



**Camden Safety Net
Children's Safeguarding and Family
Help
Solace Women's Aid**

Joint protocol on working with families
affected by domestic abuse
2017

1 Purpose and scope of protocol

Camden recognises that domestic abuse is one of the key risks to the safety and welfare of children. Camden's Community Safety Partnership aims to reduce the incidence of and address the risks arising from domestic abuse by ensuring a joint response from key agencies.

This protocol sets out how key services delivering support to families affected by domestic abuse in Camden will work together in order to safeguard children by:

- supporting victims to keep themselves and their children safe
- taking action to safeguard and promote the welfare of children affected by domestic abuse
- challenging the behaviour of perpetrators and helping them to make changes.

The services that are party to this protocol are:

- Camden Safety Net
- Solace Women's Aid
- Children's Safeguarding and Family Help
- Early help services

2 Roles and responsibilities of services

2.1 Camden Safety Net (CSN)

CSN is the main domestic abuse service in Camden that works directly with victims and their children where there is a high risk from domestic abuse through effective safety planning and providing floating support to victims where there is a moderate risk. The agency also provides a service for women experiencing sexual violence.

CSN will:

- accept all referrals from agencies on behalf of victims of domestic abuse
- assess the level of risk from domestic abuse on victims
- allocate an Independent Domestic and Sexual Violence Advisor (IDSVA) to work directly with victims
- provide support and referral for counselling to victims and their children
- help victims experiencing high levels of domestic abuse to devise a safety plan and regularly review this plan

- liaise with other agencies such as housing and the benefits agency on behalf of the victim
- provide support to victims through the IDSVAs in order to help them implement their safety plan.

CSN can provide information and advice to other agencies and professionals working with families affected by domestic abuse including advice on safety planning, housing options and benefits and programmes available for victims to help recovery.

CSN will only work with victims of domestic abuse on a voluntary basis where the victim acknowledges the abuse and is willing to work with CSN to reduce the risk.

2.2 Solace Women's Aid

Solace is a national charity providing advice, support and services to victims of domestic abuse and who have been commissioned by CSN to provide refuge accommodation and support to domestic abuse survivors living in the borough.

Solace will:

- provide refuge accommodation for victims and their children fleeing domestic abuse
- work directly with victims and children to help them recover from their experience of domestic abuse
- support victims living in refuges to access universal services and benefits.

Solace will also deliver the national programme of training for GPs via the Identification and Referral to Improve Safety (IRIS) to enable GPs to identify patients affected by domestic violence and abuse and refer them to specialist services.

2.3 Children's Safeguarding and Family Help (CSFH)

CSFH is part of Camden's Supporting People directorate providing a statutory social work service for children and young people under the Children Act 1989 in order to safeguard and promote their welfare. The service works with families affected by domestic abuse as this is known to be one of the key risk factors affecting children's safety and welfare.

CSFH will provide a statutory social work service by:

- allocating a social worker to work directly with the child and their family
- carrying out a child and family assessment to identify the child's needs and assess the risk to the child from domestic abuse

- ensuring the child’s welfare is safeguarded and all their developmental needs are met through provision of services and interventions
- ensuring the child has a plan in place that sets out how these needs will be met
- reviewing the plan on a regular basis through a formal meeting
- liaising with the child and family’s professional network to ensure implementation of the plan
- where there are child protection concerns, convening a strategy meeting and child protection case conference and overseeing the implementation of the child protection plan by the core group in line with the pan-London procedures.

2.4 Early help services

Camden’s Early Help service provides services for children with low level needs or who are vulnerable to poor outcomes who do not meet the threshold for a statutory social work service but who need extra support and services to achieve good outcomes and avoid problems escalating.

The service provides a variety of community-based multi-agency preventative interventions delivered by a wide range of agencies and designed to support child development and strengthen parenting skills.

Early help services can work with children living with low level domestic abuse in order to reduce risks and support parents to address issues driving the abuse by:

- carrying out a CAF assessment to identify the child and family’s needs
- allocating a lead professional to co-ordinate agency responses and act as a central point of contact for professionals and the family
- identifying the “team around the family” of professionals working closely with the child and their family
- putting in place an action plan detailing the services and support to be provided to the family
- ensuring the plan is regularly reviewed.

The service will also escalate cases to CSFH for a statutory social work service where it becomes apparent that the child meets the threshold for this service.

