



**NOTTINGHAM  
CHILDREN'S  
PARTNERSHIP**

GROUP OF NOTTINGHAM'S CHILDREN & YOUNG PEOPLE

<b>Title of paper:</b>	<b>Children and Young People's Plan Priority:</b> Empowering families to be strong and achieve economic wellbeing.	
<b>Report to:</b>	<b>Children's Partnership Board</b>	
<b>Date:</b>	<b>30<sup>th</sup> September 2015</b>	
<b>Relevant Director:</b>	Candida Brudenell	<b>Wards affected:</b> All
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<b>Other officers who have provided input:</b>		
<b>Relevant Children and Young People's Plan (CYPP) priority or priorities:</b>		
<b>Safeguarding and supporting children and families:</b> Children, young people and families will benefit from early and effective support and protection to empower them to overcome difficulties and provide a safe environment in which to thrive.		X
<b>Promoting the health and wellbeing of babies, children and young people:</b> From pregnancy and throughout life, babies, children, young people and families will be healthier, more emotionally resilient and better able to make informed decisions about their health and wellbeing.		
<b>Supporting achievement and academic attainment:</b> All children and young people will leave school with the best skills and qualifications they can achieve and will be ready for independence, work or further learning.		
<b>Empowering families to be strong and achieve economic wellbeing:</b> More families will be empowered and able to deal with family issues and child poverty will be significantly reduced.		X
<b>Summary of issues (including benefits to customers/service users):</b>		
<p>Outcome: Parents feel confident and equipped to address family issues  Performance Measure: Number of Domestic Violence incidents where children or young people are in the family; Lead organisation Crime and Drugs Partnership (CDP)</p> <p>This report outlines activity related to the above outcome under the headings "what's working well", "what are the challenges" and "what can the partners do to help".</p>		
<b>Recommendations:</b>		
1	<p>The key challenges described in the section below 'what are the key challenges' are some of the more intractable issues for the DSVVA strategy group and senior leadership support to resolve them would be very welcome.</p> <p>The Helpline, Children Services in refuge and Stronger Families facilitators are particularly difficult to solve and a conversation on how to progress these would be</p>	

## **1. BACKGROUND AND PROPOSALS**

### **(Explanatory detail and background to the recommendations)**

#### **1. Activities undertaken to support this CYPP area particularly partnership work**

##### **1.2 Strategic Aim to reduce Domestic abuse in Nottingham**

The Council is committed to achieve a Manifesto Pledge to 'ensure a coordinated approach across our partnerships to reduce domestic violence by 10%'. In order to work towards achieving the Manifesto Pledge without contradicting the national and local partnership drive to increase reporting, the Crime & Drugs Partnership proposes that the Pledge is met through achieving a 10% reduction in repeat survivors<sup>1</sup> of domestic violence. This measure will effectively assess the ability of partners to reduce the impact of domestic violence, whilst mitigating the effect that improved survivor confidence will have on increasing domestic violence crime volume.

##### **1.3 Nottingham DSVVA Strategy**

Nottingham Domestic and Sexual Violence Strategy is aligned with the National Call to End Violence Against Women Girls Strategy and is being refreshed to include a change in emphasis in work across the city. This is as a result of work which includes the Crime and Drugs Partnership gap analysis which more accurately identifies the numbers of survivors and perpetrators in Nottingham for the first time. The Strategy has also taken into account the learning from the Domestic Homicide Reviews which came into statute in 2012.

In Nottingham, we know that there are between 36,355 and 48,525 survivors of domestic violence and abuse (which may include sexual violence and abuse) and that there are approximately 14,000 perpetrators. [Appendix for Gap Analysis](#)

The Domestic and Sexual Violence and Abuse Strategy Group recognises that this level of domestic abuse in Nottingham will require the specialist sector and statutory sector to work together more closely to identify survivors and hold perpetrators to account.

