Children & Society ncb WILEY

Responding to child and adolescent-to-parent violence and abuse from a distance: Remote delivery of interventions during Covid-19

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Abstract

Working with families living with child and adolescent-to-parent violence raises a number of challenges which were compounded during the Covid-19 pandemic. In this article, UK umbrella organisation 'Respect' is used as a case study to explore how 10 practitioners navigated social, emotional and safeguarding concerns that occurred when transitioning to remote working. Engagement with children and young people proved difficult, especially for those with special education needs and/or disabilities. However, parental engagement with services increased. Practitioners were quick to adapt to the changing landscape of remote working; continually adapting their practice to otherwise unforeseen safeguarding and/or practical challenges.

KEYWORDS
adolescence, agency, behaviour problems, intervention, youth justice

INTRODUCTION

The term 'battered parents syndrome' was coined by Harbin and Madden to refer to the multiple families seeking support from their psychology practice who were experiencing physical aggression from their child (aged under 18) on a frequent basis (1979, p. 1288). Families have continued to seek support for their children instigating these harms, and aggressive behaviour is a leading reason for referral to child and adolescent mental health services (CAMHS), despite there being limited understanding of how to intervene in these behaviours (Connor & McLaughlin, 2006; Mitrofan et al., 2014).

Despite cautions made by Harbin and Madden (1979) against conflating this phenomenon with domestic abuse, over time 'parent battering' has evolved into the more commonly termed child and adolescent-to-parent violence and abuse (CAPVA). The UK Home Office (2015) defines the more specific adolescent-to-parent violence as: an act of domestic abuse initiated by anyone between the ages of 13 and 16 towards a caregiver. Domestic abuse, as defined by the Domestic Abuse Act 2021 is:

> Behaviour of a person ("A") towards another person ("B") is "domestic abuse" if A and B are each aged 16 or over and are personally connected to each other, and the behaviour is abusive [i.e.] consists of any of the following: physical or sexual abuse; violent or threatening behaviour; controlling or coercive behaviour; economic abuse; psychological, emotional or other abuse; and it does not matter whether the behaviour consists of a single incident or a course of conduct.
>
> (Domestic abuse Act, 2021)

As the concerns raised by Harbin and Madden (1979) regarding the conflation of CAPVA with domestic abuse have increasingly come to fruition, this can have deleterious consequences for children and their families (Holt, 2016; Holt & Lewis, 2021). This is particularly concerning when those children and young people most likely to instigate this form of harm are those from care experienced backgrounds; be neurodivergent; have special educational needs; or direct experience of maltreatment, and so are already vulnerable to stigma, and in need of additional relational support (Coogan, 2017). Furthermore, while those experiencing CAPVA are predominantly mothers, the role of gender in the instigation of CAPVA is more complex. While boys are highly represented in criminal justice samples, in community samples gender divisions are less stark (Holt & Lewis, 2021; Simmons et al., 2018). This is further complicated by different methodological approaches and measurements, with girls and boys tending to initiate different forms of harm which may or may not meet thresholds for services (Holt, 2016).

Adolescent-to-parent violence in particular is of increasing interest to policy-makers, researchers and through professional practice throughout the United Kingdom since the publication of the adolescent-to-parent violence Home Office guidance in 2015. This provided some clarification regarding the specifics of working with this age group when they are instigating harms (Home Office, 2015). Nevertheless, there is no clear approach to CAPVA, as it sits between the existing frameworks found within adult safeguarding; child safeguarding; mental health; substance misuse; early help; youth justice, among others, as our understanding of CAPVA and those who instigate it grows. As a result, services are often disconnected, referral pathways inconsistent and direct work siloed (Holt & Lewis, 2021).

The forms of intervention appear to be dependent upon the referral pathway and local area. For instance, fostering and adoption teams will often refer to non-violent resistance (Coogan, 2014) whereas programmes Break4change and StepUp are typically referred via a youth justice pathway globally (Erostarbe et al., 2018). However, there are also many services who modify these interventions to meet community needs, as well as non-CAPVA specific interventions such as family-systems therapy, clinical interventions or parenting programmes (Erostarbe et al., 2018). Finally, there is also the Respect Young People's Programme (RYPP), which is the focus of this paper.

