

Domestic Abuse Guidance for Early Years, Schools and Colleges 2020-21

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Links to the most up-to-date websites, guidance and resources are provided or can be accessed on-line via hyper-linked words and key phrases throughout this document or in list format at Appendix 4.

By way of a hyper-link example, the [Domestic Abuse and Sexual Violence Partnership](#) website is an extremely useful resource for professionals to access full details of domestic abuse and sexual violence services and support available across Cambridgeshire & Peterborough.

1. INTRODUCTION

1.1 Acronyms

APVA	Adolescent to Parent Violence & Abuse
CHISVA	Children's Independent Sexual Violence Adviser
CSC	Children's Social Care
CWA	Cambridge Women's Aid
DA	Domestic Abuse
DASH	Domestic Abuse Stalking & Harassment
DDSL	Deputy Designated Safeguarding Lead
DSL	Designated Safeguarding Lead
DV	Domestic Violence
DVRIM	Domestic Violence Risk Indicator Matrix (Barnardo's)
EST	Education Safeguarding Team
EHA	Early Help Assessment
EHH	Early Help Hub
FGM	Female Genital Mutilation
FRT	First Response Team
HBA	Honour Based Abuse
IDVA	Independent Domestic Violence Adviser
ISVA	Independent Sexual Violence Adviser
LADO	Local Authority Designated Officer
MARAC	Multi-Agency Risk Assessment Conference
MASH	Multi-Agency Safeguarding Hub
SCPB	Safeguarding Children's Partnership Board
SARC	Sexual Assault Referral Centre
VAWG	Violence Against Women and Girls

1.2 Definition of Domestic Abuse

The Home Office definition of Domestic Abuse from March 2013, is as follows:

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

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Controlling behavior is: 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 behavior is: an act or a pattern of acts of assaults, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim.

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

(The above is not a legal definition i.e. is not a change in law, but a clarification in the use of law.)

- Throughout this document, the term 'school/s' is used to indicate any type of education setting including Early Years, Out of School, Primary, Secondary, Academies, Post-16, Special Schools etc.
- Throughout this document references are made to "children", "young people" and "pupils". All refer to children under the age of 18 years unless with special education needs or disabilities which extends the age up to 25 years or otherwise specified.
The term domestic abuse is interchangeable with the term domestic abuse/violence.
- References to "staff" or "adults" include Headteachers, proprietors, managers, teachers, playworkers, other staff/governors/trustees, and volunteers, working in or on behalf of a Local Authority, a nursery, school, an FE institution or other education setting, in either a paid or unpaid capacity.
- Likewise, references to parent/s and parents/carers also includes guardians.

1.3 Background

Children are often the hidden victims of domestic violence or abuse. Staff in education settings are in the unique position of having daily contact with children and their parent/carer/s and therefore play a vital role in reducing the risk to children who live with domestic abuse.

The biennial Health & Wellbeing Survey on domestic abuse and healthy relationships was once again undertaken by the Cambridgeshire & Peterborough Children's Partnership Board in 2018. 6,271 pupils in Year 8 and Year 10 in Cambridgeshire schools participated with 881 pupils participating from Peterborough schools. Figures in brackets are for last year for Cambridgeshire schools only.

- 25% (25%) of pupils responded that there has been shouting and arguing between adults at home at least 'once or twice' in the last month that frightened them.
- 3% (3%) of pupils responded that there has been shouting and arguing between adults at home 'every day/almost every day' in the last month that frightened them.
- 8% (7%) of pupils responded that there has been physical aggression at home at least 'once or twice' in the last month that frightened them.
- 1% (0%) of pupils responded that there has been physical aggression at home 'every day/almost every day' in the last month that frightened them.

In summary, figures have stayed fairly static with just a slight increase in the numbers reporting physical aggression at home once or twice in the last month. Comparison between Cambridgeshire and Peterborough shows data is the same, other than for 'physical aggression at least once or twice in the last month' which is 1% higher for Peterborough – as the pupil numbers are much lower for Peterborough this is of concern.

1.4 This document aims to

- clarify the multi-agency approach to incidents of domestic abuse involving children
- provide guidance as to how schools should respond to any known incidents
- suggest support which may be of benefit to those individuals affected
- signpost sources of specialist help and advice
- explain the procedures necessary to reduce the risk of harm to children
- assist in reducing the incidence of domestic abuse

This information should be used in conjunction with statutory guidance i.e. Keeping Children Safe in Education, 2020, and Working Together to Safeguard Children, 2018 which can be found at:

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

1.5 The role of the Multi-Agency Risk Assessment Conference (MARAC)

The MARAC is a formal multi-agency forum which meets each morning during the week to facilitate the safety of high-risk victims of Domestic Abuse and Violence and to reduce the chance of these victims suffering further incidents of abuse.

Key drivers of the MARAC are:

- To reduce the risk to high-risk victims of Domestic Violence/Abuse;
- To ensure that victims of DA/DV are protected and supported;
- To improve the reporting and recording of incidents of DA/DV.

Aims of the MARAC:

- To risk assess and put safety plans in place for high-risk victims and their children;
- To share information between agencies to ensure the above aim is undertaken effectively, taking into account all available information;
- To reduce the rate of repeat victimisation, and thus reduce re-referrals to the MARAC.

The purpose of the conference is for agencies to share information across Cambridgeshire with a view to identifying those at immediate risk of significant harm and to jointly construct a robust safety plan to provide professional support for all those at risk within the family.

MARAC currently hears a maximum of 8 'high-risk' cases on Tuesdays, Wednesday and Fridays each week for Cambridgeshire including Peterborough with 20 minutes allocated to each case. These are when the victim and family members are deemed to be at very high risk of immediate and significant harm by a named perpetrator including risk of death/homicide.

MARAC collates recent, relevant and risk-led information from all core partners and other relevant services known to the family. Risks are identified and form the basis of actions to reduce or eliminate risk wherever possible. All partners are responsible for all agreed actions to be taken forward as relevant within their own organisations within an agreed timescale.

1.6 MARAC Referral Criteria Definitions (SafeLives, August 2019)

There are four criteria for a referral to MARAC:

Visible High Risk - This is an assessment based on actuarial data, involving the use of risk indicators to assess the probability of serious harm or homicide. For domestic abuse cases, the number or 'yes' answers on the DASH usually determines the level of risk. **SafeLives recommends that 14 'yes' answers on the Dash should result in a referral to MARAC.**

In Cambridgeshire there has recently been a permanent change to the MARAC threshold to 17 ticks on the DASH Risk Assessment Checklist from 14 due to an increase in referrals.

DASH forms scoring 14 or over should be sent to the IDVA Service
Idva.Referrals@cambridgeshire.gov.uk

Those scoring 17 or over will automatically go forward to MARAC, client consent is preferred for these but not essential.

Those scoring 14-16 must have client consent to send to the IDVA Service.

Professional judgement should always be used by the person completing the DASH – if the score is low but you feel the risk is high, please refer to the IDVA Service.

NB: The specialist IDVA posts take referrals at any DASH score – Young People's IDVA, Health IDVA. A8 IDVA, Stalking & Harassment IDVA

To access the DASH form and guidance please visit:
https://www.cambsdasv.org.uk/website/referral_forms/296136

However, professionals should be aware that completing the DASH is not a simple 'tick box' exercise and, even where there is a lower number of ticks, professional judgement should be used to inform the overall assessment of risk. In addition, professional judgement should not be used to 'downgrade' an actuarial risk assessment.

Professional Judgement - Professional judgement involves an assessment of dangerousness based on an individual practitioner's consideration of a situation, but will naturally use the information from the DASH checklist to inform this judgement. However, in addition to using the

DASH it is crucial that professionals use their full range of knowledge to make an assessment; this knowledge will usually be gained through experience, reflection and deliberation. This form of assessment relies heavily on the skill and experience of the practitioner in order to make an informed decision of likely risk. **In domestic abuse settings, professional judgement will be informed by the practitioner's knowledge of domestic abuse and its manifestations.** Referrals to MARAC can be made based solely on professional judgement. However, it is the practitioner's responsibility to articulate what their concerns are and the reasons for the referral.

Potential Escalation - The potential for escalation can be assessed by looking at the frequency and/or severity of abuse. It is common practice for services to determine there is a potential for serious harm or homicide when **three domestic abuse events have been identified in a 12-month period.** For example, three attendances at A&E, three police call outs or three calls to make housing repairs. This should alert professionals to the need to consider a referral to MARAC.

Repeat Referral - SafeLives defines a 'repeat' as any instance of abuse between the same victim and perpetrator(s), within 12 months of the last referral to MARAC.

