HOUSE OF LORDS

Domestic Abuse Act 2021 Committee

Corrected oral evidence: Domestic Abuse Act post-legislative scrutiny

Thursday 26 March 2026

11.50 am

Watch the meeting

Members present: Baroness Kennedy of The Shaws (The Chair); Baroness Barran; Baroness Gerada; Baroness Hussein-Ece; Lord Polak; Baroness Porter of Fulwood; Baroness Rafferty; Lord Russell of Liverpool; Baroness Sugg.

Evidence Session No. 7 Heard in Public Questions 58 – 65

Witnesses

I: Dr Kelly Bracewell, Senior Research Fellow, University of Lancashire; Lauren Seager-Smith, CEO, The For Baby's Sake Trust; Jude Eyre, Associate Director for Strategy and Delivery, Nuffield Family Justice Observatory.

Examination of witnesses

Dr Kelly Bracewell, Lauren Seager-Smith and Jude Eyre.

Q58 **The Chair:** Welcome back to this session of the special committee created to look at the workings of the Domestic Abuse Act, which was introduced in 2021. This is what is called a post-legislative scrutiny process. It is very nice to welcome to this meeting three experts who are going to help us with further questions.

We welcome Dr Kelly Bracewell, a senior research fellow at the University of Lancashire. She has significant research and work experience in the field of domestic violence and abuse. This includes her current work around domestic homicide reviews as well as service evaluations. You come with a great wealth of experience that would take me a long time to describe. Thank you for coming.

We also have Lauren Seager-Smith, CEO of The For Baby's Sake Trust. It is very nice to see you here because you have 20 years' experience in children's rights and trauma-informed care. You lead this charity, The For Baby's Sake Trust, aiming to break intergenerational cycles of domestic abuse and supporting families from pregnancy until the baby is two. Again, you have a great deal of experience and acknowledgement of that experience in awards. It is wonderful to have you here today.

We also have Jude Eyre, associate director for strategy and delivery at the Nuffield Family Justice Observatory. Prior to working at Nuffield, Jude was head of the strategy unit at the NSPCC. She was responsible for organisational strategy and development there, and she supported the development of the NSPCC's London infant family team and worked on Together for Childhood. She has a great deal of experience, and she is a member of the legal group and advisory committee for CoramBAAF, a charity focusing on fostering and adoption.

We have some real expertise in this second panel, so welcome. To start off, could you broadly outline the role that you or your organisation plays in relation to victims of domestic abuse in their own right?

Dr Kelly Bracewell: I am a researcher at the University of Lancashire. My work centres on elevating the voices of children and young people—more so young people than younger children. I look at their distinct experiences and the harms they face, focusing on rights. I basically advocate for trauma-informed approaches and consider them as victims in their own right. I sit in the Connect Centre, which is an international research centre, with Professor Christine Barter, whose work you have discussed this morning. We look at how we can ground survivor voices in all our work across interpersonal violence. We have two survivor groups who inform all our research. It does not matter what it is, they inform it from beginning to end: from the bid to designing tools.

The Chair: Are they two survivor groups of different kinds, or is it just that you have divided them into two for ease?

Dr Kelly Bracewell: Sorry, I should have been explicit. There is one adult group of female survivors and one child group, aged seven to 12.

Lauren Seager-Smith: The For Baby's Sake Trust works to break intergenerational cycles of domestic abuse and give babies the best start in life. Our flagship programme, For Baby's Sake, which you have mentioned, works with the whole family, taking a trauma-informed approach from pregnancy up until the baby's second birthday. That programme has been running for over 10 years. We have worked with about 800 families, working with around 200 families a year on those wider issues and really looking at the root causes of domestic abuse.

We are the leading voice for unborn babies and babies as victims of domestic abuse. We have been campaigning hard for many years, including on ensuring that babies were recognised as victims when the Bill was going through. I am here to represent babies and the voice of babies in these proceedings.

The Chair: Is there any piece of knowledge that you would like to share with this committee about the arrival of abusive, coercive or controlling behaviour, particularly when a baby is arriving on the scene?

Lauren Seager-Smith: Thank you so much for the opportunity. Yes, 30% of domestic abuse begins in pregnancy. Research from SafeLives shows us that at least one child in every class has been experiencing domestic abuse since birth. We know that this is prolific. We did a freedom of information request to police forces to find out how many babies were present at callouts, and it was over 187,000 babies a year. We know that it is absolutely urgent that we increase support from pregnancy and intervene as soon as possible, because this is when many of these abusive behaviours start within relationships.

