meals, primary schools, broader evaluation

	Number of treatment schools	Percentage	Total treatment schools
0–9%	14	5%	265
10–19%	11	16%	67
20–29%	8	22%	37
30–39%	13	52%	25
40–49%	5	31%	16
50–59%	2	11%	19
60–69%	2	25%	8
70–79%	0	0%	6
80–89%	0	0%	1
90–99%	0	0%	2



Total	55	12%	446
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Table C.4. Geographic context (rural to urban), primary schools, broader evaluation

	Number of treatment schools	Percentage	Total treatment schools
Rural: hamlet and isolated dwellings	2	12%	17
Rural: village	3	10%	29
Rural: village in a sparse setting	1	8%	12
Rural town and fringe	3	7%	43
Rural: town and fringe in a sparse setting	0	0%	4
Urban: city and town setting	19	12%	162
Urban: city and town in a sparse setting	0	0%	1
Urban: major conurbation	27	15%	178
Total	55	12%	446

Table C.5. Number of pupils, primary schools, broader evaluation

	Number of treatment schools	Percentage	Total treatment schools
0–49	0	0%	7
50–99	0	0%	35
100–149	3	9%	34



150–199	2	3%	59
200–249	13	13%	97
250–299	7	18%	39
300–349	5	14%	37
350–399	8	30%	27
400–449	9	20%	44
450–499	5	19%	26
500+	3	9%	32
Total	55	12%	446

Table C.6 Number of qualitative interviews by individual DSLs and by schools, secondary schools, broader evaluation

	Individual DSLs	Number of treatment schools	Percentage of treatment schools	Total treatment schools
LA1	4	4	10%	40
LA 2	2	2	40%	5
LA 3	12	7	78%	9
LA 4	19	11	28%	40
LA 5	1	1	9%	11
LA 6	8	6	55%	11
LA 7	3	3	50%	6
LA 8	26	11	48%	23
Total	75	45	31%	145



Table C.7 Type of establishment, secondary schools, broader evaluation

	Number of treatment schools	Percentage of treatment schools	Total treatment schools
Academy Converter	27	30%	91
Academy Sponsor Led	9	26%	34
Community School	0	0%	2
Foundation School	1	33%	3
Free School	5	45%	11
Voluntary Aided School	2	50%	4
Total	45	31%	145

Table C.8 Percentage of pupils eligible for Free School Meals, secondary schools, broader evaluation

	Number of treatment schools	Percentage of treatment schools	Total treatment schools
0–9%	14	37%	38
10–19%	15	25%	59
20–29%	8	31%	26
30–39%	4	40%	10
40–49%	2	29%	7
50–59%	2	67%	3



Unknown	0	0%	3
Total	45	31%	145

Table C.9 Geographic context (rural to urban), secondary schools, broader evaluation

	Number of treatment schools	Percentage	Total treatment schools
Rural: hamlet and isolated dwellings	1	50%	2
Rural: village	1	100%	1
Rural: town and fringe	6	46%	13
Urban: city and town setting	21	28%	75
Urban: minor conurbation	3	38%	8
Urban: major conurbation	13	28%	46
Total	45	31%	145

Table C.10 Number of pupils, secondary schools, broader evaluation

	Number of treatment schools	Percentage	Total treatment schools
0–299	0	0%	3
300–499	4	57%	7
500–699	7	41%	17
700–899	6	25%	24
900–1,099	11	42%	26



1,100–1,299	5	22%	23
1,300–1,499	5	21%	24
1,500–1,699	4	44%	9
1,700–1,899	2	40%	5
1,900–2,000	1	20%	5
Unknown	0	0%	2
Total	45	31%	145