Cambridgeshire LSCB

Domestic Abuse Multi-Agency Guidance

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Updated September 2016

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Domestic Violence and Abuse

1. Introduction

Definition and Context:

'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.' Home Office, 2013

The definition includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

Most reported cases of domestic abuse involve the abuse of women by men, although abuse does occur in same sex relationships and men can also be victims. The most recent crime survey for England and Wales 2013 – 2014 estimates that 8.5% of the adult female population and 4.5 of adult male population became victims of domestic abuse during that period.

Domestic violence and abuse is an indicator of likelihood of harm to children. Prolonged and/or regular exposure to domestic violence and abuse can have a serious impact on a child(ren)'s development and emotional well-being, despite the best efforts of the non-abusing parent to protect the child(ren). This can include seeing or hearing the ill-treatment of others. Children experiencing domestic violence and abuse are seen as children In Need and a referral to Children's Social Care must be considered.

Everyone working with women and children should be alert to the possible inter-relationship between domestic violence and abuse and the Abuse and Neglect of children. Where there is evidence of domestic violence or abuse, the implications for any children in the household should be considered, including the possibility that the children may themselves be subject to violence or other harm. Conversely, where it is believed that a child(ren) is being abused, workers should be alert to the possibility of domestic violence within the family.

Episodes of domestic violence or abuse can begin or escalate during pregnancy. Domestic violence can pose a threat to an unborn child(ren), because assaults on pregnant women frequently involve punches or kicks directed to the abdomen, risking injury to both mother and unborn child(ren).

Violence and/or threats of violence and abuse may continue after separation. Research suggests that victims maybe at greater risk when preparing or attempting to leave, or through contact arrangements.

Domestic abuse and abuse may have an impact on everyone who comes into contact with the family including workers who may feel threatened or fearful. Supervision is vital to ensure workers keep a child focus and must be aware of the potential for minimising or having an over-optimistic view of the potential for change

The Cambridgeshire and Peterborough Domestic Abuse and Sexual Violence Partnership: Our approach to tackling domestic abuse

Multiple perspectives

In Cambridgeshire, we adopt a partnership approach to tackling domestic abuse. Each partner brings a unique perspective to this issue, which is important because as demonstrated above, domestic abuse is about more than recorded crime figures. It can be considered from a number of different perspectives, including:

- The victims' perspective – which includes safeguarding the victim by providing them with the necessary tools and knowledge for them to decide on what is best for them (and their children if they have them). This offers long-term protection and recovery to the individual. Children who are witnesses to domestic abuse are also seen as victims.
- A criminal justice perspective, which focuses on pursuing offenders through the courts. This provides a sense of justice and protects other family members.
- A rehabilitative perspective, which focuses on re-education for the perpetrator in order to prevent future abuse from occurring.
- A family perspective which seeks to keep a family together where safe to do so, in order to provide a stable and safe environment for any children.
- A health and wellbeing perspective, addressing any mental or physical health issues associated with abuse.

An individual involved in domestic abuse should not be considered under any one of these perspectives in isolation; multiple perspectives will be appropriate in approaching each case at different times. Recognising this is important to coordinating the response of the whole partnership to domestic abuse. Considered together, these perspectives offer real strength to our partnership; and can ensure that responses consider a more complete picture of the lives of victims, perpetrators and children. Achieving our vision will require a coordinated effort between all organisations working with those affected by domestic abuse.

Levels of response

Not every case of domestic abuse needs the same response – varying degrees and types of support are needed from different organisations depending on the circumstances of the individual victim, family or perpetrator. Prevention of abuse is also important – how we create strong and supportive communities where domestic abuse is seen as unacceptable to all.

Our different responses to domestic abuse happen at three distinct levels, as demonstrated in the diagram below. This provides a 'Model of Staged Intervention for Domestic Abuse', drawing on the Model

of Staged Intervention (THRESHOLD DOCUMENT) used by the County Council; The Victim and Offender Strategies from the Police and Crime Commissioner; and the County Council's emerging approach to Early Help.

This model provides a framework for developing a common understanding of people's needs; and a shared understanding of the roles and responsibilities of different services and organisations.

Model of staged intervention for domestic abuse

These levels are about prevention, lowering risk and managing demand on our more intensive services. The aim is to ensure that there are fewer people in the higher levels, receiving more targeted, intensive support. Early help as soon as need is identified is preferable to 'late help' when problems have escalated; but intensive safeguarding and support is always available to those that need it. Getting this right requires us to build capacity in communities to support people to help themselves; as well as creating effective, coordinated pathways and referrals between organisations, which will be developed as part of the action plan for this strategy. The levels can be summarised as follows:

At level 1, we want to build **safe, supportive and healthy communities** with low rates of domestic abuse. In safe, supportive and healthy communities, communities have the capacity to support themselves, and the number of victims is reduced; with a wide range of agencies playing a part in empowering communities and delivering preventative work; there are high levels of confidence in policing; and communities are engaged with high numbers of witnesses prepared to come forward. Level 1 refers to support available within families and communities without the involvement of the public sector. This community action is supported by level 2 services, which work to build protective factors into communities – for example by educating people about what constitutes domestic abuse; and educating children and young people about healthy relationships.

Where domestic abuse occurs, we want to ensure that **co-ordinated services** are available early on that prevent escalation of abuse for people at risk – both for the victims and any dependent children and ensure that people are aware of what is available within their own communities. Whether or not people choose to engage with these services, or report abuse to the police, services will respond proportionately and provide clear pathways to the victim that will reduce risk according to their individual wishes: whether

that is to leave the household; stay at home; or whether the offender is willing to engage with a rehabilitative approach. When the abuse has ended, support will be available to those that need it to promote recovery for them and their family.

For those cases with the highest level of risk, our organisations will provide an **intensive response** in a coordinated manner, to address the immediate risk and protect victims and families urgently, stepping back once the immediate situation is resolved but ensuring that victims and families have immediate access to further support if needed.

Types of response

In order to address each of the perspectives on domestic abuse; and to respond appropriately at different levels, there are four main areas of work that our partnership organisations will undertake. This strategy explores each of these areas in turn to identify what changes are needed in each:

- We will **prevent** people from becoming perpetrators or victims of domestic abuse
- We will **protect** victims of domestic abuse and their children, whether or not they choose to report crimes to the police
- We will **pursue** perpetrators of domestic abuse through the criminal justice system and ensure that they face up to the implications of their actions
- We will support victims to **recover** from the consequences of domestic abuse.

These objectives will be supported by cross-cutting work to develop a **countywide offer** that ensures a coordinated response to domestic abuse.

Related Chapters

Managing Individuals who Pose a Risk of Harm to Children (including MAPPA)

Related Information

Cambridgeshire Domestic Abuse and Sexual Violence Partnership website
www.cambsdasv.org.uk **(which includes a link to *Complicated Matters: A toolkit addressing domestic and sexual violence, substance use and mental ill health*)**

2. Purpose

The purpose of this guidance is to:

- Complement the procedures in Part 1.2 Referral, Investigation and Assessment;
- Raise awareness about domestic violence and abuse;
- Ensure that those responding to domestic violence abuse see children's needs as being paramount;
- Set out roles and responsibilities of agencies who deal with domestic violence and abuse;

- Inform discussion through the Domestic Abuse and Sexual violence partnership and Multi Agency Risk Assessment Conference (MARAC) process. See also Managing Individuals who Pose a Risk of Harm to Children (including MAPPA) also www.cambsdasv.org.uk

3. First Principles

The Child's Safety is Paramount
There may be occasions when the child's needs are in conflict with the wishes of the abused victim. Protecting the child/ren is paramount. Workers should always consider whether threats might be being made to the victim by the abuser.

Working in Partnership with Parents / Individuals
Where possible workers should engage with both the non-abused victim and the abuser to decrease risk and increase safety, whilst recognising that the safety of the child/ren and victim is paramount. It is often the case that the support offered to the non-abusing parent / individual is important in protecting both them and their child/ren from further harm. Families / individuals experiencing domestic violence or abuse should feel supported and not judged.

Diversity and Equality
Domestic abuse affects people regardless of their age, gender, race, ethnicity, sexuality, nationality, disability or social class. Survivors of domestic abuse may face many forms of discrimination, and assessments/services should take account of the needs of each individual, recognising the difficulty that some have in coming forward. When English is not the first language an independent interpreter should be used.

Confidentiality
A victim's/protective parent's safety and that of their child/ren can depend on the confidentiality of the services offered to them. The dangers associated with breaches of confidentiality in situations of domestic abuse can be extreme. Agencies may have to share information regarding the adults in order to protect the child/ren.

Prevention and Joint Working
Raising awareness about domestic violence and abuse and its effects is a first step towards its prevention. All workers need to be alert to the signs of domestic violence and abuse and consult with colleagues if they have concerns. Joint planning and assessment should take place using the Common Assessment Framework.

Staff Development and Safety
Working with such complex situations requires high levels of skills. Managers should ensure that workers can access appropriate domestic violence and abuse training and provide the environment for workers to explore the impact of working in these situations.

Staff should also assess any risk of violence towards them and other professionals from the abusing parent and follow their agency's guidelines on health and safety. Some professionals may themselves have experienced domestic violence or abuse, and support should be offered through supervision or other appropriate means.

