

## Newham Safeguarding Children Board

Date	13.09.17
Agenda Item	3.b

Report Title	Domestic Abuse Protocol
Author	Maura Cardy

**Purpose:**       Information                       Discussion                       Decision

### 1. Summary and reasons for bringing the report to the Board

This protocol has been developed for multi-agency working with families affected by domestic abuse. It is designed to provide practitioners with guidance that is informed by current research and best practice. The impact of the protocol will be tested through multi-agency audits, case reviews, staff surveys and other QA activity.

The protocol will be used as part of training commissioned by the LSCB and LSCB partner agencies are asked to reference the protocol in their single agency training.

A copy of the protocol will be uploaded to the LSCB website on the Professionals page <http://www.newhamlscb.org.uk/policies-and-procedures/>

### 2. Recommendations for the Board

BMG are asked to approve the Protocol and to receive an update in September 2018.

Safeguarding leads are asked to disseminate and promote the protocol within their own agencies and to encourage staff to provide feedback to the LSCB.

### 3. Key Learning, Messages for Improvement and Questions for BMG

A external review of Triage in May 2017 noted that: *the Domestic Abuse Early Help pathway is still in development and the threshold document is not yet embedded as a working tool for professionals. It sets out a good framework, but does not provide early help advice or pathways on domestic abuse, Child Sexual Exploitation, children who are missing or involved in gangs, FGM, or Prevent. The document sign-posts professionals to the London threshold document for these areas, but this does not include local protocols. As a result, professionals report that they do not use it as a working tool.*

This protocol has been developed with a multi-agency group of safeguarding leads, tested with practitioners and includes the Newham pathway for help and support.

It is envisaged that there will be further updates as a result of learning from the NewDay Domestic Abuse Innovation Programme.

### .4. Further Presentation

Required in Sept 2018.



## **Multi-Agency Protocol**

### **Working Together with Families Experiencing Domestic Abuse**

**Issued: September 2017**

**Review date: September 2018**

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## **1. Purpose**

1.1 This protocol has been developed for multi-agency working with families affected by domestic abuse. This protocol should be read in conjunction with the latest addition of the London Child Protection procedures (<http://www.londoncp.co.uk/>) and the respective service in which the practitioner is involved.

1.2 This protocol is to provide practitioners with guidance when working with a family where domestic abuse is present.

1.3 Professionals covered by this protocol include those working within Children's Social Care, Bart's Health Trust, General Practitioners and East London Foundation Trust; Metropolitan Police Officers from the Community Safety, Child Abuse Investigation teams; Newham Early Help, Schools and Children's Centres, Newham commissioned Domestic and Sexual Violence Services.

1.4 Newham Children's Safeguarding Board holds the governance for this protocol and will consult with the Newham Domestic and Sexual Violence Partnership Board regarding future updates. Updates to this Protocol will be made with reference to the impact and learning from Newham's NewDAy Innovation Programme (Sept 2017) which will work with social care and partner agency colleagues, to create change for children and families affected by domestic abuse.

## **2. Introduction**

2.1 Domestic abuse is defined by the Home Office (2016) as:

*“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/ Emotional: intimidation or threats, social isolation, verbal abuse, humiliation*
- *Physical: slapping, pushing, stabbing, kicking, damage to property or items*
- *Physical restriction of freedom: control over an individual social interactions or environment, stalking, confinement, forced marriage*
- *Sexual: non-consensual sexual activity including rape, refusal of safer sex*
- *Financial: stealing, depriving or taking control of money, procuring debt, withholding benefits or bank cards*

*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 or 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 pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim.”*

2.2 An estimated 130,000 children in the United Kingdom live in households affected by high-risk domestic abuse where there is risk of significant harm; this estimate does not include the children exposed to lower levels of domestic abuse. Children can experience domestic abuse in multiple ways, they may be present and witness or hear the abuse but they could also observe injuries on their parent or carer afterwards (CAADA Safe Lives Report 2014).

2.3 Only 10% of domestic abuse incidents committed are reported to police and it is estimated that incidents of abuse will occur on an average of 35 times before police are contacted (London Child Protection Procedures, 2016). While there are no official statistics on the number of children who live with domestic abuse, research studies tell us that 1 in 5 children have been exposed to domestic abuse and a third of children witnessing domestic abuse have also experienced another form of abuse. **Source:** Radford, L. et al. (2011) [Child abuse and neglect in the UK](#). NSPCC

2.4 According to the Mayor’s Office for Policing and Crime (MOPAC), over the year of 2015 to 2016 Newham had the second highest volume of reported incidents of domestic abuse in London with an increase of 11% in comparison to the previous year.

2.5 In 2015, it was identified that reports pertaining to domestic abuse make up 54% of contact from police with an average of 150 children being assessed by Children’s Social Care each month. Domestic abuse as a safeguarding issue represents a third of statutory Child in Need (CIN) plans and 60% of Child Protection (CP) plans.

2.6 Since 2010, 6 domestic homicide reviews have been concluded in Newham. During the review of incidents, several themes were identified:

- Those who suffered were of a minority ethnic origin.
- All of the perpetrators were male; 3 out of the 5 perpetrators had a history of domestic abuse towards their previous partners.
- The domestic abuse was largely undetected by professionals involved and missed opportunities to find out more about the lives and circumstances of these individuals were identified.
- There was involvement or influence from religion and cultural expectations/ pressures in resolving family or relationship issues.

- There was a lack of awareness on the part of professionals and family/friends on referral pathways and local support available.