The Chair: That is one of those things that I really wanted everyone to know, because any of us who have worked in the field has come to realise that particular manifestation.

Jude Eyre: The Nuffield Family Justice Observatory is an independent organisation. It is part of the Nuffield Foundation, an independent charitable foundation which largely funds research on social well-being. It set up the observatory about seven years ago to be a bridge between that research and evidence-based practice in the family courts every day on the ground. We commission research, we undertake research ourselves and we have a lot of conversations with children, families and professionals of all types across the family justice system. We really try to support those who are interested in how you use that research to innovate and do things differently.

You will have heard already of the report from the Domestic Abuse Commissioner last year, which described domestic abuse as "everyday business" for the family court. To give you some sense of that, that report focused on private law proceedings—the family court, dealing usually with separating parents and arrangements for children—and

found evidence of domestic abuse being raised in 87% of those proceedings. The other side of what the family court does in relation to children is public law proceedings, where local authorities are concerned that children might be at risk of significant harm—

The Chair: To make sure that the distinction between private and public is understood, private proceedings are usually around separation, divorce, the care and custody of children and access to children—private issues that are connected to the family. The public involves cases where the state has to intervene and take steps around creating protection orders, possibly even taking a child into care and arranging fostering, et cetera. That is the distinction between the public and the private, so that everybody knows.

Jude Eyre: Absolutely, but there is probably more in common between families and their experiences on both sides of the system. Domestic abuse is probably the thing that we see is absolutely in common because, as I have said, it is present in 87% of those cases in private law. One study by Professor Judith Harwin and her team on public law—the care side of things—put domestic abuse as one of the trigger factors for a case coming into public law.

It is really important to understand that domestic abuse is the majority of the family court's work. It is there in the majority of the cases the family court is dealing with. To give you a sense of how many children that impacts every year, between them, Cafcass and Cafcass Cymru—its Welsh counterpart—worked with nearly 140,000 children last year. We should be expecting that many, if not most, of those children are victims of domestic abuse. That is why the issue of domestic abuse and children's status as victims in their own right is really important to us and our work.

The Chair: It is also really important to this committee. It was one of the new things that were included in this piece of legislation we are reviewing, and we want to look at the extent to which it has had an impact. That is why you are all here today to help us.

Q59 **Lord Polak:** I am very conscious that a number of us tried to get children put into the Bill. Thinking about it from the last session, it was definitely an add-on. I was beginning to understand that, because it was an add-on, it is not that it has not been taken seriously enough but, certainly, it sounds like things have not been put in place enough. I am really intrigued to know what else needs to be done. What can we be recommending to ensure that children are looked after properly in the system?

Dr Kelly Bracewell: You are right, they are still an add-on. Part of that goes to the language in the Act. Sometimes it says that they are victims in their own right, and at other times it refers to adult victims—

Lord Polak: We had to push it as an add-on. That was the problem. Some of us decided it had to be in.

The Chair: It feels like an add-on.

Dr Kelly Bracewell: Yes, it refers to adult victims and their children. Immediately you have a disconnect, and that then translates into services. Some of that is historical, because since the 1970s we have responded to adult victims, namely women. I used to be a practitioner before I was a researcher. Up until 2010, services were a lot better funded than they are now. They were particularly hard hit, along with marginalised women's services, but it was children and young people's services that were completely wiped out, in my experience.

They have since been replaced in some areas—in pockets, not widely—with time-limited interventions. You will often have six or 12-week programmes that children are referred on to, and that is what is available. That does not account for things such as the practical limitations of getting your children to them, children who have additional needs, such as SEND, or any kind of flexibility. Everything is one size fits all. That is not to do a disservice to the voluntary sector, which has a small amount of money to deliver services with.

I get really frustrated with six to 12 weeks. I was part of a round table last week and said, "How can you undo years and years of trauma in six to 12 weeks?", especially when part of that time is relationship building. They are coming after school and thinking, "I don't necessarily trust you. You're an adult. Who are you? You're talking about things that are really personal, that I've kept private and had to keep secret, and now we're talking about things that I don't know if I can trust you with. If I tell you something, does that mean there's going to be a safeguarding referral?" Half of that time has gone in that relationship building.