The individual act of abuse does not need to be 'criminal', violent or threatening but should be viewed within the context of a pattern of coercive and controlling behaviour. Some events that might be considered a 'repeat' incident may include, but are not limited to:

- Unwanted direct or indirect contact from the perpetrator and/or their friends or family
- A breach of police or court bail conditions
- A breach of any civil court order between the victim and perpetrator
- Any dispute between the victim and perpetrator(s) including over child contact, property, divorce/ separation proceedings etc.

These events could be disclosed to any service or agency including, but not exclusive to, health care practitioners (including mental health), domestic abuse specialists, police, substance misuse services, housing providers etc.

*The SafeLives Dash Risk Checklist is a tool used by the police with victims to assess the level of risk to themselves and those in their family. Follow this link to see an example:

http://www.safelives.org.uk/sites/default/files/resources/Dash%20risk%20checklist%20quick%20start%20guidance%20FINAL_1.pdf

Cambridgeshire DASH is available at: https://www.cambsdasv.org.uk/website/referral_forms/296136

More complex or the very highest risk cases are referred to 'MARAC Plus' which meets on a Wednesday as required. This is where further detailed case discussions/partner co-ordinated activity takes place.

Consent is not mandatory although it is preferred and wherever possible clients are made aware of a referral to MARAC.

Key partners include the IDVA Service, Police, Probation, Children's Social Care, Health, Mental Health, Drugs and Alcohol Services, Housing and Adult Social Care. Other partners involved includes Education (represented by the Education Safeguarding Team), Refuge/Outreach Services, Youth Offending Services, and other specialist Social Care services (see Section 4 for details).

1.7 Operation Encompass

Operation Encompass is a national initiative to enhance communication between the police and schools where a child is at risk from domestic abuse. Schools are informed when the police have attended an incident of domestic violence or abuse, where domestic abuse incidents have occurred in the homes of their pupils, regardless of level of risk.

Police share information with the school as early as possible the following day via an email from the Education Safeguarding Team to the Head Teacher, Designated Safeguarding Lead or Domestic Abuse Lead. The information will also have been passed on to social care where the risk is deemed to be 'medium' or 'high'. Therefore schools do not need to re-refer unless there are significant safeguarding concerns.

By knowing that the child has had this experience, schools are in a better position to understand and be supportive of the child's needs and understand possible resulting behaviours.

1.8 Education representation at MARAC

Educational settings are represented by a member of staff from the Education Safeguarding Team (EST) at the MARAC for schools in Cambridgeshire and Peterborough. The MARAC case-list includes a list of families to be discussed. It includes the names of adults involved and any identified children. Information on children within those families to be discussed is gathered from settings/schools and shared at the meeting by the EST representative.

1.9 Communications between Education Safeguarding Team and Education Settings

Due to the high volume, level of risk and turn-around required for cases, schools and settings will be contacted by EST colleagues between 1 and 3 days before the case is to be heard at MARAC for any child or siblings who appear on the case-list. The lead-in time is dependent upon the date the case-list is available or when the case is due to be heard i.e. for cases heard on Tuesday, the lead-in time may be shorter due to the weekend. EST will either email or ask to speak to the named Designated Safeguarding Lead, Domestic Abuse Lead or Designated Person. EST will provide an outline of the incident where known and reason for the case being referred to MARAC including whether the child was present at the time of the incident.

At the point that schools/settings become aware of the incident, there should be an initial response e.g. a MARAC referral may trigger additional support in school/setting for the child/ren and/or the implementation of an initial safety plan to put some immediate safeguards in place.

It should always be borne in mind that the definition of **emotional abuse includes 'seeing or hearing the ill-treatment of another'** and any child who hears domestic abuse taking place whilst in another room is likely to experience distress and anxiety.

EST will request information from all settings relevant to the case e.g. regarding each child's attendance, patterns of absence, appearance, behaviour, disclosures, conversations with parent/s etc. and will use this information to draft a report which will be sent for consideration alongside reports from other agencies. Risks and mitigating measures will be agreed at MARAC and actioned appropriately. For education, this will mean a follow-up call or email to schools by EST to provide additional information, known risks, agreed actions and support for the child/ren as appropriate.

1.10 Actions by education settings

All conversations and emails between school and EST regarding MARAC and DA/DV should be filed in the child's Safeguarding file – paper or online. If there is not already a file, then one should be initiated.

If you need further information about the incident or have additional information to support an assessment, please either call the social care team who has been allocated the case or contact the Customer Services Centre on 0345 045 5203 if not yet allocated. However, you may be given a direct contact by EST as part of the feedback e.g. for a named social worker, IDVA, or police officer if known/allocated at the time, who should be contacted in the first instance. Please note, EST do not 'case hold' and cannot provide retrospective advice or updates on the family situation.

1.11 Sexual Assault Risk Assessment Conference (SARAC)

Alongside MARAC, there is a separate process looking at sexual assaults. A SARAC is a meeting where agencies share information about the risk of serious harm to people who have experienced sexual abuse or rape. Multi-agency safety plans are developed to support those in need. The aim is to increase the safety and well-being of the adults and children involved and to reduce the likelihood of repeat victimisation. In 2019-20 the SARAC heard 9 cases.

2.0 HOW TO FOLLOW UP AN INCIDENT OF DA/DV

2.1 Proportionate and relevant support

Every case of Domestic Abuse is different. As part of the feedback from EST it is likely that they will provide settings with measures they need to implement to safeguard the child. Therefore, DSL/DDSLs should consider safety planning around:

- the presenting risks to the child/siblings in school
- any relevant risks to the adult victim
- ways of safely communicating with the child/children, e.g. without stigmatising them, and without making them feel more concerned about what is happening to them
- which staff in your setting need information, and how much, bearing in mind the 'need to know' criterion - proportionality and relevance
- which other agencies are involved
- whether you have supporting information which should be shared with other agencies in order to safeguard the child
- the contact details held on your SIMS/record systems
- who has PR for the child
- any court orders held on file or the school has been made aware of
- any possible risks to the child/other children and staff in your setting should the alleged perpetrator arrive on site.

When speaking to a child, a DSL/DDSL should:

- establish the current situation
- reassure the child in an appropriate way i.e. avoiding making promises which cannot be kept
- offer support in an appropriate and realistic way
- clarify issues such as where the child is living, who is having contact with them, etc.

When offering support, DSL/DDSLs and staff should:

- use a time which will not single out the child or make them obtrusive or put them at risk e.g. if a perpetrator parent is expecting the child home at a certain time or is collecting them
- use open and 'low-key' questions
- reassure the child that they have a right to stay safe
- offer them a continuing voice in the support they need and may need in the future

When speaking to the parent who is the victim of the DA, DSL/DDSLs may find that:

- some are reluctant to discuss any aspect of the DA, either through embarrassment, denial or fear
- some will minimise the DA and its effects
- some may be, by contrast, very open and confiding
- they need to signpost some victims towards other services, as they may become over-dependent on a contact in school
- such victims may not take appropriate advice because they feel that sharing information with their child's setting/school/college is sufficient to deal with their problems, rather than taking positive action to leave the abusive partner/take legal precautions

NB: consider a 'safe' time to speak to the victim parent which doesn't increase their risk of harm from the perpetrator, other family members or associates.

2.2 Assessing the Level of Need

It should always be borne in mind that the definition of emotional abuse includes 'seeing or hearing the ill-treatment of another' and any child who hears domestic abuse taking place whilst in another room is likely to experience distress and anxiety.

Assessing the level of need of the child is crucial. Please use an existing template available in your setting or use the template provided (see Appendices 5, page 37) which can be modified to suit the environment in which they operate.

Designated Personnel will benefit from discussions with staff who are closely involved with the child, but it should be borne in mind that information should be shared on a 'need to know' basis.

With the increase in reported domestic abuse, settings are encouraged to identify a member of staff who can 'lead' on DA/DV. This member of staff, who will be a DSL/DDSL, can access additional training from EST to support a deeper understanding of what constitutes domestic abuse, to introduce the Barnardo's Domestic Violence Risk Identification Matrix (DVRIM) and explain its use and to examine a range of resources and support available for children and their parents who are the victims of domestic abuse.

2.3 Planning for the support of children and young people

Each time that your setting is made aware of an incident of DA/DV, DSL/DDSLs should initiate, or in the case of a repeat incident, review the risks and their plan of support for a child. EST will be able to advise on factors to help shape the safety or support plan when communicating feedback to schools following MARAC. The factors which need to be borne in mind by settings/schools are:

- the likelihood of significant harm occurring
- the appropriateness of speaking to the child
- the existing structures for support and their appropriateness
- the need to liaise with other professionals (including other DSL/DDSLs in settings with siblings) with regard to safety plans and ongoing support
- any other precautionary or safety measures which need to be put in place.