4. Referrals to Children's Social Care

See Part 1.2 Referral, Investigation and Planning

The definition of harm includes **'impairment suffered from seeing or hearing the ill-treatment of another'**. Therefore, if Children's Social Care are aware of incidents of domestic violence or abuse, there is a duty to assess whether a child is suffering, or is likely to suffer, significant harm as a result of living in a household where domestic violence or abuse is present.

Assessment of thresholds in cases of domestic abuse where the child or young person and other family members may be at risk will follow the levels of risk as outlined in the Barnardo's Domestic Violence Risk Identification Matrix which is supported by in the Cambridgeshire Model of Staged Intervention

The risk to adults only is assessed using the Safe lives formally SAFE LIVES / FORMALLY CAADA (Co-ordinated Action Against Domestic Abuse) DASH

Incidents of domestic violence or abuse where children are present will often involve the Police or the Emergency Duty Team and either the perpetrator or the victim and child/ren may leave the home. The referral should be made via the contact centre and passed to First Response Team within the MASH. The First Response Team will triage the contact by looking at information and potential contact with family and consider if threshold has been met for social care intervention.

If Threshold is met the First Response Emergency Duty Team will pass the referral to the Access Units (social care) who will undertake further assessment and intervention as needed to ensure the child/ren is safeguarded.

The available information and risk factors considered as part of the above risk identification tools may be considerable and could include such as:

- Whether a child is injured;
- The number of previous incidents;
- The age of the child/ren;
- The injury to the adult;
- Where the victim is pregnant is there a risk to the unborn child;
- Whether a child is in the house but not directly involved.

It should be remembered that the effects on children will be variable and will depend upon a range of factors including:

- What they see or hear;
- The frequency of abuse;
- The severity of the abuse;
- Length of time it has been occurring;
- The nature of the relationships;
- Any external support;
- The age of the child;

- Their resilience;
- Their gender;
- The impact of the domestic violence of abuse on the adult and how it has affected their ability to parent.

If a decision is taken to undertake a Single Assessment, care must be taken when contacting the victim. The referrer may be able to advise on the safest way of making contact.

Consideration may be given to initiating a child protection enquiry if:

- There is a clear injury to a child;
- There are previous Child Protection concerns;
- There is an emerging pattern of referrals or escalation of domestic violence or abuse incidents where there is a likelihood of the child/ren suffering Significant Harm.

Interventions in situations of domestic violence or abuse need to take account of the evidence that children can suffer serious long term damage through living in a household where such abuse is taking place, even though they have never themselves been directly harmed.

The most effective intervention for ensuring safe and positive outcomes for children living with domestic violence or abuse is usually to plan a package of support that incorporates;

- Risk assessment;
- Trained domestic violence support;
- Advocacy;
- Safety planning (for the non-abusing parent who is experiencing domestic violence);
- Protection and support for the child/ren.

When planning interventions, children should be spoken to or assessed and domestic violence (unless there is a particular reason why this should not happen) to ensure the abuse is not simply viewed as an 'adult problem,' rather than a child protection issue.

Local Authorities may be contacted by people seeking support who are experiencing domestic violence or abuse who have no recourse to public funds. An assessment of need is carried out and assistance provided under Section 17 if this is deemed to be necessary.

5. The Child Protection Conference

Child Protection Conferences Procedure sets out the purpose, timing and arrangements for Initial and Review Child Protection Conferences.

A risk assessment should be undertaken to assess the risk to either the child/ren or victim if the abuser is to be invited to the Child Protection Conference. The Procedures allow for the exclusion of a parent/carer if "there is a strong risk of violence or intimidation by a family member at or, subsequent to, the conference, towards a child or anybody else" see the paragraph detailing excluding parent's/carers in the Child Protection Conferences Procedure).

6. The Role of the Police

The police are often the first point of contact with families where domestic violence or abuse takes place. Officers must be alert to the fact that this may be the first contact a victim has had with the police or other agency in relation to abuse. It is vital that officers recognise that this may be the first time that the individual has felt able to share very private information with others. A sensitive, non-judgemental approach must be demonstrated.

Officers attending incidents of domestic violence or abuse must comply with current force policy.

- To protect the victims of domestic violence or abuse irrespective of age or sex;
- To identify and protect children at risk within the families where domestic violence or abuse is prevalent;
- To take swift and positive action where a crime has been committed and an offender identified;
- Ensure appropriate support for the victim(s);
- To identify cases of repeat victimisation and provide the necessary support and assistance.

When responding to incidents of domestic violence or abuse the police must ascertain if there are any children living in the household, even if no children were present at the incident, or if the victim is pregnant.

If there are children living in the household the police will:

- Make enquiries with the Force Control room to ascertain if there is any historical information linked to the address which identifies any of the children as being subject to a Child Protection Plan;
- Record details of all children living in the household and fully complete the relevant form;

If the attended incident results in a DASH being completed (medium / high risk incidents), this DASH will be submitted to the MASH for dissemination to key partner agencies. If the police have specific concerns about the safety or welfare of a child, they will make a referral to Children's Social Care.

All reports of domestic abuse will be monitored by the domestic abuse officer(s) who will give appropriate advice to investigating officers and ensure that all positive avenues are explored in relation to police matters

7. The Role of the Cambridgeshire Independent Domestic Violence Advisory (IDVA) Service

In Cambridgeshire a team of IDVA's work with predominantly high-risk victims of Domestic Violence. They are employed by Cambridgeshire County Council.

In April 2011 the Cambs IDVA Team were co-located to the Cambridgeshire Multi-Agency Safeguarding Hub (M.A.S.H).

The IDVA Team is a voluntary service and offer crisis support and safety panning advice to DA victims.

Victims are offered safety planning and assistance in the following areas:

- Criminal and civil court proceedings.
- Obtaining safe accommodation/housing.
- Advise re benefits/ recourse to public funds.
- Bespoke safety planning.
- Emotional support.
- Target hardening of their property.
- Specialist support is available for victims aged 13 -19 years, victims from A8 nations and those accessing health services

The IDVA Service plays a pivotal role in working together with other statutory and voluntary partners in a co-ordinated holistic manner, communicating and sharing relevant risk led information whilst maintaining the confidence and trust of victims and their children.

8. The Role of Housing Departments

General references to housing law and policy relating to victims of domestic violence follow. Local policies and priorities may differ.

Many victims do not leave their violent partner because they believe there is nowhere else to go. They may also return to violent partners due to inadequate housing arrangements. There are, in fact, several options available:

a. Obtain a court order "Occupation Order" under the Family Law Act 1996 to remove the perpetrator. (Victims who are concerned about their immigration status should seek advice from the UK Visas and Immigration before taking legal proceedings);

b. Staying with family or friends - the council should be informed immediately that this has resulted in homelessness. Migrants to Britain contact the UK Visas and Immigration before contacting the housing department;

c. Women's Refuge - referrals can be made via Samaritans, Citizens Advice Bureau, the Police, Social Care or Women's Aid; NB Victims can also make direct contact with the local refuge or the jointly run /Women's Aid/ Refuge national helpline

   National Womens Aid/ Refuge Helpline PHONE: 0808 2000 247

   Men's Advice Line (Male Victims of Abuse): 0808 801 0327

d. Privately rented or bought accommodation - the victim should be eligible to claim Housing Benefit for rented housing;

e. Officers within the Traveller & Diversity Service can be contacted for advice and availability of Gypsy Traveller caravan sites within the district. This may include information on private Gypsy Traveller sites renting caravans or private letting agencies. Rented caravan accommodation attracts housing benefit;

f. Sanctuary Scheme - The Sanctuary Scheme aims to help survivors of domestic violence to remain in their own home and feel safe. This is in joint partnership with District Councils and agencies including Fire and Rescue Service, Police, Housing Associations and the DV Advocacy service. The Scheme provides extra security to the survivor's property for example to windows and doors, lighting and alarms. Also include is a reinforced fireproof door with lock on one room in the house providing a Sanctuary Room. All applicants to the scheme are offered legal advice, as

well as security to the property. The survivor will also receive ongoing support from Domestic Violence Advocacy Workers.

Councils have a duty to arrange housing for anyone who is homeless and is a priority need and is not intentionally homeless (Housing Act 1996, Part VII, as amended by Homelessness Act 2002). Local councils have a duty to advise/assist the homeless and provide temporary accommodation.

Homelessness applies:

- If a person tries to live in their accommodation and they may be at risk of violence from someone also living in it;
- The person has no accommodation that can lawfully be occupied;
- The person's family who normally live with them are forced to live separately because they have no accommodation that can cater for the whole family;
- The person has accommodation but cannot occupy it i.e. they are illegally evicted or are forcibly preventing from occupying it.

Priority need which may apply in the violence/abuse context:

- The person is vulnerable as a result of fleeing violence or abuse;
- The person has children living with them or who would normally live with them;
- The person is pregnant or has someone living with them who is pregnant;
- The person is 16 or 17 yrs old and has previously been in 'care' and is by legal definition a former 'Relevant' or 'Eligible' child;(**Young people under 21 is**(1) A person (other than a relevant student) who— (a)is under twenty-one; and (b)at any time after reaching the age of sixteen, but while still under eighteen, was, but is no longer, looked after, accommodated or fostered)
- The person who is vulnerable as a result of old age, mental illness or handicap or physical disability or other special reason, or with whom such a person resides

Councils sometimes accept that single people fleeing violence are in priority need if they are vulnerable.