They also know that that service is coming to an end. In six to 12 weeks, they have built up a relationship with their worker and then it ends. There is no ongoing support. There is no flexibility. It is very much a short-term intervention, and that is it. Yet we know that the long-term consequences of domestic abuse are severe. Why would we be able to undo something in such a short period of time? It might also be that that child is not ready at that time. They might need additional intervention or one-to-one support, or maybe they need to come back a year later, but there is not the option to do that.

Lord Polak: Do you think you are doing more damage than benefit in just doing it in that short period of time?

Dr Kelly Bracewell: I would not say it was more damage; I would say it is just not sufficient. We have seen some pockets of good practice. We undertook the CADA research evaluation, which was Home Office-funded and is not published yet. We saw some great work going on, but all the workers would agree with everything I have said. That came from the children: they want more flexibility and time to build that relationship with the workers and with other children in the intervention, because it is positive for them to meet others who have had similar experiences. They are not alone or isolated, and think: "Actually, this isn't something that I have to keep secret". It gives them the language to talk about their fear

and isolation, and the things that have gone on at home, which maybe they did not have before.

It was really interesting that some services actually use the term "domestic abuse" even with very young children. They do not try to hide it. They give them the language to talk about what they are experiencing, which, as we know, some adults do not have. A lot of adults do not have that. There is positive practice going on, but it is just—

The Chair: It is limited.

Dr Kelly Bracewell: There is a complete lack of sustained funding. There are competitive processes, so when funding comes out, it is for a year. How can you employ workers? Workers are generally qualified as children's workers. They are low paid; they have nursery nurse qualifications. A complete overhaul is needed to support children and young people.

The Chair: We need to be training those who are really coming into contact with children at different stages of their lives. Jude, what are the gaps as you see them?

Jude Eyre: Perhaps the most obvious gap for the family justice system starts at the very beginning: what do we see our family justice system as being for and how is it integrated into that wider ecosystem of support for children and families? I know that can sound like an obvious question. We do not currently have a family justice strategy. We do not have an articulation that speaks to the role we want to see it playing alongside the other services we have for children and families. That creates all sorts of issues in terms of who thinks they are responsible for what, and what we measure.

One of the tangible things we could improve is how we measure children's experiences in the family court. We have really limited data on their characteristics, whether they even take part in proceedings, their experiences of those proceedings and, crucially, their outcomes at the end. Are they safe? Are they happy? Are they healthy? Are they learning?

The Chair: We just do not have the data.

Jude Eyre: We do not have any of that data. That is partly because the question of who is responsible for that is difficult when you do not have that sense of join up. There is a real opportunity; it was pointed out by the National Audit Office last year in a report on the family justice system and the Department for Education and the Ministry of Justice have committed to writing a family justice strategy. That is very good news because that gives you the opportunity, first, to have that think about where we want the family justice system—

The Chair: Who has committed to doing that?

Jude Eyre: The Ministry of Justice and the Department for Education as a joint effort. There are the big questions of what this is and how it fits

within that wider infrastructure, but also how we will know if we are doing what we want to do. The question of what difference the Domestic Abuse Act and that provision in relation to children have made in the family justice context is really difficult to answer, partly because we did not have the data before and we do not have the data now.

If we are serious about treating children as victims in their own right, then we need to be regularly looking at who the children coming into our system are. Are they participating? Are they having their voices heard? What are their experiences and, crucially, what are their outcomes? Are we making children safer? Are we improving their lives? Ultimately, we need to think about whether that is what we want the family justice system to do.

The Chair: Who do you think we should be calling upon to do this piece of work of making sure that there is data collection and people interviewing children who have been through the process about how that experience was, et cetera?

Jude Eyre: We would like to see it as an integral part of any family justice strategy that you have a data strategy that sits hand in glove and says, "This is what we want to achieve for children through our family courts, and this is how we're going to know if we're doing it". Those are conversations we have had with the Ministry of Justice, HMCTS and DfE about what data already exists. Cafcass and Cafcass Cymru collect some strong data. They have really improved on particular areas in recent years. That is very helpful, but again, they are not always involved throughout the process. In fact, in private law proceedings, often they are not there at the end. If you wanted to ask, "How does a fact finding impact on the likely order made at the end of proceedings?", we cannot tell you. We do not know, because we do not have the data that enables us to follow children on their journey through the system. That is a real gap that we could fill.

The Chair: That is really important. Now over to you, Lauren. You are dealing with a completely different age group, and we are not going to hear from this particular cohort. What is a vital challenge in making this bit of the Act workable for children?

