



PART 3

CHILDREN AND YOUNG PEOPLE

affected by Domestic and/or Sexual Abuse

Terminology – the use of the terms ‘victim’ and ‘affected by’

- The term **‘victim’** has been used to refer to young victims aged 16 and 17 as per the ACPO domestic abuse definition. These are direct victims of abuse by current or past intimate partners or family members
- The term **‘affected by’** refers to children living in a familial domestic abuse situation i.e. living with a parent who is being abused by a current or past intimate partner (in the majority of cases) or family member. In many of these situations the child/ren are also harmed (e.g. physically or emotionally) by the perpetrator.
- The use of the two terms **‘victim’** and **‘affected by’** in the needs assessment is not intended to reduce the severity, the significance or the impact that the violence has on children who are living in a domestic abuse situation, but simply to try to differentiate the two.

Some readers may therefore prefer to use the term ‘victim’ rather than ‘affected by’ to all young people and children in this section.



Part 3.1 Introduction

The response to children and young people affected by domestic abuse is complex. The change to the ACPO definition of Domestic Abuse to include 16 and 17 year olds as recognised victims and perpetrators since April 2014, has been welcomed, however the following issues remain: -

1. There are young people under the age of 16 who are in a personal relationship with a boyfriend or girlfriend (which may or may not be sexual) experiencing domestic abuse and the nature of the violence would fit the definition of domestic abuse if the victim was aged 16 and above.
2. Children and young people aged under 18 years old and living in a household where domestic abuse is taking place and their parent is the victim.
 - a. Safelives research^[1] has observed that around one third of children living with a victim of domestic abuse would fit this definition and are referred to as being 'affected by the abuse' indirectly, however some may refer to these as being 'indirect victims' of domestic abuse.
3. Children and young people who are living in a household where domestic abuse is taking place and they and their parent are both victims and are therefore *directly affected by the abuse*.
 - a. Safelives research^[2] finds that '*almost two-thirds (62%) of the children exposed to domestic abuse were also being directly harmed (physically, emotionally or neglected) as well as witnessing the abuse of a parent*'. For example, can children be physically harmed by the perpetrator but an example of the control and emotional abuse towards the child may be the perpetrator 'using' the child to control the adult victim.
 - b. Feedback to the needs assessment has argued that these young people are not just affected by but should be referred and be considered as 'direct victims'.
4. Some young people are in an abusive relationship of their own with a boyfriend/girlfriend *and* they are living in a household where domestic abuse has happened (historic) while they lived there or is currently happening. This experience of abuse is found to impact on the young person's own relationships.

Scope

The DACT commission adult support and support for victims of domestic abuse aged 16 and above but does not commission support for young people aged 15 years or younger. Therefore, this section is biased towards DACT commissioning. It aims to provide an understanding of the impact domestic abuse has on children (prevalence figures and research findings) with a view of understanding the need for adult support services when working with adult victims who have children and young victims of domestic abuse (16 and 17 year olds).

DACT is also strategically involved in children and young people specific projects including; working

[1] Caada (2014), In Plain Sight: Effective help for children exposed to domestic abuse. Bristol: CAADA.

[2] Caada (2014), In Plain Sight: Effective help for children exposed to domestic abuse. Bristol: CAADA.



with the Council's Young People's commissioners, the MAST teams, the Building Successful families project, having membership of the Safeguarding Children's Operational Board and the Domestic Abuse Children and Young People's Strategy Group (which sits in the DA SA governance structure). These groups are concerned with ascertaining the need for support services for children and young people affected by DA.

This needs assessment is not intended as a full young person's domestic abuse needs assessment for all the above.

This section will aim to address each complex issue with regard to young people and domestic abuse but there has to be: -

- An understanding that the remit of this needs assessment is not to cover each area comprehensively.
- recognition that there will be cross overs between areas (e.g. young victim in an abusive relationship, who is also living with a victim in their own abusive relationship (e.g. parent) and the young person is also causing harm and victimising another (e.g. parent).

Structure of the section

This section will review national data, research on the impact of children living in a household with domestic violence, data regarding young victims, young perpetrators / young people causing harm and local safeguarding data.

The local response and provision for children and young people is also discussed.

The following has been considered when considering children and young people: -

- Estimated prevalence of domestic abuse victims aged 16 to 19 years old and support systems in place for these young victims
- Estimated prevalence of the number of young people in Sheffield who are directly living in a domestic abuse situation.
- The support for children directly living in or recovering from a domestic abuse situation.
- The support for young people causing harm
- The systems and processes in place for specialist services working with adult victims to consider the children's needs

There are processes in place for all these areas in Sheffield; however, it is known that there are some recognised issues with capacity.



Part 3.2 Children and Young People actions in the VAWG Strategy and local Domestic and Sexual Abuse Strategy

The Government *Ending Violence Against Women and Girls – Strategy 2016-2020*¹ repeatedly mentions children and young people. The key themes pertinent to this area include partnership and multi-agency partnership working, increased use of the Troubled Families (Building Successful Families) methodology with specific actions expected on domestic abuse, a whole family approach to support (safeguarding, MASH, MARAC, perpetrator support) and education for young people on domestic abuse.

Actions specific to safeguarding and young people include a number of national led initiatives that will lead at some point to local changes: -

- *'Moving to an integrated family model of support'* with funding for two pilot initiatives 'One Front Door' and 'Change that Lasts'. Findings from the programmes 'will be rolled out and encourage widespread service reform'².
- *The Troubled families' initiative acts as a catalyst for local services to support vulnerable adults, including families experiencing domestic abuse*³.
- *Action 3 – publish a consultation report on updating statutory safeguarding guidance for schools, 'Keeping Children Safe In Education'*.
- *Action 18 - Raise standards in social work and overall social work education and practice to improve the recruitment, retention and development of social workers underpinned by a new regulator that will have relentless focus on raising the quality of social work education, training and practice in children's and adult services.*
- *Action 19 - Establish a 'what works centre' with up to £20 million additional funding which will be an evidence based resource to support social workers and work alongside the new regulatory body and Chief Social Worker.*
- *Action 20 & 22 - Introduce routine enquiry from April 2016 of adverse childhood experiences in targeted services e.g. sexual health centres and SARCs and by Autumn 2016 to have introduced to children's and adult mental health services, and substance misuse services to improve early identification.*
- *Action – 38 – establish a network of VAWG experts to provide targeted support to local areas to improve development of local VAWG strategies and support effective whole family approaches*
- *Action – 62 – through the VAWG peer support network, work with local areas to streamline multi agency structures, reduce bureaucracy for local agencies and encourage collaborative local commitment to tackling all safeguarding issues.*
- *Action – 68 – carry out an urgent review of Local Safeguarding Children's Boards and take forward plans to centralise serious case reviews so that lessons from serious incidents can be learned more quickly and effectively.*

Action – Commissioners to continue to keep up to date with the Children and Young People actions from the VAWG strategy

The Local Domestic and Sexual Abuse Strategy for Sheffield (2014-17) has a few specific actions pertinent to children and young people, although there is no specific section or theme for this area. This is an area that could benefit from more focus in the next strategy.

Action – The new strategy for Sheffield should consider how Children and Young People's needs (both those who are affected by and a direct victim of abuse, males and females) can be met in Sheffield and how this aligns with existing local processes, multi agency partnerships, priorities for commissioning, national strategies, initiatives.

¹ https://www.gov.uk/government/.../VAWG_Strategy_2016-2020.pdf

² VAWG 2016-2020 page 20

³ VAWG 2016-2020 page 21



Part 3.3 Prevalence estimates for Children and Young People in Sheffield

Prevalence 1 – Children living in a household with a parent who is a victim of domestic abuse

There is no specific national calculation to estimate locally the number of children affected/ living with a victim of domestic abuse in Sheffield. However, efforts have been made using the latest CSEW prevalence figures and those accessing support services during 2015/16 to provide an estimation of the number of children living in a domestic abuse situation in Sheffield. The table below shows the calculations applied.

Estimated prevalence over a 12 month period	Estimation	Notes
Estimated Total female victims (16-59 years) in Sheffield in the last year	14,410	CSEW says that 8% of females aged 16-59 will have been a victim of DA in the last year
Proportion of service users in support or in contact with support services in the last year with a child	60%	Of victims who give consent to use their information for data purposes have a child (based on 62% MARAC, 59% outreach, 61% helpline)
Average number of children per service user with at least one child	2 children	Average number of children per each victim with a child
Total number of children estimated to have a parent in a domestic abuse situation	17,292	

An estimated 17,292 children have a female parent who is a victim of domestic abuse in Sheffield.

The methodology applied is the same that has been applied in the last two estimates published in the update in 2015 and the supporting document 2013⁴.

NOTE OF CAUTION - Because of the methodology used, the 17,292 is not an exact figure and any reference to this figure should be used with caution, and used only as an indication.

A significant number of children are living in a household where domestic abuse takes place or has taken place. Living in a household where domestic abuse happens can negatively impact the child or children.

The impact domestic abuse has on the children living in the same household or around it

The Mirabel Study (Kelly & Westmarland 2015⁵) reviewed a number of perpetrator programmes and conducted their own study over a 15 month period. The study provides an insight into the impact that domestic abuse has on children living with it.

- 80% of parents said their child/ren had seen or overheard the violence
- 64% of women reported that their child/ren worried about their mother's safety
- 54% of women reported their child/ren were frightened of the perpetrator
- Only 16% of women thought the perpetrators understood the negative impact of their behaviour on their child including understanding their fears and anxieties
- Children were found to have difficulty in making and maintaining friendships and there was little

⁴ The DA prevalence for females in Sheffield has been calculated and then using the data from the minimum data set we have applied the proportion of women accessing support services who have reported a child/ren and the average number of children those victims have.

⁵ Kelly, L & Westmarland, N (2015) *Domestic Violent Perpetrator Programmes – Steps to change: Executive Summary* <https://www.dur.ac.uk/cirva/projectmirabal>



difference in this after the programme intervention.

SafeLives review of high risk data finds that the level of abuse the children witness can be a significant amount, with the domestic abuse happening over a long period of time (years).⁶

- An estimated 130,000 children nationally live in homes where there is high risk domestic abuse⁷
- On average high-risk victims live with domestic abuse for 2.6 years before getting help⁸, which means there are a significant number of **children living with domestic abuse for a considerable amount of time** prior to the case being referred to MARAC

SafeLives data suggests that it can take a long time for the victim to engage with support services, therefore impacting on the amount of time the child witnesses the abuse for.

- 85% of victims sought help five times on average from professionals in the year before they got effective help to stop the abuse⁹, which means that there are a number of professional opportunities to engage with the children of the victim. This also means that **the duration of the time the child is living with abuse is influenced by the victim and the time taken to engage with and accept support.**
- Only half of the children were previously known to children's social services prior to the referral to MARAC but 80% were known to at least one public agency.

The perpetrator of the domestic abuse often causes direct harm to the child. Research finds that-

- Two thirds (62%) of **children living with domestic abuse are directly harmed (physically, emotionally or neglected, by the perpetrator** of the abuse, in addition to the harm caused by witnessing the abuse of others¹⁰.
- The local Service User Reference Group in Sheffield reported that (for those with children) it was at the point where the children were directly harmed by the perpetrator that they as victims actively sought and engaged with support service.
- Haven has suggested that there is a risk that family courts (when determining contact arrangements with the perpetrator) and social care decisions requires a deeper understanding of the emotional abuse the child has been subjected to and the risk that it happens during contact visits. In this way coercion and control can be used by the perpetrator to abuse the parental victim both pre and post parental separation.

Domestic abuse can have many negative impacts on the child. Including on their: -

- *Emotional well-being*
- *Mental health,*
- *it is often the reason for homelessness among young people and a trigger for substance misuse*
- *Issues with engagement with school – children may have difficulty concentrating and have poor attainment¹¹*
- A meta-analysis¹² of 41 studies found a significant relationship between childhood exposure to domestic violence and internalising and externalising behaviour problems in children. Such

⁶ <http://safelives.org.uk/policy-evidence/>

⁷ Caada/ Safelives (2014), *In Plain Sight: Effective help for children exposed to domestic abuse*. Bristol: CAADA. www.safelives.org.uk/

⁸ SafeLives (2015), *Getting it right first time: policy report*. Bristol: SafeLives

⁹ SafeLives (2014), MARAC national dataset 2014. Bristol: SafeLives.

¹⁰ Caada/ Safelives (2014), *In Plain Sight: Effective help for children exposed to domestic abuse*, Bristol: CAADA. www.safelives.org.uk/

¹¹ Osofsky, J (1999) *The impact of violence on Children* as cited in *Behind Closed Doors*

The Impact of Domestic Violence on Children, UNICEF <http://www.unicef.org/media/files/BehindClosedDoors.pdf>.

¹² Wolfe, D.A., Crooks, C. V, Lee, V., McIntyre-Smith, A., Jaffe, P. G, (2003) The Effects of Children's Exposure to Domestic Violence: A Meta-Analysis and Critique, *Clinical Child and Family Psychology Review*, Vol. 6, No. 3, September 2003



behaviours included violence and aggression but also included hostility, depression, anxiety, amnesia and low self-esteem.

- Children in violent homes face three risks: the risk of observing traumatic events, the risk of being abused themselves, and the risk of being neglected (Mullender et al. 2003).

There are risks of children becoming perpetrators themselves in the future, becoming aggressive and having difficulties with making positive relationships themselves.

- Anda et al, 2005 as cited in *Protecting People, Promoting Health*, 2012 found individuals suffering an Adverse Childhood Experience (ACE), (e.g. domestic violence) were more likely:-
 - to suffer higher levels of violence as an adult
 - More likely to become a perpetrator of domestic violence.
 - As adolescents they were more likely to perpetrate bullying, fighting and date violence, to carry weapons, to have self-harmed and attempted suicide than those who had not.
 - The more frequent and number of types of ACE incidents experienced, the more likely this could happen.
- Whitfield et al (2003) (as cited in a NSPCC commissioned report by Asmussen 2010)¹³ found that for persons who had experienced childhood physical abuse, sexual abuse *and* growing up with a mother who was a victim of domestic abuse the risk of victimisation and/ or perpetration was increased 3.5 fold for women and 3.8 fold for men.

Other issues raised by local experts were as follows:-

- *Children may present to services with needs, but the parental domestic abuse is 'hidden' and unknown.*
- *There are probably a lot of children living in a domestic abuse situation who are unknown to services and the domestic abuse is unknown.*
- *Young children do not understand what is happening and therefore cannot report it.*

¹³ Dr K. Asmussen (2010) *Research Briefing: Key facts about child maltreatment*



Prevalence 2 - The Estimated prevalence of domestic abuse victims aged 16 to 19 years old in Sheffield

The Crime Survey for England and Wales published 2016 shows higher domestic abuse prevalence rates for individuals aged 16 to 19 years old than for the total 16 to 59 year old population for victims in the last year.