The Code of Guidance on Homelessness states that local authorities should respond sympathetically to situations where abuse has not yet occurred, but it is feared. If a person is living in a refuge, they should be treated as homeless. If they has gone to stay with friends or relatives, they may still be regarded as homeless.

Where a local authority has reason to believe the victim may be homeless and may have a priority need, they have a duty to offer temporary accommodation whilst investigating the case. Homeless victims are entitled to apply to any council, irrespective of any local connection. The council may refer the victim to an authority where there has been a previous connection. However, such a referral should not be made if a move to that area would renew the risk of domestic abuse.

Professionals should advise victims to record the violence experienced before going to the Housing Department or in the event of literacy difficulty assist the victim to do this, as it may be difficult to remember details in an interview. If victims have supporting evidence such as a social worker's/doctor's report or letter, an occupation order, an injunction or a Police report, they should take these with them when applying to the Housing Department

9. The Role of Health

Domestic violence or abuse has a substantial impact on the health and welfare of adults and children. As well as affecting their physical and emotional wellbeing, it can result in the loss of their home, independence, self-esteem and freedom. In some cases it can even result in the loss of life. Domestic abuse often starts or escalates during pregnancy. Domestic abuse has been linked to suicide attempts and can lead to some victims becoming reliant on drugs and alcohol in order to cope.

Research shows that health care services are often the first point of contact for people living with domestic violence or abuse. Therefore it is vital for health professionals to be sensitive to clues and indicators which might suggest domestic violence or abuse. It is also vital that they routinely ask about domestic violence or abuse. Whilst clients may be reluctant to disclose what is happening to them, often they are hoping that someone will realise something is wrong and ask them about it.

If Health professionals, including GPs and Accident and Emergency staff, become aware of domestic violence or abuse within a family they should listen to the victim and take them seriously. The safety of any child/ren in the household and the implications of domestic violence or abuse for them should be discussed. Any injuries should be logged, photographed if possible (A&E may have this facility. Any photographs taken must adhere to strict policy guidelines), and questions asked about how they were received. When asking about domestic violence or abuse, it is important for Health professionals to see the victim alone. This may sometimes be difficult without arousing the suspicions of a partner, but it can be stressed that this is routine practice, or a reason can be found to divert the partner elsewhere. In maternity services there is an increasing emphasis on seeing the woman and partner together, and the requirement to see the woman on her own may undermine this principle. However, Health professionals should understand the importance of seeing the woman alone at least once.

Living with domestic violence or abuse also has a psychological impact on those involved, and mental ill health can result. In mental health assessments it is important to differentiate between information given by someone who is genuinely describing a partner's mental distress, and by one who is trying to control the partner by defining their behaviour as 'mad'. The subject's own views must be sought and interpreting services used when necessary to gain this perspective. Where domestic violence or abuse is disclosed this must be taken seriously and acted upon.

Where children are in the household the Health professional should establish how/where the children are and how they are affected. The need to safeguard the welfare of the child/ren is paramount. The emotional impact on children may be difficult to assess but may manifest as adjustment problems, resulting in for example withdrawal, depression, anxiety, problem behaviour, parent-child conflict, low self-esteem, attachment problems. Where children are involved the parent/carer should be informed that the matter will be discussed with the Safeguarding Specialist Nurse and if the children are considered to be suffering, or are likely to suffer, Significant Harm, a referral will need to be made to Children's Social Care. (See Making Referrals to Children's Social Care).

It is important that all relevant staff have up to date information about support services available for victims and their children. This information should be available in a variety of ways, not just in writing. Providing information may be the most a Health professional can do. Health professionals must remember not to make choices for victims of domestic violence or abuse, but to empower them to make their own informed choices and decisions.

10. The Role of Education - Schools and Early Years

Children are often the hidden victims of domestic violence or abuse. Staff are in the unique position of having daily contact with children and their parent/carer(s) which provides them with the opportunity to look out for signs which could indicate that domestic violence or abuse might be taking place. The

importance of teaching children about the hidden nature of domestic violence or abuse and its unacceptability is widely recognised as an essential way of helping children to seek and then receive appropriate help.

Staff in Early Years settings need to be aware of the extremely high vulnerability of the children/young people in their care.

Staff should record concerns on a daily basis, if appropriate/necessary, according to LSCB guidance. Details recorded could relate to:

- Changes in the behaviour of the child/young person;
- Deterioration in the child's general well-being;
- Unexplained bruising, marks or signs of possible Abuse/Neglect;
- Factual observation, but not personal feelings or judgements about the child

  (unless these are relevant to the context, and are clearly indicated as opinion, e.g. 'Becky ran out of the playroom and hid in the toilets when her stepfather arrived. She appeared to be frightened');
- Drawings, play or other activities which lead to disclosure.

Staff should record pre-existing injuries in the normal way.

Raising awareness with children through the curriculum should take place alongside the reinforcement of the protective ethos within school. Curriculum leaders may wish to consider linking relevant resources (such as 'Expect Respect') with themes studied in other subject areas. Primary and Special Schools in Cambridgeshire also have access to the 'PS!' programme, a personal safety programme, which can be used to initiate and develop children's awareness of personal safety, positive choices and healthy relationship issues.

Designated Personnel for Child Protection in schools have been trained about Domestic Abuse via their DP training, delivered to all Cambridgeshire and Peterborough schools by the Education Child Protection Service. In addition, there is now a rolling programme of training for a DA Lead in every school, both Primary and Secondary, and in Post-16 and Independent school settings. This one-day course updates participants on the latest local initiatives, as well as training on the use of tools such as the Barnardo's DVRIM and the SAFE LIVES / FORMALLY CAADA DASH RIC. It is also addressing the need for individual approaches to support for children and young people, and reminds participants how to deal with adult victims and perpetrators.

Schools are represented by the Education Child Protection Service on the MARAC (Multi-Agency Risk Assessment Conference) which meets weekly, alternating between both police divisions. Information on children to be discussed is gathered and shared with the meeting and information and agreed actions fed back to schools as appropriate.

A Domestic Violence Information Sharing Protocol has been established so that schools and settings can be made aware when a domestic violence or abuse incident has occurred in the household of a child on their roll. Information from the Police is passed onto schools and settings about domestic violence or abuse incidents involving a child who attends that school or setting. This allows staff to be alert to the causes of any unusual behaviour and given that domestic violence or abuse is an important indicator of

other forms of abuse they will be especially vigilant in reporting any further concerns to Children's Social Care.

Where there are concerns about a child, staff will closely monitor their behaviour and make time to listen when needed. It is important to maintain a normal exchange of information with the non-abusing parent/carer, in order to support the child. Advice can be sought from the Education Child Protection Service. If there are clear indications that the child is suffering or likely to suffer Significant Harm a referral should be made. (See Making Referrals to Children's Social Care).

Parent(s)/carer(s) who report domestic violence or abuse to staff in schools should be encouraged to report to the Police or a specialist agency. In situations where a victim discusses their concerns with school staff, and that leads them to believe that the children are at risk of immediate harm, the school should be making a referral to Children's Social Care, with or without the consent of the parent(s).

If the adult victim is indicating that there is domestic abuse, but at this stage it does not appear that the children are witnessing or at risk from the alleged abuse, the victim parent/carer should be encouraged to report to police; they may also obtain support by contacting Women's Aid, or the National DV Helpline.

In some cases, the school's DP or Head Teacher may elicit support for an adult victim by completing the SAFE LIVES / FORMALLY CAADA DASH RIC with them. Should there be fourteen positive responses, or a situation which, on professional judgment, the DP/HT feels puts them at high risk, the DASH should be emailed through to the MASH. It can then be assessed by MASH staff. Cases may then be taken by the Independent DV Advocacy Service. The case may also be referred to MARAC.

The Domestic Abuse Guidance for Schools and Colleges contains details of useful contact telephone numbers to give to those who disclose that they are the victims of domestic violence or abuse. It is important to respect the wishes of any parent/carer who does not want to seek any help or support. However, if there are concerns about safeguarding the child/ren then the parent/carer should be made aware that a referral will be made to Children's Social Care.

There are particular issues around confidentiality and sensitivity, which are specific to domestic violence or abuse. All staff should be made aware of these issues. For example, if the parent/carer and their child/ren are placed in a refuge as a result of domestic violence or abuse, the address details will need to remain confidential. These details should not be disclosed to any member of staff other than the designated person (for emergency contact purposes) and should be kept in a secure place. When a child/ren transfers to a new school or setting it is important that the name and location of the new school or setting is kept confidential. In such cases, the records of attainment and the CP file may be forwarded via the Admissions office.

If a child is transferred to a Cambridgeshire school under a reassigned identity or confidential address, police/Social Care will notify the Head Teacher of these conditions, and all relevant staff will be notified in order to prevent any information being shared inappropriately.

11. The Role of Children's Locality Teams

Locality teams are often the first point of contact for children, young people and their carers, and, as such, play a vital role in providing universal information, advice, guidance and support on domestic violence or abuse issues.