Lauren Seager-Smith: I would say it is early intervention. How do we prevent families coming to family court in the first place? As we heard earlier today, very often this is the first time domestic abuse is disclosed. The Child Safeguarding Practice Review Panel in 2022 called for families to have whole-family, domestic abuse-informed, trauma-informed support. We are just not seeing that at a local level. While it is very positive that the Act recognised children as victims in their own right, on the ground that has not led to a change in the commissioning of services for families. It has not led to early intervention.

We still need to see substantive change. It comes down to the funding of services. We are not seeing funding for long-term therapeutic support, such as the For Baby's Sake Trust offers to families. It takes a very long

time to get to the root causes of harm and to do that work with families, and we are just not seeing that. We are seeing domestic abuse mentioned in other areas, such as the Best Start in Life strategy, and the role of family hubs having potential around providing support for domestic abuse, but what does that actually mean in practice?

I saw this week that four local areas had shared their local plans for Best Start in Life, and not one of those mentioned domestic abuse or the impact of domestic abuse on babies and children. Again, we are not joining the dots. We need much closer co-operation to stop just saying it in words and really look at what is happening at a local level and how those messages are getting down, and how local areas are being held to account, because we are missing opportunities that we could take at the current time.

Q60 **Lord Russell of Liverpool:** Leading on from that, I think you said earlier that you have been having discussions with the departments about this. How do they respond to the point you just made?

Lauren Seager-Smith: We know that domestic abuse is a significant challenge for social care. It is right up there as a primary factor for referrals in, alongside parent mental health. The Department for Education is well aware that we have a really significant challenge here. There is a challenge between departments around who is taking responsibility for babies and children impacted by domestic abuse. The Home Office came out strongly in the VAWG strategy around the need for cross-departmental work on this. However, in terms of the sector, we are not really seeing yet what that means—who is holding the funding, who is spending the money and who is holding local areas to account on this in different ways. We need to see much closer working together.

There is also confusion around what is ring-fenced funding for domestic abuse and—as I have referenced—what is being included under broader funding. That is confusing for local areas. We have seen domestic abuse mentioned in the context of the Best Start in Life strategy, but also from the DfE in the context of the Families First Partnership programme, which is about changes within social care. At a local level, we are not seeing funding for specialist services to work with families impacted by domestic abuse.

Again, we are talking about domestic abuse in the context of babies and children, but we are not seeing funding for specialist support to work with those families. That is really concerning because it means that we are not seeing any change. We are talking about it in words, but not in practice.

Q61 **Baroness Sugg:** I want to ask about controlling and coercive behaviour. Obviously, the Act introduces it as an offence, but not for under-16s. What has been the impact of that for children, both looking at collecting evidence and what issues arise by not recognising that for those under 16?

Jude Eyre: We do not really have sufficient evidence to give you a properly research-led answer to that. We need to understand what the

evidence base tells us about how domestic abuse is treated in the family courts more generally in the context of coercive control. Going back to the Domestic Abuse Commissioner's report at the end of last year, *Everyday Business*, the researchers talked about there still being some semblance of that hierarchy of domestic abuse, with coercive control at the bottom. That is in spite of case law, which has quite deliberately said that that is not the case, and it is not borne out by the evidence of children's experiences of abuse. It is not the legal position, but those researchers find that it is still an issue in the family court.

Having another reason to say, "Oh, we don't need to worry about coercive control here because it's not a thing for these ones", is part of a cumulative message that is landing in a system where we know that, historically, culturally and as represented in wider society, we may not have that developed understanding of coercive control and the impact it has on adults and, crucially, children.

Baroness Sugg: Would you like to see it recognised that it can impact children as well as adults? At the moment, I think it is defined as child abuse, as opposed to specifically recognising it.

Jude Eyre: Having things set out as straightforwardly as possible is always going to be of benefit in a system that is complicated and involves lots of different types of professionals with different types of understandings and different types of training. If you are going to bring them together to work effectively in the best interests of children, keeping things as clear and straightforward as possible is usually a good idea.