2.4 Support services available for children and young people who have witnessed, been harmed or perpetrated violence

Schools may have pastoral or specialist support staff on their premises. However, if this is not the case, or staff do not have the expertise or there isn't the capacity, there are a number of agencies schools can contact for support. Agencies include:

CHUMS – Mental health and Emotional Wellbeing Service for Children and Young People - offers support to children and young people with mild to moderate mental health difficulties, such as anxiety and low mood, as well as those with significant emotional wellbeing difficulties arising from life events, such as bereavement and bullying. Up to the age of 18 in Peterborough and 25 for Cambridgeshire. <http://chums.uk.com/cambs-pborough-services/>

Embrace 'Child Victims of Crime' – Embrace works with law enforcement agencies and safeguarding professionals. They offer a range of emotional, practical, specialist support services to children and young people from ages 7 – 19 and up to 24 (with additional needs) after the devastating effects of crime, including domestic abuse (see Time4U). <https://embracecvoc.org.uk/>

Time4U - is part of the Cambridgeshire and Peterborough Prevention and Intervention Project. It is a counselling and psychotherapy service for young people aged 13 – 19 years (and up to 24 years with additional needs) who have been affected by domestic abuse or sexual violence. This includes young people who have witnessed, or have been affected by, violence in their home. <https://embracecvoc.org.uk/time4u/>

YMCA - 'Respect' programme (See also Appendix 4, page 35 for contact details):

- **Break4Change** is a six week group work programme supporting parents/carers and young people (10-17 years) in building healthy relationships where there is physical violence and in some cases where there is no physical violence however there is a high level of coercive control from the child towards their parents/carers.
- **Problem Free Futures** - 'At risk' clients may be identified due to having previous instances of domestic abusive behaviour towards partners or family members – not involving conviction. They may also be identified as those who have demonstrated attitudes or values that support or condone such behaviour, or have caused concern due to having circumstances that place them at greater risk of enacting such behaviour in the future.
- **Promoting Healthy Relationships** - Expect Respect, written by Women's Aid, provides a range of lesson plans targeted at each specific year group designed to be delivered to young people aged 11- 24 years of age. <https://ymcatrinitygroup.org.uk/counselling/respect/>

3. DEALING WITH A DISCLOSURE OF DA/DV

3.1 Child's disclosure, including retractions

Children/young people affected by DA may find it difficult to disclose what they have witnessed; this may affect their behaviour both in and outside your setting/school/college and in the wider community. Some feel that it is not worth reporting their concerns, because they may have heard people they know and trust using phrases which minimise DA such as 'it's just a domestic'. Others may feel embarrassed to disclose, or they may feel afraid that they risk being taken away from their parents/carers if they do.

Conflicts of loyalty may also be present. In addition, threats may have been made by the perpetrator, resulting in the child fearing the consequences for either themselves, or for a loved person, pet or possession.

Some children will be keen to discuss their concerns, and may find it easier to speak with a familiar adult with whom a relationship of trust already exists.

In response to any disclosure about domestic violence, staff should follow the principles of good practice in dealing with any disclosure for child protection.

Remember that it is very likely that a child will disclose after a number of incidents have occurred, and when they feel that they want the violence to stop. They will invariably disclose to a member of staff they trust. Be aware that they may play down the frequency and severity of the incidents. Do not assume that it has only happened once or twice just because this is what is said. Staff need to:

- take the time to listen carefully
- take the disclosure seriously, but remain calm
- reassure the child that they have done the right thing in telling someone
- avoid making any promises which they cannot keep
- ensure that the child is clear that the information they have supplied may have to be shared with other professionals in order to keep the child safe
- avoid using leading questions or making any judgmental comments about the alleged abuser/perpetrator
- avoid any physical examination of alleged injuries
- remember that they should maintain confidentiality and only share the information with the Designated Person within the school
- record the disclosure in detail, using the school's Logging a Concern form
- include in this Log the full name of the child, their date of birth, and the date and time of the disclosure
- record the child's own words where possible and avoid putting their own opinion or interpretations into the record.
- ensure that they have signed and printed their own name on the Log, and have made their role in the setting very clear, e.g. Key Worker, Class Teacher, Form Tutor, Teaching Assistant, Head of Year
- record any inconsistent or unusual events linked with the disclosure, e.g. pre-existing injury records, or a parent giving an explanation of an injury which differs from that given by the child in their disclosure
- reassure the child about what is going to happen next, i.e. that they will have to share the information with the DSL/DDSL.

BUT

- avoid making any promises about what may happen in the long-term as a result of the disclosure
- pass on the written log immediately to the DSL/DDSL, so that they may take appropriate action.

When the DSL/DDSL receives the information, they should consider a referral to social care via: 0345 045 5203.

If the case is already open to Children's Social Care, supplementary information should be supplied to the relevant Team.

N.B. Some children may retract their comments at a later time. This may be for a variety of reasons, e.g.:

- Fear of repercussions from the perpetrator
- Fear that they will have implicated the adult victim in a difficult situation
- Fear of being taken into care
- A sense of disloyalty
- A sense of 'the devil you know' regarding the status quo being better than alternatives
- Response to threats
- Minimisation of the impact upon them.

In the event of the child retracting, it is important not to imply that they have 'wasted time', and to reassure them that there is still a route to support. Records of all conversations should be made, and information updated.

3.2 Parent's/Carer's disclosure

Staff in settings receiving a disclosure about DA from a parent/carer will need to follow a similar procedure for dealing with pupil disclosures. The Cambridgeshire Domestic Abuse and Sexual Violence Partnership Model of Staged Intervention, 2015 focuses on five central messages:

- You are not alone
- I believe you
- You are strong
- Recovery is possible
- Think family

(Further information/background on appropriate responses to adults may be found in ['Complicated Matters'](#) – a toolkit for addressing domestic and sexual violence, substance use and mental ill-health.)

Staff therefore need to:

- listen carefully to the information given
- avoid making any judgments or expression of opinion
- reassure the parent/carer that they have done the right thing in disclosing
- avoid making any promises to the parent/carer that the information will remain 'secret', emphasising where necessary that the welfare of their child/ren is paramount
- record the information immediately on the Logging a Concern form, using the same guidelines as when recording a disclosure from a child
- pass this Log on to the DSL/DDSL immediately

- make a written record when a parent/carer merely hints at the existence of DA, or when a member of staff has a suspicion that DA may be occurring
- ensure that confidentiality is maintained and that information is only shared with the DSL/DDSL

The DSL/DDSL could seek advice from the Duty IDVA via: 01480 847718 (Cambridgeshire & Peterborough).

However, schools should also be aware that they should contact the police if the disclosure is suggestive of immediate risk of harm.

NB Be aware that the perpetrator may often present themselves as the victim to agencies and settings to manipulate situations and gain support and/or sympathy.

If the Police have already made visits to the family home to deal with incidents of DA the setting will be aware via EST, provided the risk assessment was 'High'.

For some parents/carers, the setting/school may seem like an authoritarian environment which recalls their own difficult educational experiences. However, a supportive and open culture within your setting/school may encourage parents/carers to discuss their experiences of DA candidly, and to seek support from other professionals using your contact lists (see 'Useful Contact Numbers and Websites' page 35).

An initial discussion with a victim parent/carer may involve a great deal of reassurance, particularly if they have a sense of guilt and shame about the DA. It is important to maintain a professional detachment whilst offering a supportive environment. It is equally crucial to ensure that the parent/carer is very clear about:

- your individual duty of care towards their child
- the fact that you may have to take advice from other agencies in order to keep their child safer
- the need for you to signpost other services which may be able to offer skilled and relevant support, such as the services of an IDVA/ISVA; counselling; legal advice from a solicitor.

It is inadvisable to offer frequent and sustained support to a parent, for a number of reasons, e.g.:

- the parent/carer may defer taking appropriate advice because they become overly reliant upon your setting/school
- the member of staff offering help may become enmeshed in the situation
- there may be a disproportionate risk to staff if a perpetrator becomes aware of sustained support sessions taking place
- your duty of care lies with the child.

This is not to say that DSL/DDSLs should not have regular conversations with parents, particularly when a child is causing concern. But an objective outlook should be a priority.

