



CHILDREN AND LEARNING OVERVIEW AND SCRUTINY SUB-COMMITTEE, 14 FEBRUARY 2019

Subject Heading:	Domestic Abuse and Children
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Policy context:	Information briefing only
Financial summary:	None

The subject matter of this report deals with the following Council Objectives

Communities making Havering	<input checked="" type="checkbox"/>
Places making Havering	<input type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>
Connections making Havering	<input type="checkbox"/>

SUMMARY

The report details the work of the Council to support children and families affected by Domestic Abuse in Havering.

RECOMMENDATIONS

That members note the content of the report.

REPORT DETAIL

1. Definition of domestic violence

The Havering Community Safety Partnership Plan 2018-19 identified violence against women and girls (VAWG) as a priority. A revised VAWG strategy is due to go to Cabinet in March 2019.

The Havering Community Safety Partnership has adopted the cross government definition which states that domestic abuse and violence is:

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

- Psychological
- Physical
- Sexual
- Financial
- emotional

The definition of controlling behaviour includes 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 the victim.

2. The impact of domestic abuse on children and young people

Domestic violence has a devastating impact on children and young people that can last into adulthood. Domestic abuse services offer specialist emotional and practical support for children and young people affected by domestic abuse.

- One in seven (14.2%) children and young people under the age of 18 will have lived with domestic violence at some point in their childhood. (Radford et al, 2011)
- 61.7% of women in refuge on the Day to Count 2017 had children (aged under 18) with them. (Women's Aid, 2018 – data from Women's Aid Annual Survey 2017)
- Between January 2005 and August 2015, 19 children and two women were killed by perpetrators of domestic abuse in circumstances relating to child contact (Women's Aid, 2016)

Children can experience both short and long term cognitive, behavioural and emotional effects as a result of witnessing domestic abuse. Each child will respond differently to trauma and some may be resilient and not exhibit any negative effects.

Children's responses to the trauma of witnessing domestic abuse may vary according to a multitude of factors including, but not limited to, age, race, sex and stage of development. It is equally important to remember that these responses may also be caused by something other than witnessing domestic abuse.

Children are individuals and may respond to witnessing abuse in different ways. These are some of the effects described in a briefing by the Royal College of Psychiatrists (2004):

- They may become anxious or depressed
- They may have difficulty sleeping
- They have nightmares or flashbacks
- They can be easily startled
- They may complain of physical symptoms such as tummy aches and may start to wet their bed
- They may have temper tantrums and problems with school
- They may behave as though they are much younger than they are
- They may become aggressive or they may internalise their distress and withdraw from other people
- They may have a lowered sense of self-worth
- Older children may begin to play truant, start to use alcohol or drugs, begin to self-harm by taking overdoses or cutting themselves or have an eating disorder

Children may also feel angry, guilty, insecure, alone, frightened, powerless or confused. They may have ambivalent feelings towards both the abuser and the non-abusing parent.

3. Domestic violence multi agency risk assessment conference

A Multi Agency Risk Assessment Conference (MARAC) is a victim focused information sharing and risk management meeting attended by all key agencies, where high risk cases are discussed. The role of the MARAC is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase public safety. In a single meeting, MARAC combines up to date risk information with a timely assessment of a victim's needs and links those directly to the provision of appropriate services for all those involved in a domestic abuse case: victim, children and perpetrator.

In Havering the MARAC is held every 3 weeks, chaired by a detective inspector from the East Area BCU Safeguarding team. From the 1st January 2018 to 31st December 2018, there were 339 cases referred to the MARAC. In 325 cases the

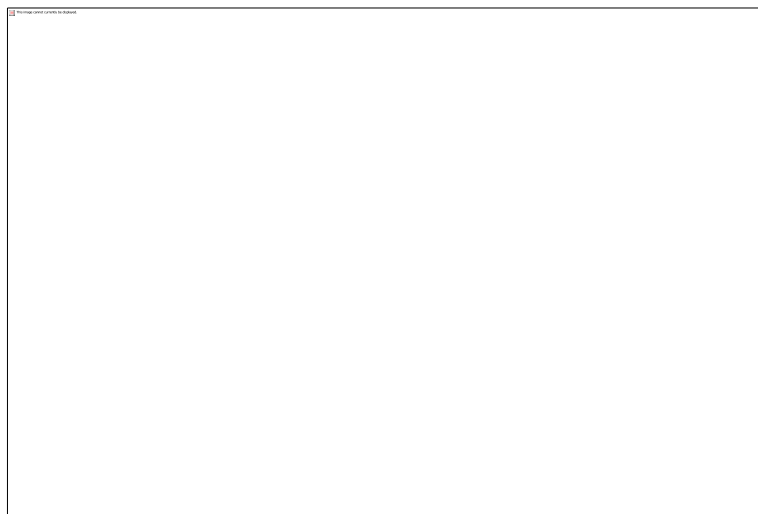
victim was female and in 14 cases the victim was male. Nine of the victims were aged 17 or below. There were 505 children identified as being part of the 339 households. Four cases involved individuals aged 17 or below as perpetrators of domestic abuse.