12.6% of young females and 6.6% of young males aged 16 to 19 years are estimated to have experienced domestic abuse in the last year compared to the 8.2% for all female adults and 4% for male adults, see the table below.

England and Wales - The percentage of the 16-19 year old population who were a victim in the last year once or more of <u>Any domestic abuse</u> (partner or family non-physical abuse, threats, force, sexual assault or stalking)			
	Sheffield 16 to 19 year old population	% of prevalence of domestic abuse in the last 12 months	Estimated Sheffield prevalence of any domestic abuse in 16 to 19 year olds
Young Females	18,407	12.60%	2319
Young Males	17,725	6.60%	1170
			3489
Based on 2011 ONS census data			
Based on CSEW 2015 prevalence estimates applied to the estimated Sheffield population			

Sheffield prevalence - Based on Sheffield population figures and applying the CSEW prevalence data, there could be around 3,500 young people of which 2,300 of these are female) living in Sheffield who have been a victim of domestic abuse in the last 12 months¹⁴.

This is a significant proportion of the estimated 21,000 total prevalence for Sheffield (see Section 3), where young people would equate to around 16% of all domestic abuse victims.

SafeLives¹⁵ recent research into young people and abuse provides insight into the nature of the abuse and vulnerability of some young people. The data shows some differences in young victims to adult victims.

The data shows that:-

- Young people who have lived in a household where domestic abuse has or is happening are more vulnerable to being a victim of domestic abuse at a young age (this applied to 61% of young victims SafeLives observed).
- A significant number (just under half) were abused by a family member (47%). This different to the adult victims where in Sheffield family members account for 10% of the perpetrators¹⁶.
- Of those abused in an intimate relationship, the majority are female victims (96%).
- Of those abused in an intimate relationship, the abuse is more likely to be committed by a

¹⁴ CSEW Prevalence estimates are for the 16-19 age groups. The figures are estimates should be used with caution, not quoted as absolute and used only as an indication of prevalence.

¹⁵ Spotlight #3: Young people and domestic abuse, <http://www.safelives.org.uk/knowledge-hub/spotlight-3-young-people-and-domestic-abuse>

¹⁶ Sheffield minimum dataset 2015/16 data based on information for 1776 victims in support



current intimate partner (61%) than an ex intimate partner (31%). This is the opposite of to the adult victims in specialist support in Sheffield where 64% cohort of victims were abused by an ex-partner/spouse)¹⁷.

See the figure below for the SafeLives' pictorial summary.



¹⁷ Sheffield minimum dataset 2015/16 data based on information for 1776 victims in support



Prevalence 3 - The Estimated prevalence of sexual abuse victims aged 16 to 19 years old in Sheffield

The Crime Survey for England and Wales published 2016 shows a higher sexual assault prevalence rate for individuals aged 16-19 years than for the total 16-59 year old population, for victims in the last year.

9% of young females and 1.4% of young males aged 16 to 19 years are estimated to have experienced sexual assault in the last year compared to the 2.7% for all female adults and 0.7% for male adults, see the table below.

England and Wales - The percentage of the 16-19 year old population who were a victim in the last year once or more of <u>sexual assault</u>			
	Sheffield 16 to 19 year old population	% of prevalence of domestic abuse in the last 12 months	Estimated Sheffield prevalence of any domestic abuse in 16 to 19 year olds
Young Females	18,407	9.00%	1657
Young Males	17,725	1.40%	248
			1905
Based on 2011 ONS census data			
Based on CSEW 2015 prevalence estimates applied to the estimated Sheffield			

Based on the Sheffield population figures and applying the CSEW prevalence data, there could be around 1,900 young people who have been a victim of sexual assault in the last 12 months of which the majority or 1,660 are female¹⁸.

This could mean young people would equate to 32% of all sexual assault victims (6,000 total estimates, 1,900 young victims).

Cautionary notes

- The 16 to 19 years' prevalence estimates should be used with caution, as there is no official 'ready reckoner' and this is a national figure applied to Sheffield census population data, therefore it does not take into account where geographic differences may apply.
- There is an overlap with the adult prevalence estimates, which provides estimates for 16 to 59 year olds.
- A person can experience a number of types of abuse; therefore, victims may be included in both the domestic abuse and sexual abuse figures. The figures for domestic and sexual abuse cannot be added together.

¹⁸ CSEW Prevalence estimates are for the 16-19 age groups. The figures are estimates should be used with caution, not quoted as absolute and used only as an indication of prevalence.



Part 3.4 The needs of young domestic and sexual abuse victims and how they differ to older victims

The domestic abuse and sexual abuse questionnaire was circulated to support services and asked for comments on whether the support needs of young victims differed to victims aged 18+.

Both the high risk and medium & standard services answered 'yes' to this question and the high risk service explained that

- high risk young people's cases generally have a 'more' vulnerable victim,
- young victims often have additional support needs,
- young victims are less self-reliant,
- young victims are more likely to minimise the severity or level of the abuse,
- young victims often have a lack of awareness of what a healthy relationship is,
- young victims are less likely to have a understanding or awareness that they are a victim of domestic abuse
- Young victims lack of awareness of support services available for them.

The service explained that this means young high risk victims are often more at risk of exploitation (including through social media), peer on peer violence and gang related violence than those who are older.

Feedback from services not directly commissioned by DACT observed similar issues and mentioned a number of differences. Shelter, Young Women's Housing Project, SARAS (refuges) and Roundabout listed the following differences to older victims. Young victims:-

- Are often inexperienced at living on their own, may lack life-skills and often lack maturity
- Often find it difficult to realise that they are in an abusive situation.
- Often have limited financial support, they have less access to benefits, which are more difficult to get access to and when received are lower.
- in a refuge they find the tenancy more difficult to maintain due to the service charge and living costs (link to benefits) (SARAS)
- Often have more difficulties in being rehoused, they may not have not had a tenancy before, may not have lived on their own before and therefore need help to fulfil the requirements this brings (YWHP) and gain independent living skills
- are often more chaotic, more vulnerable to abuse including domestic abuse
- Often don't value themselves
- are often not in education, and have a need to be in education (SARAS)
- are often isolated - have often been in care and/or estranged from their families and have fewer support networks
- are more likely to engage in risky behaviour, e.g. alcohol, drugs and place themselves in riskier friendship groups
- can straddle Adult and Children's services, therefore Mental Health services can be more difficult to get access to¹⁹
- Often have mental health needs
- Often need more support to attend appointments (GP, job centre, hospital) otherwise they would not attend.
- Are often reluctant to seek assistance, including re. sexual health, benefits, debt etc.

¹⁹ YWHP who work with Young People until the age of 25



- Increased likelihood of being a victim of cyber abuse (noticeable increase in this area, YWHP).
- Often use 'sexting' and communication via the internet was viewed as acceptable in relationships, thereby opening a further method in which victims can be abused.
- May be a victim of forced marriage but may be living with their parents still, therefore support for the family and mediation may be required.

The 'Promoting Change: The Voices and needs of Sheffield Girls'²⁰ Together Women Project researched into the views of young women in Sheffield and identified abusive relationships as the top reoccurring theme in eight key areas of need. Their findings were similar to those outlined above and observed by the support services.

The Promoting Change report found that young people affected by domestic abuse:-

- considered the domestic abuse was a method of control in relationships,
- had difficulties in walking away from a domestic abuse relationship,
- had a lack of awareness that the abuse they were experiencing was classified as domestic abuse (e.g. a smack was not considered abuse but a punch was, and there was a lack of awareness that rape could happen in a married relationship).
- Had only disclosed the domestic abuse to parents when the parent noticed the physical bruising, questioned their change in mood or when asked out right.
- Had low esteem as a result of the domestic abuse which had impacted negatively on their family relationships and they had become isolated as a result.
- Had raised concerns about the long term impact on their emotional and physical wellbeing.
- Were fearful of being raped after dark if out alone.

They said there was a need for them to understand relationship boundaries and to have a better understanding of how they could support peers in a domestic abuse situation.

Similarly the YWAVE research in to Young People's Domestic Abuse Services in Sheffield also provides further insight into young people's awareness of domestic abuse and provides some insight into what support young people affected by domestic abuse may need:-

- 5% of those surveyed did not know what a healthy relationship was.
- 17% would not be able to spot the signs of an unhealthy relationship
- Less than half (41.5%) would not know how to find information about healthy relationships.
- 4% did not know what the term domestic abuse meant.
- 44% said they would not know where to get help if they or someone else they knew was experiencing domestic abuse.
- One in five of the questionnaire respondents had experienced domestic abuse in their family life, their own relationship or both.

The YWAVE questionnaire asked what support young people might need if they are experiencing domestic abuse, either at home within their family or in their own relationship. The most common responses were– emotional support / someone to talk to, counselling, support groups, somewhere safe to go, and practical help to move.

YWHP summarised the need for help and support that young victim's need– *'they need help and support and time in order to change their lives to help them recover from abuse and live independently'* and at the expert group stated *'The support offered to young people needs to be a different offer to ensure engagement with domestic abuse support services'*.

A recent Teenage violence report²¹ explains that research has found

²⁰ 'Promoting Change: The Voices and needs of Sheffield Girls' Together Women Report 2015
<http://www.togetherwomen.org/news/promoting-change-the-voices-and-needs-of-sheffield-girls-report-2015>

²¹ Teenage Violence report, contained in papers for the September 2016 SDVC meeting, Vicky Geldart Barnsley YOS



- That teenagers are often in a transition between childhood and adult hood and they still use strategies learnt in their childhood and use them in adult relationships.
- An NSPPC Report (2009) found that 25% of girls experience physical violence, 12% had severe physical abuse causing injury or physical harm, 74% had emotional abuse and 33% had some form of sexual abuse. The prevalence is significantly lower in boys; 18% reported physical abuse, of which 4% was severe and 50% reported emotional abuse and 16% report sexual abuse. The report does not state the level and severity of the abuse experienced therefore it is not known what proportion of the 25% reporting physical abuse would require specific specialist domestic abuse support.
- The author reported that police did not have a significant number of young people aged 13 to 16 years old reporting incidents of teenage relationship abuse. This suggests either incidents are low level abuse or there is a significant under reporting issue within this cohort.

The report recommends the following actions:-

- Workforce development plan should be written and implemented for workers who are working with teens affected by domestic abuse
- Specific structured education should be delivered in schools on domestic abuse
- Specific workers for young victims in specialist domestic abuse services
- That Youth Justice Services in South Yorkshire should work together to collaborate on training programmes.
- That the young people's traffic light tool used in Sheffield was to be recommended as a tool to assess needs and risk for use across South Yorkshire.

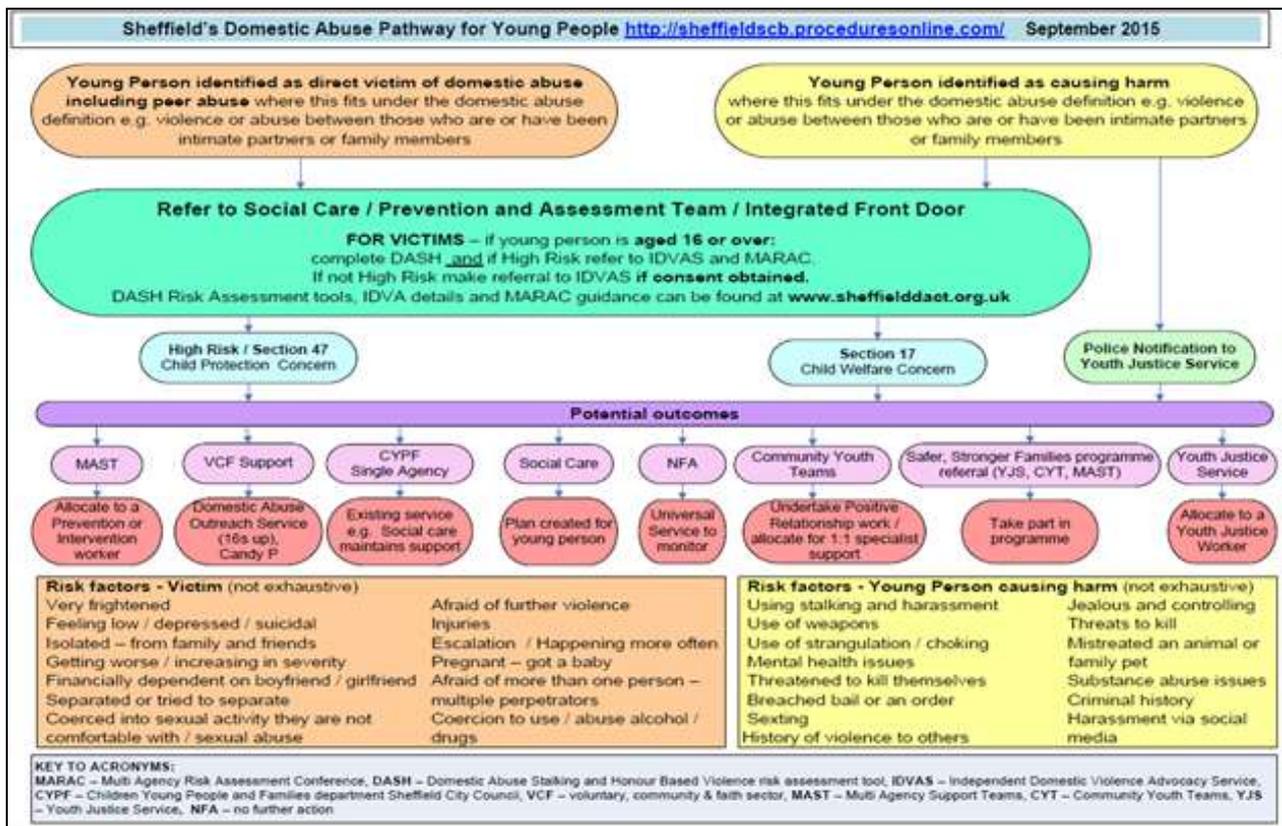
The next section discuss the Domestic abuse pathway, the traffic light system to identify domestic abuse in young people, and service provision for victims and for children living with domestic abuse.

Part 3.5 Children and Young People affected by Domestic abuse and specialist service provision

The Children and Young People’s Pathway – getting young victims of domestic abuse into the most appropriate support service

The young person’s pathway into support was published in September 2015. The process has been consulted on widely and agreed by the Domestic Abuse Strategic Board.