N.B. In the event of a member of staff being identified as a perpetrator, the DSL/DDSL should contact the Education Advisors for their area, or the Local Authority Designated Officer (LADO) for advice:

Email:

LADO@cambridgeshire.gov.uk

LADO@peterborough.gov.uk

Telephone contacts:

01223 727967 – Cambridgeshire

01733 864038 – Peterborough

Out of Hours Emergency Duty Team: 0345 0455203 Cambridge, 01733 864180 Peterborough

For full information and links to Cambridgeshire and Peterborough referral forms, please visit:

<http://www.safeguardingcambspeterborough.org.uk/children-board/professionals/lado/>

3.3 Teenage Intimate Partner Abuse

The Home Office definition of Domestic Abuse, from March 2013, is as follows:

‘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’.

This change acknowledges the fact that young people under 18 years can be victims of DA within their own relationships. Formerly, such victims would be assessed under child protection, which meant that their specific circumstances would not be recognised.

Young people may disclose that they are victims of abuse perpetrated by another young person who is, or has been, an intimate partner or family member. There is an IDVA for young people whose specific remit is to support those identified as experiencing Intimate Partner Abuse, between the ages of 13 and 19 (up to 24 in some cases). In these cases, it is essential to recognise that they are victims of DA in their own right.

Any professional can refer to the Young Persons’ IDVA. Tel: 01480 847718.

School/college staff will find the resources published by Women’s Aid of particular relevance when identifying young people who are potential or actual victims.

Links to free resources for children and young people can be found at: <http://thehideout.org.uk/>

3.4 Parent’s/carer’s disclosure where a child is the perpetrator of DA

If a parent/carer makes the disclosure to staff that a child is the perpetrator of the abuse, then the member of staff should ensure that the parent is able to speak with a DSL/DDSL. The disclosure should be recorded in the normal way, and the DSL/DDSL should then follow procedures and take advice or make a referral to children’s social care via the Customer Service Centre.

Depending on the age of the child, police may need to be involved if a crime has been committed. Even in a situation where the child is the alleged perpetrator, it may be appropriate for the victim to stay in a Women’s Refuge; however, in this situation, it would be entirely inappropriate for the victim to disclose their location to the abusing child.

Cambridgeshire Youth Offending Service offer a programme to parents whose children are exhibiting signs of adolescent to parent violence called Break4Change. The 10 week programme supports both child(ren) and their parents/carers in different groups. Referrals can be made by professionals to Matthew.pink@cambridgeshire.gov.uk YMCA provide a ‘holding’ programme that works with young people and their parents whilst they wait for the next Break4Change programme.

Professionals can make a referral to the holding programme by emailing:
Clare.Taylor@ymcatrinity.org.uk

3.5 Third-party disclosures

In some cases, a child or another parent may disclose that they have witnessed, or are aware of, DA in another child's family. In this case, a Log of the information given should be made in the normal way, and given to the Designated Person.

The DSL/DDSL should encourage and support the third party to refer their concerns to the MASH. If a referral is made, and there are other siblings in the family affected who are in another setting, then the DSL/DDSL in the other setting should be contacted to share information.

4.0 ROLES AND RESPONSIBILITIES OF OTHER AGENCIES

4.1 The MASH (Multi Agency Safeguarding Hub)

The fundamental purpose of the MASH is to contribute to improved outcomes for safeguarding children and adults within Cambridgeshire and Peterborough through collaboration and close integration of services and processes.

This is to be achieved through an approach that believes that safeguarding of the most vulnerable is a shared responsibility.

Teams within the MASH who work together to identify, manage and support DA/DV cases include police, children's social care, youth offending, IDVAs/ISVAs, health, education, fire services and early help/district teams.

4.2 The Police

There is a team of police officers based in the MASH whose role is to focus on investigation and prosecution. They are therefore offender focused rather than victim focused. However, officers may make joint visits to victims alongside IDVAs, (Independent Domestic Violence Advisers) and/or social workers, often to reassure a victim, or to support them in reporting an offence. The police may also contact settings regarding risk management, such as the supply of a photograph of a perpetrator who poses a high risk, and who may attempt to contact their child while in your setting/school.

Settings/schools/colleges will not normally contact the police officers directly unless requested as part of an investigation.

The National Police Chiefs' Council (NPCC) guidance for schools 'When to call the police' is a useful guide and provides advice where incidents occur on school and college premises where students have potentially committed a crime including for peer on peer abuse/assaults/harassment etc. and includes what schools and colleges should bear in mind when considering contacting the police:

<https://www.npcc.police.uk/documents/Children%20and%20Young%20people/When%20to%20call%20police%20guidance%20for%20schools%20and%20colleges.pdf>

4.3 Children's Social Care (CSC)

Children's Social Care (CSC) will be aware of any cases of high risk DA. Decisions may therefore have already been made in the light of risk identified in the Safe Lives DASH risk checklist and/or Barnardo's DV RIM. However, if the setting's/school's DSL/DDSL has additional information in their records, or if such information is made clear via a disclosure by a child or young person, this information should be communicated to social care in the first instance via the Customer Services Centre.

If a case is already open to CSC and settings have any new information from any source, this should be passed to the relevant Social Care Team. Settings/schools and other agencies may be asked to act in a monitoring capacity in some cases. Where an Early Help Assessment (EHA) exists, it may be that this will form part of any Social Care Assessment.

4.4 The District Teams

If the level of risk indicates that an EHA is appropriate, or if an EHA already exists, District staff may be involved in supporting the child. In some cases, the level of risk management may allow Social Care to 'step down' a case to the District. Support may, therefore, be offered via Family Intervention Programmes, Children's Centres, etc. The adult victim may be supported in accessing the Freedom Programme, or there may be support with parenting.

If the child's attendance has dropped as a result of the DA, the Education Welfare Officer may also be involved. District staff may work closely with settings to support the child, but all staff need to risk assess home visits carefully if the alleged/convicted offender is likely to be present.

4.5 Independent DV Advocacy / Sexual Violence Advocacy Service

Independent Domestic Violence Advisers (IDVAs)

Cambridgeshire County Council employs a team of Independent Domestic Violence Advisors (IDVA's). The IDVA team are based within the MASH for Cambridgeshire and for Peterborough at the Victim's and Witness Hub. IDVAs provide support, guidance and safety planning advice to high risk victims of domestic abuse. Referrals to the service are received from professional practitioners in the county working directly with potential victims of domestic abuse. Engagement by victims with IDVAs is on a voluntary basis.

The IDVA team includes specialists who will take referrals at all risk levels, please note, staffing levels will fluctuate in-year:

- One Eastern European IDVA for the county who supports victims from Eastern European A8 countries. The IDVA speaks fluent Polish and Russian.
- One Young Person's IDVA for the county who provides support to young people aged between 13 and 19 years or 19-24 for those who have a diagnosed learning or physical disability or mental health issue, or who were previously 'looked after' around teen dating violence.
- One Health IDVA based at Addenbrookes Hospital but covering the whole county, providing a service to A&E and maternity services.
- There is also a Duty IDVA each day who is able to offer advice and support to professionals via: 01480 847718 (Cambridgeshire & Peterborough)

Independent Sexual Violence Advisers (ISVAs)

ISVA posts that work across the county providing support to adult survivors of sexual violence and abuse (either current or historical). There is also a Young Persons ISVA (CHISVA) who works with children aged 0-19 across Cambridgeshire and Peterborough. The ISVA service is delivered by Cambridge and Peterborough Rape Crisis Partnership. The ISVAs can be contacted on: Cambridgeshire - 01223 313551 or isvas@cambridgerapecrisis.org.uk Peterborough - 01733 225937. You can make a referral at <https://www.caprccp.org.uk/>

4.6 Health Services

Health Services can be involved in a number of ways in supporting both adult and child victims.

The Health partner in the MASH is a Specialist Safeguarding Nurse, and is able to assess the existing and potential opportunities for support via, for example, School Nursing Service; Health Visiting; Community Midwives; CAMH; Adult Mental Health Services.

In addition, there may be a role for Accident and Emergency (Emergency Departments) in regional hospitals, and for midwives in regional maternity and neo-natal services.

Settings/schools may find that the School Nurse is able to share concerns with General Practitioners when there are safeguarding concerns of which they may be unaware. General Practitioners also receive training on DA.

4.7 Women's Aid / Refuge

Cambridge Women's Aid (CWA) offices are staffed during normal office hours and a worker is available on call 24 hours a day, 365 days a year. As well as supporting women and children who have experienced domestic abuse, CWA can also offer help and advice to other agencies about how to approach individual cases.

Children are supported by the CWA Family Support Worker in refuge and CWA offer support to children living in the community too. There is no time limit to a place allocated within a refuge, as there needs to be time for recovery, and a focus upon future plans. If there are adolescent male children within a family, Women's Aid will always operate on a 'case by case' basis, regarding assessment of their suitability for refuge.