Dr Kelly Bracewell: As you will know, the Domestic Abuse Act says that it should be taken as seriously as in adult relationships, but obviously we have this gap. Professor Christine Barter's research shows that it can be just as severe and life-threatening. We have had homicides involving 14 to 16 year-olds. We are doing some work at the minute around young people and stalking behaviours. What we have found is that when young people seek support from their parents, say, they do not always recognise the behaviours or see them as serious because of their age. There is a real disconnect. We know that the highest age group for prevalence is 16 to 24, but it is not as if you are 15 and a half and not experiencing it in your relationship, and then you turn 16 and you are. Equally, we have perpetrators who might be your parent. There are two issues to address.

In terms of young people and their relationships, one concern will be around criminalising other children and young people who are perpetrators. That comes back down to education: education of people who are using these behaviours and of people who are experiencing them, and then education of adults so that when young people approach them—parents or teachers—they know how to respond appropriately, and we do not miss those opportunities to intervene safely.

The Chair: Are there any programmes developed particularly for the

young? I am talking about those relationships you are describing—in the early teens—where the boys may be absorbing ways of being that are coercive and controlling. Rather than putting them through a criminal justice process—there is an effort to avoid criminalising people when they are too young—are there programmes that could divert them into an understanding of how behaviours can impact and victimise others, and how that behaviour can be changed? Is there any work being done with that cohort of young males?

Dr Kelly Bracewell: Again, there are pockets of practice. Some are in London, where there was some work taking place in football clubs around youth violence. That incorporated domestic abuse because they were seeing that, within these relationships, there was a lot of abuse. Girls in particular were being harmed and threatened by their perpetrator but also by other people around them. In Wales there were some interventions as well, but those were more focused on teenage-to-parent abuse.

One thing to point out is that the 16 to 18 age group falls through a gap. We knew when we lowered the definition that that might happen, but it happens in practice. A victim who is 16, say, cannot go into children's services because they are too old and they cannot go into adult services because they are too young. We are getting this gap, and that I think would be the same for people who are perpetrating these behaviours. We invest a lot of resource in victim services, but less so for children, and even less for people perpetrating those behaviours.

Q62 **Baroness Porter of Fulwood:** Let us turn to the experience of children as they go through the court process and subsequently. In terms of the support you see them getting, where are the gaps and where could it be improved? We heard in the last panel about the idea of expanding the IDVAs to cover children. We also talked about the potential of introducing some kind of certification for professionals who come into contact with the children during the court process. Beyond those two ideas, are there other things that you see as gaps? Do you have ideas for how the support the children get could be improved, both during the process and subsequently?

Jude Eyre: Yes. The real question is how ambitious we want to be. We know from evidence that there is some really important work we could do for children to improve the court process for them. That really is as basic as thinking about how we ensure they feel seen and heard, because we still hear too frequently from children who said they did not feel like they were heard in proceedings about their own life. That has really significant impacts for children who are victims of domestic abuse and others.

We can think about the information we provide for them. We hear that a lot of anxiety about the court process comes from the unknown. In that unknown, children fill the gaps in their knowledge, and often that is a really worrying experience for them. We can think about how we provide them with feedback on what has been decided and why. Again, that is not traditionally what we have done as a system. We have sometimes

asked children for input, but we have not then followed up and explained how that has fed into court decision-making. We have seen some really positive practice around that. The President of the Family Division and the Family Justice Young People's Board launched a toolkit for judges on writing to children last year, which was deliberately aimed at addressing that issue.

We can also think more generally about how we would start again with a court environment and try to build it through a child development lens. That would mean thinking about how we could make it less traumatising for children who are interacting with it in any way, whether that is coming to see the courtroom or meeting with judges. Ultimately—this goes back to the point raised by Kelly earlier—we know that the support needs of children who have experienced domestic abuse may well exceed what happens for them at that point in their life. They have experienced that before they come into court, and they will go on and live with that experience after they leave court.

We should be thinking about how we might use the court intervention as a gateway into those support services. Hearing as I do all the problems we have with provision in that sector and the specialist support services for children, we can still recognise that for some children and their families, the family court is the first time professionals have been able to see that child as a victim and identified them. No other service has seen that or picked that up. That is an opportunity to think about what this child might need moving forwards. It is not just about whether we can make good and safe decisions as a court, but what we would need to do to really support this child and young person as they grow up. What might that look like in terms of other specialist support and intervention? How can we knit the family court into that wider ecosystem?

We have seen some really positive developments in the pathfinder project and our child-focused courts. We have done that for adults and said, "Let's bring the domestic abuse sector into the cohort of people who the family court sees every day. Let's have those independent domestic violence advisers for adults and have those specialist risk assessments". But it has been located in support for adults. That has important ramifications for the quality of decision-making for children, but it does not necessarily mean that children and young people are having greater access to support in their own right.