All locality staff have a crucial role in preventing domestic violence or abuse from occurring through education and awareness-raising. Equally, localities provide a vital service in assessing individuals, referring onto specialist services (as appropriate) and providing a range of protective factors for victims of DV through effective multi-agency working.

All locality staff need to consider domestic violence or abuse issues as a significant part of their professional practice, and should be trained and able to respond to a range of related issues. More specifically, locality staff should:

- Question service users about their safety at home as a matter of course;
- Record any domestic violence or abuse related issues on their case management systems;
- Share information on disclosures/concerns with the relevant specialist agencies;
- Be able to support, risk assess and signpost service users to appropriate specialist service providers;
- Identify gaps in service provision and respond to those gaps

Locality managers should support their staff to achieve these aims through regular case management and supervision.

Raising awareness with locality service users should be reinforced through close working with the domestic abuse and sexual violence partnership and schools.

Where there are concerns about a child or young person, locality staff will closely monitor their behaviour and make time to listen when needed. It is important to maintain a normal exchange of information with the non-abusing parent/carer, in order to support the child/young person. Advice can be sought from the Education Child Protection Service Advice line. If there are clear indications that the child is suffering or likely to suffer Significant Harm a referral should be made. (See Making Referrals to Children's Social Care).

Parent(s)/carer(s) who report domestic violence or abuse to locality staff should be encouraged to seek help through the Police, Social Care, Advocacy Service or voluntary groups (i.e. Women's Aid). It is important to respect the wishes of any parent/carer who does not want to seek any help or support. However, if there are concerns about safeguarding the child/young person then the parent/carer should be made aware that a referral will be made to Children's Social Care.

There are particular issues around confidentiality and sensitivity, which are specific to domestic violence or abuse. All locality staff should be made aware of these issues. For example, if the parent/carer and their child/young person are placed in a refuge as a result of domestic violence or abuse, the address details will need to remain confidential. These details should not be disclosed to any member of staff other than the locality manager or the designated person (for emergency contact purposes) and should be kept in a secure place. When a child/young person transfers to a new locality it is important that the name and location of the new locality is kept confidential. Where possible, a child's/young person's records should be passed on to the new locality in accordance with best practice.

12 . The Role of Cambridgeshire's MARAC (Multi Agency Risk Assessment Conference)

Professionals working directly with victims of DA, living in Cambridgeshire, can make a referral to South Cambridgeshire or Central Cambridgeshire MARAC.

If a professional wishes to refer or discuss a potential case, they can call the MARAC co-ordinator at the MASH (multi agency safeguarding hub) on telephone 01480 847717 or e-mail marac@cambridgeshire.gov.uk.

Peterborough has their own separate MARAC, co-ordinated and managed by Peterborough City Council.

Cambridgeshire Multi-Agency Risk Assessment Conference (MARAC) is a countywide partnership forum that reviews very high risk cases of domestic abuse, where the victims are deemed to be at immediate risk of significant harm and believed to be potential DA homicides.

The MARAC meetings are held daily in Cambridgeshire, covering the centre and south of the county, . Cambridgeshire also hosts a weekly MARAC + meeting. This enables victims to be reviewed whilst the risks are still high and the crisis is still relatively current. The primary aim of the MARAC is to share current risk led information and to then collectively devise a robust bespoke safety plan that reduces identified risks and thus promotes the safety, health and well-being of victims, other vulnerable adults and children within the family.

Primary MARAC partners include:

- Police
- IDVA Service
- Probation
- Children's Social Care.
- Health.
- Housing.
- Refuge/Outreach Services.
- Education.
- Drug and Alcohol Services.
- Adult Social Care.

The safety of children and other adults at risk in the household are addressed via existing Child Protection procedures and or adults at risk processes, this is reinforced by the information gained at MARAC.

MARAC forums only review cases when a repeat incident of violence, sexual violence or harassment occurs within a 12 month period of the initial MARAC meeting. Case review meetings are sometimes necessary via CP case conference meetings or professionals meetings.

High risk DA cases can alternatively be reviewed via Multi Agency Public Protection Arrangements (MAPPA), where the perpetrator is a registered as a level 2/3 MAPPA nominal.

MAPPA and MARAC cases do not run in parallel.

They are reviewed by one forum only to avoid inconsistencies in information sharing and lack of co-ordination in agreed safety plans

See also Managing Individuals who pose a Risk of Harm to Children (including MAPPA).

Further information on the role and processes on MARAC can be found on the Safe Lives (formerly CAADA) website. http://www.safelives.org.uk/about-us or at www.cambsdasv.org.uk

13. The Role of the Probation Services

Probation services are now delivered by the National Probation Service (Court work and the supervision of High Risk of Harm and MAPPA offenders) and the Bedfordshire, Northamptonshire, Cambridgeshire and Hertfordshire Community Rehabilitation Company - BeNCH CRC (the supervision of medium and lower risk offenders and interventions to assist in punishment, rehabilitation and reduction of offending).

The National Probation Service and BeNCH CRC work with both perpetrators and victims of domestic abuse and staff are involved in local Domestic Abuse Forums. Both organisations support the Multi Agency Risk Assessment Conference (MARAC) and second staff into the MASH (Multi Agency Safeguarding Hub). Any relevant requirement within a Community Sentence will be enforced by both organisations to protect victims as required by their practice guidelines. The licence conditions will take account of the location and views of victims, as well as ensuring the risk of further serious harm and re-offending is reduced. This could include having non- contact conditions and exclusion zones where relevant.

The Offender Rehabilitation Act 2014 now requires all adult offenders committing an offence after 1st Feb 2015 and receiving a sentence of over 1 day will be subject to probation supervision for up to one year on release from custody.

Safeguarding Children training is mandatory for all operational staff in both organisations and will include reference to the relevance and impact of domestic abuse on children. Data collection in relation to the incidence of domestic abuse, the use of specialist assessments and the numbers being offered and completing the Domestic Abuse Specific Activity Requirement and the Building Better Relationship accredited programme will be monitored by senior management

At present BeNCH offers a one to one Domestic Abuse Specific Activity Requirement focussing on abuse within the domestic environment and also the Building Better Relationships Accredited Programme both as part of Community Orders/Suspended Supervision Orders. This includes staffing the Women's Safety Worker role and arranging Risk Meetings on a regular basis.

The National Probation Service (Cambridgeshire and Peterborough) supports and works within the Specialist Domestic Court. Court reports written by the NPS take into account the protection of the victim and may include the proposal that sentences include requirements covering prohibited contact with victims or restricting entry into a clearly defined geographical area. At present perpetrators of domestic abuse are identified at the first court appearance when it is usual practice that cases are adjourned in order that a Pre -Sentence Report is prepared by the NPS. Such offenders undergo a risk assessment process. As a result of this a proposal is put to the court for sentencing. Domestic abuse perpetrators are not usually suitable for general offending behaviour programmes and will require more intense work specifically around their abusive behaviour. Probation Approved Premises (hostels) are available where residency as a condition of an Order or Licence may reduce the risk of serious harm or reduce the rate of reoffending. In some circumstances victim concerns might result in a condition to reside at an Approved Premise

14. The Role of Children and Families Court Advisory Support Service (CAFCASS)

The duty of CAFCASS to safeguard is set out in the Children Act (1989), the Criminal Justice and Court Services Act (2000), the Adoption & Children Act (2002) & the Children & Adoption Act (2006).

The legal definition of harm to children includes the harm children suffer witnessing the ill treatment of another.

The CAFCASS Domestic Abuse policy is incorporated in the Safeguarding Framework. There is a Domestic Abuse toolkit available for use by practitioners.

In Private Law (Section 8) applications arrangements should always be made to ask parties separately about domestic abuse before any joint interview; this will be in privacy at the first meeting or interview. In public law, it will be in the early stage of the case but may not be at the first meeting.

Family Court Advisers must routinely be alert to the possibility of domestic violence or abuse in all private and public law family proceedings, even when it has not been alleged.

CAFCASS practitioners will ensure that allegations of domestic violence or abuse are taken seriously and receive an appropriate and proportionate response by way of an assessment of risk. If the allegations of domestic abuse are such that a child could be in imminent danger from a violent parent, the immediate and urgent priority is to secure the safety of the child.

15. The Role of the Youth Offending Service

The Youth Offending Service (YOS) works to prevent children and young people under 18 from offending or re-offending. YOS work with perpetrators and victims of domestic abuse (DA) with professionals attending a range of meetings, forums and training to support their work.

Young people who are perpetrators or victims of DA are identified through a thorough risk assessment process which is central to safeguarding and protecting young people and members of their family. Pre-sentence reports are provided by the case holders to the courts to take into account the protection of victims and to ensure the perpetrators receive the most appropriate court order to address DA. Through data collected in 2014 YOS recognised that adolescent to parent violence and abuse (APVA) is high within Youth Justice and an extremely complex area of work.

Our aim is to:

- Work with young people to identify forms of DA which may be occurring
- Identify risk and vulnerability
- Work to safeguard and protect young people and their families
- Liaise with professionals from a range of agencies to support the young person
- Follow Home Office guidance and use appropriate resources to ensure young people receive the most appropriate interventions
- Offer a Restorative Justice process where the victim requests this and it is assessed as safe
- Attend specific DA safeguarding children training
- Collect data on incidence of DA and use of materials in DA cases
- Continue to support young people who enter custodial settings on their release into the community as appropriate
- Ensure young people have access to healthcare, education, housing and other services as appropriate.
- Network with other agencies to ensure seamless referrals and young people and their families where DA exists receive the most appropriate and timely support.
- Consider issues around confidentiality and sensitivity, which are specific to DA and domestic violence.
- Ensure YOS professionals are aware of referral pathways to other agencies especially if there are indications a young person is suffering or likely to suffer significant harm.