The aim of the pathway is to ensure the young person is supported by the most appropriate service to meet their needs. The pathway also standardises citywide procedures for workers in contact with young people affected by domestic abuse.



The pathway directs the worker through the process when working with young victims or young people causing harm. However, the pathway does not include a route for those working with children and young people living in a domestic abuse situation and who may need support/ additional intervention.

Action – There is a need for a pathway to direct those working with a young person living with Domestic abuse to the most appropriate service/s in Sheffield to meet the child’s needs.

The pathway should be used alongside the traffic light tool.

The Young People and Domestic Abuse / Peer on Peer Abuse Traffic Light Tool



The traffic light tool should be used for all under 16s – victim or young person causing harm (and for over 16s where appropriate). The traffic light tool reminds the worker to consider the ages of the young people involved in terms of the legal age of consent. <http://sheffielddact.org.uk/domestic-abuse/resources/children-young-people/>

The traffic light tool was launched in November 2015 and guides the worker to review a total of 18 different risk factors in a relationship, which include general relationship dynamics, whether there is isolation, control and jealous behaviours, family history of abuse, physical, sexual abuse and the health factors of the person being assessed – drugs and alcohol misuse, mental health, pregnancy. Against each risk factor is a 'green', example of what would be a healthy status of the relationship for each risk. 'Amber' highlights that risk warnings may be present and a 'red' rating means the risks are present and can be considered as abuse.

Following reviewing the situation using the traffic light tool, a whole family assessment should follow where possible and all over 16s should also be DASH risk assessed.

Both the pathway and the traffic light system of risks are still recently launched; therefore the main aim at present is to ensure wide awareness of the pathway through publication, promotion and training events.

The traffic light tool had been considered an extremely useful tool and there is a recommendation that it is used South Yorkshire wide in a recent Teenage violence report commissioned by the OPCC.

Action – Review the effectiveness of the Domestic abuse pathway for Young People and the Young People and Domestic Abuse / Peer on Peer Abuse Traffic Light Tool on an annual basis



Part 3.6 Children and Young People and their engagement with specialist support services

DACT Commissioned Service provision for young victims of domestic and sexual abuse

Sheffield SCC commission Specialist Domestic abuse support services for victims aged 16 years and over. Therefore in Sheffield both the high risk contract and the standard and medium risk contracts specifically state that they should provide support to all young victims of domestic abuse (from the age of 16 and above, in line with the DA definition).

All high risk cases are dealt with by the IDVA high risk service and all cases are investigated and go to MARAC. All young people's domestic abuse cases determined as medium or standard risk can also access the high risk services (as there is extra capacity in the service to meet this need thanks to funding from the OPCC but also in recognition that young people affected by DA are often at greater risk than older people due to the hidden nature of their relationships and the tendency for situations to escalate quickly), there is refuge provision, a sexual abuse counselling service, SARC and ISVA support, including a specialist Children's CHISVA for young sexual assault victims.

Prior to the change in the domestic abuse definition young people's cases did not go to MARAC. Locally here in Sheffield the MARAC process changed in April 2013 to include young people's cases, which was in the year leading up to the change in the definition. This has resulted in greater scrutiny of young people's cases, locally and nationally.

DACT does not commission any support services for victims who are younger than 16 years of age, those causing harm who are younger than 16 years of age or for children living with domestic abuse although children's social care has domestic abuse specialists in MAST who work with families on their caseload who have been and are affected by domestic abuse (see MAST section later in this chapter) and Action (the medium and standard risk service are commissioned by DACT) provide Power to Change groups for victims and this is open to those on the MAST caseload.

Young victims in contact with commissioned domestic abuse services

- 94 victims were aged 19 years old or younger and in contact with either the high risk or the medium and standard risk support services during 2015/16.
- This equates to around 5.2% of the total number of service users in contact with commissioned support services and 2.7% of the estimated 3,489 young victims who may have experienced domestic abuse in the last 12 months.

Young high risk victims of domestic abuse

In 2015/16 a total of 56 young people aged 16-18 years had a high risk case referred to MARAC, of which 26 were aged 16-17 years. The majority of young victims are female²² however male victims are presenting at services, reporting incidents to the police and disclosing a domestic abuse situation.

The SafeLives database (records activity for MARACs nationwide) shows that 2.1% of cases to MARAC in Sheffield involved victims aged 16 and 17 years old²³. This is a similar percentage to the most Similar Force Group (2.1%) and for South Yorkshire Police (2.2%) and marginally higher than the national 1.7% average²⁴.

A total of 15 services referred young people into MARAC. It is encouraging to observe a wide

²² The percentage is not quoted here as it would create data protection issues based on gender split.

²³ Data from the MARAC database, SCC, DACT 2016

²⁴ SafeLives database – MARAC activity for the 12 month period April 2015 to March 2016



distribution of services, including criminal justice services (of which police referrals account for 45% of the total), IDVAs (23%), health (6%), housing (8%) and specialist services for substance misuse and domestic abuse. Most noticeable is the low number referred from Children's social care (2%) and the Youth Justice Service and this is an area of further action.

This has already been discussed at a recent Criminal and Civil Justice Meeting (April 2016) and an action was agreed to work with Children's services to understand the low referrals and see if further action is required to increase referrals from their service.

Action – Work with Children's social care to review the service's referrals of young people to MARAC to ascertain what volume should be expected annually.

The high risk service has a target to offer their service to 90% of the young people referred who are high risk. Performance has ranged between 73% and 100% over the last five performance quarters. When the IDVA service is refused or the victim is not responding to contacts the high risk service offer advice and support via the support service the victim is engaged with (e.g. a housing provider such as Roundabout).

The high risk service has raised concerns with DACT over the lack of contact directly with victims who do not engage with them but where they are instead working with the service the victim is engaging with (e.g. Roundabout) to inform the victim of safety options etc. This is a system reliant on partnership working, and perhaps requires an official MARAC process on how services should work and communicate IDVA messages to the victim when the victim refuses or chooses not to engage with the IDVA.

The issue was also raised by local experts stating that IDVA interventions are extremely helpful for the young person but when an individual chooses not to engage with the IDVA service it creates a challenge for other support services these young people are engaged with.

Local experts have suggested whether there is a need for a specific Children's IDVA (there is a Children's ISVA for young victims of sexual abuse – see part two sexual abuse where this is discussed in more details) to work with the young cases and this is an area that can be explored by commissioners working with the IDVA service.

Action – Closely monitor the 90% targets for 16-18 years old high risk to be offered IDVA support. Start monitoring the number who do not get contacted and who are also not engaging with any other support services, to identify those who are not in contact with the IDVA service, either directly or indirectly and determine the best strategy for these individuals.

Action – Introduce an official MARAC process/ advisory information sheet on how services supporting young victims of domestic abuse (in any capacity) who are engaging with their service should work and communicate IDVA messages to the victim when the victim refuses or chooses not to engage with the IDVA.

Young medium and standard risk victims of domestic abuse

Support from the medium and standard risk service for young people under 18 is generally in the form of group work, on the Power to Change (P2C) courses. However it is unknown what proportion of those on the P2C are aged 16 and 17 or whether there is a need for this provision in this age group. This is an avenue that should be explored, as the P2C group work has been well received by victims, by MAST and local performance management of the scheme shows good outcomes.

The profile of young people in commissioned domestic abuse support services is as follows:-

- 79% White British ethnicity



- Over 95% female
- Over 95% heterosexual
- 64% were unemployed, 23% in training or education, 11% were employed
- 24% disclosed a mental health condition
- 94% spoke English
- 22% were pregnant
- 20% were a parent with one or more children
- 78% had one perpetrator, which means that 22% had two or three perpetrators.
- 53% had their ex-partner as the perpetrator, 19% it was their current partner and for 20% it was their parent/s or other family member.
- 26% were still living with the perpetrator at the point when they entered support services
- 52% were assessed as high risk, 40% as medium and 7% as standard risk using the DASH assessment process.
- 83% reported physical abuse (current or historic)
- 5% reported sexual abuse (current or historic)
- 59% reported harassment (current or historic)
- 85% reported jealous and controlling behaviour (current or historic)
- 85% reported verbal abuse (current or historic)

Research undertaken by CAADA (now known as SafeLives) in 2012 also found the level of abuse young teenage victims experienced²⁵ was at similar levels of abuse to adult victims; 76% were physically abused, 78% were victims of controlling behaviour and 53% were harassed.

The effectiveness of the high and medium and standard risk service provision when working with young victims

Outcome data for young victims in specialist domestic abuse support is limited due to the small sample of victims accessing these support services in the last year.

At present we know: -

- there is a range of commissioned support available for young victims aged 16+ in the form of one to one support, group work and an advocacy support service that is available to meet the needs of young victims.
- There is the MARAC system which is experienced at working with cases of young victims,
- that the numbers of young victims engaging with these services is increasing,
- that referrals are made from a wide number of referrers
- not all who are offered support want it but that opportunities lie in partnership working to work together to support young victims,

A review of outcomes for young people in support services is required in 2017/18 when there will be two years' worth of data to analyse. This data will show the change in risk level, change in abuse (forms, frequency, severity and escalation) and rate of drop out.

Action – Review the latest two year outcome data using the exit form minimum dataset data on young people accessing the high and medium and standard risk services in 2017/18

In addition to the specialist domestic abuse support for young victims in the high and medium risk services, young people may also receive support from a wide range of support services in Sheffield, either directly or indirectly via the adult support service their parent maybe accessing.

MARAC and children and young people

²⁵ CAADA (2012) *Insights Factsheet: Teenage victims of domestic abuse* www.caada.org.uk



MARAC and young victims – all MARAC cases for young victims are discussed using the same MARAC process as all referrals.

MARAC and cases with children in the household – all MARAC cases that have victims with children focus on the safety of both the victim and the children. The IDVA service contacts children's social care to refer or make them aware, with health visitors, with schools and other services also engaging with the children living in the household. The victim and the children are viewed as a family unit and all actions are specific to the safety of the victim/ parent and the child/ren. The child of the victim is not directly contacted by the IDVA but the victim is spoken with and the IDVA represents the views of victim with regard to the safety of their children at MARAC.

Wider support for young people affected by Domestic abuse in Sheffield

Research by a number of sources (held by DACT²⁶, the *Promoting Change - Together Women Report 2015*²⁷ and the *YWAVE research in to Young People's Domestic Abuse Services in Sheffield*²⁸) have acknowledged **there are a significant number of young people's support services in Sheffield which are supporting a wide range of needs which include domestic abuse**²⁹. However the YWAVE report states that only 56% of those surveyed (and 20% surveyed had been affected by DA) would know where to get help if they or someone else they knew was experiencing domestic abuse.

The YWAVE report also raised the issue that there was not one single service in Sheffield that offered citywide specialist domestic abuse support service for either young victims nor children affected by domestic abuse (e.g. living in a domestic abuse household) that has the capacity to do this on behalf of the city. Instead the service (Haven) that does offer support, does not have the funding and therefore the capacity to provide a service to all who require it and other services both public services and voluntary sector support those affected in a number of different ways, to some age groups but not others, in some localities etc.

The exact total number of young people affected (either living with or a victim of) domestic abuse who are receiving support from a specialist young people's service in Sheffield is unknown. This is because services use different databases / case management systems, they are not all commissioned by the Local Authority and routine data is not required of these services. Questionnaires³⁰ sent to these support services asking for activity figures for the purposes of this document do not have a 100% return rate nor completion rate.

We do however have some data on young people and children whose parents are receiving support from specialist support services.

We estimate that around 4,442 children living in a household where domestic abuse took place had a parent who was in contact with a specialist domestic abuse support in 2015/16³¹. This means around 25% of the estimated 17,292 children living in a household with domestic abuse in 2015/16 had a parent in contact with support services. But there is a gap of around 8,200 parents with children (compared to the prevalence figure) who have not accessed or been in contact with a specialist domestic abuse services in the last year.

²⁶ Louise Potter, DACT Information & performance Analysts completed in 2013 following the publication of the supporting document of domestic abuse 2013. The survey was sent to over 20 support services and was well received. The results were presented at the Joint Commissioning Group for Domestic abuse and the Provider Consultation Group.

²⁷ Promoting Change – The voices and needs of Sheffield Girls - Together Women Report 2015

²⁸ AVA Young People's Participation Project - YWAVE Research into Young People's Domestic Abuse Services in Sheffield, published 2016

²⁹ Detailed in the DACT's 'Children's and Young People's domestic abuse services in Sheffield and 'YWAVE Research into Young People's Domestic Abuse Services in Sheffield.

³⁰ Questionnaires have been sent to XXX services and there were 10 services that responded in 2016. A previous questionnaire sent in 2013 was sent to 33 organisations and 20 were returned.

³¹ 3,637 contacts with support services will have around **4,442** children (ratio of two per victim and 60% of victims have at least one child). When the helpline activity is removed, a total of 1,239 individuals received structured support and would have around **1,487** children.



We also know the following about parents in support who have dependent children:-

- 1,199 young people (21 victims and 1,178 children living with parents who are victims) were discussed in cases going to MARAC in 2015/16
- Of those consenting to use their data for needs assessments, just under 100 young victims accessed specialist domestic abuse support.
- 20% of the South Yorkshire SARC caseload was children in Quarter 4 2015/16³² and it is expected that the local recruitment of a CHISVA (child ISVA) in Sheffield for 2016/17 will have a positive impact.
- 97% or 243 households in the Sheffield refuges in 2014/15 and 2015/16 had at least one child and these were offered specialist support for children by the Haven House service³³.
- 97% of 182 households accessing the Sheffield domestic abuse floating support service in 2014/15 and 2015/16 had at least one child³⁴.

