

Domestic Abuse Strategy 2016

(Children, Young People and Families)

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ERSCB Domestic Abuse Strategy and Action Plan (Children, Young People and Families) August 2016

NB. Read alongside the ERYC Domestic Abuse strategy and ERSCB domestic abuse action and tasking plan

1.0 Introduction

1.1 The overarching domestic abuse strategy for East Riding has been developed by the ERYC Crime and Disorder/Domestic Abuse service. The ERSCB Domestic Abuse strategic plan (children, young people and families) is intended to supplement the overarching strategy, and focus on the identification and assessment of, response to, and intervention in, domestic abuse at as early a stage as possible.

1.2 In March 2013, the Home Office introduced an extended definition of domestic violence and abuse to be used across government. The definition includes young people aged 16 to 17 and coercive or controlling behaviour. The Government hopes that extending the definition in this way will raise awareness that young people can be victims of domestic violence and that they will come forward and get the support they need.

The Government definition of domestic violence and abuse is:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- *psychological*
- *physical*
- *sexual*
- *financial*
- *emotional*

Controlling behaviour: is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour

Coercive behaviour: is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim

1.3 [**The East Riding Safeguarding Children Board \(ERSCB\) annual report \(2014-15\)**](#) identifies domestic abuse as a key priority for the Board, stating, "Children living with domestic abuse is a significant issue for partner agencies and.....this is reflected in the high proportion of cases on a child protection plan which have domestic abuse as the main factor." The report continues:

4.6.4 The Board has concerned itself during the year with ensuring that there is sufficient cross agency planning of the strategic direction, so that the number of children impacted is reduced and those who have experienced domestic abuse are helped to deal with the consequences. The Board has facilitated discussion, at Board meetings, about how best this can be achieved and challenged the key agencies to provide clarity on an agreed process for completing a revised multi-agency strategy as the existing document ran to 2013. To this end the Board obtained agreement that a multi-agency forum of some sort would be re-established so that responsibility for implementation of agreed multi-agency work could be located within one place.

4.6.5 As part of the Board's forward planning, considering how best priorities can be achieved, it has been agreed that domestic abuse will become a work stream in its own right. The purpose will be to support most effectively the wider work being done, to ensure that we fully understand how all children living with, or at risk of, domestic abuse in East Riding are being helped, and to share and disseminate best practice.

The Board will establish a work stream to focus on reducing the impact of domestic abuse on children and young people.

1.4 [ERYC Children and Young People's Plan 2013-16](#) sets out the priorities for East Riding Children's Trust Board. The ERSCB set challenges for the CTB with respect to priority 5, "Staying Safe", namely that:

- To listen and respond to the voice of young people, the Children's Trust Board should develop a strategy for engagement of children and young people in service improvement and to be able to evidence the impact of this strategy
- To ensure support is timely and proportionate to the needs of children and families, the Children's Trust should:
 - Ensure that the early help offer is articulated across all partner agencies, particularly the role of Early Year's and Youth and Family Support
 - Ensure that out of hours provision provided by Adult Mental Health, Children's Social Care and the Police is reviewed in the light of the feedback highlighted in the multi-agency workforce survey
 - Ensure that standards for timeliness of information sharing by all agencies as part of the child protection conference are adhered to, particularly in relation to reports to conference
- To ensure that quality assurance challenges, the Children's Trust Board should ensure that issues identified are taken into account when developing and reviewing services

1.5 A recent **CAADA (Co-ordinated Action Against Domestic Abuse – now Safe Lives, 2014) report to the Police and Crime Commissioner**, following their review of domestic abuse services in Humberside, concluded that, "*East Riding is identified particularly as being one of the areas that provides a rounded approach, with services available not only for victims, but for perpetrators and for children.*"

The CAADA report gives evidence of East Riding doing well with respect to funding, particularly having a small dedicated resource for children. However, just 280 children (17 in East Riding) across **Humberside** received a dedicated service in the preceding year, representing less than 8% of the (CAADA) estimated 3,600 living with high or medium risk domestic abuse.

Recommendations for children and young people include:

- a clear strategy which outlines how victims should be identified as early as possible;
- specialist roles within teams providing one-to-one support for young people experiencing domestic abuse and for those who are harming others; and,
- work undertaken to promote and support other partners who are in contact with young people and may be able to offer a route for disclosure and provide opportunities to deliver 'healthy relationship' programmes.

2.0 Context

2.1 Domestic abuse: research and evidence

2.1.1 Research studies into the impact of domestic abuse on children consistently maintain that domestic abuse is a form of child abuse and, as observed by Radford L. et al (2011), "... there is a substantial overlap between the most severe forms of child maltreatment resulting in the death of a child and domestic violence". Indeed, Brandon M. et al (2012) identify domestic abuse in 60% of serious case reviews into the death or serious harm of children. This was graphically illustrated in the serious case review into the death of Daniel Pelka who died in 2012 of a head injury having been repeatedly injured, and starved. Investigations found a history of domestic violence, substance misuse and neglect.

Studies, including Radford's cited above, have identified impacts of maltreatment, including family violence, including:

- Physical harm and injury
- Poor emotional well-being, self-esteem etc.;
- Trauma related harm and behaviours;
- Delinquency and offending behaviour;
- Behavioural problems;
- Attachment disorders;
- Risk taking behaviours, including drugs, alcohol and sexual;
- Vulnerability to child sexual exploitation;
- Self-harm and suicide.

2.1.2 Domestic abuse and parenting

Hester et al (2007) in "*Making an Impact*" (section 1.9) usefully summarise a range of research studies, both in the UK and elsewhere, into the impact of domestic abuse on parenting. Mothers living with violence are, for the most part, concerned with protecting their children but, in order to do so, can be forced into "inappropriate and punitive" behaviours. An example from Milner (1996) is cited, whereby a mother drugs her child in order to keep them quiet. Non-abusive carers can be construed as "inadequate", when they report that they "can't cope" rather than admit to the abuse (Kelly, 1994); and, "obstructive and manipulative" when they attempt to cease child contact with violent fathers (Hester and Radford, 1996; McGee, 2000). The authors observe that "for some women, the physical and emotional effects of the domestic violence can have a detrimental effect on their mothering and relationships with their children".

2.1.3 Harne L (2011) in "*Violent fathering and the risk to children*" explores the perceptions of domestically abusive fathers about the violence, their relationships with their children and their parenting. In the chapter devoted to the author's own research study with 20 fathers, findings include: denial and minimising of the violence; blaming of violence on mothers, or on young children "detracting from their own (the father's) needs; perceptions that they were better parents, and preferable to mothers. Only one of the fathers acknowledged the long-term impact of his violence on his (now) four year old child. Contact visits featured emotional abuse toward the children, and undermining of the mother. Indeed, for many, contact was a means to meet their own needs, rather than those of their children, with some fathers seeing their children "as possessions". As previously discussed, mothers reported that contact centres, statutory agencies and the courts were reluctant to believe their claims that their children were continuing to be harmed during contact. The author reflects that protection of children often conflicts with policies promoting the involvement of fathers in children's lives; and can be viewed as "impinge(ing) on perceived fathers' rights". The robustness of some perpetrator and fathering programmes in addressing violent parenting is questioned. In conclusion, "children's safety and well-being should not be compromised to the shared parenting ideal".