If we wanted to be more ambitious about what this provision should mean for children, then we would need to be saying, "Where do we see the family court in this wider ecosystem? How can we make it a gateway for support for children to improve their lives moving forward?"

The Chair: I am going to leap ahead and bring in Baroness Barran on this because she has a particular interest in how the new courts might work with this child-centred focus.

Q63 **Baroness Barran:** Jude, if I may, I will continue on that theme. You have obviously set out quite an optimistic picture. We heard from Jacky

Tiotto, who was similarly enthusiastic, in the last session. My question is in two parts. First, clearly, while children are going through proceedings, they will have the Cafcass social worker as their support person, but if you—in your words—could be ambitious, what would you want that to look like afterwards? Is that ongoing therapeutic support? What would it be? Secondly, is there anything we need to be alert to in terms of the rollout of these courts? Often, pilots are brilliant and the rollout is a bit less shiny. What is your advice on what we should be alert to?

Jude Eyre: On the first question—what it would look like—that is obviously going to depend on every child and their unique circumstances. We have models of provision for children in that therapeutic space, for children on their own, and for children with their parents. There is the work of For Baby's Sake, for example, and other interventions that focus on the dynamic between the victim-survivor parent and the child, which can be really damaged in domestic abuse circumstances.

We need to establish the point of principle that the family courts can and potentially should be a gateway to support. We should be asking that question: "Okay, we've identified this here, we have seen the harm that this child has experienced. What are we going to put in place for that child?" On the public law side of things, in care proceedings, we see that to a greater extent. It is far from perfect, but we see in care plans, for example, reference to what this child has experienced and therefore what we would expect to see moving forward. We have specific legislative entitlements for young people in care around assessing their ongoing needs. We do not have anything like that in the private law system.

It would be starting from the premise that we should be asking that question of ourselves within the system, and we should be bringing whoever needs to be involved in that conversation into our structure. The family justice system has something called local family justice boards, and they aim to bring together the judiciary, Cafcass, local authorities, lawyers and domestic abuse charities. The domestic abuse charities have been a more recent joiner. We also need to be asking the questions of health, for example. Where is it at this table? Where is education's role? The previous session, talking about that knitting up of police and education, shows the power of what we can do for children when we as systems try to navigate for them, rather than asking them to do that themselves.

Baroness Barran: Could you touch very briefly on the second part of the question? I know we are a bit against the clock, so if you could keep your comments brief, that would be great.

Jude Eyre: There is reason for real optimism around the child-focused courts, primarily in this context because they are courts that have a stated strategic purpose of improving the experiences of adult and child victims of domestic abuse. In terms of the issues we might face with rollout, you have already identified that we normally see issues when you take something from pilot stage to national stage. There are issues around capacity and what it will take for the system to reorientate itself.

Going back to my point about data, it is really important that we fix some measures that relate to what we wanted to achieve through this model, improving experiences over and above some things that we currently count, such as how long it takes. How long court proceedings take is a really important feature for children and their families, but it is not the whole story. The early evaluation of pathfinder talks to that. It talks to children describing feeling heard. It talks to some families feeling that they had a more positive experience, particularly with Cafcass and Cafcass Cymru.

One of the things the model sets out to do is deal with cases more quickly because families have repeatedly told us that being involved in long, drawn-out proceedings as a victim of domestic abuse—or anybody else—is not good. Equally, there can be a tension between doing things quickly and doing things in a trauma-informed way and in a way that works at the pace of the child. It is important that we are mindful of that, measure and hold ourselves to account for it and do not forget that the point of the child-focused courts was to improve the system for children and their families, not just speed it up, because the things that were identified as wrong are more deep-seated than that.

The Chair: I want to bring in Baroness Rafferty because she has been particularly concerned about how you knit those things together: the education system and the health system. I know that concerns Baroness Gerada too, who is a doctor. How do you make it a multiple system that deals with the whole child?

Q64 **Baroness Rafferty:** It seems it can go two ways. There can be a cascading from legal personnel into these other agencies, such as schools, and information transferring across the boundary of the police to teachers and—as Baroness Gerada raised—health visitors, school nurses and others. Then I was thinking about teachers and health workers in schools having their own suspicions, if you like, with their antennae tuned to children who are potential victims. We are working the traffic both ways. I just wondered if you had any views.