The aim of this research was to understand how interventions can be delivered remotely when working with young people who initiate violence, and their families. Specifically, we focus on the RYPP practitioners, and their experiences of working online with young people at the convergence of child and adult safeguarding as, in this field of work, there are unique safeguarding considerations and so this paper will be of relevance to practitioners and services considering online or hybrid working

with families when there are young people who instigate violence towards their parents. Respect use the term CAPVA, and so this is the terminology we have chosen to use throughout this paper.

Prevalence

Reporting and recording of CAPVA incidents is inconsistent, as it is often recorded alongside other incidents, rather than as an individual measure (Simmons et al., 2018). There are several tools used to measure frequency and severity of CAPVA, some of which were developed specifically for CAPVA, and others were adapted for it, including the Child-to-Parent Aggression Questionnaire (CPAQ); Intra-family Violence Scale (IVS); Child-to-Parent Violence Questionnaire; Reactive-Proactive Aggression Questionnaire (RPQ); Child–Parent Conflict Tactics Scales (CP-CTS); Violent Behaviour towards Authority Figures Scale (VAFS); and the Child-to-Mother Violence Scale (CMVS) (Arias-Rivera et al., 2020; Ibabe, 2020). All of which have different thresholds and may conflate different types of harm, or have highly specific thresholds, such as highlighting differences between contempt and rebellion as a psychological harm (Zhang et al., 2019).

Other research defines that behaviour is CAPVA if the family feels that it is CAPVA, supporting parents and families to define their own experiences, and so this could also include families in research who may not meet thresholds for services (Holt, 2016). In a UK-based cross-sectional community piece of research with 890 secondary school students (aged 11–18 years), 64.5% of students self-reported that they were instigating CPV, with psychological harms more prevalent than physical harms (64.4% and 4.3% respectively [McCloud, 2017]). Whereas in a youth offending sample, Respect and Numbers for Good found the prevalence of CAPVA in caseloads were between 21 and 27%, and between 64 and 67% of police Domestic Abuse incidents where the suspect was under 18. There were also significant levels of CAPVA reported in Children's Social Care, including Early Help caseloads. Furthermore, between 6 March 2019 and 4 January 2020, Northumbria police responded to an average of two incidents of CAPVA per day (515 total).

Remote delivery with young people

When working with young people, building rapport with them and their families has been recognised as a key factor in improving the success of interventions, particularly when these interventions relate to young people with problematic behaviours (Leach, 2005). Building rapport through remote, online means should be considered equally as important as they would be when providing interventions in-person (Glazier, 2016). Nevertheless, consideration needs to be given to how online interventions can require different strategies and take longer than would be expected of in-person work with families and young people (Shapka et al., 2016).

There has been limited academic research into working with young people across alternative mediums, with some research findings contradicting one another; Older teenagers prefer face-to-face conversation; messaging is an effective way of building relationships with young people (Livingstone & Bober, 2003); whereas there is evidence that online therapeutic interventions can be effective with young people and this is emphasised when those providing the interventions are creative in their practice (Cronin et al., 2021).

Most research into remote working with children and young people has focussed on counselling, concentrating on written forms of communication such as text or email (Day & Schneider, 2002), or other more specialised areas of work, for example eating disorders (Simpson et al., 2005). However,

there is a small amount of literature which has specifically researched conversational online working, which provides evidence about potential benefits and challenges of online service delivery. These benefits include, increased levels of participation relating to the ease in which online services can be accessed (Heggart & Yoo, 2018); More control offered to clients as they find it easier to decide how much to share, particularly in group settings this can be an empowering experience (Barak et al., 2008), and there is some evidence that children and young people share more in online settings (Hill, 2006). There is also more equality in the power dynamics as practitioners and clients are both in their own environment (Barak et al., 2008).

It is important to note that overall, the research to date has shown no significant negative impact of online working compared to face to face, in terms of clients' experience. Williams et al. (2009) identified issues relating to a lack of verbal and non-verbal communication, however, this related specifically to online counselling with young people that was purely text based. Hanley (2012) found technical issues were a significant issue when working with young people online. There are also concerns regarding how safeguarding issues can be navigated remotely, and this is of resonance to workers supporting families living with CAPVA where the safeguarding concerns are much broader and complex than other forms of violence and abuse which can be understood, and risk assessed, using robust and pre-existing frameworks (Heslop et al., 2019).