3 Dealing with notifications and referrals

Procedures for dealing with domestic abuse notifications and referrals in Camden are based on the London Safeguarding Children procedures available at:

PG14. Domestic Abuse

3.1 Police notification of domestic abuse

- All incidents of domestic abuse attended by the police where there are children living at the address will be notified to the Child and Family Contact team and CSN.
- Notifications will be dealt with by the Child and Family Contact team and the managers of the service will liaise daily with the CSN manager to ensure both services are aware of all notifications and to discuss how cases will be managed including whether the case will be dealt with by the social work service or an early help service.

3.2 Referrals to CSFH

- Where there is no notification from the police but CSN or Solace staff wish to refer a child they work with to CSFH because there are concerns about the impact of domestic abuse on their safety and welfare, this referral should be by an e-CAF referral via the Child and Family Contact team.
- Urgent child protection referrals can be made to by telephone and followed up in writing within 48 hours.
- All e-CAF referrals received by the Child and Family Contact team from other agencies relating to the impact of domestic abuse on children will be shared with CSN to ensure there is a joint response from both services.
- Staff at CSN or Solace can discuss individual cases with the Child and Family Contact team social worker on a no-names basis to get advice prior to making a referral.

4 Thresholds for services

4.1 Domestic abuse services

Services in Camden are provided based on the following levels of risk:

- High risk cases receive a full service from an IDSVA worker
- Moderate risk cases receive floating support from a CSN worker
- Standard risk cases receive support from Victim Support.

4.2 Children's services

CSFH follows the London Safeguarding Children procedures available at:

[Contents](#)

When making decisions on referrals, CSFH will use the Barnardos risk assessment matrix (see appendix 1) to determine the level of risk to the child and the most appropriate response.

- Where the level of risk is assessed at **Scales 1 & 2** (moderate and moderate to serious) the case will be referred for an **early help service**. These will be cases involving low level verbal abuse or threats where no criminal offence has taken place.
- Where concerns are assessed at **Scale 3** (serious) the case will be will meet the threshold for a **child in need service** and the case will be referred to CSFH. These are likely to be cases where:
 - there are other risk factors present such as mental health and substance misuse
 - the victim is pregnant
 - there is a history of domestic abuse, including domestic abuse in a previous relationship
 - the incident is serious
 - there are babies or very young children living in the household
 - the victim plans to remain in the relationship.
- Where concerns are assessed at **Scale 4** (severe) the case will meet the threshold to be dealt with under **child protection procedures** and the case will be referred to CSFH. These are cases where the child is thought to be at risk of significant harm, including the harm suffered from seeing or hearing the ill-treatment of another. This is likely to include significant incidents involving a criminal assault with the child in close proximity, for example a child being held by the victim during the assault. A child protection response is also likely where there is a significant assault on a pregnant victim.
- Where there have been **3 Police notifications**, CSFH will carry out a child and family assessment.

- **Emergency intervention** to remove the child from the household under a Police Protection Order or Emergency Protection Order will only be taken following a strategy meeting and only in extreme cases where it is felt this is the only effective way of protecting the child. Generally, CSFH will look to remove the perpetrator from the household and will discuss the use of a **Domestic Violence Protection Order (DVPO)** with CSN to achieve this.

When making decisions, the Child and Family Contact team manager (or allocated social worker) will discuss all concerns with CSN and share information about the level of abuse in the household and the victim's response to the abuse. This will include whether the victim recognises the risk to the child or is minimising the risk and/or whether the victim intends to remain in the relationship.

5 Joint working

5.1 Information sharing

- All services will share information about families they work with where there are concerns about domestic abuse in order to inform decisions and joint interventions.
- All new police notifications and referrals will be discussed by the Child and Family Contact team and CSN on a daily basis.
- Agencies will keep partner agencies informed of:
 - any incidents of domestic abuse
 - any contact between the victim and children and the perpetrator following separation that is contrary to the child's plan or that may put the child at risk of harm
 - a victim leaving a refuge to return home
 - a victim continuing in a relationship with the perpetrator and this is considered a risk to the victim and children.
- Information will be shared in a lawful manner with agencies seeking the consent of the victim to share information with partner agencies unless there is a need to share information with CSFH because the child is at risk of significant harm. In these cases, although agencies should seek consent, information can still be shared without consent.
- Agencies do not need to seek consent to share information where to do so would:

- put the child at further risk of harm
 - interfere with a criminal investigation
 - cause undue delay in protecting the child.
- Decisions on sharing information with the perpetrator will be taken on a case by case basis following discussion by all agencies. Decisions will be based on the level of risk and the need to keep the victim and children safe, particularly with regard to the whereabouts of the victim and children on separation.