Within YOS the DV Champions lead and provide specialist advice to the YOS team

16. The Role of the Voluntary Sector

Voluntary organisations play a vital role in offering services to women and children who are living with or attempting to leave situations where there is domestic violence or abuse. It is important that the work these organisations contribute is recognised by other agencies. Voluntary organisations may need to refer to Social Care and be guided by their internal procedure.

Cambridge Women's Aid was established in 1977 and is run for women by women. Based at a central location in Cambridge city, CWA offers information, advice and ongoing practical and emotional support to women experiencing domestic violence or abuse in strictest confidence. All women contacting CWA can access one to one support from a worker. Women receiving support from the outreach project can also access groups provided by CWA to support understanding of domestic abuse and to help regain confidence and self-esteem through activities and meeting others in a similar position. There is no charge for these services. Workers are experienced at listening to and supporting women. No-one is ever put under pressure to do anything they are not comfortable with. All advice and support takes place at the women's own pace. Workers always work in a way to improve women's safety and ensure that their safety is not jeopardised through contact with them

CWA also offers emergency accommodation in a modern, purpose built refuge. The refuge is a safe house for women and children escaping domestic violence or abuse. It is a confidential address where women can be sure they are safe, and where they and any children can access emotional and practical support from staff who understand what they have been through. Refuge is offered on a temporary basis and families are welcome to stay for a few days while they consider their options. If they decide to make a clean break from their abusive partner, they will normally stay in refuge until offered alternative accommodation. The average stay is under 6 months. CWA will find women refuge space outside of the city when it is not safe for them to remain in the area.

All women living in refuge are charged weekly rent. They must also pay a weekly charge to cover the cost of their personal consumption of electricity, gas, water etc. For most women living in the refuge, their rent is covered by Housing Benefit and they pay their weekly personal charge from their own benefits. However, women who work and women with no recourse to public funds may not be entitled to Housing Benefit. CWA workers can offer advice on any options open to them and women should not be discouraged from apply for refuge for this reason.

CWA offices are staffed during normal office hours and a worker is available on call 24 hours a day, 365 days a year. As well as supporting women and children who have experienced domestic abuse, CWA can also offer help and advice to workers about how to approach individual cases.

CWA is also commissioned via Cambridgeshire County Council to deliver community-based outreach services to those affected by domestic abuse in City and South Cambridgeshire.

Professionals must also consider that a variety of other voluntary agencies can offer expertise and support in areas that may be related to domestic abuse. A list of these agencies, their contact details and the support they can offer can be found at:

Cambridge City

South Cambridgeshire

East Cambridgeshire
Refuge

Refuge provides refuge provision in East Cambs, Huntingdonshire and Fenland to those fleeing domestic abuse, and is also commissioned via Cambridgeshire County Council to deliver community-based outreach services in Fenland, Huntingdonshire and East Cambridgeshire.

17. Safeguarding adults at risk

Section 42 – 46 of the Care Act 2014 provides guidance regarding Safeguarding Adults at Risk. The Care Act defines safeguarding as *'protecting an adult's right to live in safety, free from abuse and neglect'*.

The Act defines a 'Wellbeing principle' whereby the local authority **must** promote wellbeing whilst carrying out any of their care and support functions. This includes adult safeguarding. Cambridgeshire County Council (CCC) has safeguarding duties which apply to **an adult who:**

- **has needs for care and support (whether or not the council is meeting any of those needs) and;**
- **is experiencing, or at risk of, abuse or neglect; and**
- **as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.**

The duty to safeguard adults applies to any adult who meets the above guidance.

Making safeguarding personal
Key to working with an adult who is experiencing or at risk of abuse is to establish with the adult what outcome/s they want to achieve. CCC endorses this model which should place the adult at the centre of the safeguarding enquiry.

Six Safeguarding Principles

The following **six principles** first given by the DH in 2011 underpin all adult safeguarding work and are within the Care Act statutory guidance:

Empowerment – People being supported and encouraged to make their own decisions and informed consent.
"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."

Prevention – it is better to take action before harm occurs.
"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."

Proportionality – The least intrusive response appropriate to the risk presented.
"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."

Protection – Support and representation for those in greatest need.
"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."

Partnership – Local solutions through services working with their communities.
Communities have a part to play in preventing, detecting and reporting neglect and abuse.

"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."

Accountability – Accountability and transparency in delivering safeguarding.
"I understand the role of everyone involved in my life and so do they." **(Care Act Statutory Guidance 2014, Chapter 14)**

There are 10 types of abusive behaviour:

Physical – including: assault, hitting, slapping, pushing, misuse of medication, restraint, or inappropriate physical sanctions.
Domestic – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
Sexual – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
Psychological – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
Financial or material – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, ossessions or benefits.
Modern slavery – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
Discriminatory – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
Organisational – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
Neglect and acts of omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
Self-neglect – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Changes to Practice:

1.Three new types of abuse: Modern Slavery, Domestic Abuse and Self-Neglect. Professional abuse is no longer defined as a category in its own right.

2.Investigations from April 1st will be preceded by information gathering to establish if a safeguarding enquiry **(which will be called a Section 42 enquiry)** is to take place.
For example: Poor care practice or self-neglect referrals may not be taken forward as section 42 enquiries and may be redirected for a casework response.

3.If the adult makes a capacitous decision not to engage with the section 42 enquiry, this needs to be documented and risk assessment procedure applied.
If an individual lacks mental capacity to engage in the section 42 enquiry then refer to advocacy (see below).

Change to Practice for Safeguarding Leads

The adult will be consulted throughout the safeguarding enquiry - to offer feedback on progress and to check if the outcome/s identified at the beginning of the enquiry are still the same.

If there is a change of outcome, it will need to be recorded/documented; recording the person's name and date.

Case notes will be required each time the adult has been consulted about the outcome they want and feedback on progress of the enquiry. Professional judgement will need to be exercised as to how often the adult is consulted with the minimum being at the beginning, part way through and at the end of the enquiry.

The usual CCC safeguarding recording summary form will be completed – this form will have a minor change to reflect a menu of likely outcomes for adults as a starting point

Advocacy

The Care Act makes it a **duty** to arrange for an independent advocate where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them (Care Act Statutory Guidance Chapter 7).

Carers and Safeguarding

There is a **duty** to take account of carers where there is a situation that will require a safeguarding response. Assessment of both the adult being cared for and their carer/s must take account of their wellbeing which includes removing or mitigating the risk of abuse. This may be through support planning for example.

Multi Agency Safeguarding Hub (MASH)

There is now a team of safeguarding leads in the MASH. The MASH has received all new safeguarding referrals from April 2016. A multi-agency risk assessment takes place which decides if a police, safeguarding or casework response is required. These are then forwarded to the appropriate team/service for a response.

Making Safeguarding Personal – a Toolkit of respons es, January 2015

This Toolkit provides some examples of the change in focus of training programmes that may be developed:

- 'Councils are encouraged to develop Achieving BestEvidence or interviewing skills training for all practitioners who will be undertaking safeguarding adults' enquiries;
- attachment-based approaches to practice for practitioners could be utilised to encourage a cultural shift away from the allocation of resources and services to meet assessed need, towards less risk-averse and more person centred practice;
- training on motivational interviewing and cycles of change to support practitioners in developing these skills may be considered; and
- training may be identified to promote self-esteem and a sense of wellbeing, e.g. assertiveness training for adults who have been abused either in childhood or adulthood.'

Due to current and ongoing policy and procedure developments being completed by Cambridgeshire County Council, this section of the offer will require updating in the autumn of 2016.

19. Useful Contacts

The **Cambridgeshire Domestic Abuse and Sexual Violence Partnership Manager** can be contacted at the Cambridgeshire Safer Community Partnership Team at Cambridgeshire County Council by professionals for advice and information 2nd Floor Babbage House Castle Park Cambridge Cambridgeshire
CB3 0AT
(Tel) 07789920401

Duty IDVA -01480 847718 idva@cambridgeshire.gov.uk

MARAC Co-ordinator IDVAReferrals@cambs.pnn.police.uk

Cambridge Women's Aid
P O Box 302
Cambridge
CB1 1EA

Refuge - 01223 460947 Monday to Friday during office hours
Outreach - 01223 361214 Monday to Friday during office hours
24 hr Emergency Helpline - 07730 322098 outside of office hours **Website:** www.cambridgewa.org.uk (coming soon)

National Domestic Violence Helpline: 0808 2000 247 (24 hr service)

Cambridge Rape Crisis Centre
Providing specialist support services to survivors of rape, sexual abuse and sexual violence in Cambridgeshire.
www.cambridgerapecrisis.org.uk

- Confidential helpline: 01223 245888 open Wednesdays 7pm - 9.30pm, Thursdays 7pm-9.30pm, Saturdays 3pm-5.30pm and Sundays 10am-12.30pm.
- Email support: support@cambridgerapecrisis.org.uk
- Counselling service: 01223 313551
- ISVA service:01223 313551

POLICE

Emergencies Dial 999

Central Referral and Tasking Unit
Cambridge Constabulary HQ,
Hinchingbrooke Park,
Huntingdon,
PE29 6NP.