##### **1.3.1 The approaches identified in the Strategy includes the following**

1. Recognising the difference between 'self-identified survivors' and 'agency identified survivors' and their readiness to engage and work with services.
2. Recognising the difference in behaviour of perpetrators, serial (perpetrators who move from partner to partner), enduring (perpetrators who abuse their partner over a number of

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<sup>1</sup> A repeat survivor is defined as a victim of 1 or more domestic violence incidents or crimes within the previous month and at least 1 additional crime or incident in the preceding 12 months.

years) and emerging ( young men who display concerning and harmful behaviour) and the responses required to these

3. Seeking to encourage survivors to contact the 24 hour free phone helpline earlier in their experience of domestic abuse for information, advice and support
4. Extending the embedding of domestic abuse specialists within generic teams

### **1.3.2 Actions which have emerged from this refresh of the strategy and change in direction include**

1. Equation has been commissioned to train professionals across the city, but have also developed a bespoke training course for Children Services and Adults Services.
2. Commissioning a project delivered by Equation working with boys and young men referred into the project from their schools who are displaying concerning and harmful behaviours. This project was piloted by Equation in the Youth Offending Team, identifying concerning young men through a healthy relationship programme delivered to all young people and then delivering a project specifically for this group.  
The project has continued in the YOT and been delivered in secondary schools. The CDP will be commissioning it again next year. It has evaluated well, with young men showing improvements in behaviour as defined by themselves and the school. Equation run a parallel project for young women identified as being at risk of domestic or sexual violence or abuse also referred by the schools. This project has also evaluated well and will be commissioned next year.
3. The Womens Aid free phone 24 hour domestic and sexual violence helpline is being promoted to survivors earlier. The aim is to encourage survivors to get information which may assist to reduce the risk. The Equation website is being relaunched to include more information for individuals who wish to identify if they are survivors of domestic abuse, young people to help them identify healthy and unhealthy relationships and perpetrators are signposted to the national help line.
4. The Nottingham DSVVA strategy has included commissioning and developing domestic abuse specialists in statutory agencies ( Police, Health, CPS, Courts) and also embedding specialist services ( such as Womens Aid) in statutory agencies, including IDVA's with the Police, the IRIS project within General Practice across the city, Womens Safety Workers in Probation.

A review of this strategy identified the main gap for embedded specialists being within Social Care and Family and Community Teams. The CDP bid into the Police Innovation Fund and Priority Families to commission a pilot project, evaluated by Nottingham University which embeds a survivor specialist and a perpetrator specialist in the St Anns Social Care and Family and Community Teams. The pilot is evaluating well, with colleagues becoming more confident working with families where domestic abuse features and the family are all in contact or living together. The CDP is working with Priority Families to identify mainstream funding for this project. With the aim that specialists are available to work across teams in Nottingham Childrens Services building on the training they have received from Equation and developing tools and confidence to work with survivors and perpetrators more effectively. Perpetrators are especially difficult to work with and many professionals find it challenging to develop the skills required. The

key aim of this focus is to improve the safety of children and young people who are continuing to live with the perpetrator and survivor of domestic abuse.

The St Ann's project (Stride) was developed in line with the result of the learning from a 5 year project undertaken by Durham University and London Metropolitan University which found that work with perpetrators and survivors could improve child safety and increase survivors and children's 'space for action', which meant that not only did their risk decrease, but their capacity to make decisions and live a more 'normal' life was increased with perpetrators having less abusive control over their families as well as the abuse diminishing in risk.

#### **1.4 DSVAs Joint Commissioning Group**

The Safe from Harm review identified that Domestic and Sexual Violence and Abuse Services were being commissioned piecemeal across a number of partners, Nottingham City Council (including Public Health), CDP, Office of the Police and Crime Commissioner, Clinical Commissioning Group and NHS England. This meant that commissioning and decommissioning was uncoordinated and put key services at risk.

The Health and Wellbeing Board recommended that the CDP lead on the development of a Joint Commissioning Group and a coordinated approach to commissioning across the partnership. This is particularly important in this economic climate. The JCG is currently chaired by the deputy PCC and is about to undertake the recommissioning of the whole DSVAs sector in Nottingham.

#### **1.5 Definition of domestic violence and abuse**

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 and/or emotional

Controlling behaviour is: a range of acts designed to make a person subordinate or dependant by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means of 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.

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

(Definition taken from <https://www.gov.uk/domestic-violence-and-abuse>).

The definition of domestic violence and abuse changed in 2013, the key changes include dropping the age to 16 from 18 and identifying coercive control as factor. New legislation will come into effect in 2015 to include a crime of coercive control which will work in a similar way

to the Harassment Act. This change is included in the workforce training commissioned by the CDP and delivered by Equation across the city.