2.1.4 Impact of domestic abuse on the child/parent relationship

Kate Iwi and Chris Newman's (2011) "[Picking up the Pieces after Domestic Violence](#)" focuses on the damage of domestic violence on families and the child/parent relationship. The authors observe that "...most parents who have suffered violence have worked hard to protect their children from the worst effects of it", with the ending of the violence being sufficient to enable them to re-establish a "positive environment" with parenting skills that have "remained intact". However, they argue that most (non-abusing) parents leaving, or having left a violence relationship "...could use some help" in managing their own feelings of loss, alongside both their own and their children's recovery, at this point. There are additional challenges for the abusing parent, who can either be a "...powerful positive or negative influence on the well-being of the children". Most need "help to acknowledge the harm they have caused and to learn how to parent the children in a way that helps them to recover a sense of safety and stability". The resource not only offers a clear analysis of the dynamic of domestic abuse within families, and why it is problematic for parenting, but is also a practice tool for use in family interventions, post abuse, grounded in robust risk assessment.

2.1.5 Impact of domestic abuse on pre-school children

[Refuge assessment and intervention for pre-school children exposed to domestic violence \(2005, Refuge\)](#) explores the impact of living with domestic violence on children who resided in refuge accommodation. Whilst only 33 children and 38 mothers participated in the study, data on development was available to the authors for a further 80 children. This was compared with data on 37 children living in the community. This study was ground breaking, globally, in assessing children within a refuge context; and, in UK terms, in looking at trauma responses in pre-school children. The findings would support the development of "assessment tools and consistent criteria for understanding the effects of woman abuse on young children".

2.1.6 Serious case reviews into child death and serious harm

[NSPCC Domestic Abuse: learning from case reviews](#) (accessed 6th May 2016) analyses serious case reviews (in cases where children have been killed or seriously harmed) where domestic abuse is a feature, and draws out learning for practice:

- Parental mental ill-health, in the perpetrator and/or the non-abusing carer, can significantly increase the risk for children;
- Alcohol, in particular, can increase a tendency for violence and, therefore, increase risk;
- Many of the men had a history of violence and offending behaviour;
- Teenage mothers are a vulnerable group for a number of reasons: they may be under 18 and, therefore, children in need of assessment in their own right; some may have a troubled history of care, abuse or offending; and, if no longer with the father, can form new relationships quickly;
- Children's Services may refer family members to local support services but do not always check up on engagement. Failure to engage and/or comply (particularly on the part of perpetrators) should be viewed as a risk;
- Differing cultural norms can make it difficult for men and women to understand and comply; and,
- There are additional conditions that can "trigger" a violent incident that seriously harms or results in the death of a child: relationship breakdown and post-separation contact; pregnancy; and, threats to kill.

Improvements in practice can be achieved by:

- Understanding the roles of men in families;
- Seeing mothers alone;
- Avoiding an over reliance on the mother's ability to protect her children;
- Seeing the bigger picture;
- Maintaining a healthy scepticism;
- Talking about domestic abuse between agencies;
- Understanding the complex nature of domestic violence relationships;
- Understanding the impact on children of living with domestic violence; and,
- Helping the mother to understand the impact of living with domestic violence.

2.1.7 Domestic abuse in young people's own intimate relationships

The Child J combined serious case and domestic homicide review (2015, Oxford LSCB) describes the impact of domestic abuse in the life of a 17 year old young woman, resulting in her murder at the hands of her ex-partner.

In recent years, as the issue of violence and abuse in young people's own intimate relationships has increasingly come to the fore, we have seen a number of responses to this:

- The government definition of domestic abuse lowered the age to include 16 and 17 year olds in 2013
- Consequently, cases involving 16 and 17 year olds are more consistently coming to Multi Agency Risk Assessment Conference (MARAC);
- Advice, support and resources for direct access by young people:
 - Government campaign materials, including television adverts, and resources, available on the [Disrespect Nobody](#) website; and,
 - Independent services, for example, [Against Violence and Abuse Project \(AVA\)](#);
- Services and toolkits aimed at professional interventions with young people using violence in their relationship, e.g. [Respect's](#) young people's service and toolkit; and,
- Materials to support work with young people, in schools and other settings, around healthy relationships, and challenging abuse, e.g. the [Expect Respect Toolkit](#), developed by Women's Aid.

2.1.8 Abuse and violence child to parent

[Adolescent to Parent Violence](#) (APV) is a 3 year research project (started in 2013), run by Dr Rachel Condry at Oxford University, funded by the Economic and Social Research Council. The team observes that this problem has "...remained unexplored and largely unarticulated...". Thus, the brief is broad, and, "...aims to map the contours of the problem of adolescent to parent violence, exploring how it is defined, experienced and negotiated by parents and adolescents and how violent assaults committed by adolescents within the home are currently processed and managed within the criminal justice system. The research aims to increase the visibility and understanding of adolescent to parent violence and to develop clear recommendations for effective policies and appropriate interventions for these families and the criminal justice agencies they encounter".

The projects definition of APV is, "Physical violence, threats of violence and criminal damage towards parents/carers by their adolescent children (aged 13-19 years)". However, the project acknowledges the "... commonly used definition of this problem is 'any act of a child that is intended to cause physical, psychological or financial damage in order to gain control over a parent' (Cottrell, 2001: 3)". This is significant as Cottrell's definition explicitly addresses the issue of "control". As will be discussed later, it is this element of "control" which is problematic in relation to the parenting of adolescents in cases held locally.

Unsurprisingly, reliable statistics on national or regional levels are not available. However the team has produced research findings based on 1,892 incidents reported to the Metropolitan Police in 2009-10, including that:

- 77% of all parent victims were women;
- 87% of all perpetrators were male;
- 66% of cases involved son to mother;
- "numerous cases involved offenders with a pattern of repeated aggressive behaviour"; and,
- "47% of victims were unemployed".

2.2 Legislation and statutory instruments

2.2.1 There are both civil and criminal remedies for victims of domestic violence, including:

- [Section 76 of the Serious Crime Act 2015](#) came into force in December 2015 and criminalises patterns of coercive or controlling behaviour where they are perpetrated against an intimate partner or family member. A number of other criminal offences can

apply to cases of domestic violence - these can range from murder, rape and manslaughter through to assault and threatening behaviour.

- The Family Law Act 1996 (as amended by the as amended by Part 1 of the Domestic Violence Crime and Victims Act 2004) provides for civil measures including:
 - *non-molestation orders* which prohibit an abuser from molesting another person they are associated with. Molestation is not defined in the Act but has been interpreted to include violence, harassment and threatening behaviour. An order contains specific terms as to what conduct is prohibited and can last for however long is deemed appropriate by the court. Breach of a non-molestation order is a criminal offence.,
 - *occupation orders* which govern the occupation of a family home. It can be used to temporarily exclude an abuser from the home and surrounding area and give the victim the right to enter or remain. In certain circumstances, the court may attach a power of arrest to the occupation order; and,
 - *domestic violence protection orders*, rolled out across England and Wales in 2014, which allow the police and magistrates, in the immediate aftermath of a domestic violence incident, to ban a perpetrator from returning to their home and from having contact with the victim for up to 28 days.
- The Protection from Harassment Act 1997 (as amended) provides both civil and criminal remedies. These include non-harassment and restraining orders.
- The Domestic Violence Disclosure Scheme, commonly known as Clare's law, was rolled out across England and Wales from March 2014. The scheme means that an individual can ask the police to check whether a new or existing partner has a violent past ("right to ask"). If police checks show that a person may be at risk of domestic violence from their partner, the police will consider disclosing the information ("right to know").

