Safeguarding Leads Forum

Wednesday 4th June 2025

Safeguarding Adults at Risk Update

This forum can form part of your Safeguarding Adults Level 3 Training

Named GP back from maternity leave
megan.morris@selondonics.nhs.uk

Dr Megan Morris
Named GP for Adult Safeguarding,
SELICB
Southwark Borough

Domestic Abuse Service going through changes

- IRIS no longer being commissioned
- All GP referrals using the SDAS (Southwark Domestic Abuse Service) form (on DXS) will be directed to a specific “Health IGVA” (whether or not you may have ticked the IRIS box). Post currently being recruited into but service running with current fully trained staff.
- Health IGVA will be able to see patients at your surgery, by prior arrangement with you, the referrer (or your admin team) if this is the patient’s preference.
- sdas@refuge.org.uk phone 01182147150 (all referral details remain the same)

Adult Safeguarding Referrals soon to be going online

- No change to current forms yet, but Social Services to move to digital process for adult safeguarding soon, in line with care needs assessment referrals and childrens safeguarding referrals

- YOU WILL BE INFORMED WHEN IT CHANGES

Home Office Prevent Training

Understanding Autism in the context of Extremism and Radicalisation	**05/06/2025**	**https://www.eventbrite.com/e/1329959297059?aff=oddtdtcreator**
Understanding Autism in the context of Extremism and Radicalisation	24/06/2025	https://www.eventbrite.com/e/1329960430449?aff=oddtdtcreator

South East London Integrated Care System

Adult Safeguarding Level 3 PLT

Currently scheduled for Thursday 18th September 2025

Agenda

Key Updates	
13:00-13:30	Private Fostering Team Update
13:30-13:45	Neglect Strategy
13:45-14:00	Domestic Abuse Audit
14:00-14:30	Open questions and case discussions

"SEE. LISTEN. AND BELIEVE ME." CHILDREN AT THE CENTRE OF OUR RESPONSE TO NEGLECT.

SOUTHWARK SAFEGUARDING CHILDREN PARTNERSHIP 2025 - 2028

Children's voices and their lived experience are the drivers for how we ensure they have a childhood free from neglect.

All partners will maintain an attitude of curiosity about children's lived experiences. Professionals who identify children at risk or suffering neglect will provide help that prevents issues from escalating.

In Southwark, there will be no wrong door for the provision of support to children and families at risk of experiencing neglect.

The community will be aware of neglect, what it looks like, its impact and causes. They will also know how to access support, https://www.southwark.gov.uk/children-young-people-and-families/parenting

OUR PRINCIPLES

Children and **young people's voices and lived experiences** are at the centre of what we do

We will support **our workforce** with the skills and tools they need to respond early and on time.

We will **support families**, so that children are brought up thriving and strong.

We will work as a **joined up partnership** to support families and also support each other.

We will work together to **understand the needs** of Southwark's families, the impact of neglect and to understand the difference we are making.

We will listen and **intervene early** to prevent problems from getting worse.

We will work to recognize and **respond to challenges** in the environment that increase stress in families

WHAT IS NEGLECT?

Neglect is the **ongoing failure** to meet a child's or young person's basic needs and, by virtue of its prevalence in referrals to children's social care and categories of abuse in child protection, it is recognised to be the most **common form of child abuse**.

Neglect is defined in Working Together to Safeguard Children (2023) as "**the persistent failure to meet a child's basic physical, emotional and/or psychological needs, likely to result in the serious impairment of the child's health or development**. "

Complex, Multi-faceted

All agencies can struggle in their responses to child neglect, with responses often mirroring the confusion and disorganisation that families may also encounter (Daniel et al., 2011; Horwath, 2013;).

Research has shown that child neglect is not just the province of the poor, but is prevalent across all societies (Daniel, 2015; Horwath, 2013).

It is said to lead to the most significant long-term impacts for children (Dickens et al., 2022; Radford, 2011).

Chronic neglect cases often involve parents and families facing a number of intertwined challenges. These can include **socioeconomic disadvantage, social isolation, mental health difficulties, alcohol and substance use and domestic abuse** (Horwath, 2013; Mulder et al., 2018).

NATIONAL AND LOCAL CONTEXT

23% OF THOSE UNDER 18 IN SOUTHWARK LIVE IN AREAS RANKED AS 'MOST DEPRIVED' NATIONALLY.

43% OF CHILDREN IN SOUTHWARK LIVE IN HOUSEHOLDS RANKED AS BELOW THE POVERTY LINE, PARTICULARLY WHEN YOU TAKE INTO ACCOUNT THE COST OF HOUSING. (END CHILD POVERTY 2021).

HOUSEHOLDS WITH CHILDREN ARE MORE LIKELY TO BE FOOD INSECURE (43%) AS COMPARED TO THOSE WHICH DO NOT (18%).

1 IN 4 CHILDREN AGED 0-16 ARE ESTIMATED TO BE FOOD INSECURE.

HOUSEHOLDS OF BLACK ETHNICITY MORE LIKELY TO BE FOOD INSECURE (46%) THAN THOSE OF WHITE ETHNICITY (9%).

IN MARCH 2023, 40% OF CHILDREN ON A CHILD PROTECTION PLAN IN SOUTHWARK HAVE A CATEGORY OF NEGLECT, ONLY TOPPED BY EMOTIONAL ABUSE AT 51%.

NEGLECT HAS FEATURED AS THE 3RD HIGHEST CONTACT REASON FOR FOR REFERRALS TO CHILDREN AND SOCIAL CARE IN 2021/22 AND 2022/23, TOPPED ONLY BY DOMESTIC ABUSE AND ANTISOCIAL BEHAVIOUR.

IN THE CHILD IN NEED CENSUS PUBLISHED BY THE DFE IN 2022, SOUTHWARK'S CHILDREN WHO WERE CONSIDERED TO BE CHILDREN IN NEED DUE TO ABUSE AND NEGLECT ACCOUNTED FOR 43%, AS COMPARED TO THE ENGLAND AVERAGE OF 53%, AND 50% IN LONDON.

THE HIGH LEVELS OF NEGLECT ARE THEREFORE A NATIONAL ISSUE, WITH NEGLECT A CATEGORY FOR 48% OF CHILDREN ON CHILD PROTECTION PLANS IN ENGLAND (CIN CENSUS, DFE 2022)

WHAT CHILDREN AND YOUNG PEOPLE TOLD US

WE SPOKE TO YOUNG PEOPLE IN SOUTHWARK, WHO HAVE LIVED EXPERIENCE OF INVOLVEMENT WITH CHILDREN'S SOCIAL CARE. THEY FURTHER DEFINED WHAT MATTERS TO THEM WHEN IT COMES TO NEGLECT, INCLUDING:

SOMETIMES WE ARE LEFT TO FEND FOR OURSELVES EMOTIONALLY AND PHYSICALLY

SOMETIMES YOU CAN BE NEGLECTED FROM CELEBRATING TRADITIONS AND FAMILY CULTURE.

NEGLECT IS WHEN WE LACK A TRUSTED PERSON TO SPEAK TO.

STOP MAKING ASSUMPTIONS

BEING PUT IN ISOLATION, AND BEING EXCLUDED FROM SCHOOL CAN MAKE YOU FEEL NEGLECTED.

REMEMBER THAT WE DON'T DESERVE WHAT HAPPENED TO US AND WE ARE WORTHY OF BEING CARED FOR.

IT'S WHEN WE ARE LEFT TO 'LIVE WITH OUR OWN PROBLEMS AND TO DEAL WITH THEM'

HEAR AND UNDERSTAND US, WE ARE ALL INDIVIDUAL PEOPLE WITH OUR INDIVIDUAL INTERESTS IN LIFE, SOMEONE GENUINELY CARING ABOUT US MEANS A LOT.

WHAT PARENTS TOLD US

NEGLECT? WE NEED A MUCH BETTER EXPLANATION AS TO WHAT THESE TERMS MEAN, WHAT IT IS. SOMETIMES WE DON'T KNOW THAT WE ARE DOING ANYTHING WRONG.

PRACTITIONERS SHOULD KNOW WHERE TO GET US HELP FROM, SOMETIMES YOU JUST NEED A HELPING HAND
WE ALL COME FROM DIFFERENT BACKGROUNDS, YOU NEED TO UNDERSTAND US WELL AND GIVE US SUPPORT THAT IS SENSITIVE TO THIS.

GIVE US INFORMATION IN THE LOCAL SPACES WHERE WE ALREADY GO, LIKE SCHOOLS, DOCTOR'S SURGERIES, OUR CHURCHES AND MOSQUES

WHEN YOU HAVE MENTAL HEALTH ISSUES AFFECTING YOU, AS A PARENT, YOU ARE JUST LEFT THERE.
WE NEED MORE PEER TO PEER SERVICES, WHERE WE CAN LEARN FROM EACH OTHER

OUR PRIORITIES FOR RESPONDING TO NEGLECT

- Meeting Need
- Keeping Families Knowledgeable and Strong
- Joined-up partnership, working seamlessly
- Voice of children, young people and parents

Key priorities for 2025 – 2028:

- Medical Neglect and Disability
- Family and environmental factors impacting families
- Safety and supervision
- Neglect of non-mobile babies

Pathways to harm through neglect

Severe deprivational neglect	where the neglect was the primary cause of death or serious harm; neglect of the child's basic needs leads to impairments in health, growth and development; severe illness or death may result from malnutrition, sepsis, or hypothermia among others.
Medical neglect	failure to respond to a child's medical needs (acute or chronic) and necessary medication; such failure may lead to acute or chronic worsening of a child's health
Accidents	which occur in a context of neglect and an unsafe environment; hazards in the home environment and poor supervision may contribute.
Sudden unexplained death in infancy (SUDI)	within a context of neglectful care and a hazardous home environment; deaths may occur in dangerous co-sleeping contexts, or where other recognised risk factors are prominent and not addressed.
Physical abuse	occurring in a context of chronic, neglectful care; the primary cause of serious harm or death may be a physical assault, but this occurs within a wider context of neglect.
Suicide and self-harm	in adolescents with mental health problems associated with early or continuing physical and emotional neglect.
Vulnerable adolescents harmed through risk-taking behaviours	associated with early or continuing physical and emotional neglect.
Vulnerable adolescents harmed through exploitation	associated with early or continuing physical and emotional neglect.