5.2 Working with families

- CSN and Solace will ensure that CSFH/Early Help are aware of any children living in households where there is domestic abuse, and will make a referral to the Child and Family Contact service where necessary.
- When making contact with victims, all agencies will take all necessary precautions to ensure the safety of the victim and their children with consideration given to the best venue for meetings. Where possible and appropriate, CSN and CSFH/Early help will arrange a joint visit or meeting with the victim together in order to co-ordinate services and support.

5.3 Assessment and risk assessment

- Agencies will contribute to assessments carried out by partners and all assessment information will be shared in order to ensure a joint, integrated response.
- CSFH/Early help will share information on the child's assessed needs in order to ensure that agencies are able to provide an integrated response to meet these needs and help the child recover from their experience of domestic abuse.
- CAADA-DASH risk assessments should be carried out jointly by services with CSN reviewing the risk assessment every 6 weeks while the risk remains high. CSFH should also review risk assessments in partnership with CSN as part of the process to update assessments prior to statutory review.

5.4 Safety planning and review

- CSN will be responsible for helping the victim to draw up a safety plan but will liaise with CSFH/Early help to ensure the plan is compatible with keeping the child safe.

- CSFH /Early help will draw up a safety plan with each child in the household if the child is thought to be old enough to understand.
- Where a family is living in refuge accommodation, Solace will be involved in devising the safety plan.
- Safety plans will be reviewed every 6 weeks by CSN and the results shared with the social worker or family worker.
- Where the child is receiving a social work service from CSFH, CSN (and Solace where applicable) will be part of the professional network that will be involved in drawing up any plan of social work intervention by CSFH. A representative from the agency will be invited to all professionals meetings and statutory reviews of children's plans in order to contribute to the plan and report on implementation and whether it is achieving good outcomes for the child.
- Where the child is subject to a child protection plan, agencies will be expected to attend and report to the child protection case conference and will be a member of the core group responsible for the development and implementation of the child protection plan.
- Where the child is receiving an early help service, CSN will be part of the Team Around the Child and will contribute to meetings to develop the child's action plan.

5.5 Provision of services

- Provision of services for victims of domestic abuse and their children designed to help them recover will be co-ordinated by the IDVA and the allocated social worker (and the responsible Solace worker where applicable) to ensure the most suitable package of support is in place.
- CSFH /Early help will put in a support package to meet all the child's developmental needs to ensure they are able to reach a reasonable standard of development and achieve good outcomes.

6 Working with families in refuges

Refuge accommodation is provided by Solace but victims from Camden will be accommodated in Solace refuges outside of Camden to ensure their safety. Referrals for a place in a refuge can be made directly to Solace.

Every Solace refuge has a child protection policy and will always inform CSFH where there are concerns about a child. Although Solace does have a confidentiality agreement with service users, these will not apply where there is a risk to a child or a vulnerable adult.

- Solace will accept referrals from CSN/CSFH on the basis that the victim and children have experienced domestic abuse and agree to the referral and that they are able to safely use the services Solace provides.
- Solace will inform CSN/CSFH that a victim with children is using the service and when the victim stops using the service.
- Solace will provide reports where these are requested by CSN/CSFH and the victim agrees to a report being made. However, agreement is not necessary where there is a child protection or vulnerable adult issue.
- A representative of Solace will attend meetings where the perpetrator is not invited or present.
- A key worker from the refuge will be allocated to meet with the victim to carry out a risk assessment and make an immediate safety plan. Safety plans will be reviewed and updated following any incident and at regular intervals.
- The key worker will also ensure that other needs of the victim and children, for example health issues, benefits and education and legal issues are addressed and that the family has access to universal services whilst at the refuge.
- A support plan will be agreed with the victim and where other agencies are involved a multi-agency meeting will be held to ensure full co-operation between agencies.

Resolving professional differences

This protocol aims to encourage joint working and a high level of integration and co-operation in order to ensure the safety of victims and children experiencing domestic abuse. In the event that there is a disagreement between services, the Camden Safeguarding Children Partnership escalation policy should be followed and a resolution sought within a reasonable timescale. Any disagreements or disputes should be clearly recorded on the service case records. The policy is available at:

[Escalation Policy - Camden Safeguarding Children Partnership CSCP](#)

Appendix 1: Contacts

Early Help Services

Tel: 020 7974 8832/8791

Children's Safeguarding and Family Help

C&F Contact/MASH team

020 7974 3317

Child Protection service manager

020n 7974 6484

LADO

020 7974 4330

Camden Safety Net

Tel: 020 7974 3557/3665

Fax: 020 7974 3660

Solace Women's Aid:

Tel: 020 7428 7656 (Administration)

020 7428 9962 (Helpline)