2.3 Domestic abuse nationally: crime

2.3.1 Woodhouse & Dempsey (2016), in their House of Commons briefing paper, helpfully bring together much of the available national data (England and Wales) gathered in relation to domestic abuse; outline the legal remedies available; summarise current policy and issues; and, cite some sources of advice for victims.

There are a number of ways the government collects domestic abuse statistics:

- The Crime Survey for England and Wales (CSEW), formerly the British Crime Survey (BCS), asks the public about their experience as victims. The authors argue that this is the most "reliable" measure of domestic abuse, particularly as one element is self-reported. It is, however, based on a relatively broad definition covering male and female victims of partner or family non-physical abuse, threats, force, sexual assault or stalking.
- Police domestic violence incident (PDVI) data, collected at force level, but not linked to specified crime. However, this is "unaudited and has not been classified as an official statistic".
- Crown Prosecution Services (CPS) data on:
 - the number of cases were referred to the CPS;
 - the percentage where charges were made following referral to CPS;
 - the number of cases resulting in prosecution; and,
 - the number of convictions secured.

The corresponding figure for each of these sources, for the year 2014-15, can be seen in **Table A** below:

Source	Measure	Total
CSEW	Estimated number of domestic abuse victims 2014/15	1.3 million (female) 600,000 (male)
	Estimated number of people aged 16-59 who had experienced any domestic abuse since the age of 16	4,5 million (female) 2.2 million (male)
PDVI	Police recorded incidents of domestic abuse England and Wales	943,628
CPSA	Cases referred to CPS (% of these resulting in charges)	122,898 (68.9%)
	Prosecutions	92,799
	Convictions	68,601

Table A

Whilst the annual British Crime Survey does not reflect the true extent of domestic abuse it does, nonetheless, provide a reliable set of data on recorded crime for analysis. Whilst males make up almost 1/3rd of the victims (see Table A above), women are more likely than men to be victims of higher risk, or more severe, abuse, comprising around 95% of those going to Multi Agency Risk Assessment Conference (MARAC) or accessing Independent Domestic Violence Advocate (IDVA) services. (ONS, 2015)

2.4 Domestic abuse nationally: safeguarding children

2.4.1 Government figures for 2010-2015 show that, whilst the number of referrals to children's social care has risen slightly (2010: 375,900 – 2015: 391,000), there has been a more significant rise in subsequent actions: an almost doubling of the number of assessments undertaken under s.47 of the Children Act 1989 (2010: approx. 8,900 – 2015: 160,150); the number of initial child protection conferences convened (2010: approx. 42,000 – 2015: 71,150); and, the number of children made subject of a child protection plan in the preceding year (2010: 39,100 – 2015: 49,700).

2.4.2 Domestic abuse is not one of the categories of abuse used to identify the primary reason for making a child subject to a child protection plan. However, according to Government statistics, "family dysfunction" is identified as the "primary need" in 17.9% of initial assessments where there are concerns for children – the second highest category after "abuse or neglect". Furthermore, domestic abuse is identified as a factor in a staggering 48.2% of those cases that progress to a continuous (social worker led) assessment. ([Department for Education, 2015](#))

2.5 Domestic abuse in East Riding: Crime

2.5.1 Table B below lists Humberside Police Force's figures related to domestic abuse over the last 3 years (2014-15 is incomplete, running only until February) for East Riding and the whole force area.

Number of police recorded Domestic Abuse incidents	East Riding of Yorkshire	Humberside Police Force Area
2013/14	3213	15928
2014/15	2906	15749
2015/16 (YTD to February)	3025	15372
Number of Domestic Abuse offences (not all incidents are categorised as offences)	East Riding of Yorkshire	Humberside Police Force Area
2013/14	921	4182
2014/15	945	4662
2015/16 (YTD to February)	905	5077
Number of Domestic Abuse Arrests	East Riding of Yorkshire	Humberside Police Force Area
2013/14	652	2,422
2014/15	500	1996
2015/16 (YTD to February)	341	1516
% of repeat Domestic abuse incidents where the victim had been a victim in the previous 12 months	East Riding of Yorkshire	Humberside Police Force Area
2013/14	22.7	18.8
2014/15	22.2	18.4
2015/16 (YTD to February)	15.3	17.1
Number of Domestic Abuse Incidents identified as High Risk/MARAC referrals	East Riding of Yorkshire	Humberside Police Force Area
2013/14	372	1544
2014/15	464	1725
2015/16 (YTD to February)	484	1454

Table B

2.6 Domestic abuse in East Riding: safeguarding children

2.6.1 As previously discussed domestic abuse frequently exists as a significant factor, and often sits alongside a number of other presenting issues and forms of abuse within families. This is evidenced nationally (see above 2.1.6) and in East Riding.

2.6.2 Number of referrals for concerns about children

The Early Help and Safeguarding Hub (EHaSH) was developed in 2014 as a result of the co-location of the police Protecting Vulnerable People (PVP) team. The service provides a single point of contact for professionals and the public to report concerns about a child or young person. It's role includes: determining and initiating the most appropriate response to concerns; providing advice, information, sign posting and referral to children's centres and youth and family support services etc.; co-ordinating use of early help assessments and processes; and, fast tracking child protection and other complex family situations where an immediate response is required.

In the year 1.1.15 - 31.12.15, EhaSH received a total of 14,995 contacts (this figure includes requests for advice, signposting etc.). Of these, 680 (4.5%) contacts were specifically about concerns related to domestic abuse.

2.6.3 Numbers of children subject to a child protection plan where domestic abuse is a factor

- East Riding Safeguarding Children Board has been keen to monitor the significance of domestic abuse with regard to concerns for, assessment of needs of, and interventions with, children, young people and families. In the years 2014 and 2015, the factors present in families where children had been made subject of child protection plans were scrutinised.

In 2014 (**Figure i**, below), domestic abuse was found to be a factor in 43% of the cases. Alcohol and substance misuse feature heavily at 22% and 19% of cases respectively, with parental mental ill-health evident in 11% of cases. However, this study does not appear to have considered the coexistence of a number of parental or other factors, e.g. co-existence of domestic abuse and alcohol abuse.