General tel: 01480 428080
Fax: 01480 428129/428130
e.mail: CentralReferral.TaskingUnit@cambs.pnn.police.uk

Other useful numbers

Cambridgeshire County Council: 08450 455200;

South Cambs District Council: 08450 450 500;

Cambridge City Council: 01223 457000;

Emergency outside of office hours 01223 457457 or 01223 358962;

East Cambs District Council: 01353 665555;

Emergency outside of office hours 07710 978900;

Fenland District Council: 01354 654321;

Hunts District Council: Main reception 01480 388388;

Emergency out of hours 01480 434167;

National Centre for Domestic Violence 08709 220704;

Emergency helpline 0800 9 702070;

Men's Advice Line (Male Victims of Abuse): 0808 801 0327

Respect (Male Perpetrators Helpline): 0845 122 8609

Galop (LGBTQ support) 020 7704 2040

No Recourse to Public Funds Network, is a network of local authorities focussing on the statutory response to destitute people from abroad who have no recourse to public funds and who are starting to develop guidance on children and families.

Useful Information

Domestic and sexual violence, problematic substance use and mental ill-health are three issues that often co-exist. And when they do, things can become complicated.

AVA (Against Violence and Abuse) have created the toolkit below and we approve its use by practitioners in Cambridgeshire

https://www.cambslscb.co.uk/domestic-abuse/

Appendix 1: Multi Agency Risk Assessment Tools

DASH Risk Assessment

The SAFE LIVES / FORMALLY CAADA (or ACPO) DASH risk indicator checklist tool is used widely across Cambridgeshire to determine the level of risk following a domestic violence / HBV disclosure For the latest form please go to http://www.cambsdasv.org.uk/website/downloads_and_resources_1/96816 and use the Cambs MARAC Referral document.

The purpose of the DASH is to provide a consistent and practical tool to practitioners working with victims of domestic violence to help them identify those who are at high risk of harm. The risk factors included in the DASH are evidence-based, drawn from extensive research by leading academics in the field of domestic homicides, 'near misses' and lower level incidents.

Professionals should always attempt to complete the DASH with the victim (and with his / her consent), but if this is not possible, the DASH can be completed and submitted as a MARAC referral on professional judgement alone.

When to use the DASH Risk Indicator Checklist

The checklist should be used whenever a professional receives an initial disclosure of domestic violence, or when a change to risk has been identified. It is designed to be used for those suffering current rather than historic domestic violence / HBV and, ideally, should be used as a rapid response to an incident of domestic violence or HBV. If you are concerned about the risk to a child / children or a vulnerable adult you should make a referral to the appropriate department to ensure that a full assessment of their safety and welfare is made – this may be in addition to (or instead of) a MARAC referral.

Using an evidence-based risk identification and assessment model always improves the decisions being made. It also increases the likelihood of the victim being responded to appropriately and therefore of correctly addressing the risks they face.

How to use the DASH Risk Indicator Checklist

The DASH should be introduced to the victim within the framework of your agency's:

- Confidentiality Policy
- Information Sharing Policy and Protocols
- MARAC Referral Policy and Protocols

Before you begin to ask the questions on the DASH:

- Establish how much time the victim has to talk to you?
- Is it safe to talk now?
- What are safe contact details?
- Establish the whereabouts of the perpetrator and children
- Explain why you are asking these questions and how it relates to a potential referral to the MARAC

Whilst you are asking the questions on the DASH:

- Identify early on who the victim is frightened of – ex partner / partner / family member
- Use gender neutral terms such as partner / ex-partner. By creating a safe, accessible environment LGBT victims accessing the service will feel able to disclose both domestic violence and their sexual orientation or gender identity

The Safe Lives / formally CAADA DASH consists of 24 questions (ACPO is 27), written in a specific order to aid completion. Of these questions, 15 relate to 'high risk' indicators. Positive answers to questions on stalking and HBV can also lead to the completion of some additional relevant questions available within the document.

In order to get a comprehensive assessment of risk it is important to ask all of the questions. Without this there is a danger that you may overlook something significant in a case, which may result in your response to be inadequate.

The checklist can be answered using ticks to signify a yes or no response. Practitioners are also encouraged to record additional information that may be relevant.

You may also, in certain circumstances (such as when the victim minimises / denies the abuse) complete and submit a DASH to MARAC without engaging the victim or seeking consent from the victim.

Note: Ideally it is recommended that the DASH risk assessment checklist should be completed with the victim in person. However, it is also possible to complete the risk assessment after a meeting with the victim, using your notes to complete it.

Outcome of the DASH Risk Indicator Checklist

Following completion of the DASH a victim may be assessed as being at 'standard', 'medium' or 'high' risk of serious harm. Those cases assessed as 'high' risk (scoring 14+) should always be referred to a MARAC. The 'high risk' assessment is determined inthe following ways:

- 'Visible High Risk': The number of 'ticks' on theDASH Checklist. If you have ticked 14 or more 'yes' boxes the case would normally meet the MARACreferral criteria
- Professional Judgement: If a professional has serious concerns about a victim's situation, they should refer the case to MARAC. There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers, particularly in cases of HBV. This judgement would be based on the professional's experience and/or the victim's perception of their risk even if they do not meet the criteria above
- Potential Escalation: There have been 3 or more police callouts to the victim as a result of domestic abuse in the past 12 months. This criterion can be used to identify cases where there is not a positive identification of a majority of risk factors on the list, but where abuse appears to be escalating and where it is appropriate to assess the situation more fully by sharing information at MARAC.

It is important to pay particular attention to a practitioner's professional judgement in all cases. The results from a checklist are not a definitive assessment of risk. They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via a MARAC or in another way.

Discussing the results of the DASH with the victim

Telling someone that they are at high risk of serious harm or homicide may be frightening and overwhelming for them to hear. It is important that you state what your concerns are by using the answers they gave you and your professional judgement.

Equally, identifying that someone is not currently high risk needs to be managed carefully to ensure that the person doesn't feel that their situation is being minimised and that they don't feel embarrassed asking for help. Explain that these factors are linked to homicide and serious harm and that if s/he experiences any of them in the future, that they should get back in touch with your service or with the emergency services on 999 in an immediate crisis.

For further guidance on how to respond to cases assessed as 'standard' or 'medium' risk see below section on responding to the DASH.

Identifying risks to children through the DASH

The checklist will provide valuable information about the risks that children are living with but it is not a full risk assessment for children. The presence of children increases the wider risks of domestic abuse and step children are particularly at risk. If risk towards children is highlighted you should take immediate action.

Responding to the DASH

The risk assessment will provide you with 3 possible outcomes of risk:

STANDARD
No significant current indicators of risk of SERIOUS HARM.

MEDIUM
There are identifiable indicators of risk of SERIOUS HARM. Offender likely to cause SERIOUS HARM if change in circumstances i.e. failure to take medication, relationship breakdown, substance misuse, if bailed, after court appearance etc).

HIGH
There are identifiable indicators of risk of SERIOUS HARM. The potential event could happen at any time and the impact would be serious / result in homicide.

The result of the risk assessment will provide you with possible actions to undertake in order to respond to the level of risk identified.

Responding to Standard/Medium risk cases

Standard Risk
Current evidence (from the DASH / professional judgement) does not indicate likelihood of causing serious harm.

- Provide the victim with contact details for specialist support agencies (see the Cambridgeshire directory of Domestic Abuse Services at www.cambsdasv.org.uk
- Ask the victim if they consent to a referral to Outreach services, if yes; make the referral (see the Cambridgeshire Directory of Domestic Abuse Services (above) or contact relevant providers directly)
- Are there any vulnerable adults involved? Do you need to make an adult safeguarding referral?
- Consider other agencies that may be a source of support e.g. health professional or substance misuse services and advise victim on how to make contact
- Advise about Safety Planning

If appropriate ensure the victim knows how to contact you.

Medium Risk
There are identifiable indicators of risk of serious harm. The offender has the potential to cause serious harm but is unlikely to do so unless there is a change in circumstances, for example, failure to take medication, loss of accommodation, relationship breakdown and drug or alcohol misuse.

AS ABOVE (in line with standard risk actions) plus:

- Consider revisiting the DASH at a future date to check on risk / potential escalation.

Responding to high risk cases
There are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious.

AS ABOVE (in line with standard and medium), plus:

- Follow the MARAC Operating Protocol and refer to a MARAC panel for consideration
- Take any actions available to your agency to protect high risk victims.

It is important to remember that risk identification and assessment is not a predictive process and there is no existing accurate procedure to calculate or foresee which cases will result in homicide or further assault and harm. Rather, identification and risk assessment is based on structured professional judgement and is, therefore, not fool-proof.

Appendix 2: Barnardo's DVRIM Tool

DVRIM: Level of risk Moderate Scale 1.
CAF: Level 2 Threshold of need child with additional needs.