Cambridge Women's Aid offers community based/outreach support mainly to women living in Cambridge City, South Cambridgeshire and East Cambridgeshire. Support for women living in Fenland, Huntingdonshire and Peterborough can be accessed through Refuge who can be contacted on 07787 255821.

Call 01223 460 947 for Cambridge Women's Aid or freephone 0808 2000 247 for the 24 hr National Domestic Violence Helpline run in partnership between Women's Aid & Refuge. Alternatively you could visit: <https://www.womensaid.org.uk/>.

Refuge employ a part-time specialist children's support worker. This member of staff provides a safe, supportive environment for the children in Refuge's Cambridgeshire refuges, running activities including cooking, arts and crafts and day trips out.

4.8 Admissions

Local Authority Admissions will work to maintain confidentiality for all children moving in and out of county where there are any safeguarding concerns. Information will not be shared by admissions with any unauthorised individuals and will only be shared with prior consent from the victim parent with, for example, school, professionals supporting the family (e.g. police, IDVA, social care) and refuges/hostels. Where the parent is not able to act protectively, admissions will be directed by police, IDVA or social care, as appropriate and circumstances surrounding the case.

4.9 Voluntary Services

Many voluntary agencies play a significant role in the identification, monitoring and support of individuals experiencing DA. In the same way, teams who offer alternative choices to young people, e.g. Romsey Mill, Centre 33, may work very closely with individuals who are still in education/on school roll.

4.10 Education Safeguarding Team (EST)

The Education Safeguarding Team is closely involved with the support of children experiencing DA:

- EST represents educational settings at the MARAC;
- A member of EST staff will liaise with Designated Staff/DSL/DDSLs regarding children on their roll who appear on the MARAC caselist;
- EST is involved in inter-agency and strategic working regarding DA.
- EST also has an Education Navigator working alongside other professionals within the MASH
- The Education Navigator will be directed by a Senior Social Worker to gather information in order to assess the level of need and type of support required by children and their family.

For more details of services and training visit:

<https://www.cambslearntogether.co.uk/pupil-and-family-support/education-child-protection-service/>

5.0 OTHER ASPECTS OF DOMESTIC ABUSE

5.1 Forced Marriage

In a forced marriage, (unlike an arranged marriage, where there is an element of choice for those getting married), one or both spouses do not freely consent to the marriage and some form of duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure. Forced Marriage is an abuse of human rights and, where a child is involved, an abuse of the rights of the child.

Between 2011 and 2018, the Forced Marriage Unit (FMU) provided advice and support in an average of 1,359 cases per year. The number of cases in 2019 represents a 10% decrease on 2018 cases but is in line with the average number of cases per year since 2011. Of the cases that FMU provided support to in 2019, 363 cases (27%) involved victims below 18 years of age.

Many children/young people are afraid to discuss their worries with friends or others, in case their families find out. Symptoms of fear in these circumstances are very similar to other possible signs of DA. If anyone suspects that a child (male or female) is at risk of a forced marriage, the information should be passed to the DSL, who will make a referral to the Customer Service Centre.

At no time should:

- the child be sent back to the home and the concerns dismissed;
- members of their family or community be contacted, particularly in advance of any enquiries, and without the child's permission.

Further guidance can be found on the [Department for Education's](http://www.gov.uk) website www.gov.uk

5.2 Female Genital Mutilation

Female Genital Mutilation is perpetrated both in the UK and in countries of origin. There are several forms of 'cutting', all of which involve a degree of health risk for the victim.

Some 6,590 women and girls had a procedure to treat their FGM or were identified as having experienced FGM previously when they were treated between April 2019 and March 2020. Of these, 205 were women or girls who had been born in the UK, according to an annual report from NHS Digital. <https://digital.nhs.uk/data-and-information/publications/statistical/female-genital-mutilation>

Prevention is a priority; therefore, staff in educational settings need to be aware of the likely signs of plans to send a child or young person for FGM where possible. Identification of symptoms after cutting has taken place may support the child in some ways, but the process will in many cases have caused irreversible damage.

Requests for extended 'holidays', distress and anxiety, through to overt disclosures, should be taken seriously. Girls in pre-school through to post-16 education may be candidates for FGM.

As with Forced Marriage, children and young people should not be sent home without a strategy in place which involves other agencies; neither should parents or family/ community members be contacted until actions necessary have been taken.

Anyone who is worried about a child being, or having been a victim of FGM can contact 0800 028 3550 or visit www.fco.gov.uk/fgm for information and support. Also the [NSPCC](http://www.nspcc.org.uk/) offers free 24-hour advice and support to protect UK children from FGM - <https://www.nspcc.org.uk/>.

Guidance is also available here: [Female Genital Mutilation: Guidance for schools, June 2019](#)

5.3 Other so-called 'honour' abuse

'Honour' abuse (previously known as honour based violence) may be defined as a collection of practices used to control behaviour within families to protect perceived cultural and religious beliefs and/or honour. Victims may have acted in ways which are construed as a threat to these perceived norms, e.g.:

- defying parental authority - including refusing to submit to forced marriage
- becoming "Western" – attitudes, makeup or dress

- flirting/receiving calls or flowers from men
- having an unapproved partner/women having sex or relationships before marriage
- being gay
- reporting DA
- 'allowing oneself' to be raped
- use of drugs or alcohol
- gossip / deception
- marital infidelity/demanding a divorce

[Karma Nirvana](#) offer a UK Helpline services for males and females: **0800 5999 247** which is open Monday - Friday: 9am - 5pm.

[Halo Project](#)

<https://www.haloproject.org.uk/> support victims and will also work with key partners to provide required interventions and advice necessary: Advice: **01642 683045** and in **Emergency: 08081 788 424 (free phone)**

Anyone in immediate danger should be directed to call 999.

5.4 The welfare of the child is paramount

Designated Personnel should bear in mind that parents/carers/family members should not be contacted where to do so would increase the risk of harm to the child or young person. Clearly, alerting parents/carers to concerns about any of the above may result in a child being removed to another address or being taken abroad.

6.0 CHILDREN AND YOUNG PEOPLE AS PERPETRATORS OF DA (See also the information on pages 35 - 36 regarding local agencies and support for children and young people)

6.1 Children and young people as perpetrators against parents/carers/siblings

If a parent/carer makes the disclosure that a child is the perpetrator of the abuse, then the member of staff should ensure that the parent is able to speak with the DSL/DDSL. The disclosure should be recorded in the normal way, and the DSL/DDSL should then follow procedures and take advice. Depending on the age of the child, the police may need to be involved if a crime has been committed.

Even in a situation where the child is the alleged perpetrator, it may be appropriate for the victim to stay in a Women's Refuge; however, in this situation, it would be entirely inappropriate for the victim to disclose their location to the abusing child. Further guidance can be found in the [Adolescent to Parent Violence and Abuse Guidance](#)

6.2 Supporting parents/carers who are victims

Many parents/carers affected by DA manage to create and sustain healthy and valuable family relationships, despite the abuse and fear that they may be experiencing.

However, DA may have an impact upon parenting ability, which will in turn affect the child and any siblings. The non-abusing parent/carer may:

- find it difficult to set and maintain boundaries
- look to the child/ren in the family for emotional security
- feel unable to cope
- be emotionally withdrawn
- exercise inappropriate levels of responsibility
- have inappropriate perceptions of control
- feel frustrated about children's behaviour
- be unable to maintain a routine
- experience poverty and hardship

Mental health issues, alcohol and drug abuse often play a part in DA and can impair the judgment of one or both adults.

7.0 DEALING WITH ALLEGED/CONVICTED PERPETRATORS

Designated Personnel who are aware of incidents of domestic abuse will need to make a judgement regarding sharing information on a 'need to know' basis with any staff likely to have contact with alleged or convicted perpetrators. Proportionality and relevance are fundamental to information-sharing (see section 9.0 Sharing Information, page 24)

7.1 Parental Responsibility

All settings should ensure that information stored on their system is updated regularly, and that there is total clarity in those records as to who has PR for a child. A perpetrator may have parental responsibility, but if they pose a risk to a child, the school has a duty of care to protect the child. If the victim parent has not already done so, they should take legal advice and obtain an order, e.g. a Restraining Order, Non-Molestation Order, Non-Contact Order, which will clarify the position of the setting. Staff should ask to have sight of such orders in order to clarify their Risk Assessments.

Parental Responsibility cannot be removed, as such, but having PR does not automatically entitle a parent to collect a child, and if there has not been a prior arrangement made by the main carer, or if to release the child would pose any possible risk, the school should behave in a protective manner. Should the alleged/convicted perpetrator arrive to collect the child, the school staff should say that they need to check this arrangement with the parent who brought the child into school. If this results in aggression, the school should ring 999. **Section 3(5) of the Children Act 1989** refers:

“A person who: (a) does not have parental responsibility for a particular child; but (b) has care of the child. may... do what is reasonable in all circumstances of the case for the purpose of safeguarding or promoting the child's welfare.”