For further information on the Newham DHRs:

<https://www.newham.gov.uk/Pages/ServiceChild/Domestic-homicide-reviews.aspx>

2.7 Professionals should remember that abuse can also occur between children or peers.

### **3. Domestic Abuse and the Law**

3.1 The Family Law Act of 1996 introduced two types of orders to offer protection from people suffering domestic abuse.

Non-Molestation Order

- This order prevents the perpetrator from mistreating the applicant. It can prohibit the perpetrator from a particular action(s) or behaviour.

And

Occupation Order

- This order deals with the occupancy of a house, the courts have the authority to decide who is allowed to occupy the home and direct the other person to leave.
- The courts decision depends on whether or not the applicant is entitled to occupy the property and their relationship to the other party.
- Those that can apply for the order include; former spouses and cohabitants, those who reside in the same household in a non-financial relationship, certain relative (including parents, children, grandparents, brothers, sisters, in-laws) and engaged couples.

(London Child Protection Procedures, 2016)

3.2 The Domestic Violence Disclosure Scheme (DVDS) (also known as 'Clare's Law') commenced in 2014. The DVDS gives members of the public the ability to make enquires about an individual who they are in a relationship with where there is a concern that the individual may be at risk of violence.

Members of the public can also make an application for a disclosure, known as the 'right to ask'. The information will only be given to someone who is at risk or a person in a position to safeguard that individual. Partner agencies can also request disclosure is made of an offender's past history where it is believed someone is at risk of harm. This is known as 'right to know'.

If a potentially violent individual is identified which leads police to believe they pose a risk of harm to their partner consideration will made to disclose the information. A

disclosure can be made if it is legal, relative and necessary (London Child Protection Procedures, 2016).

3.3 In 2015, the Serious Crime Act was established. This law created a new offence of controlling or coercive behaviour in intimate or family relationships. The offence is constituted by repeated behaviours that impact the other person's day to day activities or cause them to feel they are at risk of violence (Home Office, 2015).

3.4 An individual who has suffered from domestic abuse can apply for a concession through the Home Office (Victim of Domestic Violence Concession). An individual is eligible if their last visa was:

- As a partner of a British citizen, a person settled in the UK
- A member of HM Forces who has served for at least 4 years
- Given to you so you could get public funds to be able to apply (called the 'Victim of Domestic Violence Concession')

(Home Office, 2015)

3.5 The individual must be able to prove that the relationship was genuine and that they were the victim of abuse from their partner or their family and this is why the relationship broke down prior to the end of their visa. It is recommended an individual inform the Home Office of this immediately and seek permission to remain in the UK for an additional 3 months while application for concession. This concession also applies to children who have resided with the partner and where the domestic abuse took place (Home Office, 2015).

For further guidance please visit: <https://www.gov.uk/settle-in-the-uk/y/you-re-the-family-member-or-partner-of-someone-who-has-settled-in-the-uk/some-other-way/partner/you-re-the-victim-of-domestic-violence>

#### **4. Risks and Impact**

4.1 Several risks can occur for children in a home or environments where domestic abuse exists,

- Research indicates that in cases involving domestic abuse 62% of the children also suffer from another form of abuse such as neglect, emotional, physical or sexual abuse. The severity of violence or abuse in the home between the adults or carers is predictive of the severity of the abuse against the child/ren.
- The child/ren are used as part of the abuse, for example they could be forced to participate in the abuse or spy on one of their parents.
- They are at risk of emotional abuse or physical injury from exposure or intervening.

- Disruptions to their social life; being unable to have friends over to their home, disruptions in education.

(Safe Lives Research Report, 2014 and London Child Protection Procedures, 2016)

4.2 The risk increases in scenarios where,

- The individual is pregnant, 30% of domestic abuse begins or escalates during pregnancy and is often the cause of miscarriage or premature birth.
- Children in the home are under the age of 1.
- A child or parent in the home has a disability.
- The carers or parents are separated or have separated following the violence. Separation does not guarantee a decrease in risk as domestic abuse often continues beyond separation.
- If the individual suffering abuse is from a minority ethnic community.

(London Child Protection Procedures, 2016)

4.3 Families identified to have experienced domestic abuse are often vulnerable in multiple ways. Data collected in the Safe Lives Research Report (2014) showed a clear co-occurrence between domestic abuse, parental mental health and parental substance misuse.

4.4 Domestic abuse can impact parental capacity and research has found that the abusive parent or carer often has inferior parenting skills. This does not undermine the possibility that parenting can be restored when the domestic abuse is no longer occurring (Stanley and Flood, 2011).

4.5 Experiencing a traumatic event can lead to compounding issues of mental health or misuse of drugs and alcohol. It is important to note, however, that although these factors may coexist, there is no evidence to suggest a link and it should not be assumed by the practitioner that treatment of mental or addiction will reduce abuse or violence (London Child Protection Procedures, 2016).

4.6 Children who experience domestic abuse are likely to display the effects dependent on their developmental stage; infants will often show delays in their development, sleep disturbances or temper tantrums; school-aged children may have difficulty with their peers or struggle to concentrate; in adolescents they may exhibit depression, delinquency and aggression (Stanley and Flood, 2011).

4.7 These effects can carry on through adulthood increasing the likelihood of experiencing abuse in their own relationships continuing the cycle of abuse or violence.

## **5. Roles and Responsibilities**

5.1 All practitioners should routinely screen for domestic abuse or conflict in the home during their assessments and complete the SafeLives Domestic Abuse Risk Assessment Checklist Tool (see section 8).

5.2 Completed risk assessments that meet the threshold of 14 and above should be referred to the Newham MARAC (see section 9) for coordinated multi-agency safety planning. In addition, victims aged 16 years and above should be referred to the locally commissioned DSV service.