4. Service Demand

From the 1st January 2018 to 31st December 2018 there were 4061 domestic violence incidents reported to the police and 2515 domestic violence offences recorded by the police. When the police attend a domestic violence incident where a child is present a Merlin safeguarding alert will be sent to the MASH to alert children's services that domestic abuse is occurring in the household. In 2018 the MASH received 1,706 contacts in relation to domestic abuse.

5. Referrals in to Children Social Care through the Multi-Agency Safeguarding Hub (MASH)

All contacts regarding possible safeguarding or child protection concerns regarding children are referred to the Havering Multi Agency Safeguarding Hub (MASH). The information is triaged by a Children Social Care MASH Team Manager to determine what action is required to respond to the concerns that have been referred. The image below sets out the three levels of concerns and threshold for each level.



In determining the level of concern the MASH Team Manager will also consider whether criteria for MASH checks are met. In relation to domestic abuse the following apply:

1. Domestic Violence. Barnados Risk Matrix Level of Risk: Serious Scale 3 and 4
2. All referrals where there are a combination of the Toxic Trio: Mental Health, drug/alcohol and domestic violence

During 2016-2017 and 2017-2018 twenty percent of all contacts into MASH were referred because of domestic abuse.

Information from the DFE Child in Need census regarding factors that are identified during assessment processes evidence that domestic abuse is the most prevalent factor and on average is present with thirty percent of cases. Havering returns in relation to this are lower at eighteen percent; however this evidences that there is work to be done within Havering to accurately capture the factors identified. The assessment teams are working to improve this.

The MASH service adheres to tight timeframes to ensure cases are responded to in a timely manner and allocated according to the level of need. The table below sets out the timeframe for MASH checks to be completed:

RED	Due in 4 Hours (from time of request).
AMBER	Due in 24 hours (from time of request)

If the case meets a threshold for a statutory service i.e. Children Act 1989 s 17: Child in Need; or Children Act 1989 s 47: a child has suffered significant harm or is at risk of suffering significant harm; the case will be referred to the Children Social Care Assessment service and allocated to a social worker on that day.

If the referral is identified to suggest significant concern a strategy meeting is held and will include those partners that have involvement with the child in order to share information and to agree a plan to respond to the concerns to safeguard the child. This meeting will decide whether the matter should be responded to under S47 or s17 and if S47 whether the response is joint response with police or a single agency response. The case will usually be determined to be a joint investigation if the police believe that a crime has been or may have been committed.

Cases referred to the Assessment Service identified to meet a threshold for children social care will be assessed by a qualified social worker. The assessment will consider all aspects of the child's life and identify risks, strengths and protective factors. The assessment will conclude with an analysis and recommendations regarding what support is required to safeguard and protect the child.

6. The role of children's services in supporting children affected by Domestic Abuse

The level of risk identified through assessment will determine the service response. All service responses are required to be proportionate to the level of need to ensure that there is as little intrusion as possible into family life whilst also ensuring that children are safeguarded from the risk of further harm.

An assessment can conclude with the following:

- No further action
- Early Help support
- Child in Need (Statutory service under s17 CA 1989)
- Child Protection Conference
- Looked after Child.

If the concerns that are presenting require intervention and support, these will be identified by the social worker during the course of the assessment process and a plan will be developed with the family that will address the concerns to reduce the risks. Any statutory intervention will result in a multi-agency plan that will be agreed at a meeting attended with the family and those agencies identified to be required to work with the family to improve the child's situation.

All plans are reviewed regularly to determine whether the plan is impacting on achieving the outcomes identified and action is taken in order to respond to any issues identified.

The services available to families from Children Social Care perspective are:

- Independent Domestic Violence Advocate (IDVA)

The IDVA based within Children Social Care provides advice and guidance to the social workers to support them when working with victims of domestic abuse. The IDVA provides face to face or telephone crisis intervention support on a case by case basis and includes assessing risk management and safety planning; advocating on clients behalf with other organisations such as police, housing and legal advice around benefits. The IDVA will work alongside the social worker to support the client with their criminal or civil matters by looking at particular safeguarding and protective orders such as Non Molestation or Prohibited Steps Orders. In addition the IDVA will support and prepare clients for the criminal charge when they have agreed to give evidence against their perpetrator. The IDVA will also work with the social worker to identify the client and families individual needs and will referring to the appropriate organisations for suitable inventions. This post is currently funded by the MOPAC Pan London IDVA service until March 2019. The service is currently being recommissioned by MOPAC.

- Women's Aid

This service works with victims of domestic abuse providing support in accessing protection from the court, empowerment courses and identifying refuges should

these be required. The Women's Aid service also offers support to the children living with or fleeing domestic abuse who are resident in the refuge.

- Systemic Family Therapy

Children Social Care Services has access to a Systemic Family Therapy Service and a Systemic Family Psychotherapist is placed within the Assessment Team. The Systemic Family Psychotherapist provides support to the social worker working with the family to provide a systemic intervention directly in to families in order to support the family to reduce violence and increase more helpful behaviours within the family home.

The Families Together Team (FTT) works systemically with families where children are at risk of being removed or require support prior to a child returning to the family home following a period of being looked after, to support parents and carers to develop more helpful and kinder communication strategies that reduces blame and increases hope within the family system.

- Victim Support and National Centre for Domestic Violence (NCDV)

Victim Support and the NCDV will support all victims of crime including those that are victims of domestic abuse. The service provides counselling and support in navigating the court processes and accessing Court Orders to protect the victim. Both of these agencies have funds available to support victims of violence to access support and are used by the police as part of their service offer to victims of violence.

Adolescent to Parent Violence and Abuse (APVA)

There is currently no legal definition of adolescent to parent violence and abuse. However, it is increasingly recognised as a form of domestic violence and abuse and, depending on the age of the child (i.e. is the child aged 16 or over), it may fall under the government's official definition of domestic violence and abuse.

It is important to recognise that APVA is likely to involve a pattern of behaviour. This can include physical violence from an adolescent towards a parent and a number of different types of abusive behaviours, including damage to property, emotional abuse, and economic/financial abuse. Violence and abuse can occur together or separately. Abusive behaviours can encompass, but are not limited to, humiliating language and threats, belittling a parent, damage to property and stealing from a parent and heightened sexualised behaviours. Patterns of coercive control are often seen in cases of APVA, but some families might experience episodes of explosive physical violence from their adolescent with fewer controlling, abusive behaviours. Although practitioners may be required to respond to a single incident of APVA, it is important to gain an understanding of the pattern

of behaviour behind an incident and the history of the relationship between the young person and the parent.

It is also important to understand the pattern of behaviour in the family unit; siblings may also be abused or be abusive. There may also be a history of domestic abuse, or current domestic abuse occurring between the parents of the young person. It is important to recognise the effects APVA may have on both the parent and the young person and to establish trust and support for both.

The first large scale study of adolescent to parent violence and abuse in the UK was conducted by the University of Oxford (see <http://apv.crim.ox.ac.uk/>) between 2010 and 2013. Practitioners and parents interviewed in this study described the abuse as often involving a pattern of aggressive, abusive and violent acts across a prolonged period of time. As well as physically assaulting their parents, those interviewed said their teenage children had smashed up property, kicked holes in doors, broken windows, had thrown things at their parents and made threats. Verbal abuse and other controlling behaviours were also commonly present. This pattern of behaviour creates an environment where a parent lives in fear of their child and often curtails their own behaviour in order to avoid conflict, contain or minimise violence. This study found that there was no single explanation for this problem. Families described a range of reasons which they saw to be the cause for APVA, including substance abuse, mental health problems, learning difficulties, or a family history of domestic violence or self-harm. Some families were at a loss to explain why their child was so aggressive towards them, having raised other children who did not display such behaviour.

IMPLICATIONS AND RISKS

Financial implications and risks:

No financial implications directly arise from this report, Children at risk from Domestic abuse and known to the authority will be supported through existing frameworks and the ongoing systemic approach adopted by the Children's social care service aims to minimise the impact on their wellbeing. Occurrence and referrals to the service will continue to be monitored as part of the Council's overall corporate reporting framework, to ensure continued service delivery within allocated budgets.

Legal implications and risks:

The Havering Community Safety Partnership Plan 2018-19 identified Violence against women and girls as a priority.

This plan is in line with sections 5 -7 of the Crime & Disorder Act 1998, Police and Justice Act 2006 and The Crime and Disorder (Formulation and Implementation of

Strategy) Regulations 2011/1830. The Council and other statutory partners including Health have a duty under the Crime and Disorder Act 1998 to produce a plan to reduce crime and disorder within the borough for combatting the misuse of drugs, alcohol and other substances and for reducing re-offending. There are no apparent legal implications arising directly from this report.

Human Resources implications and risks:

No HR implications directly arising from this report

Equalities implications and risks:

No Equalities implications directly arising from this report. A full EIA has been completed as part of the refresh of the Violence against women and girls strategy