7.2 Requests for Information

Allegations of DA may take time to resolve after disclosure. The alleged perpetrator may have parental responsibility and may continue to have dealings with your setting, e.g. by requesting information about their child, or by attending functions/information/parents' evenings.

Perpetrators of DA may be very adept at manipulating opinion; they may present a different image in public to that faced by those in the home environment. Alleged perpetrators may use conversations with professionals to divert attention away from their behaviour and its

consequences, and to focus inappropriately on the behaviour of others. However congenially or aggressively the alleged perpetrator presents to staff, on no account should they mention the disclosure to him/her, or challenge him/her about it.

Situations may arise, when the perpetrator is no longer living in the family home, when they make requests e.g. to come into your setting to speak with the child. Whilst staff may be aware of Parental Responsibility, they should also remember that the child's welfare is paramount. A Manager/Designated Safeguarding Lead/Designated Deputy/Headteacher has a right to refuse access to a parent when, in their professional judgment, such access would present difficulty to the child, other children and staff. In the event of aggressive persistence by an alleged perpetrator, the designated member of staff should contact the police, using 999.

Staff should also avoid being approached by perpetrators who wish to discuss their situation outside setting/school hours; should such an approach occur, staff should notify their DSL/DDSL and record information.

8.0 RECORD-KEEPING

8.1 Keeping records of concerns/conversations/advice

Designated Safeguarding Leads/Designated Deputy Safeguarding Leads have responsibility for ensuring that all staff log any concerns relating to domestic abuse in the normal way (either hardcopy or online safeguarding systems) and for the maintenance of confidentiality in all matters relating to storage of these logs.

In addition, when DSLs/DDSLs receive a call from other agencies relating to DA, records of conversations should be written up or uploaded to the child's chronology in the child's hardcopy Safeguarding File or online safeguarding record if electronic systems are used. All records should show:

- full name, date of birth and year group of child;
- full name (printed), role and signature of staff completing record;
- date and time of completion;
- name and role of any professional with whom conversation takes place;
- emails/other correspondence or information relevant to the concern.

The same principle applies when DSLs/DDSLs receive a telephone call or email from EST relating to the MARAC referral of any child in their school. Clear records of all information shared should be kept, and stored within the child safeguarding file/electronic safeguarding record.

8.2 Transfer of records

DSLs/DDSLs should observe best practice when transferring records of DA, in the same way as any other child protection records and follow the procedures as set out in EST Guidance on Keeping and Managing Safeguarding Records.

9.0 SHARING INFORMATION

9.1 Sharing Information relating to DA

The sharing of information relating to DA follows the same principle as general safeguarding information; i.e.

- sharing of information should be proportionate and relevant;
- information sharing may be justified in the best interests of the child, or in the public interest
- information sharing between DSLs/DDSLs in different settings, for example where there are siblings in a family experiencing DA, or where a child has transferred to another setting and the safeguarding file has not yet reached the receiving institution, is justified in the best interests of the child;
- all records of conversations should be kept as described above;
- sharing information with other agencies e.g. social care; police, is part of a statutory process;
- sharing information with a School Nurse can sometimes enable information to be passed to a General Practitioner who may yet be unaware of the existence of DA and related issues within the family.

9.2 Sharing Information, Data Protection Act 2018 & GDPR

- Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
- Information which is relevant to safeguarding will often be data which is considered ‘special category personal data’ meaning it is sensitive and personal. Where practitioners need to share special category personal data, they should be aware that the Data Protection Act 2018 includes ‘safeguarding of children and individuals at risk’ as a condition that allows practitioners to share information without consent.
- Information can be shared legally without consent, if a practitioner is unable to, cannot be reasonably expected to gain consent from the individual, or if to gain consent could place a child at risk.
- Relevant personal information can be shared lawfully if it is to keep a child or individual at risk safe from neglect or physical, emotional or mental harm, or if it is protecting their physical, mental, or emotional well-being.

For full details, see the following government document: [“Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers”](#), July 2018

10.0 PREVENTION OF DOMESTIC ABUSE

10.1 Creating an ethos of awareness

- Schools should ensure that all staff have an awareness of DA and its effects upon the behaviour, attainment and emotional wellbeing of children and young people.
- A school can underline its clear message that DA is unacceptable by using displays and posters in prominent positions around school.
- Advertisement of sources of help, e.g. Childline, Samaritans, Women's Aid, The Hideout, gives children a sense of validation for their concerns, and may encourage those who are reluctant to speak out.
- These sources of help provide a 'safety net' for children during weekends and school holidays.
- Posters and leaflets are obtainable from Women's Aid; some are free to download.

10.2 Use of the curriculum

- Information about personal safety can start in Early Years Foundation Stage, and staff can build on this awareness of personal rights and responsibilities as children move through KS1 and KS2. See 'PS!' programme, available through PSHE Service (details available from EST).
- In KS3 and KS4, more specific programmes which encourage children to identify healthy relationships, and establish positive ideas about role models can be used e.g. the Expect Respect Education Toolkit (Women's Aid)
- This programme can be downloaded from the Women's Aid website by going to: www.womensaid.org.uk and clicking on 'Resource Centre', 'Free Resources' on the left hand side of the Home Page.
- In addition, staff could signpost children and use the The Hideout – a website specifically aimed at children and young people.

10.3 Collapsed days / targeted sessions

- Young people may also benefit from 'collapsed days', where whole-day activities and workshops focus upon DA in both familial and intimate partner relationships.
- Live performances such as 'Chelsea's Choice' and 'Tough Love' can be powerful ways to get messages across but please ensure support is available to all young people post-performance.
- Specialist outside trainers/facilitators may enable children/young people to investigate their own concerns and encourage disclosures.

10.4 Identification of vulnerable and high risk groups

- There are several references to children and young people who are vulnerable or at risk from DA within the new Keeping Children Safe in Education, 2020, statutory guidance including as part of early help, as part of contextual safeguarding, where possible having more than one emergency contact number for pupils, sexual violence/harassment and risk assessments (see "[Sexual violence and sexual harassment between children in schools and colleges](#)"). Annex A also includes additional information relating to DA including children and the court system, children with family members in prison plus additional information and signposting for support.

- Whilst it is inappropriate to label certain children as being more likely to experience DA, it is helpful to be sensitive to those who have ‘normalised’ DA, or who are showing signs of adopting stereotypical attitudes to gender roles.
- In surveys, a substantial proportion of young people of both sexes appear to accept the likelihood of partner violence; settings can play a part in challenging these attitudes.

10.5 Training

- Staff training in basic awareness of DA will ensure that children receive consistent approaches and supportive pastoral care.
- Training is available from EST: A whole day course is part of our brochure courses and twilight sessions can be arranged on request.
- In response to demand from education settings, a one-day course on Risk Assessments/Safety Planning is also available across Cambridgeshire & Peterborough to help schools safeguard and support children and young people who live with DA.
- Training is also available from the SCPB, details of which are available in their training brochure on the website: www.safeguardingcambspeterborough.org.uk
- DPs are recommended to obtain specific training on DA and related issues; the Ofsted Safeguarding briefing makes specific reference to staff training and awareness on FGM, HBV, gangs and exploitation.
- The Cambridgeshire and Peterborough Domestic Abuse and Sexual Violence Partnership offer free online basic awareness training for professionals on their website www.cambsdasv.org.uk.

10.6 Reinforcing messages in the wider community

As part of the community, a setting can endorse positive relationships and offer role models to children and young people. This also applies in the virtual community.

11.0 EARLY YEARS AND CHILDCARE SETTINGS

In Early Years settings, there will be even more likelihood of spotting distress or unexplained injury in a child, or observing them in play or activities which indicate DA.

Childminders may also receive disclosures from children, and the training carried out via PACEY enables them to take appropriate action regarding referrals or seeking advice from Social Care.

Staff in early years and after-school settings need to be aware of the extremely high vulnerability of the children in their care who may not be able to understand or express their worries and/or fears about domestic violence or abuse in the home.