Data on the support given directly to young children affected of or a victim of domestic abuse

- Roundabout, Young Women's Housing Project and Vida Sheffield supported around 50 young victims in 2015/16 aged 16 to 17 years old with the majority in the first two services³⁵.
- During 2015/2016 Haven supported 146 children and young people affected by domestic abuse. This is across a number of different interventions specific to domestic abuse and children³⁶:
 - 30 young people attended CandYP (*The CandYP Project consists of one-to-one sessions facilitated by trained workers. These sessions allow children (5 -16 years of age) and their mums (or other significant adults) to communicate together about the abuse that has happened in their lives. At the end of the process, families are given their own story book; a narrative compiled using their own words. Feedback from the families has been overwhelmingly positive; the children say they feel safer, happier, and able to talk to mum better*). Haven explained that 'CandyP is delivered on school premises at a wide range of primary and secondary schools'. SURG members (the service user reference group) cited the project as being a fantastic source of support for YP, allowing them space to talk about their feelings, without holding back for fear of upsetting the parent.
 - 13 young people attended the Bouncing Back group (*held weekly for eight weeks for young people aged 11-16 years old over. The aim is that young people learn and understand more about abuse, how to share their feelings and experiences with others who have been in similar circumstances*). This is also currently offered in one school in Sheffield.
 - 37 young people attended the Bouncing Back Follow-on Group (*The peer support group meets informally with one of our workers, they have been involved in advocacy and education around domestic abuse, film-making and work alongside Peer Educators from other organisations to improve knowledge and understanding about young people and domestic abuse in Sheffield. This group is also a source of consultation.*
 - 51 children in the Women's Refuge (*this work has since moved to the new provider SARAS in 2016/17 as part of the new domestic abuse refuge contact*).
 - 15 families have attended the Family Group (*run four times a year, these are family sessions in the school holidays to enable families to come together and take part in activities, games, arts and crafts around emotional resilience, personal safety, stranger danger, how to talk about difficult feelings/thoughts, and playing together*).
 - Their Helping Hands service is offered in three schools in Sheffield.
- The Young People's substance misuse service in Sheffield reported in 2014/15 that one in five (or 21%) of the young people receiving substance misuse treatment (a drug and or alcohol related problem) were 'affected by domestic abuse'. This is a higher proportion than the national average

³² RaSSO data, Quarter 4 2015/16, Jamie Smith, Office of the Police and Crime Commissioner

³³ HIS data 2014/15 and 2015/16, provided in August 2016

³⁴ HIS data 2014/15 and 2015/16, provided in August 2016

³⁵ Information from the needs assessment questionnaire 2016

³⁶ Information provided by Angela Toulson, Chief Executive Officer



- of 15% of all young people³⁷.
- 80% of MARAC referrals with a child are likely to have had children known to at least one public sector service and 50% known to Children's Social Care³⁸. If these percentages are applied to Sheffield MARAC figures in 2015/16 when 1,199 young people (21 victims and 1,178 children living with) were discussed in cases going to MARAC, then 959 (80%) are known as living in a domestic abuse situation by the public sector agencies and around 600 (50%) were known to Children's Social Care.
- The YWAVE report found that -
 - mental health workers surveyed reported that around 50% of young people on their caseloads were affected by Domestic abuse
 - a homeless support services reported that 31% of their 16-25 year old caseload were homeless due to domestic abuse
 - Two other homeless services suggested between 25% and 30% of their caseload were affected by domestic abuse.
- MAST in 2013/14 received 1,326 JIT notifications from South Yorkshire police regarding incidents (where a child was living in the household where the DA incident took place).
- 2,096 or 53% of all Children in Need in Sheffield had domestic abuse as a need during 2014/15
- 5.5% of children on a child protection plan and 6% of Children in Need have sexual abuse as an identified need.
- Data provided by the Safeguarding Children's Board³⁹ analyst reviewed the overlap between children on the social care list where domestic abuse was known to be in the household to the children in need list and the MARAC list (also discussed later on in the section under Children's social care).
 - Domestic Violence was identified in over 1,700 children and young people's open cases.
 - Of these cases 322 had a MARAC Request form attached and 247 were cross referenced to the MARAC co-ordinator spreadsheet held locally in DACT.
 - 107 of these were linked to a list of BSF Action Plans based on the premise that the police had identified a domestic abuse case.

Local experts have raised the issue about 'hidden' young people.

- For example, young people may not recognise they need support with their situation, not understanding they were in an abusive relationship, would not know who to disclose to if they did.
- If the abusive relationship between the parents is hidden, that of the child living in this situation is likely to be so too. Sometimes haven have found that the support can be withdrawn by the parent
- Haven have observed in some cases they have worked with, that there are young people who will be denied access to support because the adult victim is either in denial about or hiding the abuse. Sometimes the parent has withdrawn the support when the service is working with the child in the school setting.
- Haven has also raised that, some services may not recognise the children as victims, therefore support may not be offered.

Campaigns aimed at young people helping to address this feedback are more likely to be effective for this group than 'adult' focussed campaigns. Working with children and young people's users group would perhaps help to with this process.

One of the key focuses of interventions with young people and adults is **to measure the effectiveness of support or outcomes achieved**. Data with regard to individuals' outcomes (positive exit, change in circumstances, change in abuse etc) are not measured by Voluntary sector services or by CYPF in the same way that those accessing the DACT commissioned domestic abuse support services are. At present it is unknown how these services are monitoring their outcomes.

³⁷ Information from www.ndtms.net – Young people's JSNA

³⁸ www.safelives.org.uk

³⁹ Toby Churcher, Senior Analyst, Performance & Analysis Service, Children Young People Families (CYPF), SCC



Action – Effectiveness data is required from services working with children and young people affected by DA to better understand how the support needs of their service users are being met, how effective the services are and what support needs remain.

Action – There is a need to better understand the identification, the support available, the pathways and partnership opportunities for young people who have a drug and/or alcohol problem and who are also affected by domestic abuse.

Action – There is a need to better understand the identification, the support available, the pathways and partnership opportunities for young people who have a mental health problem and who are also affected by domestic abuse.

Some effectiveness measures are not based on activity figures and exits but are about how experienced the service is, the model of support these services have in place, the level of domestic abuse training in the workforce, their governance structures and policies and procedures.

The DACT Research with local organisations known to be working with young people (this includes educational and training services as well as domestic abuse support services and wider adult and children and young people's services) found that in 2013 that: -

- Just under half of the services had a specific lead for domestic abuse and these leads had all being trained in domestic abuse. Some cited that whilst there was no specific domestic abuse lead, their safeguarding lead was the main point of contact for DA cases.
- Not all employed workers had received training for domestic abuse awareness although the majority did have at least one workers trained in DA.
- 45% had a domestic abuse policy.

Joint Targeted Area Inspection (JTAI) findings from services working with children and domestic abuse

More details on the domestic abuse support available and the quality of service provision for young people in Sheffield has been reviewed locally as part of Joint Targeted Area Inspection (JTAI) process in late 2016. The responses are a little difficult to decipher as some services support the child, some both and others support adults who have children). The responses do however show some consistency in their approach, but at the same time raises some areas for further focus.

Nine services (Homestart, ChilyPep, Haven, Shelter, IDVAS, ADAS (Action), Young Women's Housing Project (YWHP), SARAS and NSPCC provided the following information:-

- The services had a wide variety of referral sources. Homestart stated "*health visitors*" only, SARAS stated "*the Housing Support Pathway*" only, and Haven stated they could accept referrals from anywhere (including self-referrals⁴⁰).
- Assessment processes, the child and the impact the domestic abuse has on them - Some of the respondents stated they don't do the assessment themselves or at all (Homestart, ChilyPep), all other provides have an (initial) assessment to best understand the most suitable service for the individual, some with liaison with other providers.
- Following assessment - Seven of the nine respondents create an action or support plan. One provider did not answer this question; the other does not do this with children but does with the adult they work with directly.
- The domestic abuse training varied by service - One provider (HomeStart) has attended a full suite of training sessions over the past four years. One has only received basic DASH and MARAC training (such as NSPCC) with nothing offered in-house. The others have all received varying degrees of training and all of it is recent.

⁴⁰ Note this has been updated following feedback from Haven in May 2017. At the time of the JTAI data being taken, the referral routes into Haven were more limited, however this has now changed and the service accepts referrals from anywhere.



- Of those that work with children - staff were “*confident*” to “*very confident*” when working children affected by domestic abuse. ADAS (Action) work with adults so did not answer, whilst SARAS and IDVAS stated they do work with adults but are confident at supporting the parents.
- All services working with the child were also in contact with the service supporting the parent.
- Most had received DASH assessment training and complete risk assessments for victims aged 16 plus when appropriate. The NSPCC felt that more training was probably needed in this area and ChilyPep did not answer this question.
- A number of providers have referred and then attended MARAC (Shelter, IDVAS, ADAS, YWHP, SARAS). Of the rest: NSPCC would ask social care to make the referral; Haven would not usually refer as their work takes place in the recovery cycle; and HomeStart have neither attended nor referred as this would occur prior to their support. ChilyPep did not answer this question.
- All the respondents said they have a good relationship with children’s social care, attending conferences, meetings and training.
- All services referred children you are working with and who were living with domestic abuse to if appropriate to children’s social care. Some explained that they may have already have been referred by the time they started to work with them.
- The current waiting list for child provision varied. Of the four providing specific children’s provision Shelter do not operate a list as such as the family would already be receiving a service from elsewhere, NSPCC and ChilyPep have no wait at, Haven had a three month waiting list at the time of the report, HomeStart have a waiting list but did not specify the length, only that it was shorter than the generic referrals waiting list
- A number (but not all) were involved in children coordination groups for domestic abuse - Various groups meetings are attended, ones named are the VCS Children meeting, Young Peoples Partnership Network meeting, CYPPN meeting and CYP DA network/sub group. Four respondents replied they did not (NSPCC, HomeStart SARAS and ADAS) and one said it was IDVAS said it was non applicable.
- All but one said they worked well with the DACT (two are commissioned by DACT) but worryingly, one respondent (NSPCC) stated they had never heard of the team.
- The duration of the service offered varies, it is often based on individual needs and therefore the support required. For example Haven provides support that may last several months but this may be over a number of different projects and initiatives of a shorter duration. Their CandyP service for example runs for four to six sessions but families may stay on caseload receiving other interventions and follow up services. ChilyPep explained that in some cases they worked with individuals for up to four years. As the examples show, the duration in most cases is dependent on need⁴¹.
- Most stated the support ending was depended on the clients need and there was no hard and fast rule.
- Most would continue to offer a service when the victim (parent) has separated from the perpetrator and the child is no longer living in the abusive environment (some said this was often when the support would start).
- There were a variety of methods for taking on board the views of the children by the services including participation groups, evaluations, consultations and representation at strategic level.
- Outcomes and effectiveness of support were all monitored in each service. Two providers (YWHP and ChilyPep) specifically mention the “Outcomes Star”, a number of providers have their own in-house monitoring tools (HomeStart, Haven) with others using other frameworks.
- All respondents stated they do liaise with schools and colleges to varying degrees. In the case of YWHP, ADAS, Shelter it would be if a child they were dealing with was at a particular school. Haven specifically named three schools they currently work with (Helping hands service at all three and their Bouncing Back service at one school).

⁴¹ NSPCC replied stating the duration question this does not apply as they are not a specific DA service.



Action – All children and young people’s support services in contact with children and young people affected by domestic abuse should have a safeguarding / domestic abuse lead, a domestic abuse policy/ protocol and all workers’ should be aware of the named lead and the policy. All services in contact with children affected by domestic abuse should assess the needs of the child and have received some recent training on domestic abuse. Where services do not have these in place, support should be given.

Local experts have also raised **issues with capacity in support services** and the risks associated with those who do not receive support: -

- Support opportunities are limited for all those who require support. For example it has been explained that support (including wider support and voluntary sector services) is available for children and young people but there are limitations based on age, gender and geographic location. For example direct support to children is provided in some but not all schools (Haven work with two schools), age groups (CandyP is for 5 to 16 years olds but supported only 30 people in 2015/16) and for some genders, in some localities, some of the time (e.g. MAST triple three parenting courses).
- All those consulted, including for the YWAVE report and feedback from local experts raised the issue that there needs to be more capacity in services to support young people affected by domestic abuse (Haven has commented their waiting list is four to six months (May 2017) and demand is growing).
- The experts would like to see more support offered to children and YP affected by or who witness DA as their experience finds that these children and YP are often overlooked.
- YP are witnessing and experiencing trauma but not getting support, they are at risk of normalising DA behaviour if this isn’t challenged and they will become our future victims and perpetrators. Sometimes the support is not available for children of a certain age, or of a certain gender at the right time.
- *‘Children need more mental health support’*
- Long waiting lists and it took a long time for us to hear about a new domestic abuse situation following a police incident (school).

Local experts also raised a few issues (service gaps, specific needs) during the needs assessment consultation process, that should be reviewed when support services are commissioned and pathways reviewed...

- Issues regarding the transition between young people services and adult services and those who fall between the two.
- It is important for professionals to recognise the full situation – e.g. a young perpetrator may be a domestic abuse victim at home.
- The Together Women Project completed research with young women in 2014 *‘Promoting Change: The Voices and needs of Sheffield Girls’*⁴². The report suggested there is a need for girl’s workshops focusing on self-esteem, self-defence sessions, education on strategies for how to leave a relationship safely and more awareness of what DA is at an earlier age.
- TWP have been undertaking group work with Roma Slovak young girls, who because of their culture are at risk of being sexually exploited. There is a concern that this community requires further support to raise awareness of what domestic abuse is. Feedback suggests that their definition is that *‘unless blood is drawn or there’s a bruise then it’s not abuse’*.
- *‘Who’s working with Young Boys? All the emphasis around prevention is targeted towards young girls, which lays all the pressure on them’* to protect themselves. Work/projects have been done in the US targeting YM doing work around respect,⁴³ mainly with young men from fatherless families

⁴² ‘Promoting Change: The Voices and needs of Sheffield Girls’ Together Women Report 2015
<http://www.togetherwomen.org/news/promoting-change-the-voices-and-needs-of-sheffield-girls-report-2015>

⁴³ <http://www.goodnewsnetwork.org/gentlemens-club-turns-young-school-boys-into-polite-young-men/>



and more work has been done there around Empowering Young Men In Ending Sexual Exploitation⁴⁴.

- Significant barriers for young men who are BME and LBGT – *'Whilst you hear about YW being forced into marriage what you hear less about is LGBT males being forced into marriage'*.
- A whole family approach to support can be a challenge (no further explanation was given to explain what the challenge was). Interestingly the national VAWG strategy is exploring initiatives that focus on the whole family approach (therefore this perhaps needs further exploration with local experts – See more detail on this issue in the 'commissioning a whole family approach' paragraph towards the end of this section 3.6).
- For young people the majority of sexual abuse is committed by a person that the child knows – a parent or relative.
- Child Sexual Exploitation has always been a problem, it has historically been a lot more hidden than it is now, and this can be attributed to exposure of the topic in media and news.
- Additional work is required to raise awareness in school settings amongst professionals.

Action – Expert comments/ observations need to be factored in when working on all actions for Children and Young People.

A recognised need for co-ordination of support and collaboration

The majority of young people's services consulted during the needs assessment process were voluntary sector services, with funding received from a number of different sources. These included the Home Office, the Ministry of Justice, Children's Social Care, Health, Local Authority, Police and Crime Commissioner, Grant making & Charitable Trusts. Long term funding was a significant issue with the majority of services spoken to. This means funding is received for short to medium term projects but also for certain specific cohorts of young people; which plugs some gaps but creates others (e.g. funding for supporting 15 to 18 year olds girls leaving a gap for those aged younger than 15 years old).