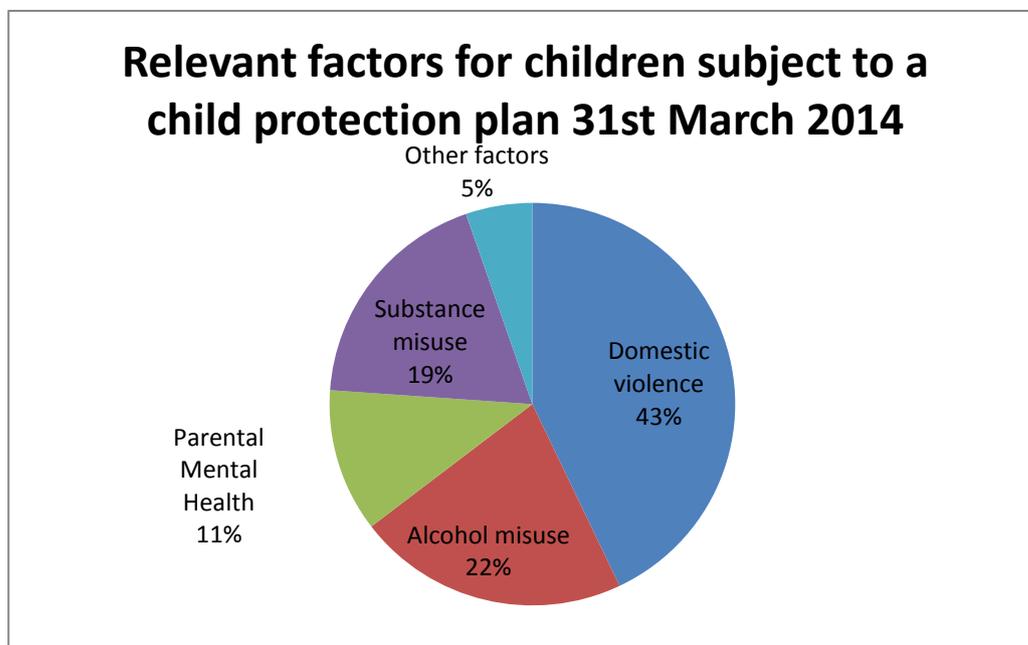


Figure i

2.6.4 A further “snapshot” analysis of the 167 children subject to child protection plans on 29th September 2015, considered the range of issues present in each case (not just the primary concern) and, therefore, “the complexity of the experiences being faced by the children involved”. **Table C** (below) outlines the findings of the analysis. Those living with domestic abuse numbered 109, or 65% - a higher figure than in the 2014 audit. Specific attention was paid to the coexistence of domestic abuse and alcohol, which could be identified in the lives of 41 children. Whilst not explicitly identifying any further instances of co-existence of issues, the figures implicitly indicate that this was occurring. Clearly, many children were living within families with multiple and complex needs, including key parental factors identified by Brandon et al (2012), who state:

“While, singly, parental substance misuse, domestic violence and parental mental ill health may pose risks of harm to the child, this analysis reinforces findings from our previous biennial reviews that it is the combination of these factors which is particularly ‘toxic’.” (p.38)

Identified issue at child protection conference	No. of children where issue was evident
Domestic violence	109
Drug use	57
Poor home conditions/lack of supervision – neglect	54
Mental health issue for one or more parent	54
Alcohol use by one or more parent	53
DV and alcohol use co-existing	41
Physical harm of the child	36
Debt	22

Sexual abuse	20
Child sexual exploitation	13
Self harm	6
Fabricated or induced illness	1
Parental learning disability	2

Table C

2.6.5 The ERSCB Thematic Audit - Domestic Violence, conducted in June 2014, brought together practitioners, including managers, across partner agencies and Board members for an interactive session. Participants looked at 3 cases where early help was the focus and 2 cases where a child protection plan was in place. Findings, in part echoing the NSPCC finding from SCRs (see paragraph 2.1.6) include:

- Multi-agency working is vital for effective intervention;
- Early intervention means early information sharing (separate IT systems hinders sharing of info);
- Chronologies give insight into likelihood of change;
- Genogram is essential;
- Workers quick to accept the minimisation of domestic violence;
- The need to understand the learning outcomes of perpetrator courses; and,
- Practitioners need confidence to challenge superficial compliance.

2.6.6 Domestic abuse in the lives of children at risk of child sexual exploitation

A thematic audit, Child Sexual Exploitation: learning from case audits was conducted in October 2014 as part of the ERSCB continuous improvement and quality agenda. The audit aimed to understand themes and trends in high risk CSE cases whilst identifying factors supporting effective intervention and increased safety for the young people involved. At the point of audit, there were 14 high risk cases (as assessed by the CSE team) comprising 12 girls and 2 boys, which were considered in detail. In addition, 1 medium and 1 low risk case, selected at random, were looked at in less detail.

In all high risk cases, there was a history of previous contacts to children's social care. There were a number of finding regarding negative life factors and problems in the young people's lives, including that in 7 of the cases there was evidence of domestic abuse, with a further 5 having information which suggested domestic abuse, but no clear evidence. Given that 12 out of 14 high risk cases of CSE in East Riding either suggest or evidence domestic abuse in the young person's background, we can begin to draw some parallels regarding some of the potential impacts of domestic abuse on children with research cited earlier – Radford L. et al (2011).

2.6.7 A dip sample of known CSE cases held by the ER CSE service was undertaken in March 2016. Whilst this was not a robust, structured audit as the previous one had been, it did expose some interesting findings: most of the young people involved in child sexual exploitation have been known to services for a number of years – indeed, in some of the cases, since birth or early infancy; victims are aged from 12 years upward, with most being around 14/15 years of age; many of the children are not resident with parents - some are looked after and some others are cared for by grandparents on a residence order; the largest single area represented is South Holderness. In March 2014, only 1 child was subject to a child protection plan because of involvement in CSE. By March 2016, this had increased to 13. The associated issues for children involved in CSE are neglect (around half), including poor parenting/capacity to parent and supervise children; and, parental factors including domestic violence, substance and alcohol abuse and parental mental ill-health.

2.7 Domestic abuse in Health

2.7.1 Maternity services

The Department of Health states that 30% of domestic abuse starts in pregnancy and existing violence is likely to get worse. Consequently, much attention has been paid to ensuring that health practitioners have the awareness and tools to identify problems, and respond appropriately. Many East Riding babies are delivered at Scarborough hospital, where one of the designated child protection leads for midwifery is based. Arrangements across health partnerships include an insistence on seeing women alone at least twice during the pregnancy. Opportunities are used to “ask the question” routinely thus allowing women to disclose any abuse in the home. Health practitioners are reminded to be vigilant to the potential of domestic abuse, and are provided with an “aide memoire” outlining their responsibilities. Patients’ notes are carefully managed in order to protect information provided and avoid placing women at additional risk.

Whilst it is acknowledged that multi-agency processes, including the MARAC, and co-ordination between services works well, particularly since the inception of EHaSH, some ideas for improvement were mooted. For example, MARAC agendas could be sent directly to the midwifery service, which does not currently happen. This would allow the departments to inform the MARAC that a woman is pregnant (where this has not been disclosed or is not known) or, alternately, to report that a woman has not engaged in ante-natal services where it is known that she is pregnant. It would also enable midwives to thoroughly research and prepare research reports thus providing information which could, otherwise, be missing, e.g. information on admissions to emergency departments, details of children in the family, etc. (midwifery departments have access to hospital data that is not accessible to other health colleagues).

2.7.2 Health Visiting & School Nursing have been unable to provide input at this stage, but will be involved as action planning evolves.

2.7.3 Adolescent mental health

Given the research findings cited earlier which catalogue a range of poor long term outcomes for young people who have lived with domestic abuse, a current piece of work, due to report late summer 2016, may offer some local learning. The joint analysis of cases held in common between EHaSH and CAMHS will look at the links between the past and current living circumstances of young people and adolescent mental ill-health. This would offer ERSCB some baseline knowledge to inform where training and other development work needs to be targeted to best effect to meet the needs of some of the most vulnerable young people.

Findings from E-HaSH and CAMHS analysis of cases held in common

Outcome

Understand the relationship between mental health concerns in children and young people and the context in which they have been/are living.

Questions:

- Are there any common early indicators of longer term mental health impacts?
- If so, are practitioners considering long-term impacts of the child’s context when they assess safeguarding concerns?
- Are there any patterns in the handling of cases at earlier stages (when EY knew of them, but CAMHS did not)?

2.8 Domestic abuse in young people's own relationships

2.8.1 The statistics

- Over half of young women aged 18-21 reported experiencing at least one abusive incident from a boyfriend, husband or partner in a 2009 Refuge and YouGov survey
- 2009 research by Bristol University and the NSPCC showed that 27% of teenage girls aged 13-17 had experienced sexual violence in their relationships
- A 2005 NSPCC and Sugar magazine survey showed that 40% of teenage girls would consider giving their boyfriend another chance if he hit them, and one third said that cheating justified the use of violence
- In a 2009 NSPCC survey, one quarter of girls aged 13-17 reported experiencing intimate partner violence; one in nine female respondents had experienced severe physical violence; and almost three quarters of girls had experienced emotional abuse

2.9 Young people perpetrating abuse toward parents/carers and/or siblings

East Riding's Youth and Family Services regularly receive referrals explicitly stating young people's aggression toward parents. Furthermore, where the referral has been on a different basis, abuse toward parents often emerges as a key issue alongside the presenting problem. However, the service is not clear to what extent it is perceived as a core provider for interventions related to adolescent to parent abuse.

In the 4 months from 01.02.16 to 31.05.16 YFS received:

39 referrals stating aggression towards parents/siblings
11 referrals related to domestic violence
133 referrals related to challenging behaviour

A dip sample of the referrals related to challenging behaviour revealed that, when parents attempted to manage the young person's behaviour, they were often met with aggression.

Youth and Family Services Case Mapping exercise

YFS meets on a regular basis to map cases held by the team against the Signs of Safety model, and using Critical Inquiry techniques. The meeting on 8th June 2016 mapped 2 cases featuring domestic abuse, currently and/or historically. In both cases, children were resident with mothers who had ended relationships with abusive men, who also had patterns of problematic alcohol and/or substance use. In both cases, the men had fathered one or more of the children in the family.

In both cases, concerns had, or were, emerging around the behaviours of young people approaching or/in adolescence, including:

- Disengagement from school;
- Emotional and behavioural problems, at home and school;
- Mothers finding it difficult to exert parental control and establish boundaries with the young people; and,
- Disrespectful and/or abusive behaviour from the young people toward the mother.

In one case, a 14 year old girl was exposed to possible child sexual exploitation or, at any rate, engaging in early/risky sexual relationships. In the other, a larger family, there were concerns regarding special educational needs, with limited family resources available to cope. The mothers appeared to be overwhelmed, and reliant in others to undertake aspects of their parenting roles.

Common to both cases was the issue of "controlling" behaviours from adolescents toward the mothers. This manifested in aggressive physical or verbal behaviours, refusal of education, damage to property and other actions which appear to have left the mothers unable to establish or maintain authority and impose boundaries. This emphasises the need to engage in

post abuse work with the non-abusing parent, addressing victim cycle issues, self-esteem and confidence in the (in these cases) mothers, and establishing authoritative parenting. Similarly, addressing the impact of the domestic abuse on children, and “repairing” parent/child relationships could be seen to be essential in preventing this behaviour.

The ERYFS team has access to the “Step Up” programme, and evidence based model, first developed in King County, US, and adapted by Derbyshire Youth Offending Service.

2.10 Children’s centres work closely with families of young children, and often encounter a range of parental issues, including domestic abuse. This is not always known, or evident, at the point that the family engages with the service but, as parents’ trust grows, may be disclosed. One children’s centre manager commented that, in their area, unhealthy relationships proliferate and domestic abuse is “commonplace, accepted and sits alongside a lack of respect for relationships”. Whilst some could be extremely violent, in physical terms, more common are the aspects of coercive control and manipulation, financially and otherwise.

3.0 Local specialist domestic abuse services accessed by East Riding residents

3.1 DVAP (Domestic Violence and Abuse Partnership)

Based within East Riding Council, and working closely with other teams and external agencies, the partnership offers highly specialised advice, support and services to adults, children and young people residing in East Riding:

- The domestic violence children's service offers one to one support to children and young people between the ages of 5 and 16 who have experienced domestic abuse. Children and young people may have heard, witnessed or been involved in incidents of domestic abuse, or may themselves be in an abusive relationship. **Table D** below shows the level of referrals into the children's service for the year 2015-16. Of these, 45% proceeded to initial assessment. However, the service has been working at lower than capacity due to staff illness and there are a number of children, referred in the last financial year, who have yet to receive a service (as of 4th May 2016).

Referrals to the Domestic Abuse Children's Service 2015-16

2015-16	Apr-Jun	Jul-Sept	Oct-Dec	Jan-Mar	Total
No. per ¼	21	33	34	24	102

Table D

- The domestic violence adult service offers support to victims and survivors aged 16 or over living with or fleeing from domestic violence and abuse. Services include: information, advice, guidance, and both emotional and practical support around legal options, housing, welfare benefits, staying safely at home and in high risk cases, finding somewhere else to stay or home security measures, including lifeline alarms, fire checks and personal alarms. The service uses supporting people funding, and a "floating support" model of dispersed emergency accommodation units to assist victims and families fleeing domestic abuse.
- The prevention of domestic abuse service (PODAS) offers one to one support to adults and young people over 16 years of age who recognise and want to take responsibility to change their abusive behaviour. PODAS aims to reduce the risk to victims and children by providing an intervention package for those who are at risk of or are perpetrating domestic abuse. **Table E** below shows the level of referrals to PODAS. Of these, 65% proceeded to initial assessment.

Referrals to PODAS 2015-16

2015-16	Apr-Jun	Jul-Sept	Oct-Dec	Jan-Mar	Total
No. per ¼	10	17	25	22	74

Table E

3.2 **Preston Road Women's Centre – the Purple House**: offers a range of services to women, including: access to specialist domestic abuse support and advocacy for those living with/fleeing domestic abuse; legal help for those unable to afford commercial rates; accredited training courses; and, safe, affordable housing in Hull. In the year 2014-15, 44 women from East Riding accessed services for domestic violence, advice, courses and volunteering.

3.3 **Independent Domestic Abuse Services (IDAS)**, based in York and North Yorkshire: offers a range of services to women, men and children living with, fleeing or recovering from domestic abuse, including: refuge accommodation and outreach support; access to a free, confidential helpline; and, in some communities group work programmes and other locally

based support. In any one year, IDAS receives between 20-30 requests from East Riding residents for help across the range of services. Most of these can be redirected to the DVAP service however, where there are particular sensitivities, IDAS will take the cases.

4.0 Local achievements

4.1 DVAP (Domestic Violence and Abuse Partnership)

Primarily funded from local authority, the existence of this service is evidence of the commitment of statutory services to tackling domestic abuse (as cited in the CAADA report earlier). The service is well known, and used, particularly by statutory sector staff.

4.2 EHaSH

The Early Help and Safeguarding Hub (established July 2014) already brings together the local authority, police and some health representation in providing a single point of contact and first response for professionals and the public who have concerns about children and young people, Further work on multi-agency involvement in the E-HaSH is taking place, which will have the effect of improving and streamlining the team's role in determining the most appropriate response. Monthly review meeting across all CYPSSS offers an opportunity for managers to have oversight of cases, review decisions, intervene if necessary and embed learning and improvement across the services.

4.3 Low numbers of children made subject to child protection plans

The total child population in the County at 2014, according to the National Office for Statistic, was 64,075 (0-17 years old). As stated earlier (2.1) at 31st March 2015, 175 children in East Riding were made subject to a child protection plan. Whilst the latter figure represents an increase from the 2014 figure (140), it remains low in comparison to regional and national figures for children made subject to plan per 10,000 or the population.

"The Board continues to attribute the low numbers of children subject to plans to the influence of several service initiatives: the continued Children's Services panel processes, through which cases are formally considered by senior managers to ensure appropriate help to children and their families requiring intensive support and also to those at risk of becoming Looked After; the consolidation of the Early Help and Advice Team and the impact of early intervention by partner agencies working alongside the Youth and Family Support Service and Early Years' Service; and the continued and growing influence of the Signs of Safety approach. The more recent increase is likely to be linked to more effective use of community based interventions preventing the need for children to become looked after." [ERSCB Annual Report 2014/15](#)

4.4 MARAC

Currently, in East Riding, around 40 cases are heard at the monthly MARAC meeting, with representation across key statutory and other agencies. Recent powers in relation to tackling stalking and harassment cases have led to these issues being considered more seriously, with proactive action taken. Past behaviour, and understanding of what they may lead to, is more evident, with the MARAC being used creatively.

The process is non-statutory, but is an important tool in managing high risk cases of domestic abuse. However, its function and purpose is not always clearly understood by partners, with some services not prioritising the provision of reports or, indeed, attendance. Partners do not consistently use the MARAC risk assessment tool or refer into the process. This could perhaps be improved by running briefings to improve multi-agency engagement and involvement. Greater clarity about expectations for the MARAC, and an understanding of its benefits and limitations, could result in fewer cases going to MARAXC, and more being managed outside the process.

East Riding children's social care has nominated an area manager to lead on MARAC for the whole service, and liaison is good with the other area managers. The role includes: checking

any CSC involvement with children who will feature in the MARAC; reviewing details of involvement and decision making by CSC, and discussing possible follow-up with team managers; and, ensuring social workers working on open cases are informed of MARAC actions. It is felt that there are appropriate levels of authority for the role.

4.5 Humberside police

As previously stated (2.5.1 above), Humberside Police responded to 3025 incidents of domestic abuse in East Riding in the period April 2015 – February 2016. Table F (at 5.1.13 below) details children present at incidents responded to by police in East Riding – these number over 2000 individual children, aged 0-18 years.

A report on "*Humberside Police's approach to tackling domestic abuse*" by Her Majesty's Inspector of Constabulary (HMIC) in 2014, identified "...a fragmented and inconsistent approach across the force" where high risk cases were "generally dealt with well", but where HMIC was "concerned about standard and medium risk cases, particularly repeat cases when the true level of risk may not be understood". The force has worked hard to embed the recommendations, including: training and information for front enquiry staff; improved information to call responders; central management of the Protecting Vulnerable People Unit (PVPU); mandatory targeted training for key officers; supervision and quality assurance of actions taken on attending incidents; improved consistency and a clear pathway for all levels of risk; and, a process for informing relevant people of the release of domestic abuse offenders from prison.

In East Riding, all incidents assessed at standard to medium risk are offered a referral or access to DVAP, on a consent basis. In high risk cases, consent can be over ridden, and a referral made to the service. A police officer is based within the EHaSH service, which helps to ensure a consistent response to safeguarding concerns, including in respect to domestic abuse. The MARAC, whilst not being a statutory process, is invaluable in co-ordinating multi-agency information sharing, risk identification and management.

5.0 Local challenges

5.1 Meeting the needs of children living with domestic abuse

5.1.1 (2) Radford L. et al (2011), discuss the needs of children living with domestic violence in London, identifying a number of gaps and shortfalls in provision. They claim that children's access to support is often limited by the degree of risk applied to the incident, i.e. only children of high risk victims receive a service. Furthermore, provision is limited by geography, age of child, ethnicity, disability and other factors.

5.1.2 In the year 2015-16, a total of 3,696 incidents of domestic abuse were recorded in East Riding division of Humberside Police, with children present at 1,648 incidents. The number of individual children affected is over 2,000, with almost 1,200 experiencing 3 incidents or more in the space of a year and 6 children experiencing 10 or more.

Table F (below) describes the age of children recorded. The figures in brackets represent children who were the lower age at the first incident, and had reached their next birthday prior to subsequent incidents. As can be seen, children at the lower age range are more heavily represented, with numbers tailing off as the age increases.

Age	>1	1yo	2yo	3yo	4yo	5yo	6yo	7yo	8yo
No.	157 (+16)	147 (+14)	150 (+18)	139 (+9)	134 (+14)	115 (+ 8)	114 (+11)	91 (+15)	107(+6)
Age	9yo	10yo	11yo	12yo	13yo	14yo	15yo	16yo	17yo
No.	103 (+9)	96 (+5)	87 (+4)	83 (+2)	86 (+5)	88 (+1)	74 (+6)	59 (+1)	67

Table F

5.1.3 In East Riding, in the year 2015-2016, over 2,000 children experienced domestic abuse. Under 5s numbered 650, with the remaining 1,350+ aged 5 and over. As has been previously highlighted, 102 children were referred to the DVAP children's service, 45% proceeded to initial assessment; and, at 4th May 2016, some children from the 2015-16 year's referrals were still awaiting a service. Consequently, less than half of the children deemed to require a specialist domestic abuse input (by referrers) went on to receive a service.

5.1.4 This leaves 1,950+ children aged 0-17 years old, some of whom will be receiving services from other services, e.g. **children's social care, Youth and Family Support Services** or **children's centres** which will be addressing domestic abuse within their work with families. However, this leaves the majority of children who witness domestic abuse without any intervention or input. The level of knowledge, understanding and skills in services, with regard to evidence based interventions with children, young people and families, is unclear. In interviews, some qualified practitioners expressed frustration at waiting lists which were, in their opinion, failing to meet the need within the child's timeframe but they did not have the time, or access to the resources, to enable them to undertake focused pieces of work themselves.

5.1.5 It will be the case that a specialist service is not necessary for most children. Indeed, more intensive, highly skilled work needs to be targeted at those children who need it most. Nonetheless, experiencing any form of violence, especially in one's home, is traumatic, and requires some form of supportive response as soon as possible. The question is - how is that

need met and the gap filled? East Riding is a diverse area in terms of geography, with access to services potentially compromised due to location and transport. One solution to this is to better equip services already present in localities, e.g. schools and children’s centres, to respond. One example of developing capacity, and setting up processes to meet support needs, is Operation Encompass. Currently running in partnership between police and schools, it is easy to see that the process could also be used with children’s centres and health visiting services to cover all age ranges.