Appendix 2: Barnardo's risk assessment matrix

Moderate – Scale 1	Moderate to Serious – Scale 2	Serious – Scale 3	Severe – Scale 4
<p>Child/ren and families with additional needs. CAF completed - single practitioner – targeted support. Child/ren under 7yrs / or with special needs increases risks. The younger the child/ren the higher the risk to their safety. Consider protective factors.</p>	<p>Child/ren and families with additional needs. CAF completed – lead professional – integrated support. Child/ren under 7yrs/or with special needs at higher risk of emotional/ physical harm – limited self-protection strategies - can raise threshold to Scale3. Consider protective factors</p>	<p>Child/ren in Need Children's Services consider S.17 but safeguarding intervention may be necessary if threshold of significant harm is reached. Professional case planning Child/ren aged under 7yrs / or child/ren with special needs can raise threshold to scale 4</p>	<p><i>Child in need of protection</i> Children's Services consider if S.47 enquiry and assessment required. Child/ren may be at risk of being 'looked after'.</p>
<p>Evidence (Yes/No/Suspected) 1 - 3 minor incidents of physical violence which were short in duration Victim did not require medical treatment Occasional intense verbal abuse</p>	<p>Evidence (Yes/No/Suspected) History of minor / moderate incidents of physical violence - short duration Victim received minor injuries – medical attention not sought Evidence of intimidation / bullying behaviour – pushing / finger poking /shoving / to victim but not towards child/ren – destruction of property Family / relatives / neighbours report concerns re: victim / children Intense verbal abuse - consistent use of derogatory language Abuser attempts to control victims' activities, movements, contact etc</p>	<p>Evidence (Yes/No/Suspected) Incident(s) of serious and/or persistent physical violence in family increasing in severity / frequency and/or duration - history of previous assaults Victim and/or children indicates that they are frightened of abuser - put in fear by looks, actions, gestures and destruction of property (emotional and psychological abuse) Recent separation – repeated separation / reconciliation / ongoing couple conflict Stalking / harassment of mother / child/ren Abuser breaching protective legal orders Victim required medical treatment but not sought / or explanation for injuries implausible Requests for police intervention Incidences of violence occur in presence of child/ren – consider</p>	<p>Evidence (Yes/No/Suspected) Repeated serious and/or severe physical violence – life threatening violence. - Consider the duration and severity of violent behaviour children exposed to. Use / assault with weapons Abuser violates protective legal orders to commit acts of violence / abuse Criminal history of abuser – assault of ex partners / others / use of violence or suspected military / gangland connections of abuser Intense stalking / harassment behaviour of abuser Recurring or frequent requests for police intervention Victim requires medical treatment for significant injuries /explanation for injuries is implausible Threats to kill or seriously injure victim and/or child/ren</p>