5.3 Professionals in agencies other than Newham Children and Young People Services should only attempt to investigate concerns of domestic abuse if trained to do so and are aware of their agencies safeguarding procedures or policies. Practitioners will be responsible for completing assessments specific to their service.

5.4 When a disclosure of domestic abuse is made a professional should establish,

- The nature of violence or pattern of abuse (i.e. how long has it been occurring for? When does it occur?)
- Characteristics of child/ren in the home, specifically any vulnerabilities including age or disability which may increase the risk
- The immediate fears of the child/ren or parent who is experiencing abuse (i.e. what are they worried about? Do they have an efficient safety plan in place? Are they in immediate risk?)
- Protective factors such as support from family or friends
- Unknown factors which can often raise concerns or risk of harm to a child/ren
- Make a referral to Triage

5.5 Levels of risk and action to be taken can be outlined in thresholds by the London Child Protection Procedures and identified below.

***Tier 1: Universal Services***

*The expectant mother, parent/carer is not in an abusive relationship.*

*There are no incidents of violence and no history or previous assaults by the family members.*

***Tier 2: Early Help***

*The expectant mother, parent/ carer is a victim of occasional low-level non-physical abuse.*

*There are isolated incidents of physical and/or emotional violence in the family. The harmful impact of such incidents is mitigated by other protective factor within the family such as supportive grandparents who are able to look after the child when there are arguments/disputes in the family home.*

### **Tier 3: Statutory Intervention, Child in Need**

*The expectant mother/parent/carer has previously been a victim of domestic abuse and is a victim of accessional or low-level non-physical abuse.*

*One or more adult members of the family is physically and emotionally abusive to another adult member/s of the family. The perpetrator/s show limited or no commitment to changing their behaviour and little or no understanding of the impact their violence has on the child. The perpetrator is emotionally harming the child/ren that witness or are otherwise aware of the violence.*

*The child has or continues to witness an adult in their household being physically or emotionally abused by another member of the household and are suffering emotional harm as a result. They are starting to exhibit behaviours that suggest they are risk of becoming perpetrators or victims of abuse including CSE.*

### **Tier 4: Statutory Intervention, Child Protection**

*The expectant mother/parent/carer is a victim of domestic abuse which has taken place on a number of occasions.*

*One or more adult members of the family is a perpetrator of persistent and/or serious physical violence which may also be increasing in severity, frequency, or duration. The perpetrator is emotionally harming the child/ren that witness or are otherwise aware of the violence. The children may also be at risk of physical violence if, for example, they seek to protect the adult victim.*

*The child is at high risk of, or is already either a perpetrator or a victim of serious abusive behaviour including CSE.*

If the risk is assessed falls under Tier 3 or 4, which involves an immediate referral to the Local Authority, one should also consider a referral to MARAC (Multi-Agency Risk Assessment Conference). Please see Section 9 for guidance.

5.5 In all domestic abuse cases where a child protection investigation (Section 47) has occurred the following process must be followed as per the Newham Local Safeguarding Children's Board Multi-Agency Protocol,

- Allocated practitioner or the team manager will complete an 87a for discussion with police; this discussion considers the need for a joint or single agency investigation.
- Within 72 hours if this discussion, a multi-agency strategy meeting should be convened. This meeting should include professionals involved with the child/ren including but not limited to health, education, housing, police etc.

- This meeting considers the current information and whether threshold is met for a children protection investigation, establishing actions and deciding whether there is a need to convene an Initial Child Protection Conference (ICPC).
- When it is decided that a conference is required this must take place within 15 working days of the strategy discussion.

5.6 When convening an ICPC a practitioner should consider safety concerns (i.e. aggressive behaviour) and risk to others. In such scenarios the CP chair should be consulted as it may be necessary to hold separate conferences.

## **6. Principles for Working with Families Experiencing Domestic Abuse**

6.1 The first meeting or interview with a family should caption their needs and required support. The response from practitioners is often a factor in how a family responds but could also impact how or if the abuse escalates.

6.2 Practitioners should focus on building rapport with the family and a shared understanding of the impact the domestic abuse can have on a child; this has been identified as a motivation for change for both parents, including the perpetrator (Stanley and Flood, 2011).

6.3 According to the London Child Protection Procedures (2016) the three priorities of any intervention for children living with domestic abuse are:

- To protect the child/ren
- To support the parent being abused to protect themselves and the child/ren
- To hold the perpetrator of violence accountable for the violence and provide an opportunity to change

6.4 The key characteristics of a service that responds to the needs of children experiencing domestic abuse is as follows;

- Families should be engaged on a basis of understanding of the harm experienced by the child living with domestic abuse, rather than blame or threats.
- All family members should be involved in the intervention, including perpetrators, while recognising that at times it may not be safe to meet or appropriate to meet with all family members together. Failure to engage the perpetrator of violence increases the risk to children.
- Appropriate pathways should be identified using the SafeLives Domestic Abuse Risk Assessment Checklist (see section 8)

- That services/practitioners can identify the need for long-term intervention for families with complex needs or history of violence and that separation does not decrease risk.

(Stanley and Flood, 2011)

6.5 Practitioner's should always follow good practice when responding to domestic abuse, this includes;

- Being clear that abuse or violence is never acceptable (ensure it is understood that abuse does not just include physical violence)
- Make it clear that abusive behaviour is a choice
- Affirm accountability shown by the perpetrator
- Be clear about the risk to children (whether or not the children have witnessed the abuse directly) and consequences if appropriate action is not taken
- Be aware of barriers to the family in acknowledging the abuse or abusive behaviour
- Alert the perpetrator to consequences for themselves if the behaviour continues
- Be respectful but do not collude

(London Child Protection Procedures, 2016)

## **7. Working with Family Members**

7.1 A practitioner is responsible for securing a plan to mitigate impact and long-term effects on children, therefore, support should not come to an end when the risks have decreased. With adequate support from specialist services children exposed to domestic abuse showed improvement in their immediate health, safety and well-being (CAADA Research Report, 2014).