Operation Encompass

Launched in 2011, in Plymouth, this project currently runs in 15 police force areas in the UK. The concept is that a “key adult” is identified and trained in every school in the force area. Should a child experience a domestic abuse incident, the police inform the key adult before the child arrives at school the following day. The key adult can then provide practical help (e.g. clothing, food, books) and offer emotional support – “the support can be overt or silent”.

5.2 Practitioner engagement

5.2.1 The East Riding Safeguarding Children’s Board provide two levels of training in relation to domestic abuse, with one course targeted at understanding the needs of children. Inevitably, there is a tension between the numbers of staff requiring training and the capacity of services to release them for courses. This may explain the low numbers of practitioners from key agencies receiving domestic abuse training (see **Table G** below).

Attendees at ERSCB training Jan 2015-Dec 2015

Course title	Domestic abuse awareness
Delegate details	4 sessions delivered to a total of 66 delegates <ul style="list-style-type: none"> • ERYC: 29 (CSC = 12; Inclusion = 13; Hsg & PP = 4) • Schools: 8 • Health: 6 • Sure Start: 21
Course title	Domestic violence & children’s needs
Delegate details	2 sessions delivered to a total of 28 delegates <ul style="list-style-type: none"> • ERYC: 9 (CSC = 2; Incl = 7) • Schools: 2 • Health: 6 • Sure Start: 10

Table G

5.2.2 Only 2 members of staff from children’s social care attended the targeted course. This is particularly significant when one considers the level of domestic abuse present in the lives of children on a child protection plan – 109:167 (as outlined at **Table C** above).

5.2.4 Health representation also seems low which is again significant when one considers that: “over a third of domestic violence starts or gets worse when a woman is pregnant; one midwife in five knows that at least one of her expectant mothers is a victim of domestic violence; and, a further one in five midwives sees at least one woman a week who she suspects is a victim of domestic violence” (Refuge, accessed 6.5.16). Additionally, Humberside Police colleagues do receive single agency training but, unfortunately, appear to be entirely

absent from multi-agency training which may hamper the development of joint working. Arguably, multi-agency/joint-agency targeted training in domestic abuse should be compulsory for staff in certain roles.

5.2.5 Formal, scheduled training is only one aspect of learning. Opportunities to network, share experience, learn of new and emerging trends and practice and hear about evidence based intervention models are invaluable. Many localities have used the local domestic abuse forum as a chance to move beyond the bureaucratic “business” meeting and, instead, a place to learn with themed workshops, guest speakers, showcasing interventions and celebrating local achievement. This model could be usefully developed to meet the diverse need in East Riding.

5.3 Assessment

5.3.1 Two activities were undertaken in the development of this strategy to explore the quality of assessment: a dip sample of EHASH cases; and, attendance at one of the regular threshold review meeting.

5.3.2 ERYC CYPSSS holds a monthly threshold review meeting which brings together managers from across all areas of the service. The purpose is to provide an interactive means of monitoring and assuring that there is a common understanding amongst practitioners regarding harm to children and the corresponding response; and, that good practice standards are maintained (and acted upon if necessary).

Observe threshold review meeting – May 2016 – 5 cases

Outcome: Understand the relationship between thresholds, access to services and outcomes for children.

Questions:

- Are thresholds at the correct levels across all areas of concern, including neglect?
- Are thresholds correct for the assessment of the impact of neglect in adolescence?
- Are interventions meeting the needs of children and young people living with neglect across age, gender and developmental ranges?

Observation of the threshold meeting in May 2016, which focused on cases described as “domestic abuse”, revealed some minor inconsistencies regarding thresholds, but these were consistently applied for the most part in this sample.

Other observations include:

- evidence of good quality practice at an early help stage, which then informed further work with the family;
- responses were hampered in another case due to poor communication processes between the social care out of hours service and CYPSSS;
- a lack of inquiry was evident in one assessment;
- there were one or two examples of “cut and paste” recording which tended to duplicate the information and not further the understanding of the issues; and,
- in two cases, issues related to relationship breakdown were described as domestic abuse, without clear evidence of an assessment of patterns of controlling or coercive behaviour.

Whilst all cases related to domestic abuse, and not explicitly concerning neglect, there was evidence of long-term involvement with a family where substances and violence were features. The case history, and its impact on the children, was not explored, and there appeared to be a “start again” mindset at play. In at least two cases, the child was not clearly “visible” in the

initial assessments, their voice was not present, and the impact of parental behaviours on the child (and, therefore, their needs) undefined.

5.3.3 The EHaSH dip sample of cases revealed wide inconsistencies in assessment in the 3 cases examined. All 3 were identified as domestic abuse on the system.

E-HaSH tracking of sample of cases from initial contact with E-HaSH to the identification, through assessment, of key areas of concern

Outcome

Understand the relationship between initial reason for contacts regarding concerns for children and the key reason for concern identified in assessment (Children's Centre, YFS, CSC).

Questions:

- Where domestic abuse is identified as a key concern in the analysis of assessments, has the issue been identified earlier, and has there been an intervention?
- Are there any patterns related to age, ability, parental factors, geographical location etc.?
- Do any particular sources of referral stand out as good or poor in identifying/intervening in domestic abuse?
- What might help embed good practice or challenge deficits in practice?

Conclusion include:

- The need for training (experiential, perhaps) for CSC staff in domestic abuse, its impact on parenting and on children, and assessment
- Clarity of the causes for concern and addressing these in assessment
- Consideration of the needs of all members of the family, not just the child about whom the referral was made (the issue of "invisible" children)
- Planning – multi-agency and following up – was lacking, with drift and a lack of clarity in 2 of the cases
- Access to, and use of, specialist, expert advice – e.g. from DVAP and other services was inconsistent.

6.0 Driving improvements in responding to domestic abuse

6.1 The ERSCB has a statutory duty to:

- a. coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
- b. ensure the effectiveness of what is done by each such person or body for those purposes.

Children Act 2004, s14

Whilst it is not the role of the LSCB to deliver direct services, it should offer clear strategic direction to those agencies with a role in developing and delivering services; and, means by which to monitor effectiveness of services in improving outcomes for children and young people. To this end, the ERSCB unit is developing a multi-agency domestic abuse (children, young people and families) strategy.

6.2 The ERSCB domestic abuse (children, young people and families) action plan and guidance sits within the overarching ERYC Domestic Abuse Strategy. Additionally, a number of local strategic partnerships, and associated plans contribute to improving outcomes for children and their families who are affected by domestic abuse, e.g.:

- The ERYC Children and Young People's Strategic Plan 2013-2016
- Our East Riding: The East Riding Community Plan 2006-2016
- East Riding of Yorkshire Community Safety Partnership strategic plan
- Improving Schools – Improving Lives: Education, Learning and Skills Strategy for the East Riding of Yorkshire
- East Riding Early Intervention Strategy 2013-2018
- A Health and Wellbeing Strategy for the East Riding of Yorkshire 2013-2016
- Children and Young People's Joint Commissioning Strategy

The ERSCB will need to communicate its vision in relation to meeting the needs of children and families affected by domestic abuse, and engage wider partnerships in supporting the delivery of outcomes.

7.0 ERSCB Domestic Abuse strategic plan (children, young people and families)

ERSCB priorities in relation to domestic abuse

7.1 Strategic Objective 1: *To secure collective commitment to addressing domestic abuse across all partner agencies and to demonstrate effective leadership in driving the appropriate system, culture and process changes required forward.*

7.1.1 The ERSCB identifies the Community Safety Partnership as the strategic body responsible for delivering against priorities related to domestic abuse. It is important to establish clear strategic links and leadership across both partnerships to effectively drive this agenda.