The Chair: I would like you to come in on this, Lauren, because I was particularly thinking about health visitors—the GP or somebody who just gets that sense that all is not well. They are tentatively exploring with a patient, the mother coming in with a new baby or pregnant, and they have a sense that somehow it is not going as well as they might have hoped.

Baroness Rafferty: Midwives, too, for that matter.

The Chair: People often do not know what they are supposed to do. I was given an honour yesterday by the part of the Royal College of Surgeons that deals with dentistry because of work that was done on domestic violence. I did a whole piece of work with it on dentists recognising facial injuries and dental injuries that are a result of domestic violence. They do not know what to do or how to take that forward. They do not even know how to have the conversation with a patient. What is

the answer, particularly when we are dealing with concerns over babies?

Lauren Seager-Smith: With so much of this, the danger is working in silos. There is a need to take an intersectional approach and have really clear communication between agencies and a shared understanding, and to be working together. That is absolutely crucial. One of the challenges within family courts is that it is very often not just domestic abuse, but substance misuse, parental mental health and cross-allegations, which we have not touched on too much. That makes things very challenging in terms of getting to the bottom of what is going on for that family and what intervention they need. Very often, these things are seen together and people are not making the links, which is a real danger to children.

We are also learning a lot more about the intersection between domestic abuse and child abuse. Traditionally, those who are working in domestic abuse and those who are working in child abuse have been working separately from one another—

The Chair: Never the twain shall meet.

Lauren Seager-Smith: There are different ideologies and approaches around those things, and that is a barrier and a challenge. We need to understand these warning signs better, because very often they co-exist for these families. If you are that doctor or midwife and you are seeing any of these things with the mother you are working with or the father you are seeing, you need to start asking yourself those questions. What is going on for this baby and for these children? What support is being put in place?

We have a significant lack of perinatal mental health support, which is almost non-existent when it comes to fathers. We are not asking the question: where is dad? What is going on? What is happening within this family? What are the warning signs here? We are not seeing it, and we are not seeing it in the family court either. If there has been suicidal ideation in pregnancy or significant parental mental ill health, what does that tell you about signs of domestic abuse? We are not making the connections.

That goes back to the long-term impact of domestic abuse on babies and children. I would say it is important that we get around the table together, that we really work these things through together around understanding risks for babies and children and how they present in multifaceted ways. We need to really join up our thinking and our work together.

Baroness Gerada: It is a routine question in antenatal care, and sometimes it is not asked in a very sensitive way. When we had the handheld records there was always the risk about the abusive partner. Not to blame my own profession—general practice—but we do not now routinely do home visits. We do not pick up those signs that we would have picked up in the past. As I brought up in the last session, health visitors have a one to 1,000 case load. You are not likely to pick up much

if you are rushing and on the move. There are issues. Lauren, are these the problems that you are picking up? That is real intelligence that you could get from these front-line staff.

Lauren Seager-Smith: We do not have proper rollout of training for midwives on domestic abuse, understanding domestic abuse and coercive control, or how to take a trauma-informed approach to working with families. That is a challenge. Although the question is being asked, it is about how it is being asked and what you are doing to respond to it. Absolutely, we are massive advocates for increasing the number of health visitors out in our communities, because if we are not seeing families then we are not seeing risk. That building of relationships is crucial.

It all comes down to relationships. That is how you bring real protection for children and families. Without health visitors out there, we are not seeing it, and we are not seeing it at that really early crucial stage. We are building problems for ourselves down the line. Never mind the impact on babies and children—there is the cost of social care because you have not invested in health visitors or training for midwives. It is so desperately short-sighted.

The Chair: This next question is another of those coming in at the end that could last half an hour at least, so perhaps one of you wants to answer, rather than all three of you.

Q65 **Baroness Gerada:** It is about minoritised groups. You mentioned the problems in the court system, but what about minoritised children? Presumably, they are struggling even more as victims.

Jude Eyre: This is another area in the family courts system where the data is unbelievably poor. We published two reports, I think in 2022, which for the first time examined the ethnicity of families going through the family court. Up until then—

The Chair: There had been no work or research done before speaking to the people involved?