7.2 Interventions or plans established should never include tasks greater for the adult suffering from violence than the perpetrator and consider an individual's culture, trauma and level of understanding. There is evidence that supports interventions that work with the whole family, however, professional needs to be mindful of power and control dynamics (Stanley and Flood, 2011). Professionals should speak to the victim alone and should never advise the perpetrator of any disclosures of abuse made in confidence.

7.3 Before establishing any safety plans or risk management with perpetrator of violence professionals should ensure that their partner is aware of what is being planned and that this will not compromise safety (London Child Protection Procedures, 2016).

7.4 Refer the adult victim (aged 16yrs and over) to Newham's commissioned DSV Services so that a safety plan can be devised. Invite specialist commissioned services

(some of which are co-located in Children's Services MASH) to any meetings taking place arranged and coordinated by Children's Services so that they can support the adult victim (note they will not attend if the perpetrator is present).

7.5 Refer the adult victim and children to Newham's Multi Agency Risk Assessment Conference (MARAC) if the threshold of 14 and above have been met in the SafeLives Risk Assessment.

### **Working with Victims**

7.6 Speak encouragingly and help her/him to open up. You may have to try several times before s/he will confide in you. Listen to what s/he tells you – as too often victims are not believed when they first disclose abuse.

7.7 Provide reassurance that the abuse is not their fault. Be patient. It can take time for victims to recognise there are being abused and even longer to be able to take safe and permanent decisions about what to do. Recognising the problem is an important first step.

7.8 Focus on supporting the victim and building their self-confidence. Acknowledge their strengths and remind them that they are coping well with a challenging and stressful situation. If they have not spoken to anyone else, encourage them to seek the help of a local domestic abuse service for specialist support and advice.

7.9 Do not speak to a victim via a child, family or friend through interpretation or translation – use a specialist interpreting and translation service. It is also important to consider that any child/ren may be part of the abuse and may be aligned with the perpetrator due to abuse themselves.

7.10 Do not tell a victim to leave or criticise her for staying. Although you may want them to leave, they have to make that decision in their own time. It is important to remember that research shows an abused woman is at most risk at the point of separation and immediately after leaving an abusive partner.

7.11 Do not advise a perpetrator of any disclosures a victim has made to you about the abuse – this could put them at greater risk or in danger.

### **Direct Work with Perpetrators**

7.12 It is estimated that only 6% of perpetrators receive support to address their abusive behaviour (CAADA Research Report, 2014).

7.13 A practitioner's response to a disclosure from a perpetrator of violence, even if indirect, can encourage motivation for change.

7.14 If the perpetrator of abuse responds openly to questions the practitioner should use the opportunity to assess risk, some questions may include:

- What happens when you get angry with your partner or children?

- What specific violence have you used? i.e. pushing, threatening, using a weapon
- Do you feel unhappy when you partner sees or visits family and friends - do you try to stop them?
- When did the violence begin? When was the last episode of violence?
- How do you think the children are affected by this?
- Have the police ever been to the home because of your behaviour?
- Do you have any worries about your behaviour? Is it affected by additional factors, such as alcohol or drugs?

(London Child Protection Procedures, 2016)

### **Direct Work with Children**

7.15 Children's views and wishes should be respected during an assessment. Children commonly report that they feel excluded from decision making and are inhibited from making a disclosure due to fear and concerns of confidentiality (Stanley and Flood, 2011).

7.16 In order to obtain accurate information from children practitioners should use language and ask questions appropriate to their age and level of understanding.

Please refer to the following link on how to communicate with a child who has experienced domestic abuse and clarification questions (Appendix 4).

[http://www.londoncp.co.uk/chapters/sg\\_ch\\_dom\\_abuse.html#appendix\\_4](http://www.londoncp.co.uk/chapters/sg_ch_dom_abuse.html#appendix_4)

### **Safety Planning**

7.17 Safety plans should be a part of every assessment and are at the core of intervention undertaken with families. Some questions to assist with safety planning may include;

- Explore what safety means to the parent or carer suffering abuse
- Who can you talk to when violence occurs who will not tell your partner/ex-partner?
- Do you have important phone numbers available e.g. Family, friends, refuges, police? Do your children know how to contact these people?
- Are you able to keep copies of any important papers with anyone else? E.g. passport, birth certificates, benefits book.
- Which part of the house do you feel safest in?
- Is there somewhere for your children to go when he is being violent and abusive?
- Have you discussed with your children a safety plan for what they need to do during an incident (do not intervene, get away and get help)?

- In cases where the parents are separated contact between the perpetrator and children should be discussed as it provides an opportunity for the abuse to continue

(London Child Protection Procedures, 2016)

For safety plans for children and young people please click the links below.

[http://www.londoncp.co.uk/files/chlds\\_plan.pdf](http://www.londoncp.co.uk/files/chlds_plan.pdf)

[http://www.londoncp.co.uk/files/yp\\_plan.pdf](http://www.londoncp.co.uk/files/yp_plan.pdf)

7.18 An individual's definition of safety should be explored as it could have become skewed given the trauma they have experienced. It may be necessary for a professional to challenge these views to increase protective factors and the effectiveness of safety plans.

### **8. SafeLives (Domestic Abuse, Stalking and 'Honour'- Based Violence) Risk Assessment Checklist**

8.1 The SafeLives Domestic Abuse risk assessment checklist is based on research about the indicators of high-risk domestic abuse and should be used in the assessment of all cases where domestic abuse is present.