The change in age in the definition has had a number of effects, firstly the Office of the Police and Crime Commissioner has commissioned a Teen IDVA service, delivered by Womens Aid Integrated Services, the role is trained to work specifically with young women who are survivors of domestic abuse. A referral pathway for young people has been developed and signed off by the Children and Domestic Abuse Working Group, which ensures that young people under 16 are referred into appropriate safeguarding processes and that young survivors aged 16 and over are referred into the Teen IDVA service. This pathway reflects the referral route in the county to ensure that young survivors receive a similar service across local authority boundaries.

The Girls Affected by Gangs Steering Group commissioned research, paid for by the OPCC and delivered by the Health Shop into the effect of domestic and sexual violence perpetrated by young men involved in gangs on their partners and families. Good practice guidance on working with Survivors of Multiple Perpetrators is subsequently being developed in partnership with the Safeguarding Board, Police, Health Shop, Equation and the CDP. Key finding from the research was that young women identified themselves at too great a risk to disclose and that agencies were not aware of the level of risk they were exposed too. The practice guidance will seek to improve agencies responses to this group of young people.

The Child and Adolescent Mental Health Service (CAMHS) have identified a half time domestic abuse practitioner post for one year to review current policy and procedures and improve practice within the service. The role will link into the Safeguarding and Domestic Abuse working group and ensure that learning from similar projects particularly in the Health Partnership where we currently have a Safeguarding Domestic Abuse Nurse, Emergency Department Nurse and Ward Nurse and a Domestic Abuse Practitioner working in the Health Care Trust between the Health Shop and Safeguarding Teams. Nottingham University Trust have also recently identified a Midwife whose role includes a domestic abuse specialism and the aim of this role will be to improve confidence and practice across all the midwives working in community and on the maternity wards. Pregnancy is a key risk factor for domestic abuse.

### **1.6 Awareness Raising with Professionals and Communities**

The CDP coordinates work with Equation, Womens Aid and Locality Working Groups campaigning and providing professional training, community briefings and delivery of the Freedom Programme with survivors and women in the community to raise awareness of the impact of domestic abuse on families and communities. Some of these projects such as Aspley have been evaluated (Nottingham University) and have shown a medium term reduction in reported repeated domestic abuse.

### **1.7 Domestic Abuse Referral Team**

The Domestic Abuse Referral Team (DART) is currently being reviewed as part of the review of the Front Door into Childrens Services. The DART is a multi-agency team, including Adult Social Services, Children Social Services and Health based with Police Public Protection. It

was never established robustly, but has worked to accept referrals via the Domestic Abuse Stalking Harassment Risk Indicator Checklist (DASH RIC) where domestic abuse and children or vulnerable adults have been identified, risk assess them and signpost or refer them on dependant on risk.

The DART has also helped through its data systems to identify the numbers of children living with domestic abuse in Nottingham. Its key finding was that 17.6% of the City's under 10s are recorded on the data base and that 33% of all survivors on the database account for 66% of incidents. This data supports the strategic aim on domestic abuse in Nottingham which is to increase reporting, but to decrease repeats, as the DART clearly shows that is the key to reducing the pressure on agencies. It also supports the requirement to continue to commission the preventative work in Schools.

The Encompass Project funded by Public Health will be delivered by the DART in autumn 2015. Schools will be alerted that children have been affected by an incident or crime of domestic abuse reported to the police the evening / night before. This will allow the school to respond appropriately to a child or young person who will be traumatised and will be expected to get through the school day as normal. Encompass encourages schools to ensure that children have breakfast, are able to talk or not, can take an exam in a private space or whatever is required to enable the child or young person to get through the day successfully.

The CDP currently commissions Equation to deliver the GREAT project in primary schools and Equate in secondary schools promoting healthy and respectful relationships to young people at different points in their education across the city. The projects evaluate well for changes in attitudes and behaviour. Although a longitudinal study would be really helpful, we have not been able to find the funding to commission a university to undertake this.

### **1.8 Commissioning of specialist services for child survivors of domestic abuse in Nottingham**

The CDP commissions specialist children's workers to focus on the issues for child survivors of domestic abuse in Refuges in Nottingham and in the Family Hostels. Children are often the biggest constituency in a refuge and it is crucial for those children and their mums that they are offered support.