This paper is a case study of how practitioners from one organisation have responded to CAPVA throughout the Covid-19 lockdowns within the UK. The Covid-19 lockdown guidance differed between the four nations of the UK (England, Northern Ireland, Wales, Scotland), however, all four nations of the UK utilised a lockdown strategy which involved work from home guidance unless the work was essential to reducing the impact of Covid-19. Practically this resulted in school closures, home education, and remote working for practitioners who would otherwise work directly with children within a school environment, as in the case of our case study.

The Respect programme

Respect have been working in the field of CAPVA prior to the Home Office report (2015); first piloting a young people's programme 2008–2010; developing a toolkit during this period over five sites. Following this, the RYPP was funded by the Big Lottery Fund's Realising Ambition programme 2012–2016 and evaluated by Dartington Social Research Unit (2016), which found statistically significant improvements in comparison to post-intervention measurement across: mental health, conduct difficulties, emotional difficulties, prosocial behaviour and impact of everyday life. Over the past 5 years, the programme has been adapted and developed to its current format, where it has provided training for professionals in a variety of statutory and voluntary sector organisations in more than 20 areas throughout England.

Respect is a UK-based charity who describe themselves as 'a pioneering domestic abuse organisation developing safe, effective work with perpetrators, male victims and young people who use violence', they also state they 'advance best practice on work with domestic abuse perpetrators, male victims and young people who use violence and abuse' (Respect, 2021). Their focus has historically been to stop domestic abuse by targeting the causes of violence and abuse and focusing upon those initiating the behaviour by promoting behaviour change; although they have broadened their package of support to include a male victims' helpline.

The RYPP offers their training to services including youth justice, early help services, social care, policing, youth workers and any other service working with children and families. There is a package for practitioners who wish to deliver the intervention, which consists of 4 days training, resources

for delivering the intervention, and a point of contact within Respect for supervision, support and guidance in delivery of the intervention which is typically a 12 week course of sessions for children aged 10–16 (or in some cases 8–18). The programme can be evaluated by Respect using the Strengths and Difficulties Questionnaire (SDQ), the CPAQ and programme outcome measures based on the Theory of Change; They also offer 'Ask and Act' training aimed at practitioners who may come across CAPVA within the families they are supporting, and police training, which is a training course on the risks of CAPVA and responsibilities police have when responding to incidents.

RESEARCH METHODS

A team of researchers at Durham University were commissioned to look across Respect interventions, to explore how they adapted their services during the Covid-19 pandemic. This paper presents the results of the work reviewing the RYPP. Specifically, the aims of this research were to explore how the RYPP transitioned online; where this was successful, and where the barriers to this delivery arose.

The interviews

Ten interviewees connected to the RYPP were recruited via snowball sampling. Initially a call for interested workers was led by the RYPP development manager, and then further workers were recruited from existing links between the research team and practitioners. Semi-structured interviews took place in between November 2020– and January 2021. RYPP practitioners are not employed by Respect, but they are trained by Respect to provide an intervention and the Respect Young People's Service Practice Development Lead maintains links with the practitioners for support and advice.

As we were reviewing the RYPP, we were particularly interested in how services delivering it had adapted to remote working during the Covid-19 pandemic; what worked well, what worked less well, and identifying potential pitfalls and good practice. We also asked about safeguarding. Of the 10 interviews conducted, nine took place via Zoom, and one via Microsoft Teams. All interviews were recorded and transcribed for analysis. Interviews lasted between 45 and 60 min. A table of interviewees is available below (Table 1).

As seen above, two of the interviewees had the RYPP as their only role within their organisation, two more facilitated the RYPP as one part of their role, three were team leaders/managers who co-ordinated the RYPP within their services and three had strategic positions in the wider field which included the RYPP. As such, we had a range of professionals with different perspectives on how the RYPP should/could be managed and organised remotely.