ERSCB should identify a Board level lead to provide strategic leadership, links between partnerships and challenge.

7.1.2 Domestic abuse, and the responses to it, cross sector, agency and departmental agendas. Key strategic partnerships, and senior leaders need to have a clear understanding of the impact of domestic abuse on children and families, and ensure that strategic planning is co-ordinated and coherent to deliver effectively.

7.2 Strategic objective 2: *To further develop awareness and recognition, and improve assessment and response to children and young people living in domestic abuse situations before statutory intervention is required, including a good understanding of thresholds, the appropriate use of approved, evidence-based assessment tools and outcome focused interventions. This includes where young people may be displaying abusive behaviours to ward parents/carers; and, where young people are experiencing abuse in their own relationships.*

7.2.1 As discussed earlier, almost 2:3 of children subject to a child protection plan in East Riding have experienced domestic abuse. Whilst there is the highly valued DVAP children's service and other services (YFS, children's centres) providing interventions for children and families, most children who have witnessed domestic abuse do not have any input, Meeting the needs of children, and their families at an early stage must be a priority. The geographical nature of East Riding demands more locally based solutions, using universal and community based services, to try to intervene effectively at an early stage.

Consider the development and implementation of an early input model, e.g. Operation Encompass

7.2.4 Additionally, it is vital that schools, health professionals, childcare and youth services are equipped to spot the signs of domestic abuse, have the confidence to "ask the question" and, where appropriate, assess and/or meet need at the earliest opportunity. There are a number of quality online resources and tools available to practitioners, free to access across the whole range of intervention levels, including prevention and education.

Develop a multi-agency strategy for a Countywide domestic abuse learning and development, to include: short briefings; targeted training; area domestic abuse learning opportunities; practice learning groups.

7.2.5 The dip sample of EHASH cases revealed wide inconsistencies in social worker led assessments. Additionally, social workers interviewed in the development of this strategy expressed frustration that they had neither the training nor the tools for direct intervention with children and families to address the impact of domestic abuse.

Mandatory, role specific, briefings and training for social workers covering assessment, planning and interventions where there is domestic abuse in families.

7.2.6 Whilst the Domestic Violence and Abuse Partnership (DVAP) provides a specialist service to many individuals and families, service criteria or thresholds, geographical location or other barriers and, inevitably, service capacity, will limit access for some.

The DVAP represents a source of specialist knowledge which could be utilised in a consultancy capacity, particularly in relation to supporting staff working with families at higher levels of intervention and risk.

7.3 Strategic objective 3: *To increase awareness of domestic abuse within East Riding communities, and the agencies that serve these, and knowledge of where to go for help. This includes the impact of domestic abuse on victims and children.*

7.3.1 Learning does not only take place in formal training. Practitioners across East Riding would benefit from an opportunity to meet informally, share experience and learn of new and emerging practice.

Consider the establishment of a domestic abuse learning forum, perhaps moving around the County, where learning is at the centre through workshop, guest speakers and celebration of local practice.

7.3.2 Domestic abuse is often a hidden problem to services but not necessarily to the communities it occurs in. Building capacity in local communities to challenge acceptance of domestic abuse, report it when it is happening and offer support and help to those living with domestic abuse is key to exposing more hidden abuse.

Develop a campaign, utilising local information and service hubs, offering public information and sources of help.

7.4 Strategic objective 4: *To ensure the quality and effectiveness of services in improving outcomes for children, young people and their families.*

7.4.1 The LSCB has a statutory role in assuring the quality of services in improving outcomes for children. The ERSCB is structured around a number of sub-groups to support the delivery of its priorities. A range of data is available to the ERSCB and, additionally, the ERSCB undertakes regular auditing activity to inform it of progress against its priorities.

7.5 Strategic objective 5: *To ensure that the perspectives of children, young people and families inform and shape service provision.*

7.5.1 The ERYC Children and Young People's Plan

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Resources and Interventions

[Refuge](#): resources for teen relationship abuse

[Disrespect Nobody](#): government website for young people in abusive relationships

[Royal College of Psychiatrists Mental Health and Growing Up factsheet: Domestic Abuse](#)

This is one in a series of factsheets for parents, teachers and young people entitled Mental Health and Growing Up. This factsheet looks at the effects that domestic violence and abuse can have on children, and offers advice about how to try and avoid these problems.

[NSPCC: Domestic Abuse](#)

Online range of resources including factsheets, research reports on NSPCC programmes and other topics and practice guides

[Refuge](#)

Information and advice on a wide range of domestic abuse related topics

[The Hideout](#)

Women's Aid have created this space to help children and young people to understand domestic abuse, and how to take positive action if it's happening to them.

[Women's Aid: Safer Futures project](#)

Safer Futures is a national project that builds networks between local schools, specialist domestic violence services and Local Authorities to ensure that healthy relationships education is delivered responsibly and effectively. Resources include the **Expect Respect toolkit** – a set of exercises and lesson plans that are designed for use in class groups, but could be modified for individual work with children and young people.

[Domestic Abuse: resources for youth justice](#)

Hosted by the Home Office, this webpage offers signposting and links to a range of tools, guidance and resources to tackle domestic abuse in youth justice and associated settings.

[Expect Respect Educational Toolkit](#)

Developed by Women's Aid, the toolkit consists of one easy to use 'Core' lesson for each year group from reception to year 13, and is based on themes that have been found to be effective in tackling domestic abuse.

The toolkit was developed by experienced teachers then tested and evaluated by teachers in school settings. Although the Expect Respect Education Toolkit is targeted for use by teachers within schools, it can just as easily be used by a range of other professionals working with children and young people in a variety of settings such as youth clubs or play schemes.

NB: You do not need to download the whole toolkit. You can just download the introductory section and the year that is appropriate to the age group you are working with.

[Expect Respect: a toolkit for addressing teenage relationship abuse](#)

Women's Aid worked with the Home Office to produce Expect Respect: A Toolkit for addressing Teenage Relationship Abuse, an adapted version of the original Expect Respect education toolkit for ages 5-13 to challenge the attitudes of teenagers to violence and abuse in relationships.

[Cafcass: forms templates and tools for external practitioners](#)

An online resource, with hyperlinks to templates and tools that Cafcass employees are expected to use. However, many are recognised tools from other sources, e.g. Barnardos Domestic Abuse Risk Assessment.

[Improving Safety, Reducing Harm \(2009\), Dept of Health](#)

A toolkit, aimed at frontline professionals, exploring impact, risk assessment and intervention in relation to children and young people experiencing domestic abuse

[AVA Project \(Against Violence and Abuse\)](#)

A leading UK charity which aims to end gender based abuse. The website provides access to a range of services and resources.

[NSPCC Domestic Abuse](#)

This section of the NSPCC website looks at issues related to the impact of domestic abuse on children and young people.

[SCIE Research Briefing 25: Children's and young people's experiences of domestic violence involving adults in a parenting role \(2008\): Worrall A, Boylan J, Roberts D](#)

This briefing focuses on the experiences of children and young people (under the age of 18 years) of domestic violence between those adults who have, or previously held a parental role towards them.