Child/ren & families with additional needs.
CAF completed- Single Practitioner targeted support – Child/ren under 7yrs/ or with special needs increases risks. The younger the child/ren the higher the risk to their safety. Consider protective factors.

Evidence of Domestic Violence	Y	S
1 - 3 minor incidents of physical violence which were short in duration.		
Victim did not seek medical treatment.		
Intense verbal abuse.		

Risk factors/ Potential vulnerabilities	Y	S
Child/ren were not drawn into incidents.		
Control by abuser is not intense.		

Protective factors	Y	S
Child/mother relationship is nurturing, protective and stable.		
Significant other in child's life - positive and nurturing relationship.		
Presence of child/ren was a restraint for the abuser.		
Abuser accepts responsibility for abuse and violence.		
Abuser indicates genuine remorse and is willing to seek support for abusive behaviour.		
Victim has positive support from family/ friends & community.		
Victim appears emotionally strong (not worn-down by the abuse).		
Victim sought appropriate support and/or is willing to accept help from other agencies.		

BME (Black, Minority, Ethnic) Issues: Across all scales

Ask yourself the following questions:
If this parent...
1 Cannot speak, read or write English
2 Fears that the 'State' is authoritarian
3 Lacks strong social networks
4 Lives in temporary housing
5 Is living below the poverty line
6 Has a child who is of a different appearance and culture to them
7 Is living in a close-knit community in London
8 Has a perspective on parenting practices underpinned by culture or faith which are not in line with UK law & cultural norms
9 Recognises his/her faith or community leader as all powerful
10 Puts a very high value on preserving family honour
and, if this young person...
11 Is compromised in relation to his/her community
12 Has strong allegiance to a group or gang

If you need further information, please refer to the BME checklist, downloadable from the LSCB website.

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DVRIM: Level of risk Moderate to Serious Scale 2. CAF: Level 2 Threshold of need child with additional needs.

Child/ren & families with additional needs. CAF completed –Lead professional-integrated support Child/ren under 7yrs/or with special needs - at higher risk of emotional/ physical harm – limited self-protection strategies -can raise threshold to Scale 3. Consider protective factors.

Evidence of Domestic Violence	Y	S
History of minor/moderate incidents of physical violence- short duration.		
Victim received minor injuries - medical attention not sought.		
Evidence of intimidation/bullying behaviour - pushing/ finger poking/ shoving/to victim but not towards child/ren - Destruction of property.		
Intense verbal abuse-consistent use of derogatory language.		
Risk of isolation - Abuser attempts to control victims' activities, movements & contact with others.		

Risk factors/Potential vulnerabilities	Y	S
Child/ren were present in the home during an incident but did not directly witness.		
Potential likelihood of emotional abuse of children.		
BME (Black, Minority, Ethnic) Issues: See Blue Box.		
Disability issues within family - positive support networks.		
Mental health issues - not prolonged or serious. Abuser or victim seeking appropriate help.		
Age of abuser and/or Victim - both have supportive resources and are not isolated.		

Protective factors	Y	S
Child/mother relationship is nurturing, protective & stable.		
In spite of abuse, victim was not prevented from seeing to the needs of her child/ren.		
Significant other in child's life - positive and nurturing relationship.		
Older child/ren use coping/ protective strategies.		
Victim attempted to use protective strategies with older child/ren.		
Victim is prepared to take advice on safety issues.		
Victim has insight into the risks to her child/ren posed by the abuse.		
Victim has positive support from family/friends and community.		
Abuser willing to engage in services to address his abusive behaviour.		

Barnardo's Domestic Violence Risk Identification Matrix
Assessing the risks to children from male to female domestic violence

DVRIM: Level of risk Serious Scale 3.
CAF: Level 3 Threshold of need child with complex needs.

Child/ren in Need - Children's Services may consider Section 17 but Safeguarding intervention may be necessary if threshold of significant harm is reached. Professional case planning Child/ren aged under 7yrs/ or child/ren with special needs can raise threshold to scale 4

Evidence of Domestic Violence	Y	S
Incident(s) of serious and/or persistent physical violence in family. Increasing in severity/frequency and/or duration - History of previous assaults.		
Victim and/or children indicate that they are frightened of abuser - put in fear by looks, actions, gestures and destruction of property (emotional & psychological abuse). Recent separation - repeated separation/reconciliation/ongoing couple conflict.		
Stalking/harassment of mother/children - Increased risk of isolation.		
Abuse through the use of texting/social networking sites.		
Abuser breaching bail conditions/civil protective orders / non-contact orders.		
Victim required medical treatment but not sought/or explanation for injuries implausible.		
Recurring or frequent requests for police intervention.		
Incident(s) of violence occur in presence of child/ren - consider duration of exposure.		
Threats of harm to mother/and or children.		
Excessive jealousy/possessiveness of abuser - domineering in relationship.		
Financial control maintained by abuser.		
Abuser has history of domestic violence in previous relationships.		

Risk factors/Potential vulnerabilities	Y	S
Mental health issues - abuser and/or victim-raises concern.		
Substance abuse by abuser and/or victim-raises concern.		
Abuser's and/or victim's infidelity is a source of conflict/anger		
Strong likelihood of emotional abuse of child/ren - may display behavioural problems.		
Child/ren unable to activate safety strategies due to fear or intense control by abuser.		
Lack of safe significant other as a positive support to child.		
Child contact issues - domestic abuse occurring at contact.		
Older children /Adolescent - increased risk of intervening in abuse and emerging concerns re self harm.		
Abuser suspected of using physical abuse towards child/ren.		
Abuser shows lack of insight/empathy into how his behaviour effects children/victim.		
Abuser's minimisation of abuse-lack of remorse/guilt.		
Abuser is Boyfriend/Father figure. Family unit has step-siblings.		
Abuser's abuse of pets/animals/used to intimidate.		
Emerging concerns about emotional stability of abuser's relationship with child/ren/ limited parenting capacity & lack of protective abilities.		
Emerging concerns about emotional stability of child/mother relationship (parenting capacity and protective concerns).		
Emerging concerns of neglect of child/ren's emotional and physical needs-missed health appointments/poor living conditions.		
Abuser's use of avoidance/resistance to engage in services increases risk level to children.		
Victim fears statutory services - avoidance & resistance to engage increases risk to children.		
Family/Relatives/neighbours reports concerns re victim/children.		
Victim has experienced domestic violence in previous relationships.		
BME (Black, Minority, Ethnic) Issues: See Blue Box.		
Adult learning difficulties-abuser and/or victim-raises concern.		
Disability issues within family - isolation.		
Age disparities of Abuser/Victim - under 25 with limited support with personal vulnerabilities.		
History of childhood abuse/disruptive childhood experiences - abuser and/or victim.		
Collusion issues present in extended families/friends - not supportive for victim/children.		
Recent life crises/stress factors - i.e unemployment, financial problems, illness, death.		

Protective factors	Y	S
Older child/ren use protective strategies.		
Victim will seek positive support from significant other.		
Victim - attempts to use protective strategies but abuser's violence & control is intense.		
Victim will engage with supportive services and seek safety advice - be alert to abuser's control interfering with her level of commitment to engage.		
Limited protective factors are present - serious level of violence and psychological abuse of victim, emotional abuse of child/ren and Domestic Violence risk factors predict recidivism.		
Use of kinship placements as a protective factor - be alert to domestic violence having		

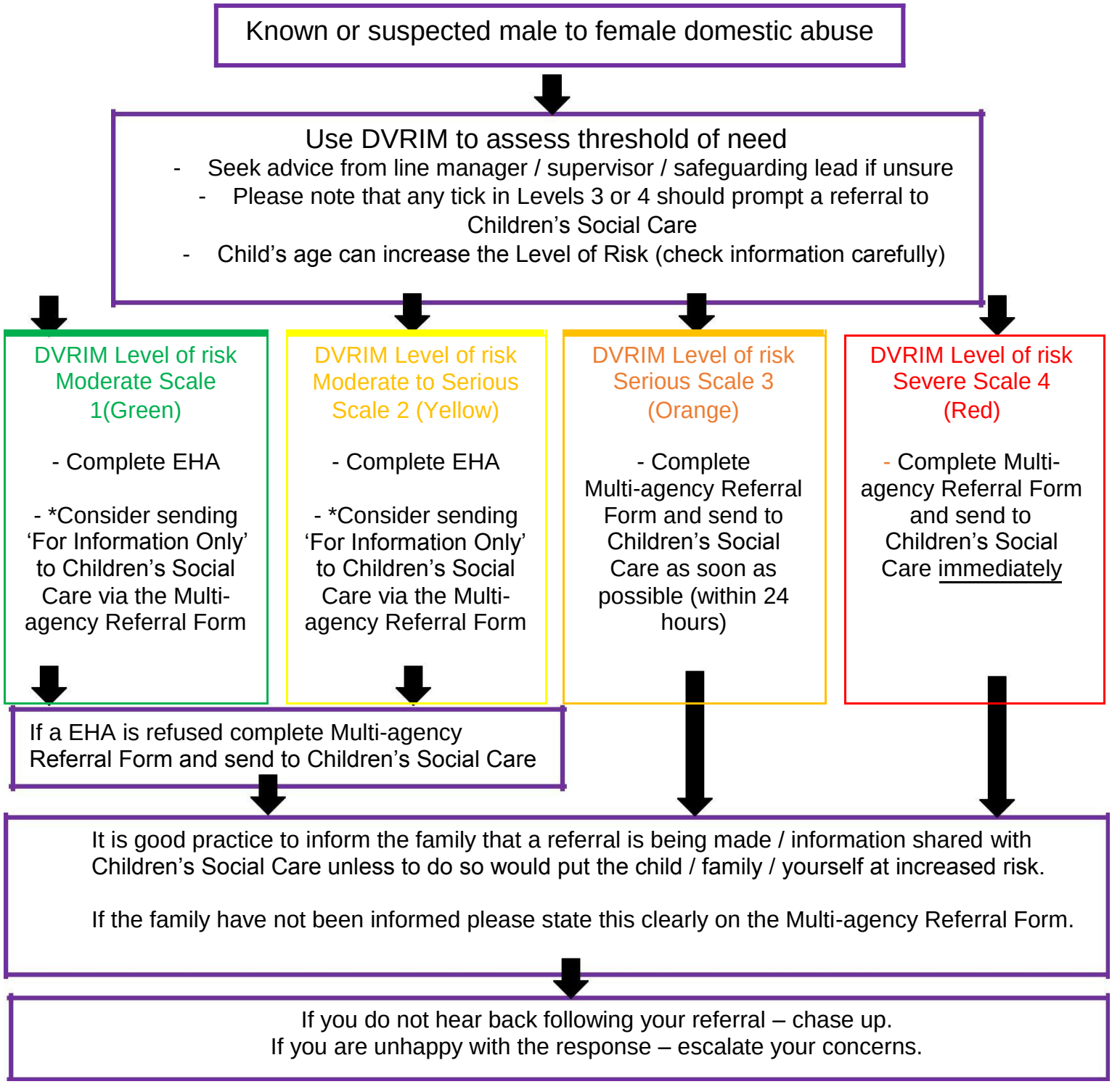
DVRIM: Level of risk Severe Scale 4.
CAF: Level 4 Threshold of need child with acute needs - at risk of being a 'looked after' child.