Analysis

Framework analysis was developed by Ritchie and Spencer (1994) and is well suited to research which 'has specific questions, a limited time frame, a pre-designed sample (e.g., professional interviewees) and a priori issues (e.g. organizational and integration issues) that need to be dealt with'. (Srivastava & Thomson, 2009, p. 73). It is a simple, transparent, and systematic way of analysing data which sits in a thematic methods (Ward et al., 2013). Thus, framework analysis is a suitable qualitative analysis to evaluate how professionals involved in the RYPP adapted to remote working practices. NVivo 12

TABLE 1 Overview of participants

Participant	Sex	Role
ID1	M	Frontline youth work practitioner in a service working with families experiencing domestic abuse. Their role is with young people experiencing and recovering from domestic abuse with the RYPP one part of a larger role.
ID2	F	Detective chief inspector in a safeguarding team focusing on child and adult safeguarding. They do not conduct any direct work with children or young people
ID3	F	Domestic abuse and sexual violence coordinator for a local authority. They do not conduct any direct work with children.
ID4	F	Frontline practitioner in a service working with families experiencing domestic abuse. Their role is wholly in the delivery of the RYPP for their service.
ID5	F	Team leader in a local authority service working with children and families in a family intervention service. They do not conduct any direct work with children.
ID6	M	Frontline practitioner in a local authority service working with children and families in a family intervention service. Their role is wholly in the delivery of the RYPP for their service.
ID7	F	Domestic abuse specialist based within a violence reduction unit.
ID8	F	Senior early help family worker in a local authority. Their role is with families, children and young people providing intervention with the RYPP one part of a larger role.
ID9	F	Early help manager in a local authority service working with children and families in a family intervention service. They do not conduct any direct work with children.
ID10	M	A local authority worker whose role was to lead on CAPVA as one part of a larger role as community safety officer and domestic abuse coordinator

was used to assist in the analysis, and the five phases of framework analysis were applied to code and analyse the interview data (Table 2).

While framework analysis has been said to lack the theoretical underpinnings of other qualitative approaches (Ward et al., 2013), it was appropriate for this study as it provides a systematic approach to policy and practice contexts.

Ethical considerations

Ethical approval was granted by the Department of Sociology at Durham University. All interviewees were informed that the interviews were voluntary, that any questions they did not wish to answer could

TABLE 2 Adapted from Srivastava and Thomson (2009)

Phase	Description of the process
1. Familiarisation	Reading and re-reading the transcribed data, noting down initial thoughts and patterns observed.
2. Identify a thematic framework	Use notes taken during the familiarisation stage. The key issues, concepts and themes here form the basis of a thematic framework that is used to filter and classify the data
3. Indexing	Identify sections of all the textual data which corresponds to a particular theme.
4. Charting	Lift indexed data and chart it with headings and subheadings
5. Mapping and interpretation	Analyse and interpret the data available in the charts.

be skipped, they could stop the interview at any point and they had a right to withdraw prior to their responses being analysed into the wider dataset.

All three authors were based within the Centre for Research into Violence and Abuse (CRiVA) at Durham University. The first two authors conducted the fieldwork, and had backgrounds in social work and youth work respectively, and had ample practice-based experience with young people who had experienced or instigated harm. Our third author was primary investigator with extensive experience in researching topics of violence and abuse, and so was able to identify and navigate on-going ethical issues throughout the research

FINDINGS

When the first UK lockdown occurred, all RYPP practitioners were required to adapt to remote or online working to achieve their objectives, and this created multiple tensions and stressors. The following findings will explore the specific experiences of those involved in a RYPP delivery, and the transition to online provision.

Transitioning online

> What I used to do is go into schools, work with young people. And again, young people who have been abusive with the parents and you can question why they have been abusive, and it can range from… mental health issues, learning behaviour, just being a teenager, teenage rebellious syndrome… just feeling angry, bullied, could be drugs, could be a mental health issue. So, many reasons why young people are getting angry. And then I support the young person through the program, which is based on anger management, and rebuilding the relationship between mum or parents and child again.
>
> (ID1)

Based upon the above quote, a key part of the RYPP is rebuilding ruptured relationships, and when the first UK lockdown occurred, all RYPP practitioners were required to adapt to remote or online working to achieve their objectives. This created multiple tensions and stressors, as none of the interviewees we spoke to had attempted to conduct this work online previously, and so there was the question as to whether relationships could be created, developed and repaired online at all:

> I panicked… I was thinking I do not want to lose my job. I was thinking that all my work is done in the community, it's done in schools and in people's homes and in community centres and that's my job… now I've been told to work at home… I was worried about the families as well, that I'd already started work with, because I've made a program. A lot in quite a lot of need, as well. So, it was sort of twofold really, so I had to make the program work. So, I ran the program out on Zoom or Skype or WhatsApp if they did not have either of them. There was no guidelines… and it was sort of like… [the domestic abuse service] who support women in terms of domestic abuse, they could do a lot of their calls by phone. Where I deliver a program and I just could not imagine delivering a program by phone. So, so I had to push myself to make this work in terms of Skype and the likes… I had to learn on my feet.
>
> (ID1)

One of the objectives which was helped by remote working, was multi-agency working which was being held digitally. Where multi-agency meetings could be attended remotely, all interviewees identified that they had seen an increase in attendance by professionals and believed that this increase in attendance was due to the services no longer being required to travel significant distances to attend. Similarly, one worker found that barriers to attendance for many parents were removed through this method of working:

> Working with the parents was fine, that is not a problem, it's just like even better… my participation increased with parents because, you know, they do not even have to come out the house. You know what I mean? If I said I've got an appointment tomorrow at two thirty, at the office, it means they have gotta get on a bus, come into town, you know, and then, you know, or whatever. If I come round they might have gone out for the day or something. There's lots of missed appointments occurs. But on Zoom I can get hold of them, they get there straight away. So virtual delivery was working with the adults. And I'd say 70% of young people it's worked with, on… on… since the beginning of lockdown as well.
>
> (ID1)

Whereas another worker found that they were able to work with more families:

> One of the positives is definitely can see more families. You have not got the travel time.
>
> (ID4)

It is likely that this transition online was a universal challenge for all practitioners delivering similar interventions, and so it is important to identify what was identified as particularly useful at promoting successful delivery of the RYPP.

What affects successful delivery?

> I've been delivering Respect from my study since the beginning of lockdown. So, main challenge is… engagement, because I cannot get them to engage.. You cannot beat doing face work and you lose that. Working with parents is fine; adults, it's just like having a meeting at home, they engage really well. The young people need that bit extra but sometimes you lose that over Skype or Zoom.
>
> (ID1)

One of the key challenges in successful delivery was also access to not only technology, but also accessibility. When work needs to be conducted online, all parties involved require a reliable Wi-Fi connection:

> For some, straight away it was 'I don't have Wi-Fi', 'I don't have a laptop. Can you put me on hold until lockdown's over?' And initially it was, 'Yeah, okay then, but I'll give you some telephone support if you need it.' And then I think… we had access to tablets and things, what we could give families, a tablet to keep… I've just recently given a tablet to a family to deliver a program with them.
>
> (ID1)

And then if you have not got Wi-Fi it's your data and the data gets eaten up really quickly.

(ID9)

This is related to the locality of these interviewees, and how the RYPP at this point had predominantly been engaged by local authorities with high levels of poverty and large rural areas. This created additional concerns around isolation and access. The change in locations for young people; from RYPP sessions previously being held within school, during the school day, to then being seen in the home was identified as impacting upon engagement from children and young people. One interviewee explained that when he provides the RYPP for a young person in school they are often more compliant, as the school environment re-enforces authority which does not translate in the home environment:

But it's more institutionalised, that's what's expected of them, and they normally do as requested when they go to school. Usually… it's routine I think. They do not question it, so to speak. Whereas in their own home they can… they can just tell you to eff off if they wanted to… or just turn the computer off.

(ID1)

There were difficulties transitioning to online working for several services due to both a high level of digital poverty in their local area, and a lack of licence for Zoom or similar:

I'd had to do it all via WhatsApp video. So… because we do not have a licence with Zoom. We do not have Zoom licences and we did not have Teams then either. So, we really did just have WhatsApp video where obviously you cannot share the screen, all of that business.

(ID5)

These issues were resolved over time but, in the immediacy, and sudden nature of the lockdown they were not able to seamlessly move to online delivery of services. For those who had adapted well to the change in delivery, they were utilising a multitude of remote and online tools, and it was necessary to be adaptable with this practice, as it was very dependent upon how accessible to the family:

Photocopies were better… I sort of posted out. A colleague of mine, he sent [it] through Dropbox for me… So, I just send it to their parents', with their permission, send their email to him and he sends the Story to them through Dropbox, so they have seen that, so when we do like… when we do that session then they have got the little bit of information and they have watched the clip prior to the session and then we can discuss it all. They've got the paperwork in front of them and they can right, they can make notes on it as we are talking.