<http://www.safelives.org.uk/sites/default/files/resources/YP%20RIC%20no%20guidance%20FINAL.pdf>

8.2 The series of questions identifies the level of risk an individual is facing, the higher the score the greater the risk. These results indicate how severe the situation is and how quickly support or intervention is required.

8.3 This risk assessment should be explained to the individual in line with MARAC procedures. It is recommended that professionals complete the risk assessment after having some discussion with the individual suffering from abuse to increase rapport and their level of comfort.

8.4 Practitioner's should utilize the assessment to inform their judgement and create an opportunity for further questioning or clarification around the incidents of abuse.

8.5 Completed risk assessments that meet the threshold of 14 and above should be referred to the Newham MARAC (see section 9) for coordinated multi-agency safety planning. In addition, victims aged 16 years and above should be referred to the locally commissioned DSV service.

### **9. Multi-Agency Risk Assessment Conference (MARAC)**

9.1 A MARAC is a meeting where information is shared on high risk domestic abuses cases between representatives from several statutory and voluntary sector agencies. Newham's MARAC meets every two weeks.

9.2 The purpose of MARAC is to reduce repeat victimisation and prevent domestic homicide. The meetings aim to increase safety for the individual(s) experiencing domestic abuse and co-ordinate a safety plan.

9.3 The referral form for MARAC is attached at the back of this protocol. The form provides guidance on next steps and where to send the referral once it is completed.

9.4 A referral to MARAC should be thorough, identifying the risk and support required from MARAC to increase safety.

9.5 Actions agreed at MARAC should be placed on the child/ren's file and used to inform current plans established for that child.

## **10. Quality Assurance**

10.1 The Newham Children's Safeguarding Board Performance and Quality Assurance sub-group are responsible for ensuring the delivery of this protocol. The following measure will help to provide insight into the effectiveness of the protocol

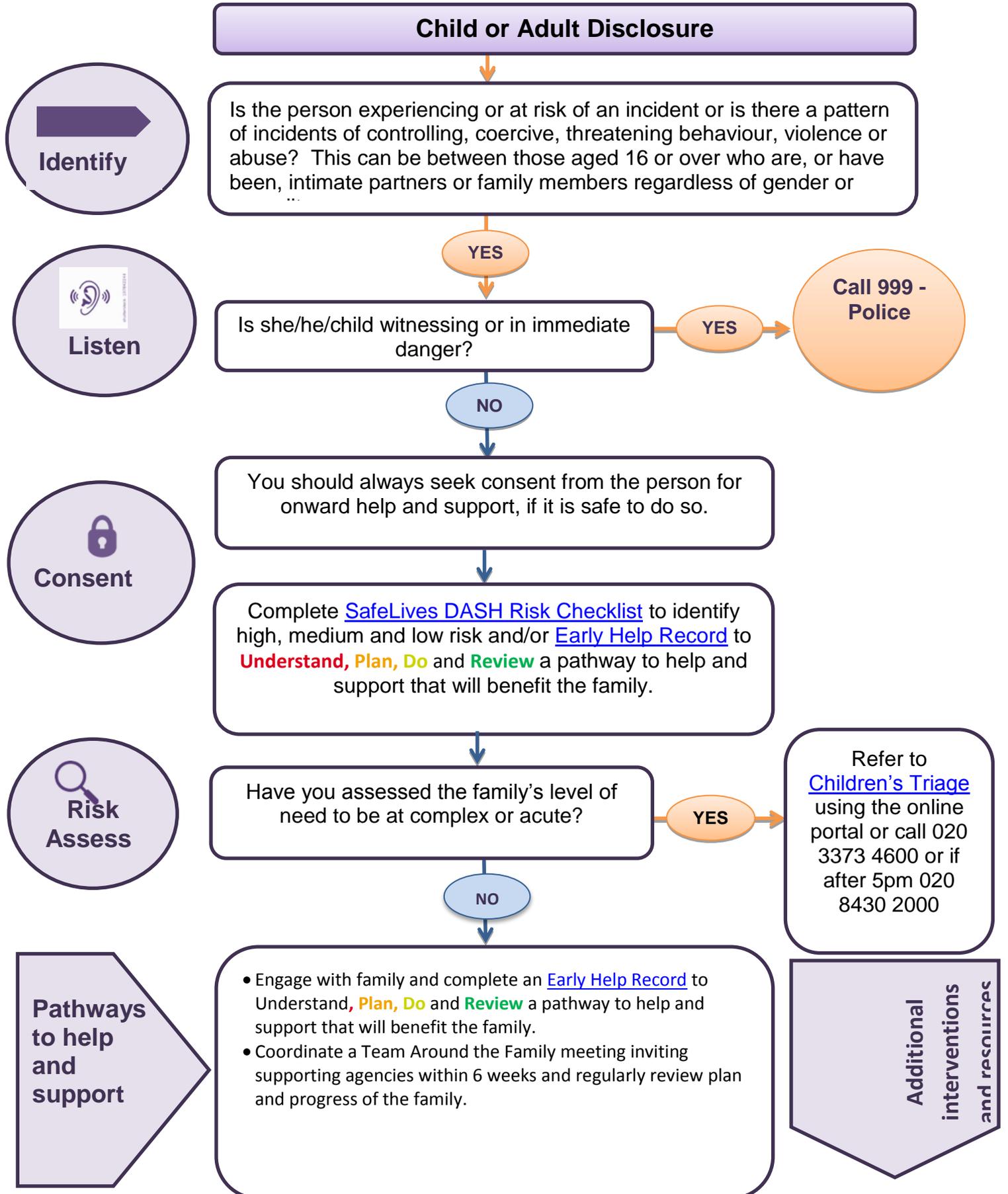
Qualitative Measures:

- Findings from case audits and the Child Protection Quality Panel
- Feedback from children, young people and their families

Outcome Indicators:

- Number of Early Help Assessments where domestic abuse is identified and the number of cases that lead to a referral or plan
- Number of Single Assessments where domestic abuse is identified which have lead to a Child in Need (CIN) or Child Protection (CP) plan
- Length of Child Protection plans for domestic abuse
- Number of children becoming looked after due to domestic abuse

# Newham Pathways to help and support: Domestic Violence and Abuse (DVA)



## DVA Interventions and Resources

### Useful contacts:

[Newham One Stop Shop](#) - confidential advice, guidance and interventions to support victims and families experiencing domestic or sexual violence on 020 0845 451 2547. The line is available 24 hours a day, seven days a week.

[Early Help Partnership Team](#) - guidance and support on how to effectively use the Early Help Record to **Understand, Plan, Do** and **Review** a pathway to help and support that will benefit the family.

[London Violence Against Women and Girls \(VAWG\) Consortium](#) - delivering a range of services for survivors of domestic and sexual violence

### Support and advice for people who want help to stop being abusive to their partners:

[Respectphonenumber](#) - helpline: 0845 122 8609 or 0808 (Mon-Fri 10am-1pm and 2pm-5pm), offering information and advice to people who are abusive towards their partners and want help to stop. [info@respectphonenumber.org.uk](mailto:info@respectphonenumber.org.uk)

[Domestic Violence Prevention Programme](#) - learn how to change your behaviour and have safer, healthier relationships. For more information call on 020 7633 9181.

### Resources to download:

[Newham Pathways to help and support](#) – indicators on need across the continuum of emerging, additional, complex and acute needs

[London Child Protection Procedures – Domestic Abuse](#) – indicators of need matrix

[Early Help Record](#) to **Understand, Plan, Do** and **Review** a pathway to help and support that will benefit the family.

[Women's Aid Expect Respect Education Toolkit](#) resource targeted for use in schools but can just as easily be used by a range of other professionals working with children and young people in a variety of settings.

[NICE guidance on Domestic Violence and Abuse](#) - essential information for key groups including GPs, local government, public health professionals and members of the public.

[SafeLives DASH Risk Checklist](#) to identify cases of domestic abuse, stalking and honour-based violence.

## **11. Resources**

NewDay is Newham's CSC Innovation Programme which will work with social care and partner agency colleagues, to create change for children and families affected by domestic abuse. **Contact: Solly Solamito – Pathfinder Lead ext. 37885**

**[\(solly.solamito@newham.gov.uk\)](mailto:solly.solamito@newham.gov.uk)**

- London Child Protection Procedures: <http://www.londoncp.co.uk/>
- One Stop Shop: 0845 451 2547 or 020 3384 9412
- Women's Aid: https: 0808 2000 247 or [helpline@womensaid.org.uk](mailto:helpline@womensaid.org.uk)  
[//www.womensaid.org.uk/?gclid=CKCnhtHP79ICFde6Gwod2CoD9Q](https://www.womensaid.org.uk/?gclid=CKCnhtHP79ICFde6Gwod2CoD9Q)
- Respect: <http://respect.uk.net/>
- Caring Dad's: <https://www.nspcc.org.uk/services-and-resources/services-for-children-and-families/caring-dads-safer-children/>
- Child and Family Consultation Services: 020 7055 8400
- Newham Local Safeguarding Children Board: <http://www.newhamlscb.org.uk/>
- The London Borough of Newham Domestic Violence Page:  
<https://www.newham.gov.uk/Pages/Services/Domestic-violence.aspx>
- SafeLives: <http://www.safelives.org.uk/about-us>

## **12. References**

Apply to Settle in the UK (2017). <https://www.gov.uk/settle-in-the-uk>

Safe Lives: Coordinated Action against Domestic Abuse (2014). In plain sight: the evidence from children exposed to domestic abuse.

[http://www.safelives.org.uk/sites/default/files/resources/In\\_plain\\_sight\\_the\\_evidence\\_from\\_children\\_exposed\\_to\\_domestic\\_abuse.pdf](http://www.safelives.org.uk/sites/default/files/resources/In_plain_sight_the_evidence_from_children_exposed_to_domestic_abuse.pdf)

Home Office Domestic Violence and Abuse Guidance

<https://www.gov.uk/guidance/domestic-violence-and-abuse>

Stanley, N. & Flood, S. (2011) Children experiencing domestic violence: a research review. Research in Practice. Darlington: Research in Practice.

[https://www.rip.org.uk/~ftp\\_user/children\\_experiencing\\_domestic\\_violence\\_a\\_research\\_review/files/assets/common/downloads/children\\_experiencing\\_domestic\\_violence.pdf](https://www.rip.org.uk/~ftp_user/children_experiencing_domestic_violence_a_research_review/files/assets/common/downloads/children_experiencing_domestic_violence.pdf)

The London Borough of Newham (2016) Newham Domestic Homicide Reviews: Summary of lessons learned and findings.