		<p>duration of exposure Threats of harm to mother and/or children Excessive jealousy / possessiveness of abuser -domineering in relationship Financial control maintained by abuser Abuser has history of domestic abuse in previous relationships</p>	<p>Victim is very frightened of abuser – believes intent of threats Mother is intensively controlled/ compliant/ may be submissive -worn down by abuse Confirmed emotional / psychological abuse of mother Victim is pregnant / mother is abused post natal Sexual assault / suspected sexual abuse of victim Incidences of violence witnessed and occurred in presence of child/ren – distressed Child/ren have directly intervened in incidences Child/ren have been physically assaulted / abused in the course of an incident Cultural issues – possible language barriers / immigration constraints / fear of racism and: Severe restrictions on movements Substantial risk of/confirmed so called 'honour' based violence(HBV) (Perceived) transgressions results in threats of serious violence &/or acts of violence- killings Substantial risk of/confirmed forced marriage(FM)- history of forced marriage / early marriage in family, prolonged/unexplained absences from school, siblings that have run away from home Extended&/or birth family support DV/HBV/FM-collusion/active involvement of the community</p>
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<p>Risk factors / potential vulnerabilities Child/ren were not drawn into incidents Control of abuser is not intense</p>	<p>Risk factors / potential vulnerabilities Child/ren were present in the home during an incident but did not directly witness Likelihood of emotional abuse of children Cultural issues: Language barriers- Professional interpreter required New immigrant unaware of support services and official processes Victim minimising abuse due to fear of experiencing racism / discrimination in statutory services - and/or Victim unwilling to disclose abuse due to allegiance to own community/faith/family Disability issues within family, but access to support networks Mental health issues &/or substance abuse – abuser / victim seeking help Abuser and/or victim under 25 years,family access support</p>	<p>Risk factors / potential vulnerabilities Mental health issues – abuser and/or victim – raises concern Substance abuse by abuser and/or victim - raises concern Strong likelihood of emotional abuse of children – may display behavioural problems / self harm Child/ren unable to activate safety strategies due to fear or intense control of abuser Lack of significant other as a positive support to child Child contact issues - consider risks to child Increased risk of intervening in abuse (particularly if adolescent) Abuser suspected of physically abusing child/ren Abuser shows lack of insight /empathy into how his abusive behaviour is affecting child / victim Abuser minimisation of abuse - lack of remorse / guilt Abuser is step-father / family unit has step-siblings Abuser’s abuse of pets / animals Emerging concerns about emotional stability / care of abuser’s relationship with child/ren Limited parenting capacity and no protective abilities due to his abusive behaviour Emerging concerns about emotional stability of child / mother relationship (parenting</p>	<p>Risk factors / potential vulnerabilities Y N S Mental health issues – abuser and/or victim - raises significant concern Substance abuse by abuser and/or victim - raises significant concern Substantial risk of serious physical violence in the family Threats or attempts to abduct children Confirmed emotional abuse of child/ren Suspected / confirmed sexual abuse of child/ren Children exhibit sexualised behaviour and/or sexually harmful behaviour Emerging concerns re child mental health issues Confirmed physical abuse of child/ren by abuser Victim uses physical discipline on children as an alternative to harsher physical abuse by abuser Recent suicidal or homicidal thoughts expressed by abuser Victim suicidal / attempted suicide / self-harming - especially BMER victims Victim minimising risks to children / protection orders not sought, or activated Victim has poor general health Abuser - lack of empathy / insight into how his abusive behaviour is affecting child /victim Abuser minimisation of abuse - lack of remorse / guilt Frequent moves by family – making it</p>
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		<p>capacity and protective concerns) Abuser use of avoidance / resistance to engage in services Victim fears statutory services – avoidance and resistance to engage Victim has experienced domestic violence in previous relationships Cultural issues - possible language barriers / new immigrant /minimisation due to fear of racism & Restriction on movement - accompaniment by family members to appointments/speaking for victim Immigration constraints -no recourse to public funds / threats of deportation / no legal status Abuser’s interpretation of culture/faith used as a form of control - to curtail woman’s autonomy Extended family support of abuser / and may perpetrate abuse themselves Family honour - transgression of traditional forms of acceptable female behaviour results in punishment (i.e. controlling / coercive behaviours, emotional abuse, social ostracism, harassment) Victim feels prevented from leaving abusive situation due to threats of such forms of punishment Disability issues within family, little or no support Age disparities or abuser / victim under 25 years, with limited support History of childhood abuse / disruptive childhood experiences - abuser and/or victim Recent life crisis’s / stress factors –</p>	<p>difficult to engage Abuser / victim use of avoidance / resistance to engage in services - increases risks to children Abuser uses threatening aggressive behaviour towards professionals Agencies unable to work constructively with family - professional paralysis Disability issues within family – raises significant concern Age disparities or abuser and/or victim under 25 - personal vulnerabilities History of childhood abuse / disruptive childhood experiences abuser and/or victim</p>
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		i.e unemployment, financial problems, illness, death	
<p>Protective factors Child / mother relationship is nurturing, protective and stable Significant other in child's life – positive and nurturing relationship Presence of child/ren was a restraint for the abuser Abuser accepts responsibility for abuse / violence indicating remorse Abuser willing to engage in services to address his abusive behaviour Victim has positive support from family / friends & community Victim appears emotionally strong (not worn down by the abuse) Victim sought appropriate support and/or is willing to accept help from other agencies</p>	<p>Protective factors Child / mother relationship is nurturing, protective and stable. In spite of abuse, victim was not prevented from seeing to the needs of her child/ren Significant other in child's life – positive and nurturing relationship Older child/ren used coping / protective strategies Victim attempted to use protective strategies with older child/ren Victim is prepared to take advice on safety issues Victim has insight into the risks to her child/ren posed by the abuse Victim has positive support from family / friends and community Abuser willing to engage in services to address his abusive behaviour</p>	<p>Protective factors Older child/ren use protective strategies Victim will seek positive support from significant other Victim - attempted to use protective strategies but abuser's violence and control is intense Victim will engage with supportive services and seek safety advice – but abuser's control interferes with her level of commitment to engage Use of kinship placements as a protective factor – but be alert to domestic abuse having occurred or occurring in extended families</p>	<p>Protective factors Use of kinship placements as a protective factor – be alert to domestic abuse having occurred or occurring in extended families</p>