Jude Eyre: There had been some really important qualitative data which looked at the experiences, largely of adults, in respect of what it feels like to be from a minoritised community and to be in the family courts. That has raised issues for victims of domestic abuse around feelings of bias, stereotyping and discrimination. It is less so with children; that evidence base is still underdeveloped. However, regarding the whole question of what the cohort of families coming into the family court looks like—Jacky spoke to this earlier—Cafcass and Cafcass Cymru have done a lot of work on improving their data collection because that is not data that we collect as a court system, which is really problematic.

Baroness Gerada: We also heard that "white other" is so large that it hid a particular group, I think the Polish group. Presumably it is not just data around broad ethnicity but actually drilling down.

Jude Eyre: Definitely. From those greater data levels that we have now—we have better-quality data in the public law and care proceeding side of things—we can see that, for both private law and public law, we have disproportionality coming in. We have some groups overrepresented and some groups underrepresented, and we do not really know that much about the backstory to that. We know more about the social care side of things because there has been research further upstream.

In public law, the evidence suggests that certain minoritised communities—particularly Black and mixed-ethnicity families—are more likely to have longer proceedings, but they are also more likely to end with fewer interventionist orders. That is to say, they are less likely to have the court make a decision that it is going to place a baby for adoption, for example. We do not know the ins and outs of that, but it raises really big questions.

Again, I would really like to be able to say that we have a clear understanding of where domestic abuse presents as an experience for families, how that maps against what we know about families' ethnicity and what that looks like in terms of the decisions that are made. Do we have more fact findings for one type of ethnicity versus another? That is not a question we can currently answer. From the Nuffield Family Justice Observatory point of view, if we want to have an equitable justice system, then we need to get much better at asking ourselves those questions.

Dr Kelly Bracewell: The issues are wider than the family courts as well. There are concerns about immigration status; we saw in the domestic homicide reviews that there is discrimination, cultural insensitivity and racism. That impacts how children think they will be perceived when they want to seek help. On the data point, there was not even a recording of ethnicity when people were murdered, so to me that just seems—

The Chair: Particularly unhelpful, yes.

Dr Kelly Bracewell: It sits in with that wider system that we are not understanding. In the session before, you talked about whether some behaviours are still dismissed as cultural norms. Anecdotally, yes they are. We still see that because people are still afraid to intervene. That comes back to your last question about confidence. When you are asking questions, even health visitors and people might say, "Oh, I know this doesn't apply to you, but I just have to ask it anyway". Not having the confidence to talk or ask about domestic abuse or minority issues, whether that be ethnicity or disability, all intersects.

Lauren Seager-Smith: There is the challenge that we take a carceral approach to domestic abuse in this country. There are many communities who have a very difficult relationship with the police, and that is immediately a barrier. There is so much shame and stigma around domestic abuse for all families, but for those families facing systemic discrimination it is even more challenging to feel confident to open up to those services and share what is happening.

The Chair: One of the issues I wanted to raise with you about babies—you have put your spotlight on the very young—is whether there is a reluctance to really admit to problems concerning a partner who may be controlling or abusive in other ways, for fear of getting too embroiled with the social services world. On the one hand, you have the carceral thing: the business of dealing with the police and institutions that are punitive, the fear of that and the bad experiences that inform how people feel about getting in touch with the police over something personal. But there is also the business of feeling: "I'm going to have social workers all over me, crawling all over my life, and I don't want this. I'd rather put up with what I'm suffering than start going down that road with a baby".

Lauren Seager-Smith: We have to really address that within our work. We need to support people to know that coming forward and sharing what is happening to you is the best thing you can do for your baby, and we are here to support you. That is why we need independent specialist services. That is why we also need to be investing in "by and for" services within these communities that have built that trust with those families, so they feel able to come forward and access that support.

Dr Kelly Bracewell: Unfortunately, people have negative experiences. I sit in the social work department and, unfortunately, young mothers say: "It's always me. Why is the perpetrator not being watched? Why am I in a mum and baby unit? Why am I not getting the help that I need?" They feel penalised because they have sought support. There are some fantastic social workers, but that is what people hear; they hear only the negative. They do not always hear, "My social worker was great". That then instils that fear of, "My children will be removed if I seek help".

The Chair: That is right. At the back of people's minds, there is often that thing about removal of your child.

I thank all three of you very much for your help. It has been a very important session, and I am really grateful to you. Your evidence does not end with your attending here; if there is anything that you think we ought to have had a chance to discuss and we just did not have time for, or if you have anything you want to write through and send to us, it can be incorporated into the evidence. I would be grateful if you did that. Thank you to all three of you for sharing your expertise. It has been very helpful.