<https://www.newham.gov.uk/Pages/ServiceChild/Domestic-homicide-reviews.aspx>

Confidential and restricted when complete

## London Borough of Newham Multi Agency Risk Assessment Conference Referral Form

MARAC is a meeting where information is shared on the highest risk domestic violence cases between representatives of local police, health, child protection, housing, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors. After sharing all relevant information they have about a victim/survivor, the representatives discuss options for increasing the safety of the victim/survivor and turn these into a co-ordinated action plan. The main focus of the MARAC is on managing the risk to the adult victim/survivor but in doing this it will also consider other family members including any children involved and managing the behaviour of the perpetrator. Information shared at MARAC is confidential and is only used for the purpose of reducing the risk of harm to those at risk. Information shared at MARAC should not be disseminated or disclosed to third parties without consent of the referring agency. This document should be stored securely by all recipients. It is the responsibility of each agency's MARAC lead to quality assure the referrals prior to submission.

The victim/survivor does not attend the meeting but is represented by an IDVA (or occasionally another support service) who speaks on their behalf. If safe to do so make the victim/survivor aware of the MARAC referral and ask for their consent to refer to a support service for Domestic Violence. Consent of the victim/survivor is preferred but not compulsory for a MARAC referral to be made. **The Perpetrator of violence should not be informed of the MARAC Referral.** This completed form will be forwarded to an appropriate support service for the victim/survivor.

The MARAC is not an agency and does not have a case management function. **The responsibility to take appropriate actions rests with individual agencies; it is not transferred to the MARAC.** When referring to the MARAC staff should **continue to work with the victim/survivor to reduce risk** and make appropriate safeguarding referrals and referrals to support services both prior to and following a MARAC.

A victim/survivor should be referred to the Newham MARAC if they are an adult (16+) who resides in London Borough of Newham and are at **high risk** of domestic violence from their adult (16+) partner, ex-partner or family member, regardless of gender or sexuality.

### Notes for guidance on completing this form

- Please complete all parts of the form as fully as possible to ensure informed risk management and safety planning.
- One form must be used per victim.
- A completed DASH RIC (domestic abuse, stalking and honour based violence risk indicator checklist) must be attached to all referrals.

### When and Where to send this form:

- To be submitted no later than midday 8 working days prior to the date of the MARAC. The meetings are fortnightly.

Send completed referral form & DASH RIC [Newham.MARAC@hestia.org.cjism.net](mailto:Newham.MARAC@hestia.org.cjism.net)

**Please note – for those of you without a CJSM account, you will need to password protect your documents and send to [Newham.MARAC@hestia.org](mailto:Newham.MARAC@hestia.org)**

1. Reason for MARAC Referral (Please tick)		
<b>Professional Judgement</b> Professional feels the risk to the victim/children is high regardless of RIC score	<b>High Risk</b> 14 or more ticks on the DASH RIC (Please specify score).	<b>Potential Escalation</b> (3 DV crimes or 6 DV non crimes reported to police). Please provide details of incidents and outline the pattern of escalation.
<b>Repeat case</b> (If the victim/survivor has been referred to the MARAC in the last 12 months and there has been at least one further DV incident by the same perpetrator on the same victim/survivor since the referral. A Repeat incident is any of the below incidents (whether or not they have been reported to Police) 1) Violence or threats of violence to the victim (including threats against property); OR 2) A pattern of stalking or harassment; OR 3) Rape or sexual violence		
<b>Is the victim aware of MARAC referral?</b> (yes/no).		<b>Does the victim consent to MARAC referral?</b> (yes/no) Consent is not required for referral to MARAC. If not consent not given, ensure you complete section 8 of this form.
<b>Has the victim been referred to the IDVA service?</b> (yes/no/not known)		<b>Date Referred:</b>
<b>Name of referring agency:</b>	<b>Name of professional referring:</b>	
<b>Email:</b>	<b>Telephone number/s:</b>	
<b>Date of MARAC referral:</b>		

2. Victim Details
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<b>Name:</b>		<b>Date of birth:</b>	<b>Gender</b>
<b>Current address:</b>		<b>Any other relevant addresses:</b> (e.g. other home, work)	
<b>Telephone number/s:</b>		<b>Is this number safe to call?</b> (yes/no/not known)	
<b>Email address:</b>		<b>Is this address safe to email?</b> (yes/no/not known)	
<b>Relationship to perpetrator:</b>			
<b>BME</b> (yes/no/not known):	<b>LGBT</b> (yes/no/not known):	<b>Disabled</b> (yes/no/not known):	<b>Mental health</b> (yes/no/not known):
<b>If victim is disabled, please specify access/communication requirements:</b> (Under the Equality Act 2010, a person is disabled if they have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on ability to do normal daily activities).		<b>Substance misuse issues:</b> (yes/no/not known)	
<b>No Recourse to Public Funds:</b> (yes/no/not known)	<b>Forced marriage and/or honour based violence:</b> (yes/no/not known)	<b>Female genital mutilation:</b> (yes/no/not known)	<b>Gang related issues:</b> (yes/no/not known)
<b>Housing provider and tenure</b> (e.g. council, housing association, private rent, home owner).		<b>Does the victim have any civil orders in place?</b> (e.g. injunctions, prohibitive steps order etc.):	

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3. Children						
A child is defined as anyone age 18 or under						
Full name (include gender: M or F)	DOB	Relationship to Victim	Relationship to Perpetrator	Address e.g. same as victim?	School & year group	GP details

<b>Are the child/ren known to LBN Children &amp; Young Peoples Services or another London Borough's CYPS?</b> ( yes/no/not known) (LBN Triage: 0208 4302000)	<b>Has any consultation taken place with CYPS ?</b> (yes/no/not known and provide details if yes)
<b>Are the children subject to a child protection plan or order?</b> (yes/no/not known and provide details if yes).	

4. Primary Perpetrator Details		
Name of Perpetrator:	Date of birth	Gender
<b>Current address:</b>		<b>Any other relevant addresses</b> (e.g. other home, work etc.)