There needs to be some element of co-ordination of future funding bids through development of an agreed citywide strategy for supporting victims and young people affected by domestic abuse. This was raised several times at the expert group, *'it would be good to keep a track of the funding the voluntary sector receives and what works; the funds are given to help people to collaborate more strategically'*. The issue and challenge presented here is that *'voluntary sector services often work independently, are often precious with regard to sharing their information as they are competing for funding at the same time'*. A further explanation there is not necessary a deliberate hiding of funding bids being made, but often the lack of communication is that these small services is often because of time pressures over getting bids in and limited capacity. Collaboration can be complex and sometimes it is not known which expert the services need to work with or inform.

There has to be acceptance that not all voluntary sector organisations will want to work within a citywide co-ordinated approach to increasing capacity for children and young people but there is an opportunity for some of these organisations to be part of such a development. Attendance at the Provider consultation group and engagement with the needs assessment process suggest there is an opportunity if co-ordinated effectively. A recent bid for lottery funding has seen five voluntary sector services working together on one bid. They have successfully secured funding for continuing their current service offer, which includes support to young victims and children affected by domestic abuse.

Action – The new domestic abuse strategy needs to be clear on its strategic approach to the future co-ordination of some voluntary sector service bids to ensure gaps in support are filled and capacity expanded.

⁴⁴ <https://www.globalgiving.org/projects/empowering-young-men-in-ending-sexual-exploitation/>



Access to wider support services

The wider support services in Sheffield said their referrals came from a number of different sources, including self-referrals, social care referrals/ MAST referrals, schools/education, other children's and family services or 'other', the police, GPs, and from concerned family members.

This is supported by the YWAVE 2016 report which found '*that many young people report that they would go to the police if they, or someone they knew, was experiencing domestic abuse. Overall, however, young people are most likely to turn to friends, family, teachers or other adult with whom they have a trusted relationship*'. Therefore, these services need to be known by referrers and by the general public.

The 2016 YWAVE report recommends a directory of support services in Sheffield for young people; however this in its self provides a challenge, with updates required and therefore an agreed administration process. There are a number of directory services available including –

- <http://www.sheffielddirectory.org.uk/> which includes both current and out of date information
- the DACT website www.sheffielddact.org.uk which includes a list of commissioned and non-directly commissioned support services for domestic abuse victims including young people and children
- The recently published *Let's Talk: A guide to emotional wellbeing and mental health services for children and young people in Sheffield* <http://www.sheffieldccg.nhs.uk/Your-Health/lets-talk-directory.htm> provides a comprehensive list of a support services for children and young people, including details of the age ranges the support is for.

Action – There is a need to complete a mapping exercise of the full list of services for young people and children affected by Domestic abuse, to identify what gaps there are in service provision and what increased capacity may be required. This needs to be available publically and for this process to be undertaken annually.

The 'whole family approach' to commissioning domestic abuse support

Section 11 '*Commissioning of Domestic and Sexual Abuse Support Services in Sheffield*' refers to Hester's 'three planets model'⁴⁵, and the strategic commissioning of all domestic abuse services to be based on a 'family based model'. This is an area that has been strategically led by the VAWG strategy and there is recognition that within a domestic abuse situation there are three cohorts (or planets, as the theory explains). The victim, the children and the perpetrator may be receiving interventions by a number of different services at the same time. The theory explains there is a need for a family model to understand the support being given to each individual to ensure the risk to the individual is minimised and the most effective support can be given.

There are a number of different commissioning and strategic opportunities being explored currently by commissioners both in Sheffield and in South Yorkshire on how a family based model can operate however there is recognition that not all individual cases would require or want support to each planet.

There is also a **need to ensure that the future local whole family approach protects the child or young person and the adult victim from the perpetrator**. This has been raised by local experts as a risk and by Haven in their consultation feedback who have made particular reference to the processes within children's social care and also legal contact proceedings - which sometimes mean children have to have contact with the perpetrator (opening up further opportunities to manipulate the

⁴⁵ The Three Planets Model (<http://bjsw.oxfordjournals.org/>) by Marianne Hester (2011) *British Journal of Social Work* (2011) 41, 837-853 '*The three planet model: Towards an understanding of contradictions in approaches to women and children's safety in context of domestic violence*'.



child and the victim through the child). Specific acknowledgement and perhaps interventions for the children in these situations requires consideration.

Young people's conclusion

Overall there is a large amount of support available for children and young people in Sheffield who are affected by Domestic abuse. However, the qualitative feedback from those consulted has repeatedly raised issues with capacity in these support services, co-ordination between services, address gaps for some cohorts of age groups and genders and the effectiveness of the response.

Action – The Children's and Young People's Strategy Group are reviewing the future strategic direction for young people's domestic abuse support in Sheffield using the findings of the YWAVE report.



Part 3.7 Safeguarding Children

Safeguarding Children and the VAWG Strategy

The VAWG strategy has four actions on Safeguarding children, social working and working with those affected VAWG (Children and Adults). They are as follows:-

MULTI-AGENCY STRUCTURES			
62	Through the VAWG peer support network, work with local areas to streamline multi-agency structures, reduce bureaucracy for local agencies and encourage collaborative local commitment to tackling all safeguarding issues.	HO	Review in April 2017
68	Carry out an urgent review of Local Safeguarding Children Boards and take forward plans to centralise serious case reviews so that lessons from serious incidents can be learned more quickly and effectively.	DFE	Review completed by March 2016
BROADER SAFEGUARDING			
18	Raise standards in social work and overhaul social work education and practice to improve the recruitment, retention and development of social workers under-pinned by a new regulator that will have a relentless focus on raising the quality of social work education, training and practice in both children's and adult's services.	DFE	All social workers assessed and accredited by 2020
19	Establish a What Works Centre, with up to £20m of funding, which will be an evidence-based resource to support social workers and work alongside the Chief Social Worker	DFE	Centre to be launched by end of 2016

Police Incidents report to Safeguarding in the Police Joint Investigation Team (JIT)

All police incidents that are flagged as domestic abuse and have children living in the household (around 600 a month) are referred to the Joint Investigation team (JIT), which is a team of children's social workers based in a police building. Domestic abuse support services and schools are informed of the incident. This process enables a multi-agency consideration of the risks to the children.

The JIT process will become part of the integrated front door in 2017/18.

Child Protection Plans

In Sheffield the number of children subject to a child protection plan as at the 31st March 2016, (the end of the financial year) were 366 children in both 2014/15 and 2015/16. The Characteristics of children in need: 2014 to 2015, Department for Education SFR 2014/2015⁴⁶ report reveals that the Sheffield rate of children on a child protection plan is 39.2 compared to the higher rate of 53.7 per 10,000 children for England.

The difference between being on a Child Protection Plan to being a Child in Need

When a child is subject to a child protection plan, this means professionals have assessed the child as being suspected of, or likely to be, suffering significant harm (the child protection plan addresses this risk). This is a separate group to those that are 'Children In Need' which is a lower category of risk. Children can move from 'Children in need' to 'child protection' (if needed) and for a child subject to a child protection plan - once they have been assessed as no longer being suspected of, or likely to be suffering significant harm then they will no longer be subject to a child protection plan and will be a 'Child In Need'.

When a child becomes subject to a child protection plan, then the conference also agrees the reason

⁴⁶ Characteristics of children in need: 2014 to 2015, Department for Education SFR 41/2015

<https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2014-to-2015> Table D2: Number of children who became the subject of a child protection plan during the year ending 31 March 2015, by initial¹ and latest² category of abuse



for this which has to be for one of the following reasons:

- neglect,
- sexual abuse,
- emotional abuse or
- physical abuse.

Child Protection Plans and domestic abuse

Unlike Children in Need, there is no specific category for domestic abuse; this is under the wider Abuse category. As a result of this it makes it difficult to exactly quantify the numbers who are on a Child Protection Plan due to being affected by domestic abuse. Anecdotally however, it is known that there are significant numbers of cases with domestic abuse as a factor⁴⁷ and local data completed for the JTAI but it may be one of many issues for a family. In addition cases of neglect can also have domestic abuse as an issue, but not always.

On all cases going to a child protection conference information is asked about domestic abuse specifically, and this data is recorded. Work is ongoing to produce a report that identified those cases where domestic abuse is a factor.

Child Protection Plans and sexual abuse

The number of children that are subject to a child protection plan for sexual abuse at the 31st March 2016 was 16 (4.4%) and the previous year, at 31st March 2015 it was 20 (5.5% of all child protection plans)⁴⁸.

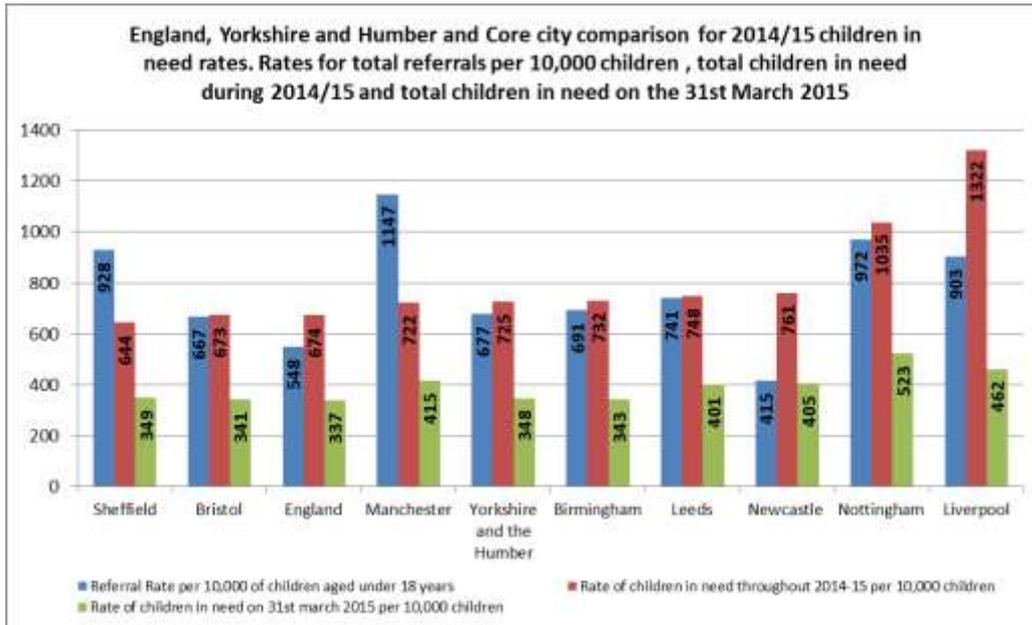
Sheffield safeguarding data compared to national, Yorkshire and Humber and Core Cities

The following information shows the national available information on referrals, assessment, the number identified as a child in need and the number of children on a child protection plan. Information is provided to show the proportion which has domestic and/or sexual abuse identified as a risk factor and how Sheffield compares to the England average, the Yorkshire and Humber average and the seven other 'core' cities.

There was a total of 635,600 Safeguarding referrals in 2014/15 or a rate of 548.3 per 10,000 children under the age of 18 years in England. This compares with a total of 10,683 referrals in Sheffield or a rate of 927.7 per 10,000 children aged less than 18 years. See the graph below for the comparison rates between England, Yorkshire and Humber and Sheffield's core cities. Sheffield has the third highest referral rate of the eight core cities; this is also higher than the England rate and Yorkshire and Humber rate.

⁴⁷ Information on Child Protection provided by Sarah Adams, Research & Performance Officer Children and Young people, Sheffield City Council, 20 July 2016

⁴⁸ Sarah Adams notes that 'It is important to note that as the numbers of children subject to a cp plan for sexual abuse is very small, this means that any small change in number can have a significant impact on the overall percentage – for example, if you have a family with 3 or more children being made subject to a plan for sexual abuse, or ending their plan, then this will have a greater impact on the percentage figure due to the overall numbers being low. Added to this, the overall number of all children subject to a child protection plan can also fluctuate and so the overall numbers subject to a cp plan for sexual abuse may also fluctuate in line with this'.



In England during 2014/15 the total number of Children In Need was 781,700 or a rate of 674 per 10,000 children. This compares with a total of 7,415 children in need in Sheffield or a rate of 644 per 10,000 children aged less than 18 years. See the graph above for the comparison rates between England, Yorkshire and Humber and Sheffield's core cities. Sheffield has the lowest rate of the eight core cities, and is lower than the England rate (674 per 10,000 children) and Yorkshire and Humber rate (725 per 10,000 children).

As a snapshot, the rate for the total Children In Need on the 31st March 2015 is provided. This gives a good indication of the current caseload of children in need during 2014/15. England has a relatively stable number of Children In Need, with the number being between 369,400 and 397,600 for the last six years on the 31st March 2015. There were 391,000 Children In Need or a rate of 337 per 10,000 children on 31 March 2015 per 10,000 Children In Need⁴⁹⁵⁰.

Sheffield has a slightly higher rate of Children in Need to the England rate. The rate was 348.6 per 10,000 children on the 31st March 2015 when a total of 4,014 were Children In Need in Sheffield.

The Sheffield rate is marginally higher than the Yorkshire and Humber rate (347.5 per 10,000 children) and is the third lowest of the eight Core cities (range of 341.1 to 522.6 per 10,000).

Of the 4,014 Children in Need in Sheffield on the 31st March 2015, 1,929 or 48% had a primary need of abuse or neglect compared with the 49% observed for England.

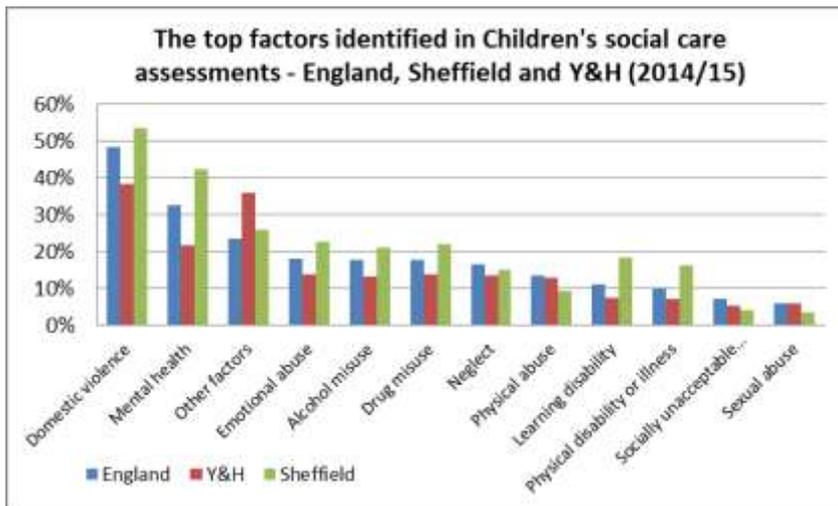
Domestic abuse factors in children social care assessments

Analysis of the main factors identified at assessments by Children's Social Care identified that domestic abuse was observed in 48% of assessments nationally in 2014/15. It was the most frequent factor identified followed by mental health issues and emotional abuse. This means that one in two cases assessed by Children's Social Care in 2014/15 had domestic abuse identified as a factor.