Child in need of Protection – Children's Services consider if Section 47 enquiry and core assessment intervention are required. Child/ren may be at risk of being 'looked after'.

Evidence of Domestic Violence	Y	S
Repeated serious and/or severe physical violence - life threatening violence. Attention to the **frequency, duration** and **severity** of violent behaviour children exposed to.		
Use/assault with weapons.		
Abuser's violation of protective and/or child contact orders.		
Criminal history of abuser, gangland connections, generalised aggression, history of anti-social behaviour, aggression towards previous partners/family members, military service/ training.		
Intense stalking/harassment behaviour of abuser - Increased risk of isolation.		
Recurring or frequent requests for police intervention.		
Victim requires treatment for injuries sustained - Medical attention required but not sought or injuries explanation is implausible.		
Threats to kill or seriously injure victim and/or children.		
Victim is **very** frightened of abuser - believes intent of threats - Retaliatory violence a concern. Victim is intensively controlled/may present as submissive - worn down by abuse.		
Victim is pregnant/victim is abused in post natal period/recently separated with new baby raises risk level.		
Confirmed emotional/psychological/abuse of mother.		
Sexual assault/suspected sexual abuse of victim.		
Incidences of violence witnessed & occurred in presence of children - distressed/aftermath of incident. Child/ren have directly intervened in incidences.		
Child/ren summon help/discloses-immediate heightened risk to this child of being 'punished' / adverse reaction from abuser and /or mother-assess adult's reaction to child's disclosure.Child/ren may disclose another form of abuse to draw attention to the situation.		
Child/ren have been physically assaulted/abused.		
Confirmed emotional abuse of child/ren.		
Suspected/confirmed sexual abuse of child/ren.		
Abuser is a perpetrator of child abuse but may not have been prosecuted. Known to MAPPA.		
Victim has been identified by DASH-MARAC process as high risk.		

Risk factors/Potential vulnerabilities	Y	S
Mental health issues - abuser and/or victim - raises significant concern.		
Substance abuse by abuser and/or victim - raises significant concern.		
Abuser's and/or victim's infidelity is a source of conflict/anger -Victim's infidelity gives rise to risk of severe reactive violent response from abusive partner-extreme jealousy/ possessiveness.		
Concerns of neglect of child/ren's emotional and physical needs/poor living conditions.		
Substantial risk of repeated serious domestic violence.		
Threats or attempts to abduct children.		
Children exhibit sexualised behaviour and/or sexually harmful behaviour.		
Adolescent - increased risk of intervening in abuse and self harm-emerging concerns re mental health issues.		
Child/ren in family has previous care history.		
Physical abuse of child/ren by abuser and/or victim.		
Victim uses physical abuse on children as an alternative to harsher physical abuse by abuser.		
Recent suicidal or homicidal ideation/intent by abuser.		
Victim suicidal/attempted suicide/self harming - especially BME victims.		
Victim minimising risks to children/remains in abusive relationship, protection orders not sought, or activated.		
Victim/child has poor general health.		
Abuser shows lack of empathy/insight into how his abusive behaviour is affecting child/ victim.		
Abuser's minimisation of abuse-lack of remorse/guilt.		
BME (Black, Minority, Ethnic) Issues: See Blue Box		
Age disparities - Abuser and/or victim under 25 with limited support with personal vulnerabilities.		
Collusion issues present in extended families/friends - not supportive for victim and children.		
History of childhood abuse/disruptive childhood experiences abuser and/or victim.		
Abuser uses threatening aggressive behaviour towards professionals.		
Agencies unable to work constructively with family 'Assessment Paralysis'.		
Abuser/victim use of avoidance/resistance to engage - misuse of complaints procedures.		

Appendix 3: Barnardo's DVRIM User Guide



Things to think about….

Is your assessment culturally competent? (Include culture in your assessment. See **blue box** on DVRIM if unsure)

Are you demonstrating professional curiosity and respectful uncertainty?

Remember to include the voice and lived experience of the child

Consider MARAC involvement - is this case known? Consider MARAC referral

Key Points

The Domestic Violence Risk Identification Matrix (DVRIM) should be viewed at a minimum of A3 size. Consider having an A1 colour copy on the wall for ease of use.

Work through the matrix methodically – there is no single 'right way' to do this - find a way that works for you.

Tick 'y' if known to be present or 's' if suspected.

Be professionally curious. Don't think what if I'm wrong – do think what if I'm right!

Any tick in Scale 3 (Orange/Serious) or 4 (Red/Severe) should prompt a referral to Children's Social Care.

Ticks in Scale 1 (Green / Moderate) or Scale 2 (Yellow / Moderate to Serious) should prompt completion of a Family Common Assessment Framework (EHA) form which should be sent to the EHA team as soon as possible (within 3 working days). Where a EHA is refused you should make a referral to Children's Social Care.

A Level of risk assessed as Moderate or Moderate to Serious (Scale 1 or 2 / Green or Yellow) should never prevent a full referral to Children's Social Care if the child is deemed to be at risk of significant harm.

Attach a copy of the completed DVRIM(s) to your EHA / Multi-agency Referral Form. Editable electronic copies are available from the LSCB website.

A DVRIM should be completed for each child in the family (one per child). The risk factors, potential vulnerabilities and protective factors that exist are likely to differ for each child in the household.

The DVRIM could be completed with victims, though this should be done sensitively and in a safe environment – remember this may be distressing for the victim. The DVRIM is an assessment tool and should be completed by practitioners.

Be confident in your role as a professional – keep the child at the centre.

Across Cambridgeshire when Domestic Abuse is known or suspected there is the expectation that the DVRIM will be used.

Age can affect the Level of Risk when assessing (read additional information under each heading and upgrade risk where necessary).

The Matrix has been designed to work in conjunction with EHA, Domestic abuse, stalking and 'honour'-based violence Risk Checklist (DASH /DASH-RIC; developed by Safelives, formally CAADA), Multi-agency Risk Assessment Conference (MARAC) and Multi-agency Public Protection Arrangements (MAPPA).

Principles of the Model

- Protecting children is the first priority
- Protecting the non-abusing parent, usually the mother, helps protect the child
- Providing supportive resources

- Perpetrators are responsible for their abusive behaviour
- Respecting the non-abusing parents' right to direct their life without placing children at increased risk of further abuse
- Identifies what is known (Y) or suspected (S) in the family situation
- Improves the visibility of all children
- Directs early intervention- using the EHA
- Promotes sharing information
- Provides consistent analysis of risk
- Directs case planning

When to share information with Children's Social Care re: Domestic Abuse

Any tick in Levels 3 or 4 (Orange – Serious / Red – Severe) should prompt a referral to Children's Social Care

*Seek consent to share 'for information' with Social Care when Level of Risk seen as Scale 1 or 2 (Green – Moderate / Yellow – Moderate to Serious) on DVRIM

Refusal of a family to engage with the EHA process should prompt a referral to Children's Social Care

Regardless of Level of Risk / Scale on DVRIM; whenever there is felt to be risk of significant harm to child(ren) refer to Children's Social Care (See THRESHOLD DOCUMENT if unsure).

Final Points

Always consider your own safety and the safety of the victim and children.

Be mindful of families displaying disguised compliance

Utilise support and expertise from others (Supervisor / Safeguarding Lead)

Escalate if needed