<b>Relationship to victim:</b>			
<b>BME</b> (yes/no/not known):	<b>LGBT</b> (yes/no/not known):	<b>Mental Health</b> (yes/no/not known):	<b>Disabled</b> (yes/no/not known):
<b>Substance misuse concerns:</b> ( yes/no/not known)		<b>Is the perpetrator currently in custody/on remand/on bail/subject to probation supervision?</b> (please specify)	<b>Housing provider and tenure:</b> (e.g. council, housing association, private rent, home owner).
<b>Details of secondary perpetrator/s:</b>			

<b>5. Children who are linked to the Perpetrator</b>						
(Where details are not provided above e.g. other children with a different or previous partner).						
A child is defined as anyone age 18 or under						
Full name (include gender: M or F)	DOB	Relationship to Victim	Relationship to Perpetrator	Address	School & year group	GP details

<b>6. Managing the risk prior to MARAC meeting</b>
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Agency Referral	Tick if actioned (✓)	Date referral made	Agency contact/reference number
Independent Domestic Violence Advocacy Service (IDVA's)			
LBN or other borough Housing Options			
Metropolitan Police Service Newham			
Special schemes request (via IDVA's or Police CSU)			
The haven (sexual assault referral centre)			
Risk information relayed to Police CSU (e.g. weapons, firearms/gangs etc.)			
LBN Children and Young People's Safeguarding Services			
LBN Adult Safeguarding Services			
Specialist organisation e.g. BME/LGBT/Disability (Aanchal, Galop, Stay Safe East who have specialist IDVA for clients with disabilities)			
Substance Misuse (CRI: 0800 6523879)			
Health Visitor /GP (please specify)			
Solicitor / legal centre re Civil orders or NRPF etc.			
Any other service (please specify)			

### 7. Outcomes from MARAC referral

What outcome do you want to achieve	What outcome does the victim want to achieve
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<b>through MARAC?</b> (Please highlight what action is required from MARAC member agencies: e.g. risk reduction, safety planning, support with reporting to police, support through court, support with civil orders, emergency housing options etc.)	<b>through MARAC?</b> (Please highlight what action is required from MARAC member agencies: e.g. risk reduction, safety planning, support with reporting to police, support through court, support with civil orders, emergency housing options etc.)

<b>8.Information Sharing without consent</b> (Victim consent is preferred but MARAC referrals can be made without the consent of the victim. If the victim has not consented to the referral, this section must be completed for the referral to be accepted)	
<b>Legal Grounds for referral to MARAC without victim consent:</b> (please specify yes or no)	
<b>Prevention / detection or crime and/or apprehension or prosecution of offenders (DPA, sch 29)</b>	<b>To protect vital interests of the data subject; serious harm or matter of life or death (DPS, sch 2 &amp; 3)</b>
<b>For the administration of justice (usually bringing perpetrators to justice (DPA, sch 2 &amp; 3)</b>	<b>For the exercise of functions conferred on any person by or under any enactment (police / Social Services) (DPA, sch 2 &amp; 3)</b>
<b>In accordance with a court order</b>	<b>Overriding public interest (common law)</b>
<b>Child protection – disclosure to social services or police for the exercise of functions under the children act, where the public interest in safeguarding the child’s welfare overrides the</b>	<b>Right to be free from torture, of inhuman or degrading treatment (HUMAN RIGHTS ACT, ART. 2 &amp; 3)</b>

<b>need to keep the information confidential (DPA, sch 2 &amp; 3)</b>		
<b>Right to life (Human Rights Act, art. 2 &amp; 3)</b>		
<b>Balancing Considerations (please tick)</b>		
<b>Pressing need</b>	<b>Respective risks to those affected</b>	<b>Public interest of disclosure</b>
<b>Duty of Confidentiality</b>	<b>Risk of not disclosing</b>	<b>Interests of other agency/person receiving</b>
<b>Human rights</b>	<b>Other</b>	
<b>Internal consultations</b> (Names / Dates / Advice / Decisions)	<b>External consultations</b> (Home Office, Information Sharing Helpline)	
<b>Comments</b>		
<b>Date for review of situation</b> (review to include feedback from the agencies informed as to their response)	<b>Name of person responsible for ensuring the situation is reviewed by this date</b>	
<b>Record the following information-sharing in Case File:</b>		
<b>Date information shared</b>	<b>Agency &amp; named person informed</b>	

<b>Contact details:</b>	<b>Legal authority for each agency</b>
<b>Signature of caseworker</b>	<b>Date</b>
<b>Signature of manager</b>	<b>Date</b>

### **Feedback from Users of the Protocol**

This protocol has been developed for multi-agency working with families affected by domestic abuse. It is designed to provide practitioners with guidance that is informed by current research and best practice. The impact of the protocol will be tested through multi-agency audits, case reviews and other QA activity.

The protocol will be used as part of training commissioned by the LSCB and LSCB partner agencies are asked to reference the protocol in their single agency training.

A copy of the protocol will be uploaded to the LSCB website on the Professionals page <http://www.newhamlscb.org.uk/policies-and-procedures/>

The Newham Local Safeguarding Children Board would welcome any feedback you have about using the Protocol.

1. How did you find out about the Protocol?

2. On a scale of 1-3, (where 1 is not useful, 2 is of some use and 3 is very useful) please tell us how useful you have found the protocol, giving your reasons ?

3. Can you please provide an example of how you have used the protocol in your work a family ?

4. Is there anything that you would like to see included in the next update of the protocol?

5. Is there anything that you think should be changed or removed ?

Thank you for your feedback. Please email this page to the [LSCB.Administrator@newham.gov.uk](mailto:LSCB.Administrator@newham.gov.uk)

