

Children's Social Care - Practice Directive No. 26

Subject:	Domestic Abuse	Issue Date:	08/2021
Author:	Karen Walls	Review Date:	08/2024
Target Group:	Children's First Contact Service, Social Workers, Senior Practitioners, Family Support Workers, Team Managers, Service Managers, Heads of Service, Child Protection Chairs, Local Area Designated Officer (LADO) and Practice Leads		

Background/Introduction:

The Purpose of the Directive The purpose of this Practice Directive is to improve Children's Social Care practice and set out the Local Authority's guidance for any case in which it is alleged or admitted, or there is other reason to believe that the child or parent of the child has experienced domestic violence and abuse, or that there is a risk of such abuse.

Legislation and Statutory Guidance:

Domestic Abuse Act 2021

Transform Sutton

DA MARAC Referral Form

Return forms to - sutton.marac@sutton.gov.uk

Strategic Oversight:

Local Authority Strategic Lead

- Jonathan Williams, Assistant Director for Children's Services
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Children Social Care Head of Service Strategic Lead

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Children' First Contact Service (CFCS) Manager

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MARAC coordinator

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Education Safeguarding Lead

- Hayley Cameron, Education Safeguarding Lead
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Named Nurse for Safeguarding Children

- Sarah Galvin, Designated Nurse for CP, Sutton CCG
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CSU DV lead officer

- PC Andrea Dalton
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Domestic Abuse Commissioning Manager and Lead Officer

- Emily Hodge
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Domestic Abuse Development Officer

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DA champions

- Diane Leavers
- Theresa Cameron Red Locality
- Victoria Weston-Shaw Blue Locality
- Amy Atkinson- Children's First Contact Service
- Tarisai Kudunge Red Locality Team Manager
- Green Locality Tania Mayers
- Diane Sawh- SGO/Adoption team
- Laura Cooke- Children's Centre's
- Lisa Martinez- Targeted Youth Service
- Kelly Wilkin- Leaving Care

Trix (Children's online Procedures) Guidance:

Children's first Contact Service

- 1. All new contacts received into the Children's First Contact Service, where DVA is identified and not meeting tier 4, RED, or fall under the 6 month rule, must be categorised as AMBER to allow for CFCS checks to be completed.
- 2. All amber contacts not progressed directly to RAS or locality teams for assessment must be discussed at the twice weekly MAMDA (Multi Agency Meeting for Domestic Abuse) for decisions will be made on case progression.

Assessment and Intervention

- 1. Cases progressed for a Child and Family Assessment under s17, or a Child Protection enquiry S47 (CA1989) must assess risk to the child and non abusing parent using both the Barnardo's Risk Assessment MATRIX and the SafeLives DASH and evidence of use uploaded onto Mosaic.
- 2. All cases assessed as high risk using the DASH criteria must be referred to the MARAC (Multi Agency Risk Assessment Conference).
- 3. The perpetrator's risk must be assessed using the RiC tool and considered alongside the DASH and MATRIX . The RiC is a mirrored version of the DASH and the same criteria applies. Whilst It is most beneficial when used with the perpetrator, non engagement does not prevent completion where known or suspected information is available and can be triangulated.
- 4. The Child and Family Assessment must incorporate work with the child, mother and perpetrator and clearly reflect insight into the impact for the child.

- 5. The Child and Family Assessment must reference consideration of additional vulnerabilities including, but not limited to: culture, Immigration status, language, accommodation, trauma, disability and social exclusion.
- 6. The Child and Family Assessment must evidence that Multi-agency partners have been involved at the planning, intervention and recovery stages.
- 7. A referral to the IDVA service must be evidenced on all cases involving DVA

Safety Planning

1. Staff must always complete an appropriate and detailed safety plan with the victim and children and record this on Mosaic.

When the perpetrator and family remain together.

For families that remain together following a domestic abuse incident/s it is important to carefully consider the safety factors around the victim and in particular around the child/ren.

- 1. The RiC tool must be completed with the perpetrator and compared to the victim DASH for inconsistencies, insight into the abusive behaviours and to assess the level of risk.
- 2. Male Perpetrators must be referred to the perpetrator programme , Men and Masculinities.
- 3. Support around recovery for children must be offered as standard practice in all cases of DVA.
- 4. Women victims must be referred to a support and recovery programme such as the Freedom Project or if separated from the perpetrator, the Gaynor project (see attached criteria)
- 5. Male victims must also be referred to the IDVA service.

Review

- 1. To determine if the risk has lowered, or in fact if there is continued risk/ additional risk, a further Safelives DASH risk assessment must be completed and recorded on Mosaic at each applicable CiN meeting, Core group, step down, step up or case closure.
- 2. Liaison with key professionals around domestic abuse work must be recorded and fed into any assessment that is taking place to review the risk.
- 3. Perpetrator and victim engagement with support services and completion of programmes must be confirmed before case closure.

- 4. Oversight from a manager must be sought in cases where there is NRTPF as this adds another layer of complexity.
- 5. Where there are significant concerns over forced marriage or FGM, senior management must be informed and a strategy meeting held. Where concerns of significant harm to the child/ren or risk of are identified, a strategy meeting must be held to determine if threshold is met for a s47 Child Protection enquiry. The outcome of this enquiry will determine case progression. Recovery Once it has been determined that risk has reduced and the victim and the child are safe, it is essential that both the adult victim and child/ren have the opportunity to reflect, understand and process their experience. It is therefore essential that prior to a case closing, ongoing support is in place. It is also recognised that the perpetrator should be provided with ongoing support to ensure positive change is maintained.