Stronger Families is a therapeutic programme for child survivors of domestic abuse, with a parallel programme for their mothers. The aim of the programme is to reconnect child and parent, to ensure that children understand their experience of domestic abuse, what a healthy relationship is and to help them learn to manage their feelings.

Family Care also manages a therapeutic one to one service for child survivors of domestic abuse and they accept referrals from the refuges and across the city.

### **1.9 Domestic Homicide Reviews**

Since the DHR came into statute in 2012 Nottingham has undertaken 3 and we are currently undertaking a fourth. The learning from the DHR's are managed through a multi-agency

group which also links to Serious Case reviews for children and vulnerable adults and SILPS where domestic abuse features.

## **2. RISKS**

**(Risk to the CYPP, risk involved in undertaking the activity and risk involved in not undertaking the activity)**

The risks are outlined in the section below “what are the challenges”

## **3. FINANCIAL IMPLICATIONS**

None (Some staffing costs)

## **4. LEGAL IMPLICATIONS**

None

## **5. CLIENT GROUP**

**(Groups of children, young people or carers who are being discussed in the report)**

All children affected by domestic and sexual violence

## **6. IMPACT ON EQUALITIES ISSUES**

**(A brief description on how many minority groups are being engaged in the proposal and how their needs are being met: This section includes traveller and refugee families. The themes of the Shadow Boards – children and young people; parents and carers; equalities issues and the voluntary and community sector should be considered here.**

All children across the city with all protected characteristics are affected

## **7. OUTCOMES AND PRIORITIES AFFECTED**

**(Briefly state which of the CYPP priorities will be addressed)**

### **7. What is working well**

7.1 The domestic and sexual violence voluntary and statutory sectors have a history of close collaboration and partnership work in Nottingham with a commitment to problem solving together and all the services, programmes and projects outlined are a testament to that engagement as a city with domestic and sexual violence and abuse. The Domestic and Sexual Violence and Abuse Strategic Group and the DSVVA Joint Commissioning Group are both well represented by partner agencies who engage with developing strategy and actions.

7.2 The recent Nottingham City Labour Manifesto Pledge to ensure a coordinated approach across our partnerships to reduce domestic violence by 10% and to make no cuts to the domestic and sexual violence sector show tremendous leadership on this complex issue.

7.3 Local Councillors across the localities have been champions for work on domestic abuse, especially in Aspley and St Anns but at different time's right across the city.

7.4 The Senior Leadership Team in the Crime and Drugs Partnership and the Senior Leadership Team in Children and Adults have both engaged in understanding and challenging domestic and sexual violence and abuse. This is illustrated by attendance by the Corporate Director, Directors and Heads of Service at domestic abuse training, by ensuring the Extended Leadership Team are encouraged to attend a briefing and by supporting an 'Every Colleague Matters' workforce development seminar and programme on domestic abuse. The Workforce Development team have commissioned bespoke training on domestic abuse and children, domestic abuse and vulnerable adults and challenging perpetrators.

7.5 Local communities have identified emerging issues to campaign on and engage with partner agencies to progress. These include Female Genital Mutilation (Mojatu have lead on this and engaged with the Refugee Forum and Public Health), Honour Based Violence and Forced Marriage (Asian Womens Project have set up the Sakinah project and engaged with the CDP), HBV and FM ( Muslim Womens Network have engaged with Equation to promote Faith based seminars and workshops), rape and sexual harassment ( Womens Centre and Rape Crisis have engaged with OPCC to set up the ReGuard Project).

7.6 The Children and Adults Safeguarding Heads of Service and teams are engaged with work on domestic and sexual violence and abuse, chairing the Children and domestic abuse group, reviewing the link between the Care Act and domestic abuse and encouraging colleagues to attend training.

7.7 The Priority Families Programme have worked to ensure that the partnership prioritise domestic abuse and have ensured that it has been included before it was mandatory.

## **8 What are the challenges**

The key challenges for the work with children and families on domestic violence and abuse across the partnership are as follows

### **8 Stronger Families**

The therapeutic programme is co-ordinated and primarily delivered by Womens Aid. One of the aims of the programme is the engagement of partner agencies in the delivery of the programme to children and their mums. This is to ensure that the workforce across the partnership have the opportunity to improve their skills and knowledge working with this service user group, to ensure that children and their mums have access to a wide range of appropriate group facilitators and to contain the costs of the programme as it grows to meet the increase in referrals.