(ID4)

There were marked differences in how workers viewed online service delivery. One worker openly stated that he believed online working to be 'fake'. It is unclear whether reluctance to work in this way fuels disengagement by young people, but one manager did identify this as detrimental to whether or not online working was successful.

Someone who said at the beginning (of a virtual call) that they really struggled with doing things virtually, and it was really clear that they did, and I think that comes across in sort of……. how you are and how you sell it.

(ID5)

Furthermore, when the children and young people are neurodivergent (e.g. ADHD, autistic, learning disabled), this can impact upon their ability to engage with the type of intervention on offer. While the RYPP is not specifically designed for children and young people who are neurodivergent, Respect are developing a programme for autistic youth or those with ADHD. The struggles in making the programme accessible to the neurodivergent young people increased some of the challenges of online delivery:

Some of the kids have ADHD, so seeing themselves in the camera, all they want to seem to do is show me their tonsils or show me how close their eye can get to the camera. So, after the first 15 min the novelty wears off a little bit (ADHD).

(ID1)

However, interviewees identified that some neurodivergent children and young people became more engaged in the RYPP programme when it went online; particularly autistic children:

We've had some kids with ASD where this is perfect because they want to be online, this suits them, this is what they feel most comfortable doing. But then we have had others that actually, this has been the whole issue, particularly around young people, anxiety, they have really struggled. (ID9).

Thus highlighting that there was as much intra-group variability as inter-group within and between neurodivergent young people. Potentially evidencing the importance of a personalised approach to intervention, which the Respect YPP had the flexibility to provide.

Informing other 'hard to reach' (easily ignored) groups of the availability of the RYPP has also been a challenge for some strategic leads who have the RYPP available. Although these experiences are likely true of all domestic violence services:

And we have also got pockets of areas of hard-to-reach communities 1st to 3rd generation people non-English speakers so that was quite hard and as well what we found is we were trying to deliver key messages to community leaders. But we found that most of those community leaders were men and were not then communicating those key messages down to the women and to families. So although we thought we were making an inroads into the communities. There was further isolation because those protective messages.

(ID10)

When delivering the RYPP, it is not just the challenges of delivery, and the steps that need to be taken to mediate the additional challenges, but the RYPP was designed and developed as a face-to-face programme, and thus the timeline of it is based on completing face-to-face. Some workers have found that online delivery takes much longer than face-to-face, both because of the distractions available within the family home, but also the issue that online interventions appear to take more time:

And it takes much longer delivering the program, It just takes much longer and you have got to be a bit more imaginative in your approach. You cannot beat doing face work and you lose that.

(ID1)

Safeguarding issues and solutions

The safeguarding complexity of CAPVA and the lack of fit for existing safeguarding frameworks can make safeguarding processes complicated when working with families. Nevertheless, there are clear support needs which do fit existing frameworks, and it is more about how online working can fill these support needs:

We should not be approaching this in the same way as we do domestic abuse, as victim and perpetrator. So, we have got a young person and parent and we have to acknowledge the risk caused by the child to the parent, but it's about that support that both of them need, and how we approach that.

(ID2)

Despite the safeguarding challenges, there are still occasions during online working where disclosures may occur which need to be managed appropriately and swiftly to protect the children concerned. While this can be challenging for a practitioner, who may want to leave the child to share the disclosure immediately, existing safeguarding policies should be followed and adapted if not suitable:

And there's been a couple where I think my very first zoom session with a child. Can you believe this? I mean, 3 min into the session she disclosed that her father threw her onto a bed and hit her. So, I've got a disclosure from a, from a 10-year-old girl remember first 3 min on my first zoom session on lockdown.

(ID1)

While there were identified safeguarding issues specifically related to working virtually with young people regarding domestic abuse there were others which related to children and young people starting the online work sessions in their bedroom, or wandering around with phones during sessions and going into bedrooms or toilets. Young people not being properly dressed, and one worker explained steps they had taken to reduce the risks:

I'm not happy being in the child's bedroom', you know… So, every session I begin it as always, 'Can we have it downstairs? Can you come in?' to the parents, 'Can you come in halfway through a session and just say 'Is everything all right?' check on them?' I know that sort of interrupts our confidentiality a little bit, but I think you have got to protect the children, you have got to protect yourself.

(ID1)

Traditionally, when it is no longer safe for a child to remain in the home, they are taken to a place of safety, which is often the home of an alternative family member. This has similarly been the case when it is the young person who appear to be posing the risk. One strategic manager reflected on a

conversation she had regarding a hypothetical case of CAPVA, if there was nowhere safe for the young person to go:

> When we are talking about domestic abuse with an adult, [you find] which one was perpetrator and then remove the perpetrator from the property. That is not always the most appropriate thing to do with adolescents. [the] adolescent needs to be somewhere else to calm down, that does not need to be a police station, but that maybe some kind of support. Whether that child/adolescent has already got some social care support? Or you know like agency support or a family member. Made more difficult in lock down not because of fear of we cannot go to family member and ask, but it was just the risk of what would that do?
>
> (ID10)

That professionals were no longer required to travel significant distances to attend meetings appeared to have increased attendance at multi-agency meetings, which is a positive step from a safeguarding perspective, as demonstrated by this strategic manager:

> I think professionals have come to realise, you know, where there is not… where you do not have to liaise directly with the family, you know, and essentially, you are talking around the family, we do not need to be flying all over the place in cars to get to those meetings.
>
> (ID2)

As some interviewees identified, in larger counties, travelling to and from a single meeting could amount to 2 h travel time which could otherwise be spent supporting families directly. While online meetings have increased attendance at meetings, and all interviewees identified that these online meetings would continue post-pandemic, it is unclear on what the impact of these online meetings will be on workloads. All interviewees reported that they believed that multi-agency meetings would continue to be held online beyond the pandemic, and that other meetings, ranging from informal peer support meetings to multi-agency risk assessment conferences (MARACs) would benefit from going completely digital. This is both due to the higher level of attendance, and the benefits to workload once the travelling to such meetings was removed from schedules. There is limited evidence on the outcomes of transferring these meetings online, and a review of whether higher engagement persists in a post-pandemic system would be helpful to gauge its usefulness.

How do experiences affect subsequent behaviour?

The benefits of remote and online working have included the capacity of workers to increase the number of appointments they can attend each day. This covers both multi-agency meetings, and appointments with parents and young people. Nevertheless, one worker noted that trying to fit in too many appointments early on in lockdown had a negative impact on them as a worker, and so she no longer tries to fit so many people into a day:

> That's the mistake I made, and I said it earlier, about yes you can see more people doing it like this but you do then have a tendency to fit too many people in and you are physically and emotionally drained by it, because you are just sat in front of a TV screen in the same

chair, you are not moving, you know, you are not looking after your own wellbeing. And I do not think then after the maybe the fifth call of the day that you are actually giving that family what they… as much as they need because I think you have exhausted yourself.

(ID4)

While there is not a clear picture as to whether CAPVA increased or decreased during lockdown, strategically there was a change in some services who did not wish to position CAPVA under a criminal justice response during lockdown, instead focusing on the importance of intervention, such as the RYPP:

Children were arguing with parents where they would not normally have done or would have been reported and it was the frustration around lockdown restrictions not being able to leave. Not being able to see their friends, and so we saw a change in that kind of reporting and trying to push out through the Covid plans that it was more of an intervention prevention that was required rather than criminalization. You know removing children from the family and looking at criminalization, but looking at intervention prevention in support from early intervention hubs and children social care.

(ID10)

Two RYPP workers found that online work with young people was too informal, particularly with those they had only know remotely, and so they began wearing identifying items to identify them as professional staff. For instance, one practitioner would wear his name badge during appointments:

At the beginning it was… they have been really informal with me because you enter someone's house, and we were chatting freely. So, I started wearing my name badge, so I wasn't just a friend, I was someone official almost… youth workers try and take the power away when they are working, it's part of the informal education. Now I would not normally wear a badge unless I have to go into school. But putting on the badge formalised the interview, the sessions, and that seemed to settle the 'informalness' down a little bit.

(ID1)

And I always wear me [organisation] badge, do you know, because I just think that just makes it maybe a little bit more professional, she can see that divide. And I always just say, if we are in her bedroom, I just say to leave the door slightly ajar. And I just… I said that anything, anything that I thought were inappropriate I would just cut the call off, you know, so we had ground rules for both of us.

