**Multi-agency response to children affected by Domestic Abuse**

**Argyll and Bute referral pathway.**

**Introduction**

The Argyll and Bute Pathway has been developed to ensure that where there is Police involvement in incidents or allegations of domestic abuse which involve or could impact on children concerns are passed swiftly to the Named Person who will ensure that the children’s needs are promptly considered and appropriate supports put in place.

Police concerns continue to be screened by social work to ensure that all child protection concerns or situations where social work are appropriately respond to under existing procedures.

**Background**

The Domestic Abuse (Scotland) Act 2018 creates a criminal offence of domestic abuse and recognises that it can be a course of conduct which takes place over a sustained period of time. The Act covers physical violence and emotional abuse and for the first time it criminalises coercive control. It also recognises the impact the domestic abuse has on children. If a child is adversely affected when the abuse happened (even if they were not the focus of the abuse) then the offence is automatically considered worse and it can result in a longer sentence.

**Impact on Children of Experiencing Domestic Abuse**

Children and Young People will be affected in different ways when living with domestic abuse and the trauma it can cause

**Children’s responses to living with domestic abuse may vary according to age and stage of development.**

* The ways in which children are affected may differ. For example, babies living with domestic violence appear to be subject to higher levels of ill health, poorer sleeping habits and excessive crying, along with disrupted attachment patterns

* Children of pre-school age tend to be the age group who show most behavioural disturbance such as bed wetting, sleep disturbances and eating difficulties and are particularly vulnerable to blaming themselves for the adult violence
* Older children are more likely to show the effects of the disruption in their lives through under performance at school, poorly developed social networks, self-harm, running away and engagement in anti-social behaviour.

(Humphreys and Houghton, 2008)

It is important to note that children within sibling groups may react and respond differently; in addition the individual child’s uniqueness should be considered along with the individual needs of any children within a sibling group.

Research has started to focus on the impact of exposure to domestic violence on children’s brain development. There is emerging evidence that young children who have experienced domestic abuse score lower on cognitive measures even when allowing for mother’s IQ, the child’s weight at birth, birth complications, the quality of intellectual stimulation at home and gender.

Exposure to domestic abuse particularly in the first two years of life appears to be especially harmful. (*Enlow et al, 2012*). Whilst children are pre-programmed to respond to stressful situations, such as hunger, meeting new people or dealing with new experiences, it is clear that some stressors are more harmful than others. The strong and prolonged activation of the individual child’s stress management system results in toxic stress.

For this pathway to be effective it should be aligned with the principles of GIRFEC; this will require taking account of the function and responsibility of the Named Person in terms of information sharing, decision making and planning. This should be supported by an up to date chronology.

Where the concerns indicate that the child may be at risk of significant harm Child Protection procedures must be followed, this may be at initial referral, as new or more information comes to light or following consideration of the chronology and the 5 GIRFEC questions.

At each stage of the pathway a referral to SCRA may be considered.

**GIRFEC 5 Key Questions**

1. What is getting in the way of this child's or young person's well-being?
2. Do I have all the information I need to help this child and young person?
3. What can I do now to help this child and young person?
4. What can my agency do to help this child or young person?
5. What additional help, if any, may be needed from others?

**Domestic Abuse Pathway**

Police Incident Involving Domestic Abuse and children, Concern Form generated and screened by Police Concern Hub

**Social Work**: Screen for Child Protection. If CP; IRD held and CP procedures followed.

If NOT CP SW make mandatory contact with named person and agree way forward.proceed as Named Person/Lead Professional

Police Concern Form forwarded to:

* Social work mailbox
* Health Generic Mailbox (< 5 yrs.)
* SEEMIS mailbox (5 yrs. plus)

**Named Person**

* Makes an assessment based on existing knowledge
* Consider speaking to parent if appropriate
* Gathers any additional information to make informed judgment
* Consider Chronology
* Considers GIRFEC 5 Key Questions

Has a wellbeing need been identified?

If yes – NP should assess using the GIRFEC practice model

Multi-agency (MA)

Response Required

NO needs identified by Named Person

* NP to continue to observe C/YP as per normal NP role and processes

**Possible areas of concern**

* NP to monitor behaviour e.g. aggressive behaviours or withdrawn
* NP to observe for signs of Trauma – physical signs ie headaches, stomach aches and emotional reactions that are sudden/extreme, sleep disturbance.

Convene MA Child’s Planning meeting **as soon as possible within 10 working days**

Single-agency

Response Required

* NP to continue with Universal Service Provision and Single Agency Support
* NP to monitor behaviour e.g. aggressive behaviours or withdrawn
* NP to observe for signs of Trauma –physical signs ie.headaches,stomach aches and emotional reactions that are sudden/extreme, sleep disturbance
* School attendance /concentration
* Appoint Lead Professional
* Ensure supportive interventions are put in place for the C/YP
* Ensure there are clear outcomes in place for the C/YP - with an achievable timeframe
* Consider Referral to SCRA

**Resources**

* Behind Closed Doors: The Impact of Domestic Violence on Children (pdf) - <https://www.unicef.org/protection/files/BehindClosedDoors.pdf>
* Cedar Network (Children Experience Domestic Abuse Recovery) [www.cedarnetwork.org.uk](http://www.cedarnetwork.org.uk)
* UK says no more: Effects of domestic abuse on children

<https://uksaysnomore.org/effects-of-domestic-abuse-on-children/>

* Contact for Police Concern reports for Domestic Abuse going to Named Person for Education is [seemis@argyll-bute.gov.uk](mailto:seemis@argyll-bute.gov.uk)
* Contacts for Police Concern reports for Domestic Abuse going to Named Person for Social Work are

Bute & Cowal - [SPOCBUTE&COWAL@argyll-bute.gov.uk](mailto:SPOCBUTE&COWAL@argyll-bute.gov.uk)

Helensburgh & Lomond - [SPOCH&L@argyll-bute.gov.uk](mailto:SPOCH&L@argyll-bute.gov.uk)

MAKI - [SPOCMAKI@argyll-bute.gov.uk](mailto:SPOCMAKI@argyll-bute.gov.uk)

Oban, Lorn & the Isles - [SPOCOLI@argyll-bute.gov.uk](mailto:SPOCOLI@argyll-bute.gov.uk)

* Contacts for Police Concern reports for Domestic Abuse going to Named Person for Health are

Bute –   [High-UHB.butepublichealthnurse@nhs.net](mailto:High-UHB.butepublichealthnurse@nhs.net)

Cowal – [High-UHB.cowalcpalert@nhs.net](mailto:High-UHB.cowalcpalert@nhs.net)

MAKI – [High-UHB.abpublichealthnursehvsn@nhs.net](mailto:High-UHB.abpublichealthnursehvsn@nhs.net)

Campbeltown – [High-UHB.campbeltownpublichealth@nhs.net](mailto:High-UHB.campbeltownpublichealth@nhs.net)

Islay –     [High-UHB.islay-public-health-nurses@nhs.net](mailto:High-UHB.islay-public-health-nurses@nhs.net)

Helensburgh – [High-UHB.h-lchildrenandfamiliesstaff@nhs.net](mailto:High-UHB.h-lchildrenandfamiliesstaff@nhs.net)

Oban, Lorn & the Isles –   [High-UHB.olicpalert@nhs.net](mailto:High-UHB.olicpalert@nhs.net)