11.1 For Baby’s Sake

‘For Baby’s Sake’ is a programme that aims to bring an end to domestic abuse and give babies the best possible start in life. It’s a whole family change programme which starts in pregnancy, continues until the baby is aged two and works with both mother and father, whether or not they are a couple when they join the programme or subsequently. For further details, please go to:

<https://www.stefanoufoundation.org/forbabyssake>

Staff should record concerns on a daily basis, if appropriate/necessary, according to PSCB or Cambs LSCB guidance. Details recorded could relate to:

- Changes in the behaviour of the child/young person;
- Deterioration in the child's general well-being;
- Unexplained bruising, marks or signs of possible [abuse/neglect](#);
- Factual observation, but not personal feelings or judgements about the child (unless these are relevant to the context, and are clearly indicated as opinion, e.g. 'Becky ran out of the playroom and hid in the toilets when her stepfather arrived. She appeared to be frightened');
- Drawings, play or other activities which lead to disclosure.
- Verbal disclosures made by the child

Staff should record pre-existing injuries in the normal way and liaise with their DPs as appropriate.

Staff should work closely with the non-abusing parent/carer in order to support the child, especially if the family are living in a refuge, and the DP in the setting should always be closely involved with plans to safeguard children.

Referrals to Social Care should be made via the Customer Service Centre on: 0345 045 5203.

Whilst it is desirable to obtain consent from parents prior to making a referral to Social Care, the welfare of the child is paramount, and consent should not be sought if to do so would increase the risk of harm to the child.

In recognition of the increasing awareness of domestic abuse and its impact on children, the Education Safeguarding Team is offering a bespoke half-day training on domestic abuse to Early Years colleagues. We are also offering a half-day workshop on risk assessing and safety planning. For further details, please email: ECPS.General@cambridgeshire.gov.uk.

12.0 PRIMARY SCHOOLS

Children within the Primary range may be more likely to manifest clear signs and indicators, and to be observed acting out their concerns; the opportunities for preventive work are also clear. Children can start work on the 'Expect Respect' programme from Reception upwards; the elements of healthy relationships and understanding mutual respect lead them into comprehending more specific ideas in the Secondary phases.

Primary Schools also have a greater likelihood of working with a parent who is a victim of DA; in some schools, particularly in small communities, staff will know parents very well, and may find themselves offering a parent a safe opportunity to phone [Women's Aid](http://www.womensaid.org.uk/) (www.womensaid.org.uk/), [Citizen's Advice Bureau](#), or a solicitor.

13.0 SECONDARY SCHOOLS/COLLEGES/INDEPENDENT SCHOOLS

Schools/Colleges need to provide an environment which may promote the young person's welfare, e.g. through pastoral support and PSHE modules. Some schools may consider that a formalised Pastoral Support Plan is appropriate to the young person's individual level of need.

The 'Expect Respect' programme is recommended as a proactive and reactive programme. In other words, preventive work can take place as a matter of course, but children who are experiencing DA may benefit from targeted work using elements of the programme, either on a 1-1 basis, or in a small group. Alternatives would be 'Chelsea's Choice' or 'Tough Love' performances performed by [Alter Ego](#).

Teenage Relationship Abuse – Hope's Story Thames Valley based Safe Project have produced a video to help young people with their understanding of healthy relationships. This story portrays the experience of Hope, as she meets and starts a relationship with Donte. The plot and characters were created by young people during workshops with SAFE!

https://www.youtube.com/watch?v=KGZVnCN5494&feature=emb_title

In cases where the impact upon the YP's learning and behaviour is a concern, schools may consider targeted counselling.

14.0 SAFEGUARDING CHILDREN PARTNERSHIP BOARD (SCPB)

The Cambridgeshire & Peterborough SCPB has an overarching responsibility to ensure that all agencies adhere to the procedures laid down in the Inter-Agency Core Procedures (see www.safeguardingcambspeterborough.org.uk)

Cambridgeshire and Peterborough Safeguarding Children Partnership Board will aim to ensure that:

- The needs of children and young people who have been or may be affected by domestic abuse have been considered when planning and commissioning local services;
- Specific local procedures are in place covering the impact of domestic abuse on children and young people;
- Local safeguarding training includes information about how to identify the impact of domestic abuse and the importance of considering the child or young person's lived experience, either of witnessing or directly being a victim of, domestic abuse;
- During those times of the year when reports of domestic abuse are likely to increase, there is increased awareness raising activity in local communities;
- There is collaboration between the work of the Safeguarding Children Partnership Board and the county-wide Domestic Abuse and Sexual Violence Partnership, driving work forward and ensuring effective cooperation between agencies and professionals;
- There is a dedicated lead person in each partner organisation with responsibility for implementing this guidance;

15.0 THE EARLY HELP ASSESSMENT (EHA):

Parental consent is needed to implement an [Early Help Assessment](#) EHA, unless the child/young person is considered competent to give their independent consent. Scroll down the following link for detailed information and guidance: www.safeguardingcambspeterborough.org.uk

It provides a standardised and holistic assessment tool for professionals and volunteers to use with families to identify all of the needs within a family and how their various needs inter-relate.

The EHA operates as a request for services and as such supports decision making about how a family's needs might be best addressed. It can be used by anyone who works with children, young

people, adults and families across the workforce, whether they are employed or volunteers, and working in the public, private or voluntary sector.

It can be used whenever there are concerns that a child, young person, adult or family has needs which might require targeted support.

Before starting an EHA assessment, the Practitioner should contact the Early Help Hub on 01480 376666 to check if an EHA already exists.

A copy of the EHA, signed by members of the family, should be sent to the Early Help Hub for logging. A copy of the EHA should be offered to the parent / carer and / or young person.

16.0 Reducing Parental Conflict

There is a close association between high parental conflict within families, alongside evidence of poor outcomes for children. Cambridgeshire County Council and Peterborough City Council are piloting new face to face interventions to support families in conflict, in partnership with the DWP.

Four evidenced based interventions will run from 1st July 2019 until July 2021 under the banner 'Parenting Together Support Programme' and can be referred into by frontline practitioners. The interventions are as follows:

- Mentalization-an intensive, 10 session intervention for intact and separated couples
- 4 R's 2S's- an intensive 16 session group based intervention for intact and separated couples with children aged 7-11 with a conduct disorder
- Family Check Up-a moderate 4 session intervention for intact and separated couples
- Parents Plus-a moderate 6 session intervention for separated couples only

Further details on the interventions, eligibility criteria and how to make a referral can be found at <https://www.parentingtogethersupportprogramme.org.uk>

Training for schools is being rolled out throughout the year and schools will have received emails from Nicole Brownlie, Early Help Assistant Manager (St Neots, Ramsey, Sawtry, Yaxley District), with details. For further information, please email nicole.brownlie@cambridgeshire.gov.uk.

Appendix 1 - Impact of DV on children/young people

Children/young people living in a household where there is DV/DA may demonstrate:

- An inability to concentrate because the problems at home are overwhelming
- Non-attendance
- Unexplained injuries
- Physical injury
- Loss of language skills
- Delayed development
- Absconding/running away
- Quiet and withdrawn behavior
- Regression
- Disruptive behavior
- Wetting/soiling
- Aggressive behaviour
- Attempts to resolve potentially difficult situations by being overly-compliant
- Difficult in completing homework because of problems/volatility at home
- Avoidance/delay in going home e.g. by joining in numerous after-school activities; hiding in school
- Marked changes in behaviour/academic performance
- Poverty/inability to pay for activities, uniform, etc., because perpetrator is withholding money from non-abusing parent
- Fear/confusion/trauma
- Illness and truanting
- Stealing/lying
- Tiredness due to caring role/nightmares/sleeplessness
- Lack of social life/reckless activities
- Drug/alcohol/substance abuse
- Self-harm/eating problems
- Protective towards siblings/non-abusing parent
- Participation in violence under duress

Children/young people fleeing DV, e.g. in refuge or other temporary accommodation

Children/young people living in these circumstances may experience some of the same issues as those living with DV. In addition, they may experience:

- The after effects of living with abuse, e.g. nightmares
- Difficulties in making adjustment to the new surroundings/people
- Fear of being found
- Distress at losing pets
- Distress at loss of toys/personal effects
- Concerns for the non-abusing parent/carer because of emotional problems/financial worries
- Problems with homework due to lack of space/privacy
- Loss of self-respect/guilt
- Important school work left in home
- Not able to form new friendships
- Separation from siblings (boys over 14 are not usually able to stay in refuges for women)

Appendix 2 - Potential support for children/young people living with DA/DV

- Time out from lessons when they are seeing mentor/counselor
- Allowing outside agencies time to work with pupil in school
- Additional support with homework e.g. homework club; learning mentors
- Drafting Risk Assessments and Safety Plans with the non-abusing parent and other agency professionals to reduce exposure to risk of harm
- Targeted work on Personal Safety or PSHE programmes of study
- Active engagement with support systems e.g. peer support, mentoring
- Identification of a named member of staff whom the child respects and trusts and who can be approached when they are feeling vulnerable
- Where necessary, for formulation of a support plan, involving the child and appropriate professionals, targeting clear objectives/outcomes, both inside and outside school (for Secondary pupils, this may link with Work Related Learning planning/Vocational Education
- Discussions with other agencies, e.g. Social Care regarding provision of out-of-school activities to support pupil and non-abusing parent/career
- Freedom Programme for young people, where available
- Expressive activities such as drama, art or music, which allow controlled exploration of emotions

Children/young people who are living in a refuge or other temporary accommodation

- As for the pupil living with DA
- Regular meetings of any professionals involved in support
- Offering places and support for the completion of homework/coursework, which may be difficult within Refuge
- Support with resources to enable tasks to be completed
- Support with social time/activities which support self-esteem/links with peers
- Offer of bursaries or grants for school trips/uniform/stationery
- Targeted work to build resilience
- Work with an adult mentor
- Offering new opportunities within extended school day e.g. drama, sport
- Support for all children and young people in understanding that DA is not acceptable

Adult victims

Any professional who works with adults can support in the completion of the Safe Lives Dash Risk checklist. However, in practice, it is invariably a police officer or an IDVA who is involved.