The key challenge is encouraging professionals from across the partnership to participate in the training and then delivery of the programme and for their managers to release them for the 12 weeks ( 2 hours a week) to deliver the programme. This is an ongoing issue for the project.

## **8.2 DART**

There are a number of challenges for the DART, which is being addressed during the review. However a key issue for all specialist and statutory sector services is that the DART does not have the capacity to process the Standard Risk referrals. The issue with this is that this is the group that as a city we have the most chance of engaging with Early Help and intervening earlier with and a crucial opportunity is being missed. The survivors are asking for help before they are at increased levels of risk, the perpetrators are perhaps not so entrenched in their behaviour and the children and young people have not experienced extended domestic abuse. The original aim of the DART was to identify all levels of risk (before we realised the volume involved) and to sign post all survivors into a service. Currently the DART focuses on the high risk and medium risk families which is very important, but means we have lost the opportunity to intervene earlier.

## **8.3 Healthy and respectful relationship programmes in primary and secondary schools**

Equation promote GREAT and Equate to all primary and secondary schools, the CDP commissions the project to provide free programmes in schools who have not had the project before and Equation use the funding to enable other schools to purchase the programme at a reduced cost. This requires schools to prioritise purchasing the programme at part or full cost which they usually do once they have had the programme in. However it is not possible to encourage all schools to identify the programmes as a priority.

## **8.4 Training for professionals and communities**

The CDP commissions 10 days of specialist training per year on domestic abuse and 5 on challenging perpetrators. This has not increased since the mid 2000's. Nottingham City Council has commissioned bespoke training in Childrens Services but as domestic abuse has gained in priority we have not been able to keep up with demand for training. Evidence suggests that training by specialist working in the field is the best quality for our workforce.

## **8.5 Free phone 24 hour domestic and sexual violence help line funding**

The helpline is the core service for the DSVA sector and the wider partnership, it provides information, advice and support for professionals and survivors and their families. It enables survivors and children to access refuge across the region and it is the first line of support for survivors of rape and sexual violence and assault. It is funded by the partnership and is always at risk of savings, at least £50,000 in 2016.

## **8.6 Survivors and perpetrators in the partnership workforce**

Statistically there will be a number of survivors and perpetrators across the workforce; this has particularly come to light through the DART. It has highlighted that as a partnership it is important to have policies and procedures in place to both support survivors and their children and to hold perpetrators to account.

It has also highlighted that working with service users at risk of domestic abuse may be additionally difficult or risky for some colleagues. The Multi Agency Risk Assessment Conference (MARAC) may prove particularly challenging for colleagues who are adult or child survivors as evidence suggests that MARAC's can create vicarious trauma for all professionals listening to 20 different high risk cases every 2 weeks.

### **8.7 St Anns project (Stride)**

This project seeks to change the culture in Social Care and Family Teams to enable them to understand the impact of domestic abuse on children and their non-abusing parent, provide tools to work with the family, particularly where they are still living together and intend to continue to do that and give colleagues confidence to work with the perpetrator safely and attempt to hold them to account.

The project is evaluating well in the Family Teams which have a more stable team with less turnover of staff (including less agency staff) although the project recognises that the team are incredibly busy, the team is keen to work with the project and is benefiting from having them based with them.

The project is evaluating well in the Social Care team, but this team has the additional challenge of more agency staff and a higher turnover of team members. This makes cultural change and skilling up the team more complex for the project.

A key challenge for this project is how to engage perpetrators, this is difficult in Social Care because they are high risk perpetrators and their behaviour is embedded, they do not recognise any benefit to change. There may be sanctions available to be used by Social Care to encourage perpetrators to engage, but there is no history of utilising these.

It is also difficult in the Family Teams, but there is more engagement from medium risk perpetrators. This is where work with Standard Risk perpetrators would be beneficial.

### **8.8 Children workers in refuge**

Funding for work with children in refuge is currently provided by the CCG and the OPCC. The CCG element is non recurrent funding. It enables 18.5 hours of work for each refuge.

## **9. What can the partnership do to support this**

The key challenges described are some of the more intractable issues for the DSVVA strategy group and senior leadership support to resolve them would be very welcome. For example the issue with the Stronger Families facilitation has been to the Childrens Partnership before. It was resolved at the time, but has deteriorated again as more pressure is put on partnership workforce.

## **8. CONTACT DETAILS**

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