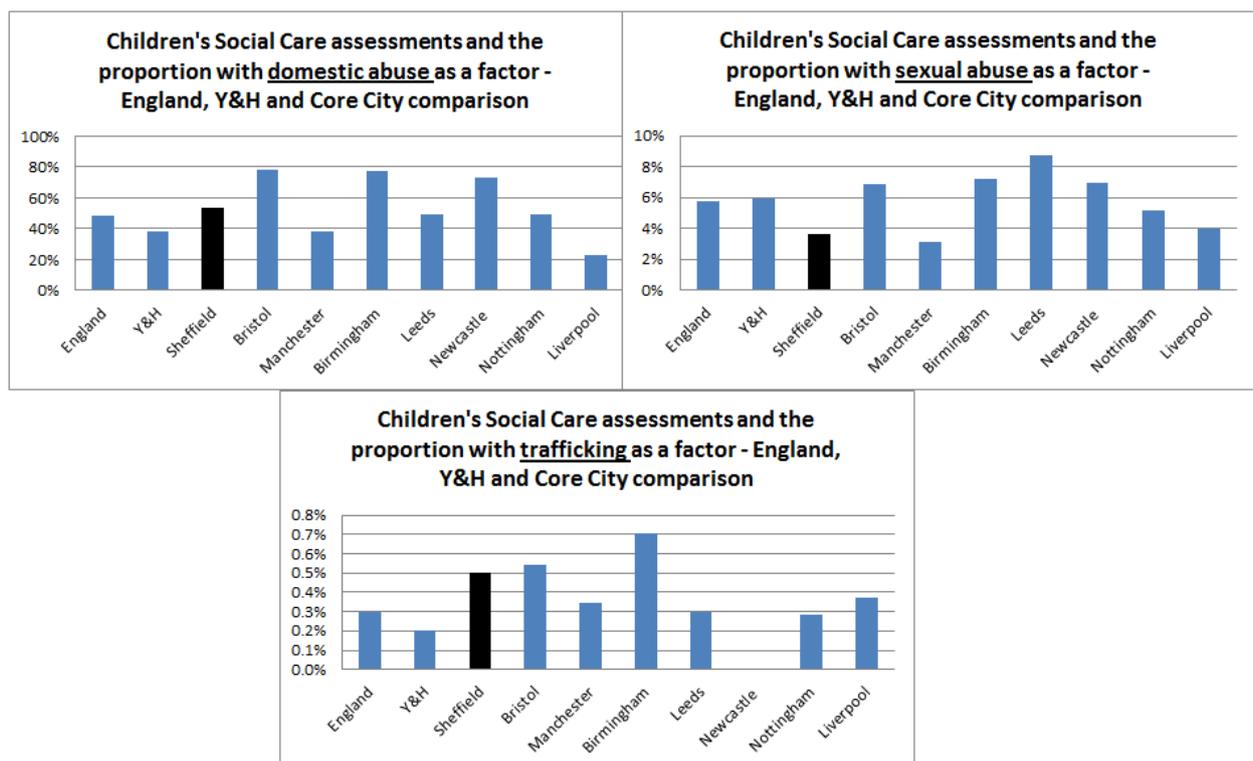
In Yorkshire and Humber domestic abuse was identified in 38% of assessments and in Sheffield it was identified in 53% of assessments (2,096), which is around the England average.

⁴⁹ Characteristics of children in need: 2014 to 2015, Department for Education SFR 41/2015
<https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2014-to-2015>

⁵⁰ Data tables for Characteristics of children in need: 2014 to 2015, Department for Education SFR 41/2015
<https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2014-to-2015>



Domestic abuse factors in Children's Social Care assessments - the Core City average for assessments with domestic abuse identified as a factor was 60% with a range of 23% to 78%, with Sheffield ranked fourth highest at 53%. See graph below.



Sexual abuse as a factor in children social care assessments – 6% of England and Yorkshire and Humber assessments have sexual abuse identified as a factor, compared with 4% in Sheffield. The average for the core cities is 6% like the England Average, and there is a range between 3% and 9%. Sheffield ranks equal 6th of the Core Cities.

Trafficking was also identified in Children's Social Care assessments – 0.3% of England, 0.2% of Yorkshire and Humber and 0.5% of Sheffield assessments have trafficking identified as a factor. The average for the Core Cities is also 0.4% and there is a core city range between 0% and 7%, Sheffield ranks equal second highest of the Core cities.



Service user's feedback on Child protection and children and Adults Services⁵¹

The overriding message from victims about children's social care services was an understanding that their focus was about the safety of the child but the approach taken was not always as constructive or particularly helpful for the victim or their children (NB some of these comments are historical and / or the family were not living in Sheffield at the time): -

- There were a lot of conflicting messages about how children's social services worked with the victim and the children and how support services and social care services often did not communicate with each other.
- The children's social care workers *'did not talk to the kids who were present. The kids felt ignored'*. The victim felt it would have been more useful if they had talked to the kids as they were teenagers.
- There was a feeling that the worker *'kept the kids safe'*, but didn't focus on the impact the situation had on them (e.g. anger issues, being bullied at school).
- Service users felt there were changes of workers all the time, or workers would bring students / new staff with them. It was *'too much for the family'*.
- The parents were in the Child Protection meeting together. This did not help the victim *'when they were sat next to the perpetrator and many of the reasons they were there was because of the domestic abuse'*. The perpetrator minimised everything *'bit of a domestic'*. The victim was fearful of talking in front of the perpetrator. The outcome however was that the workers did realise the situation was more serious than what the perpetrator was making out. The victim felt uncomfortable and unsupported in the meeting.
- It was raised that the victim was *'Unsure what being on a child protection plan really means. Didn't realise there would be a CP meeting'*.
- Victims have a constant fear of the children being taken from them, as this threat is used as a controlling strategy by perpetrators.
- There was a feeling of being judged by children's social services.
- There was a feeling that you can't trust children's social services.
- There needs to be more consideration as to how the victim or children maybe feeling.
- Victims are *'getting their head around a number of different situations and feeling of being overwhelmed by it all'*.

A comment by a local expert has also suggested there is a focus on the physical abuse towards the child/ren living in a domestic abuse situation, but often the coercion and emotional abuse used by the perpetrator is not identified, or considered. The experts have pointed out the forms of abuse, including stalking are also factors to understand and consider in situations where the perpetrator has also left the household, but has contact (either physically in contact meetings or via telecommunication/ social media means).

In the JTAI work undertaken by the analysts it was not easy to identify domestic abuse cases unless they were high risk (to the victim, not the child was high risk) on the social care case load.

There are developments in Children's social care that may address these issues. For example a recent development has been to introduce advocacy to children whose cases are going to a Child Protection Conference. The advocate located in the Children's Involvement Team discusses with the child prior to attending the conference and can act as the voice of the child during the conference and then meet with the child after the conference.

⁵¹ SURG consultation and Service User DVD 2016



Action - There is a need for Children's Social Care to work in partnership to address the whole family situation by engaging with the victim and the child/ren alongside focussing on their safety, identifying all forms of abuse including coercion with consistent worker/s for the case and workers who can explain clearly the processes and procedures required.

Sheffield Children's Social Care response to domestic abuse

A significant data exercise completed in November 2016 reviewed the number of children on the children's social care caseload on the CareFirst system. It found that *'around 1,700 Children and Young People's Open Cases had Domestic Violence identified. Of these 322 had a MARAC Request form attached'*. This suggests that of the open cases in Children's Social Care a total of 322 (around 20%) of children were living in a household that had had a high risk domestic abuse incident which had been referred to and discussed at MARAC. *Of those flagged as MARAC 247 also cross referenced to the MARAC rolling record spreadsheet*^{52, 53}.

This also means that around 1,400 children in open to cases on the CareFirst system had not been part of a high risk case that had gone to MARAC, therefore these are likely to be medium and standard risk domestic abuse cases. There is a need to ensure all social care cases have the domestic abuse risk of the family situation at the time of assessment.

Sheffield Multi Agency Support Teams (MAST)

Sheffield Multi Agency Support Teams (MAST) provides specialist interventions to families experiencing problems below the threshold of Social Care. MAST's role is to intervene at an early stage following the issue being brought to their attention and provide a family with access to the most appropriate service/s to address the need. The overall aim is for the need to be addressed and the family to exit from support. Interventions include *'help with learning, behaviour, school attendance and parenting skills'*⁵⁴.

MAST in Sheffield has a specialist domestic abuse practitioner team that does not hold a caseload. Their role is to support, train and advise practitioners who are working directly with families where the domestic abuse is taking place, and to support the MARAC process.

A significant proportion of MAST cases have a headline problem where the child/adult is at risk of domestic abuse or who is in a situation where domestic abuse is happening. On the 3rd June 2016 there were a total of 1,036 MAST open plans and 325 had DV/DA as a headline problem, this amounts to 31% or just under one third of cases⁵⁵.

Of the 325 cases, the majority or 306 were where the Child/Adult is/was/at risk of experiencing Domestic Violence or Abuse. However a total of 105 cases had a child/adult known to have perpetrated/caused Domestic Abuse harm. Therefore potentially a third of the MAST cases with domestic abuse as a headline problem have children living in situation where there is a victim and perpetrator of domestic abuse in the household.

The MAST data identified a total of 29 of the 306 (9% of MAST cases) as high risk of domestic abuse because either the Adult or Child aged over 16 was at high risk due to Domestic Violence or Abuse.

⁵² Toby Churcher, Senior Analyst, Performance & Analysis Service, Children Young People Families (CYPF), SCC

⁵³ The data was extracted and matched using DV cases from the CIN Census for 2015/16 and then matched in any MARAC Requests on Care First, then matched to the MARAC rolling record spreadsheet for the same time period. Then matched to whether there was a match on Building Successful Families. So the data is very much geared by the CIN Census.

⁵⁴ Sheffield Safeguarding Children Board Annual Report 2014-2015 <https://www.safeguardingsheffieldchildren.org.uk/Safe-Home/welcome/sheffield-safeguarding-children-board/sscb-information/annual-report-business-plan>

⁵⁵ Data provided by Charlotte Murrie, Project Coordinator, Data and Performance, SCC



A recent report by MAST⁵⁶ observed parenting and domestic abuse as the top two issues addressed by MAST. They have also noticed an increase in the number of cases where the child is perpetrating abuse against the parent.

Local experts raised an issue about the approach taken by MAST workers when working with domestic abuse situations. The concern of domestic abuse support services was the safety message given to the victims may conflict with the safety advice given via specialist support workers – there is therefore a need to ensure coordination between the different services when working with a family.

In 2015/16 IDVAS completed a piece of work with MAST to deliver bespoke training to team managers and Social Workers, with a view to the training being cascaded internally to frontline staff. Part of the training was to support them to develop resources and packs for staff to use when responding to domestic abuse⁵⁷.

MAST workers attended a total of eight different training programmes commissioned by DACT and provided by Action in 2015/16. Training included DA, Signs, Indicators and Referral Pathways, DASH/MARAC/Safety planning and referral pathways, Safeguarding Children & Young people affected by DA, Adult Survivors of Sexual Abuse 16+, Mental Health and DA, Young People and Intimate Partner Violence (IPV), plus attendance at Multi Agency Lunchtime Seminars and the VCF Domestic Abuse Conference in December 2015.

The courses with the highest MAST attendances were DA, Signs, Indicators and Referral Pathways and DASH/MARAC/Safety planning and referral pathway.

Domestic abuse resources and packs for MAST staff when responding to domestic abuse have been developed and published and are readily available to the workforce, thus creating consistency in working with families affected by domestic abuse.

Action – To have check with MAST to ensure training delivered to them in 2015/16 has been cascaded to all workers in 2016/17.

Action - There is an ongoing need to review how Sheffield can provide a co-ordinated whole family response to domestic abuse and ascertain how young people can receive the therapeutic support they require.

Building Successful Families (BSF) / Troubled Families

The VAWG strategy outlines the future of Troubled Families (known as ‘Building Successful Families’ in Sheffield). *‘Our intention is that this programme acts as a catalyst for local services to make fundamental changes to the way they support the most vulnerable families, including those families experiencing domestic violence and abuse...the Troubled Families Programme’s approach reflects our wider ambition to embed early intervention and prevention in local areas through driving integrated working between local partners and workforce transformation’.*

The Project co-ordinator for Building Successful families in Sheffield has provided the following information on BSF.

Domestic abuse is one of the six headline criteria for being on the BSF caseload. The other headline criteria are crime and ASB, Education, Child who needs help, financial exclusion and homelessness and health.

In 2015/16 there were a total of 1,424 families with a BSF action plan in place and of these 369 (26%) had domestic abuse as a headline factor. This was higher than the 310 action plans opened in 2014/15, an increase of 19%.

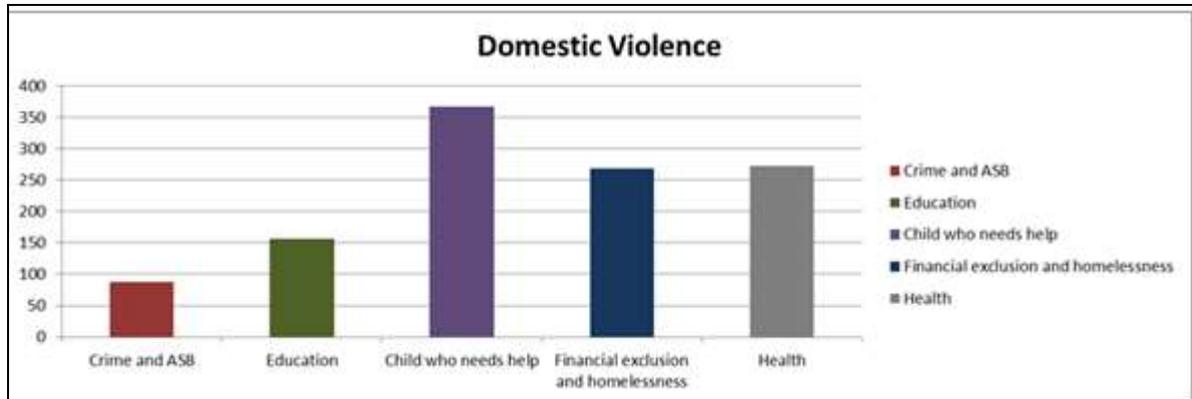
⁵⁶ Lynn Hickling raised in the Expert Group

⁵⁷ Information taken from a report provided by Theresa Ward, Action to DACT on the training provided in 2015/16



Domestic abuse and other problems

Families don't just have the one headline issue, indeed 99% of families have a child that needs help, 74% of all BSF cases with DA also have health problems, 73% experience financial exclusion and homelessness, 42% education problems and 24% a crime and anti-social behavioural problem, see the graph below.