The [Safe Lives Dash risk checklist](#) is available in fourteen community languages, and enables professionals, with the co-operation of a victim, to assess the risk levels of the abuse. DSL/DDSLs can use this process to refer to IDVAS or MARAC, bearing in mind that there are thresholds for involvement or referral. Please see here for the [Cambridgeshire DASH](#).

But professionals should note that the current trigger for MARAC AND IDVA involvement is 14 or more positive responses, professional judgement, escalation or repeat incidents or cases transferring in from other counties.

Perpetrators

Building Better Relationships (BBR)

Building Better Relationships is a programme run by Probation specialists for men who have been abusive to partners or ex-partners. Referrals are made, usually as a condition of a prison licence, or as part of a Community sentence.

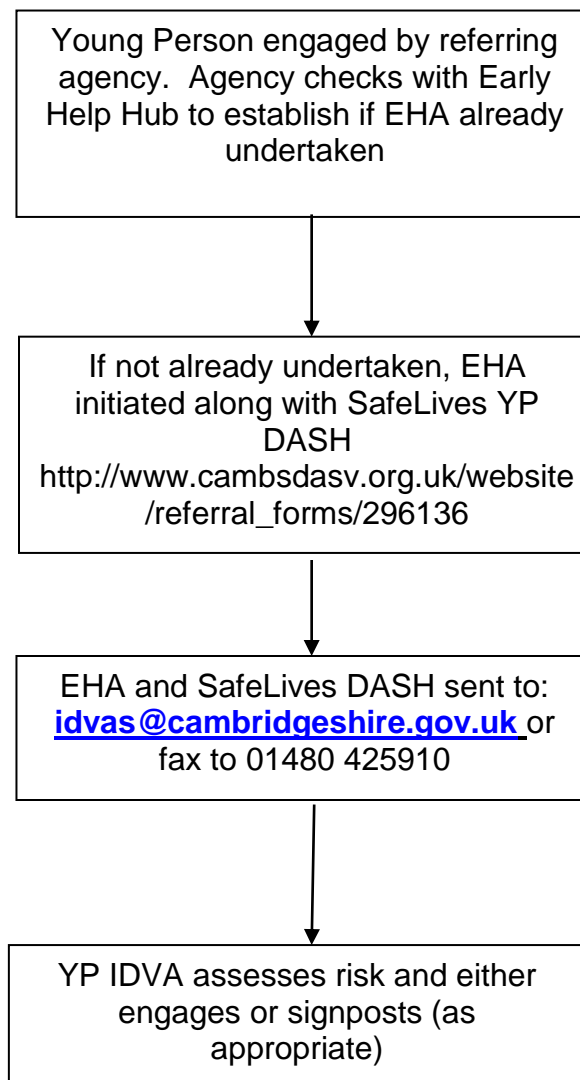
Respect

Respect run a helpline for perpetrators which can be accessed via <http://respectphoneline.org.uk/>

Appendix 3 - Referral pathway to Young Person's IDVA



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VIOLENCE PARTNERSHIP



Appendix 4 - Useful contact numbers and websites

Contacts	Contact details
Against Violence & Abuse (AVA)	http://www.avaproject.org.uk
Barnardo's	http://www.barnardos.org.uk/
Cambridgeshire & Peterborough Domestic Abuse and Sexual Violence Partnership	Website: www.cambsdasv.org.uk Instagram: cambsdasv Twitter: cambs_dasv Facebook: cambsdasv
Cambridgeshire & Peterborough Domestic Abuse and Sexual Violence Partnership have compiled the following list of useful contacts:	<u>Against Violence and Abuse (AVA)</u> <u>Coercive Control - website for professionals set up by a survivor</u> <u>Safe Lives (formerly CAADA)</u>
CHUMS – Children's Mental Health Support	http://chums.uk.com/cambs-pborough-services/
Embrace – Child Victims of Crime	https://embracecvoc.org.uk/
For Baby's Sake - whole family change programme	https://www.stefanoufoundation.org/forbabysake
Freedom Programme	http://www.freedomprogramme.co.uk/index.php
'Freedom' in BSL	<u>Cambridgeshire Deaf Association</u>
Halo Project	https://www.haloproject.org.uk/ Advice: 01642 683045 Emergency: 08081 788 424 (free phone)
Teenage Relationship Abuse	https://www.disrespectnobody.co.uk
Time4U	https://embracecvoc.org.uk/time4u/
Women's Aid - Healthy Relationships	https://loverespect.co.uk/ https://www.womensaid.org.uk/what-we-do/safer-futures/expect-respect-educational-toolkit/
YMCA Respect Programme	https://ymcatrinitygroup.org.uk/counselling/respect/
To make a referral or seek advice:	
Reducing Parental Conflict	https://www.parentingtogethersupportprogramme.org.uk
Social Care Customer Service Centre	Tel: 0345 045 5203 Email: Referralcentre.children@Cambridgeshire.gov.uk
Early Help Hub support and assessments	Tel: 01480 376666 Email: Early.HelpHub@cambridgeshire.gov.uk
Emergency Duty Team	Tel: 01733 234724 (out of hours – 17.30 – 08.00hrs)
Police	Tel: 101

Support and guidance for professionals:	
Cambridgeshire & Peterborough Safeguarding Board	www.safeguardingcambspeterborough.org.uk
Domestic Abuse Partnership Managers (Vickie Crompton and Julia Cullum)	Via the Duty IDVA: 01480 847718
Forced Marriage (Foreign and Commonwealth Office)	www.fco.gov.uk
SafeLives website (see also above)	www.safelives.org.uk
Karma Nirvana	https://www.karmanirvana.org.uk/ Tel: 0800 5999 247
NPCC 'When to call police' guidance	https://www.npcc.police.uk/documents/Children%20and%20Young%20people/When%20to%20call%20police%20guidance%20for%20schools%20and%20colleges.pdf
Support for victims and families	
Childline (24 hour helpline for children)	Tel: 0800 1111 (free)
Women's Aid 24 – hour Domestic Violence Helpline	Tel: 0808 2000 247 www.womensaid.org.uk
National DV Helpline	Tel: 08844 8044 999 Text: 60777 to NCDV www.ncdv.org.uk
Sexual Assault & Referral Centre (SARC) The Elms	Hinchingbrooke Hospital Site Tel: 0800 193 5434 (24 hour) www.theelmssarc.org
Support for male victims	Domestic Violence (Male) Advice and Enquiry Line: 0808 801 0327 Men Reaching Out (Mon-Thurs 10am-3pm) Tel: 01274 731020 Email: menreachingout1@gmail.com
Outreach	Cambridge Women's Aid Outreach: 01223 361215 Refuge: 07787255821
NSPCC Offer a free 24-hour advice and support to protect UK children from FGM Anyone who is worried about a child being or has been a victim of FGM	Tel: 0800 028 3550

Appendix 5 – Suggested Template for a Basic Risk Assessment

Setting/School:	Lead DSL/DDSL:	Date:	Special Considerations: <input type="checkbox"/> Special Educational Needs or Disabilities <input type="checkbox"/> EHCP <input type="checkbox"/> Child in Need <input type="checkbox"/> Child Protection Plan <input type="checkbox"/> LAC <input type="checkbox"/> Other: _____
Name of Child/Children (family and given name):	Date(s) of Birth:	Parental Responsibility:	

Background/Context:								
Description of risk	To whom	What is already in place?	Risk H/M/L	Further actions to reduce risk	By whom?	By when?	Date completed	Revised Risk Level H/M/L
Additional Comments:								

Completed by:	Position:	Signed:	Review date scheduled for: