

INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE, 7 MARCH 2019

Domestic Abuse
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Information briefing only
None
Is with the following Council [x] [] [] []

SUMMARY

The report details the work of the Council to support victims 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 level of domestic abuse in Havering

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.

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. Support services for victims of domestic abuse

Havering Council commission a number of services to support victims of Domestic abuse.

- 4.1 Domestic abuse advocacy project: Havering Women's aid provide advocacy support to victims of domestic abuse. Victims can contact the service directly to receive advice and support Monday to Friday. They offer floating support, group support and 1-2-1 counselling is also available on 01708 728759. This service is funded to March 2021.
- 4.2 Men only service: MENDAS are an organisation based in Havering that can offer support in regards to male victims of Domestic Violence. They offer floating support and 1-2-1 counselling. This service is funded to March 2021.
- 4.3 Pan London Independent Domestic Violence Advocate (IDVA) service: The Mayor's office for policing and Crime (MOPAC) fund 3 IDVAS in Havering. They are co-located in Romford Police Station, Queens Hospital (Maternity and A&E) and Children's Services to provide ongoing support to high risk victims of domestic abuse.
- 4.4 Solace Women's Aid:- Funded through the London Councils grant scheme, Solace Women's Aid provide support groups and counselling through Havering Children's Centres
- 5. Refuge Provision The Refuge and Floating support provision were subject to a re-tender exercise during 2018. The tender opportunity was advertised via Capital E sourcing during March and April and the tender closed during May. Two bids were received, one from the incumbent provider and a further bid from Hestia. Bids were evaluated using a 70:30 price /quality ratio by a project team consisting of officers from community safety, Joint Commissioning unit as well as Housing. Following the completion of a key decision paper and call in process the contract was awarded to the incumbent provider Havering Women's Aid. The new service began on the 1st September and will deliver 20k savings per annum. The contract was

awarded for 3 years with the option to extend for a further year. The total contract value excluding the extension is £699,595. The main changes to the specifications for both the refuge and the floating support service are the increased throughput each will deliver. The specification was produced following a steering group meeting with service users accessing the floating support and refuge services as well as monthly project team meetings. The highlights are shared below:

Floating support service

- The provider will deliver a Floating Support Service for men and women living in Havering which will:
- Be accessible to people aged 16 plus, living in the London Borough of Havering and an ordinary resident of Havering.
- Support people affected by Violence, to free themselves from their situations.
- Undertake support planning with agreed outcomes.
- Provide short term support.
- Provide specialist information and advice as part of service delivery.

Refuge Service

- Havering women's aid will deliver a Refuge Service that:
- provides emergency accommodation for women and children fleeing violence:
- provides women and their children with a place of safety, security and stability and information to enable them to make informed decisions about their future;
- enables women and children affected by violence to rebuild their lives;
- Supports women to maintain or to re-enter employment;
- Supports women to access appropriate training; enables women and children to move on from the refuge within nine months of accessing the service.

In order to better understand the service user journey, the new specification also requires Havering Women's Aid to report the following data on a quarterly basis at monitoring meetings which are held jointly with Community safety.

- Number of people referred for refuge and floating support
- Number of people accepted/declined
- Number of people declined for Refuge due to capacity issues
- Source of referral
- Postal area code of where refuge client originated from
- Postal area code of client of client receiving floating support service

- Waiting list for Floating support if capacity has been reached
- Length of stay for clients residing in the refuge
- Exit pathways for clients accessing the refuge service as well as the floating support service.

6. Referrals in to Children Social Care though 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. Barnardo's 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.

7. 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 be 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.

• 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.

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:

Members are requested to note the work of the Council to support victims and families affected by Domestic Abuse in Havering. There are no financial implications directly arising from this report.

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 of which domestic violence forms part. There are no apparent legal implications arising directly from noting 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