In the 369 domestic abuse cases, 350 cases had someone in the family (child or adult) was at risk of being a victim of domestic abuse. 27% of the families had a child or adult who was perpetrating abuse, and a small proportion, 9% were a high risk victim abuse.

	Number of families	% of the total
Child/Adult is/was/at risk of experiencing Domestic Violence or Abuse	350	95%
Child/Adult is known to have perpetrated Domestic Violence or Abuse	101	27%
Adult or Child over 16 is at high risk due to Domestic Violence or Abuse	32	9%
Total cases with domestic abuse as a headline problem	369	

At the time of the action plan being put into place most of those affected by domestic abuse on the BSF caseload were either at a medium (99) and standard (219) level risk of abuse.

Further investigation reveals that of the 350 at risk of experiencing domestic abuse 134 (38%) had been DASH risk assessed (which suggests domestic abuse was happening prior to the BSF intervention but was still continuing or that the DA had been 'hidden' and action may not have been taken by the family to address this situation) and 227 (64%) had a Domestic Violence Notification (from the Police).

The support given to those families with domestic abuse as a headline issue is via MAST who co-ordinate the response for each family. MAST DA specialists hold consultation with staff, hold joint visits to the families where appropriate, attend MARAC and feedback to schools to make sure they are aware of the domestic abuse situation and work with the school to implement safety and support plans.

The BSF families engage in with a wide range of support groups hosted by a number of different agencies including:-

- The Power to Change group run by Action (ADAS) for MAST and commissioned by DACT (see section 16 as part of Medium and Standard risk service provision (verbal feedback from those attending the course have found this beneficial).
- Referral to Haven provision of the CandYP and Bouncing Back programmes
- You and Me Mum programmes includes advice on parenting following domestic abuse and the impact the abuse may have had on children)



However when asked what needs are not met by the BSF offer, the following issues were raised:-

- There is a need for more early prevention and early interaction with children and young people on healthy relationships in primary and especially in secondary schools
- More programmes on healthy relationships like 'Escape the Trap' <http://escapethetrapped.co.uk/> which is available elsewhere but not in Sheffield.
- There is no dad's support group, but work is underway regarding introducing a Caring Dads programme, to work with fathers as perpetrators.

Joint Targeted Area Inspection (JTAI) on Children living with Domestic abuse

Between September 2016 and March 2017 a Joint Targeted Area Inspection (a partnership of Ofsted, HMIC, CQC and HMI probation inspectors) focused on Children living with Domestic abuse⁵⁸. The aim was to assess the Local Authority's multi-agency approach to reduce the risks of domestic abuse to children. In effect the JTAI guidance outlines the best practice when working with families affected by domestic abuse.

The JTAI reviewed and required all areas to have the following:-

- A high quality identification, risk assessment and services response to the risks identified,
- Appropriate and sufficient commissioned and voluntary sector service provision for children, victims and perpetrators.
- An effective MARAC in place (timely held cases, sharing of information and action plans agreed),
- A police force that investigates cases effectively
- A court service that offers effective advice to the family court.
- That those working with children directly should use a child centred approach and see the incident 'through the eyes of the child'.
- A clear focus on risk reduction, including requirements for early support interventions and low waiting times for support.
- Children should have the right to receive help and protection. This is expected by areas having appropriate processes in place to ensure that information is shared and interventions are timely (including children in need, child protection case, looked after children and MARAC processes).
- Workers have access to and attend appropriate training.
- Managers challenge services to ensure effective practice is in place.
- Children's and family views should be heard, the local need and prevalence understood (in this document) and lead to an effective response by managers responsible.
- The Local Safeguarding Children's Board monitors, promotes and coordinates statutory partners (police, court, children's social care) to work effectively including with others supporting the child, victim and perpetrator of the abuse to mitigate risk.

Considerable work was undertaken locally to review processes and procedures, and there is a requirement that once the final report is available, that once again these are worked through and actions clearly identified and completed.

Action - Sheffield was not chosen as an inspection LA; however there is a need to review the forthcoming final JTAI report and its key findings alongside the current Sheffield approach. There should be an aim to ensure strategic and operational procedures are aligned to the best practice expected nationally.

⁵⁸ *Guidance for the joint targeted area inspection on the theme: children living with domestic abuse*, JTAI, August 2016
<https://www.gov.uk/government/publications/joint-inspections-of-the-response-to-children-living-with-domestic-abuse-september-2016-to-march-2017>



Schools and domestic abuse

Schools are the main point of contact with children affected by domestic abuse. Children who misbehave or have poor school attendance are flagged as families needing further investigation by schools, and domestic abuse is often identified.

VAWG actions and education

There are three actions specific to schools and education in the VAWG strategy. Action 1 is for teachers when teaching gender equality in PSHE, Action 2 is the publication of new Statutory guidance for teachers on safeguarding children affected by abuse and action 2 is for educators working in specific communities where forced marriage may happen and guidance on how to 'deal with' victims.

SCHOOLS AND EDUCATION			
1	Develop new guidance in consultation with teachers for PSHE lessons specifically about gender equality.	GEO	April 2016
2	Fund the Freedom Charity to expand the 'Train the Trainers' project to reach a greater number of communities and empower teachers to deal with the topic of forced marriage sensitively and confidently.	GEO	April 2016
3	Publish a consultation report on updated statutory safeguarding guidance for schools, <i>Keeping Children Safe in Education</i> , to come into force in September 2016.	DFE	May 2016

MAST has suggested that there can be difficulties when working with schools. MAST finds that the school responses to domestic abuse vary.

There are differences between schools regarding their understanding of the MARAC process and the school's role. In addition there are differences in the approach taken by schools and the fact they often are the primary access to children affected by domestic abuse. In some circumstances the processes are effective, for example where one child discloses something and the professional makes the connection there are other children in the household and therefore considers how it may be affecting them too.

Haven has explained that some of their insight when working with schools are :-

- that school staff often feel *the need for more knowledge and awareness and would like help from a specialist service* when working with children,
- parents are often unwilling to allow their child to attend specialist domestic abuse groups after school hours,
- The most popular groups attended are during working hours and those which discuss safe, healthy relationships rather than are branded domestic abuse explicitly.
- There are lots of opportunities to explore for both primary and secondary school interventions – raising awareness and specifically towards discussing domestic abuse with pupils (both one to one and in groups).

Service users who were parents also raised issues with schools:-

- One parent said their school was great, implementing a learning mentor and being there for the parent and the child.
- There was however uncertainty as to what schools offered to parents and children affected by domestic abuse (service users were unsure how the school were made aware of the abuse and what the school did once the abuse was known).

There are a number of work streams with schools to encourage greater consistency in approaches citywide. These include:-



Learn Sheffield <http://www.learnsheffield.co.uk/> – ‘Learn Sheffield is focussed on school improvement. The aim is to support a school-led system to deliver improvement through partnerships, and improve outcomes for the children and young people of Sheffield. Learn Sheffield is a not for profit schools company which is owned by Sheffield’s schools and colleges (who own 80%) in partnership with Sheffield City Council (who own 20%)⁵⁹.

Learn Sheffield has six key priorities to address. One of the themes is Inclusion which is ‘To identify and overcome the barriers to learning for vulnerable learners and their families’. A project is underway to develop resources (including information about local specialist providers and local pathways) for schools to be hosted by Learn Sheffield to enable a more consistent approach.

Given that feedback suggests schools vary in their responses to domestic abuse, it is perhaps advisable that Learn Sheffield are kept informed of domestic abuse developments and act as a conduit for schools who are working with them. There is however a risk because not all schools engage with Learn Sheffield and therefore will remain outside of this information loop.

A Domestic Abuse and Education Policy is in development. It will consider how schools should work with children living in a domestic abuse situation.

Action – Ensure there are links to the DACT website and Children and Young People’s Domestic abuse pathway and schools policy for Learn Sheffield

Domestic abuse training for schools

In 2015/16 Action (the DACT commissioned provider for training on domestic abuse in Sheffield) delivered three specialist sessions to a total of 102 school workers including heads, teachers and support staff from secondary schools and academies. This was specifically developed to respond to recommendations from a Domestic Homicide Review. This is a new development and has opened new opportunities to take this training further.

The aim should be that key staff in all schools have received specialist domestic abuse training, they understand their role, how to identify signs and know where to refer to. This is particularly pertinent to secondary schools who are working with young people who are affected by domestic abuse, who are victims of domestic abuse and those causing harm.

Action – To review the training provided to school staff with the aim of providing training to at least one representative in all senior and junior schools in Sheffield.

Action – Promote local and national resources to teaching staff to use when responding to domestic abuse, and consider if there are any gaps.

Action – There is a need to ensure the school responses to children affected by domestic abuse are informed by local pathways and good practice.

Domestic abuse training to young people’s services and workers in contact with young victims

Action has provided training for young people and organisations in 2015/16 and 2016/17⁶⁰. An example of direct work has been the National Citizenship Programme (NCP); workshops were delivered to a total of 500 young people aged 14 – 16 years old in the two years. Feedback from 2015/16 was analysed and used to adapt and improve other training such as the ‘Young People & Intimate Partner Violence’ course. Other examples of targeted training at issues for young people

⁵⁹ <http://www.learnsheffield.co.uk/>

⁶⁰ Information taken from a report provided by Theresa Ward, Action to DACT on the training provided in 2015/16



group include tailored sessions with the Permanence and Through Care Team and Roundabout Supported housing for young people.

Sex and relationships education to be compulsory in all schools from September 2019⁶¹.

The government have announced that Sex and Relationships Education (SRE) is to be compulsory for all children in education from the age of 4 years old from September 2019 in England. The programme of training will be consulted upon. The aim is that all children are educated in '*Age-appropriate lessons (which) have particular emphasis on what constitutes healthy relationships.*

The government have also acknowledged that since the statutory SRE guidance which was published in 2000 there have been advancements in technology which have resulted in new forms of abuse. Therefore the aim is to also include raising children's and young people's awareness to the '*the dangers of sexting, online pornography and sexual harassment*'.

⁶¹ Sex education to be compulsory in all England's schools, <http://www.bbc.co.uk> , 1 March 2017



Part 3.8 Risks to vulnerable young people

Some young people are more vulnerable to being victims of domestic and sexual abuse. The list below are issues raised by local experts during the course of the needs assessment process as emerging issues or factors observed in recent MARAC cases and social care conferences.

Child sexual exploitation (CSE)

The statutory definition of child sexual exploitation was updated in February 2017. It is:-

*'Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology'*⁶².

Sheffield Child Sexual Exploitation Multi-Agency Strategy 2016 requires updating following the new definition as it cites the old 2009 version (see footnote)^{63,64} and includes local definitions on gangs, grooming and trafficking.

Child sexual exploitation is complex and the CSE guidance document explains that it can be linked to a number of different types of crime, including domestic abuse, trafficking, sexual abuse, grooming, gangs and violence⁶⁵.

The prevalence of CSE in England and Wales

- **An estimated 2,400 victims in a 15 month period (August 2010 to October 2011) and an additional 16,500 found to be at high risk of CSE**⁶⁶.
- The National Crime Agency⁶⁷ produces quarterly reports on **the number of referrals for potential victims of modern slavery to the National Referral Mechanism**. In the three month period April to June 2016 (published January 2017) there were 101 referrals nationally for minors who had been sexually exploited, 29% were non-UK nationals (from 13 different countries) and 71% were UK nationals and 9% were male victims. One referral was made by South Yorkshire Police for minors who had been a victim of CSE.

Those most vulnerable to being a victim of CSE

⁶² Child sexual exploitation - Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation, February 2017 <https://www.gov.uk/government/publications/child-sexual-exploitation-definition-and-guide-for-practitioners>

⁶³ The old definition of CSE that is in the current Sheffield CSE Strategy 'Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability'

⁶⁴ Sheffield Child Sexual Exploitation Multi-Agency Strategy, 2016 <https://www.safeguardingsheffieldchildren.org.uk/welcome/sheffield-safeguarding-children-board/Sexual-Exploitation-Service.html>, page 2-3

⁶⁵ Child sexual exploitation - Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation, February 2017 <https://www.gov.uk/government/publications/child-sexual-exploitation-definition-and-guide-for-practitioners>

The most recent data on CSE in England is cited in the Sheffield CSE strategy citing 2012 data from the Office of the Children's Commissioner. "If only someone had listened": Inquiry into Child Sexual Exploitation in Gangs and Groups <http://www.childrenscommissioner.gov.uk/publications/if-only-someone-had-listened-inquiry-child-sexual-exploitation-gangs-and-groups>

⁶⁷ <http://www.nationalcrimeagency.gov.uk/publications/national-referral-mechanism-statistics>



The CSE guidance report states that those most vulnerable to CSE are individuals who have lived in a vulnerable environment including lived in care, lived in an household where domestic abuse, sexual abuse, substance misuse has taken place, lived in poverty, being neglected, being homeless or had issues interacting socially with others. The guidance also suggests the connections they have with peers and others may have an impact, including being in contact with others in a similar position and being unaware of a healthy sexual relationship.

Local activity

Sheffield introduced a CSE dataset, with the aim of increasing local knowledge on CSE activity in Sheffield. The dataset collects information on the number of workforce trained, number of referrals to Children's Social Care and demographics and characteristics of victims (e.g. repeat referral, in care etc.), police activity data, CSE service activity data, Community youth team data and health data.

The Sheffield CSE annual report reports using 2014/15 data that Sheffield had:-

- 136 CSE referrals leading to 42% onward referrals to CYT and 45% to the specialist protection team.
- The age of victims referred ranged from 12 to 18 years, with 16 year old accounting for 30% of the total.
- The majority of referrals were female (92%), males accounted for 7% and 1% were transgender.
- 80% were white British, 6.6% were from Slovak and 12.5% from another BME background.
- 38% resided in the east, 37.5% in the west and 23.5% in the North of Sheffield (based on Children Social Care Service areas).
- 14% were looked after children (foster care (63%), residential care (10.5%) and supported living, 26%).
- 4.4% had a special educational need

The local dataset will overtime build a local Sheffield profile of CSE.