(ID4)

It was difficult to ensure that set activities happened once remote sessions had finished, either in terms of set work to do or in terms of activities around the session. For example while it is well known that financial challenges are common within CAPVA (Calvete et al., 2015), this manifested itself differently as it was linked to the online delivery, with changes in practice needed after learning by things going wrong:

This one client, the son stayed on the phone after I'd finished, I hung up. And I got a phone call the next morning from mum saying he'd spent 250 pounds on her Amazon

account… So, he'd spent all this money and mum said, can you just make sure he hands the phone back to me and I end the call with you? So, so again, another lesson learnt which if I'd had some guidelines at the beginning… these are the things we need to consider.

(ID1)

There is some evidence that CAPVA had increased during the lockdown (Condry et al., 2020), however, RYPP workers in this review reported that they had seen a reduction for many families and a level of nuance is required when assessing the reasons for the behaviours:

I think I think it goes one of two ways. That the kids, the young people do not… they either get stressed with school and they come home, and they release on the parent. Or being at home is too stressful and going to school is a haven. So, for some, it's been the kids have quietened down during lockdown and when they were not going to school early on, because obviously school was the stress; that was the additional stress what was overspilling the stress buckets. And others it's… maybe school was part of the stress what caused the anger when they got home, so they could not hold onto it… behaviour was good at school but when they got home it released then.

(ID10)

DISCUSSION AND CONCLUSION

RYPP practitioners were quick to adapt to the new practice of remote and online working, and they retained this flexibility as they learned from their engagement with the process, continually changing and responding to otherwise unforeseen safeguarding or practical challenges. In this article, we have identified some of these adaptions. However, these interviews were undertaken during a very specific timeframe, during the third UK lockdown, and so it will be interesting to see what new skills and practices continue beyond lockdown into the post-pandemic practice. Longer term evaluations of the benefits of online working and interventions with young people would be beneficial, particularly in relation to the length of time online interventions take in comparison to face-to-face interventions of the same type.

When working with families during lockdown, there were distinct differences in engagement between parents and young people. RYPP workers reported an increase in engagement from parents, who were no longer required to travel to a centre or similar for their appointments, whereas children and young people appeared to be more disengaged Furthermore, while RYPP reported children and young people engaged well with their intervention when it was hosted one-to-one in a school environment, there was a reduced level of compliance and engagement when trying to work with children and young people outside of school. This poor engagement contradicts previous work which has found that online provision increases engagement, however, most online engagement studies have focused upon education and learning rather than therapeutic or behavioural interventions (Cuttance, 2020; Dedkova & Smahel, 2020).

Several interviewees in this research spoke about the challenges they faced in providing an online intervention to children and young people with special education needs and/or disabilities, with others

identifying age-based challenges to the work they were completing whereby adolescents in particular were quick to disengage from the work. Shapka et al. (2016) found that online delivery takes more time than face-to-face work, and this is true in the RYPP. Building in time specifically to develop rapport and build a relationship with a young person may be helpful in encouraging them to engage. Alternatively, as one interviewee highlighted that compliance is higher in school environments there may be a way of utilising this conformity to encourage engagement.

RYPP practitioners were quick to adapt to the changing landscape of remote and online working. Considering how to adapt and recognising where they were required to continually change their practice in response to unforeseen safeguarding or practical challenges. While these interviews took place during the third UK lockdown, it will be interesting to see what new skills and practices continue beyond lockdown into the post-pandemic practice. Longer term evaluations of the benefits of online working and interventions with young people would be beneficial, particularly in relation to the length of time online interventions take in comparison to face-to-face interventions of the same type.

Future research could consider the experiences of online service delivery from the perspective of the children and families who are receiving the RYPP or similar interventions. This paper is limited in that it only contains the perspectives of practitioners and professionals working with the RYPP, whereas to garner the perspectives of children and families in their own words could provide useful feedback in terms of what could be improved, what could be kept and what should be avoided in future delivery. Furthermore, the usefulness of remote deliver in particular population groups, and its effectiveness in promoting engagement with parents and professionals will be useful for practice moving forward. As would the steps taken by some of the interviewees in this work to promote the safeguarding of children participating the RYPP from their homes.

CONFLICT OF INTEREST

None.

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