The Sheffield response to CSE

The **Sheffield Child Sexual Exploitation Multi-Agency Strategy**⁶⁸ was published in 2016.

- The strategy explained how the publication of Professor Jay's independent enquiry into CSE in Rotherham included recommendations for Local Authorities.
- An independent consultation completed on CSE in Sheffield during 2015 found that the multiagency approach in Sheffield was *'meeting standards to deliver effective services and in many instances is at the forefront of best practice'*.
- The CSE strategy has six areas of focus: – Strategic commitment across all agencies, Prevent, Protect, Pursuit, Prosecution and Participation with the aim of further enhancing and developing services. Deliverables include extensive training, partnership working, streamlining processes, young people awareness raising, community working, effective assessment, referral and engagement processes. Proactive and effective pursuit of perpetrators leading to successful prosecution and engagement of service users
- Sheffield is part of the national **Alexi Project**⁶⁹, it is a one of 15 hubs in the project that 'utilise(s) the expertise, resources and infrastructure of an established CSE service (known as a 'hub') and extend that service by locating new project workers (known as 'spokes') into new service delivery areas'. The aim is to understand the impact of the project on *'a cultural and systemic change in the way services support children and young people (in their) response to child sexual exploitation'*.

⁶⁸ <https://www.safeguardingsheffieldchildren.org.uk/welcome/sheffield-safeguarding-children-board/Sexual-Exploitation-Service.html>

⁶⁹ <https://www.beds.ac.uk/ic/current-projects/child-sexual-exploitation-evaluation>



- The Hub in Sheffield⁷⁰ has trained professional workers, developed and delivered an awareness course for young people, supported CSE victims using the new youth work based model, developed and started to deliver a training programme for taxi drivers and established service user groups (working with Derby and Cambridgeshire).

The latest Police PEEL effectiveness report⁷¹ explained that:-

- The Force has good analytical data which is used monthly to better understand vulnerabilities within communities in South Yorkshire including child sexual exploitation, providing intelligence and updates about CSE and missing children who are at risk of CSE.
- The Force has good supervision and investigation on child sexual exploitation cases.

The latest position to CSE is contained in the SHEFFIELD SAFEGUARDING CHILDREN BOARD, Special Edition Newsletter – CSE 2016⁷²

JTAI for CSE and missing children

In 2016 the Joint Targeted Area Inspection process (a partnership of Ofsted, HMIC, CQC and HMI probation inspectors) focused on CSE and missing children⁷³. Five Local authorities were inspected February to August 2016. The CSE best practice recommendations included:-

- Effective partnership working; each partner takes responsibility, work collaboratively together and have a shared understanding of CSE.
- Strategic goals clearly defined, understood and agreed by all agencies and committed resources for CSE and translated into an effective operational practice.
- Effective sharing of information and intelligence between police, probation, LA, health and youth justice services to fully understand local patterns of CSE, '*disrupt and deter perpetrators*' and '*identify, help and protect children*'.
- Raise community awareness – children to assist develop materials and communities to understand their role in protecting children.
- CSE victims need a 'trusted profession', comprehensive assessments required which involve the young person and all professionals involved with them, schools, peers etc) and regular updated action plans which focus on all needs. The child should be actively involved in planning and decisions made about them.
- Build a better understanding of why children go missing; including holding follow up meetings with these children on their return.
- Sufficient resources in health providers to provide an effective response to CSE
- Frontline staff trained and using in risk assessment checklists, applying professional knowledge and using their skills with CSE victims.
- Consistency in a proactive police approach across police force areas; an effective response reduces the time taken for children to get the support required.
- Child protection procedures implemented effectively.
- Consistency in the professional response when working with the children and family members.
- Leaders and management oversight and supervision of frontline staff.

Sheffield was not audited in the CSE JTAI process; however there is a local need to review the final JTAI report and its key findings alongside the current Sheffield CSE strategy and operational procedures to ensure they are aligned to the best practice response expected nationally and actions reviewed / added where required.

⁷⁰ Sheffield sexual exploitation services, Annual report, April 2015 to March 2016

⁷¹ PEEL police effectiveness 2016 - An inspection of South Yorkshire police <https://www.justiceinspectorates.gov.uk/hmic/publications/peel-police-effectiveness-2016/>

⁷² <https://www.safeguardingsheffieldchildren.org.uk/dms/safe/management/corporate-communications/documents/safeguarding-board/publications/newsletters/SSCB-CSE-Newsletter-2016/SSCB%20CSE%20Newsletter%202016.pdf>

⁷³ 'Time to listen' - a joined up response to child sexual exploitation and missing children, JTAI, September 2016 <https://www.gov.uk/government/publications/joint-inspections-of-child-sexual-exploitation-and-missing-children-february-to-august-2016>



This section has focused on Child Sexual Exploitation. However the local CSE strategy is also for victims of sexual exploitation for those aged 18 and over.

See Part 3 Sexual abuse for more details on adult sexual exploitation and the Sheffield sexual exploitation transitions project (for victims who due to their age (17 to 18) move from being the responsibility of statutory child services to adult services).

The use of technology in abuse including revenge porn, harassment and grooming– see Part 2 on sexual abuse where it is discussed in-depth

Children living in Care and Care Leavers

Local experts have shared that young victims who have been in care (and may have lived in a household of domestic abuse) are more vulnerable to being victims of domestic and sexual abuse. They explain that victims and perpetrators who have lived in care often do not understand or have little awareness on what a 'healthy relationship' is, they are more likely to engage in intimate relationships sooner into the relationship and are therefore more vulnerable to being a victim of domestic abuse.

A local review of MARAC cases in 2016 has observed that 30 cases or 3.18% of all cases to MARAC in 2016 included a victim or a perpetrator who had lived in care⁷⁴. Care leavers make up 2.44% of victims – 23 cases in 2016, three of which were repeat cases in that 12 month period. This is significant as the 2.44% is a higher ratio than the national 60 out of 10,000 children who lived in care or 0.006% of all children during 2015⁷⁵.

'Following a review of serial repeat cases at MARAC that had been heard 5 times or more it was established that seven months between April and October 2016 there were four victims who were care leavers and one perpetrator who was a care leaver'.

Care leavers are a focus in Children's social care cases in Sheffield City Council and the data here suggests all those who live in care (foster, young people's home etc) require some awareness raising of healthy relationships as part of the placement and (for those who are older) at the end of their time in the care system.

The needs assessment in this section has explored only a small number of young people's vulnerabilities. Those contained in the report are based on feedback from local experts and service users and recent data. These are emerging areas of knowledge and development.

⁷⁴ Care leavers at MARAC 2016, 2017

⁷⁵ House Of Commons Briefing paper; Number 04470, 5 October 2015; *Children in Care in England: Statistics*
<http://researchbriefings.files.parliament.uk/documents/SN04470/SN04470.pdf>



Part 3.9 Young People Causing Harm

Young People who are causing harm, which includes domestic abuse, are complex individuals. Local experts raised the issue at the expert group that young victims causing harm may also be a victim of domestic abuse in their home environment or may have grown up in a household with a victim and/or perpetrator of domestic abuse.

The complex histories and backgrounds of young people causing harm and the network of those who have harmed them, the nature of the harm they are causing to others and the nature of their relationship with peers and family has been highlighted in the MsUnderstood project.

MsUnderstood, a partnership between the University of Bedfordshire, Imkaan, and the Girls against Gangs project has been working with professionals in Sheffield since January 2014 to build a response to abuse within young people's relationships and peer groups. Following an audit of the strengths and challenges in Sheffield's response to peer-on-peer abuse, the partnership has agreed to deliver a number of actions to further develop practice until July 2016. These actions have been agreed with a local strategic and operational steering group established to oversee the project, as well as Sheffield's local safeguarding children board. The single point of contact for the project is Joel Hanna, Youth Justice Service.

The audit process identified that while Sheffield has a clear sense of its profiles in relation to child sexual exploitation, serious youth violence, harmful sexual behaviour and domestic abuse, it is less clear about the extent to which these profiles overlap. As a result, MsUnderstood has worked with local multi-agency panels concerned with peer-on-peer abuse to link their problem profiles, identifying any trends, duplication or areas of difference. Strategically, the delivery of this action is being overseen by SCC.

The MsUnderstood project was led by Dr. Carlene Firmin with the aim of improving how local services support young people who are affected by violence and abuse in their relationships and amongst their peers, identifying how services could better prevent this abuse from happening, what works well in responding, how young people could be helped to find the support they need and make sure that the help they get works. One of the main focuses of the project was to review multi-agency working and how support services overlapped.

The review provided an insight into the complex needs and vulnerabilities in such cases, including the nature of the violence in the peer on peer relationships and where in the present or in the past the victim and perpetrator have been exposed to domestic abuse. A sample revealed a high number of peers who were either experiencing domestic or sexual abuse in their relationships (four of the five) and all five cases included family members who either had lived or who were currently living in a domestic abuse situation. For example they were witness to their father abusing their mother, and a number had been relocated during childhood due to living in a parental domestic violence situation, or their siblings are in domestic abuse relationships, or older siblings were abusing the mother. Three of the peers were also violent toward other family members.

Expert group feedback raised a number of service capacity issues for young people causing harm or to work with children to prevent future harm.

- There are limited responses for children acting as perpetrators against parent/carer – know of cases where the child has been taken back to the family by police as nowhere else to take them. Some type of respite / time out place needed.
- Impact on children – it is more likely that a child living in a home where domestic abuse happens becomes a perpetrator.



Data is limited on the extent of teenage violence in Sheffield. To address this a teenage violence dataset is to be introduced locally. The aim is for the dataset to be completed by a professional in contact with either the victim or the young person causing harm. The dataset will build a more detailed understanding on extent of the issue in Sheffield, the type and nature of violence being caused, the locations in Sheffield where it is more likely to happen, how young people are meeting and the demographics of the young person causing harm.

Action – Establish a teenage violence dataset, rollout to all services in contact with young people (victims and those causing harm) to build a profile of teenage violence in Sheffield.

Community Youth Teams

In Sheffield the Community Youth Teams (CYT) are a targeted youth support service⁷⁶.

The CYT work with young people involved in low level offending and anti-social behaviour; and young people who are or who are at risk of becoming NEET (Not in Education, Employment or Training).

The Community Youth Justice Caseload included 341 different individuals in 2015/16⁷⁷. Of these, 80 were identified in their assessments as being victims of abuse, and also 80 were identified as having witnessed violence within the home. There is an almost 100% overlap between these two groups – presumably this reflects practitioners' understanding that witnessing domestic abuse is a form of child abuse itself. This suggests around 24% of the case load are victims of domestic abuse.

In terms of young people causing harm, a dip-sample of young people with youth justice disposals for violence in the period reveals that in 12.5% of cases the victim was a partner, ex-partner or family member. If this holds true across the caseload, there would be only 13 such disposals in 2015/16. However, there will be other perpetrators on their caseload who have not been charged with a relevant offence of violence.

CYT received 802 referrals for one to one support in 2015/16. Of these, 10 had the primary reason for referral as "domestic abuse" but it's not recorded whether as a victim, witness or perpetrator⁷⁸.

Trends observed by CYT, with domestic and sexual abuse in their caseload over the last year or two
The caseload in Sheffield Youth Justice Service has followed the national trend of a significant reduction in young people receiving court disposals. The young people they are now working with are predominantly complex cases with significant trauma in their history.

The support / intervention needs of the CYT caseload with domestic abuse as a need

- Many have poor emotional health.
- Some 'self-medicate' with cannabis and/or other substances.
- Some have housing and benefits issues because they are prematurely independent.
- Some have not attended school and have literacy difficulties and also lack the conflict resolution skills that are practiced in school.
- Many of the young people they work with have identified speech and language difficulties.
- All of the young people that they work with have committed offences and this will often limit their future opportunities.

Work undertaken by Youth Justice Service to address the impact that domestic and sexual abuse has on these individuals

The Youth Justice Service includes a range of specialist workers that the young people have access

⁷⁶ CYT information from Gail Gibbons, Service Manager - Community Youth Teams

⁷⁷ Information provided by Katie Hewitt, Acting Assistant Service Manager, Sheffield Youth Justice Service, 31st July 2016

⁷⁸ Info provided by Louise Dore, QA manager



to; CAMHS nurse, health nurse, Speech and Language Therapists, substance misuses workers, housing workers, education workers. However, some of the young people who have suffered significant trauma are not ready or able to make use of the support during the time on the caseload.

Case-managers endeavour to build relationships with young people in whom they feel safe to discuss difficult issues and they also provide support for practical issues. The service also uses sessional staff as support workers for various areas of support including help to access positive activities. For each young person their risk of reoffending, their risk of causing serious harm and the risk of harm coming to them are all assessed and plans are devised to attempt to minimise those risks.

The Safer, stronger families - Teen violence against parents (TVAP) group - Four families completed the group in 2015; however CYT has been through considerable organisational change in 2016 which has delayed the planned delivery of Safer, Stronger Families. The aim is to run the group in late 2016 or early 2017.

Positive Relationships group - A healthy relationships group was run at the Junior Attendance Centre and a group of five young men completed it. It will be run again in a cycle.

A separate group for young women called '*i love me*' has recently finished and that incorporated healthy relationship work.

Both courses have yet to be evaluated but the young people engaged well with the discussions.

The needs of individuals on the CYT caseload are not always met. While CYT has access to many sources of support, due to the time limitations of the length of the court order, or out-of-court disposal, many young people do not have the required length of time working with YJS to be able to develop trust and make use of the support.

CYT are currently looking into training for staff on the Trauma Recovery Model and its use within youth justice in an effort to maximise our effectiveness in supporting young people.

The teenage violence report recommends that Youth Justice Services in South Yorkshire should work together to collaborate on training programmes.

Action – Consider the opportunity to review how YJS and CYT can work together to develop training programmes as a response to the Teenage Violence report.

MARAC data for Young perpetrators of domestic abuse

The SafeLives database (records activity for MARACs nationwide, shows that 0.7% of cases to MARAC in Sheffield involved a person causing harm aged less than 17 years old. This is marginally lower than the 1.2% for the most Similar Force Group, the 1.2% for South Yorkshire Police and the national 1.1% average⁷⁹.

A total of 23 MARAC cases had a perpetrator aged 16 to 18 years old; the majority of perpetrators were male. Referrals into MARAC were from a range of services which is encouraging, over three quarters were from the police, IDVAs and Youth Justice Service and other from housing services, MAST and mental health services.

- **See Section 10 for more details on perpetrator support in Sheffield.**

⁷⁹ SafeLives database – MARAC activity for the 12 month period April 2015 to March 2016