Triennial Analysis of SCRs: Briefing for health practitioners

Child Neglect Toolkit Checklist

Child's Name		DOB	
Practitioner		Agency	
Date		Is there a CAF for this child?	YES/NO

Pg	Development Need	Score				Impact on child/young person – evidence and examples
	AREA 1: PHYSICAL CARE	1	2	3	4	
13	Food					
14	Quality of housing					
15	Stability of housing					
16	Child's clothing					
17	Animals					
18	Hygiene					
	AREA 2: HEALTH					
19	Safe sleeping arrangements and co-sleeping for babies					
20	Seeking advice and intervention					
21	Disability and illness					
	AREA 3: SAFETY and SUPERVISION					
22	Safety awareness and features					
23	Supervision of the child					
24	Handling of baby/response to baby					
25	Care by other adults					
26	Responding to adolescents					
27	Traffic awareness and in car safety					
	AREA 4: LOVE and CARE					
28	Parent/carer's attitude to child, warmth, care					
29	Boundaries					
30	Adult arguments and violence					
31	Young caring					
32	Positive values					
33	Adult behaviour					
34	Substance misuse					
	AREA 5: STIMULATION and EDUCATION					
35	Unborn					
36	0-2 years					
37	2-5 years					
38	School					
39	Sport and Leisure					
40	Friendships					
41	Addressing bullying					
42	**PARENTAL MOTIVATION FOR CHANGE**					
	Total in each area					

What actions are to be taken as a result of completing this checklist?

HEALTH: Seeking advice and intervention

1) Child focused care giving.	2) Adult focused care giving.	3) Child's Needs are secondary to adults.	4) Child's needs are not considered.
Advice sought from professionals/ experienced adults on matters of concern about child's health. Appointments are made and consistently attended. Preventative care is carried out such as dental/optical and all immunisations are up to date. Carer ensures child completes any agreed programme of medication or treatment.	Advice is sought about illnesses, but this is occasionally delayed or poorly managed as a result of carer difficulties. Carer understands the importance of routine care such as optical/dental but is not always consistent in keeping routine appointments. Immunisations are delayed, but eventually completed. Carer is inconsistent about ensuring that the child completes any agreed programme of medication or treatment, but does recognise the importance to the child, but personal circumstances can get in the way.	The carer does not routinely seek advice about childhood illnesses but does when concerns are serious or when prompted by others. Dental care and optical care are not routinely attended to. Immunisations are not up to date, but carer will allow access to children if home visits are carried out. Carer does not ensure the child completes any agreed programme of medication or treatment and is indifferent to the impact on child's wellbeing.	Carer does not attend to childhood illnesses, unless severe or in an emergency. Childhood illnesses allowed to deteriorate before advice/care is sought. Carer hostile to advice from others (professionals and family members) to seek medical advice. Routine appointments such as dental and optical not attended to, immunisations not up to date, even if a home appointment is offered. Carer does not ensure that the child completes any agreed programme of medication or treatment and is hostile to advice about this from others, and does not recognise likely impact on child.

HEALTH: Disability and illness

1) Child focused care giving.	2) Adult focused care giving.	3) Child's Needs are secondary to adults.	4) Child's needs are not considered.
Carer positive about child's identity and values him/her. Carer complies with needs relating to child's disability. Carer is proactive in seeking appointments and advice and advocating for the child's well-being.	Carer does not always value child and allows issues of disability to impact on feelings towards the child. Carer is inconsistent in their compliance with needs relating to child's disability, but does recognise the importance to the child, but personal circumstances get in the way. Caregiver accepts advice and support but is not proactive in seeking advice and support around the child's needs.	Carer shows anger and frustration at child's disability. Often blaming the child and not recognising identity. Carer does not ensure compliance with needs relating to child's disability, and there is significant minimisation of child's health needs. The carer does not seek or accept advice and support around the child's needs and is indifferent to the impact on the child.	Carer does not recognise child's identity and is negative about child as a result of the disability. Carer does not ensure compliance with needs relating to child's disability, which leads to deterioration of the child's well-being. Carer hostile when instructed to seek help for the child, and is actively hostile to any advice or support around child's disability

London safeguarding children Partnership

https://www.londonsafeguardingchildrenprocedures.co.uk/
https://www.londonsafeguardingchildrenprocedures.co.uk/files/threshold.pdf

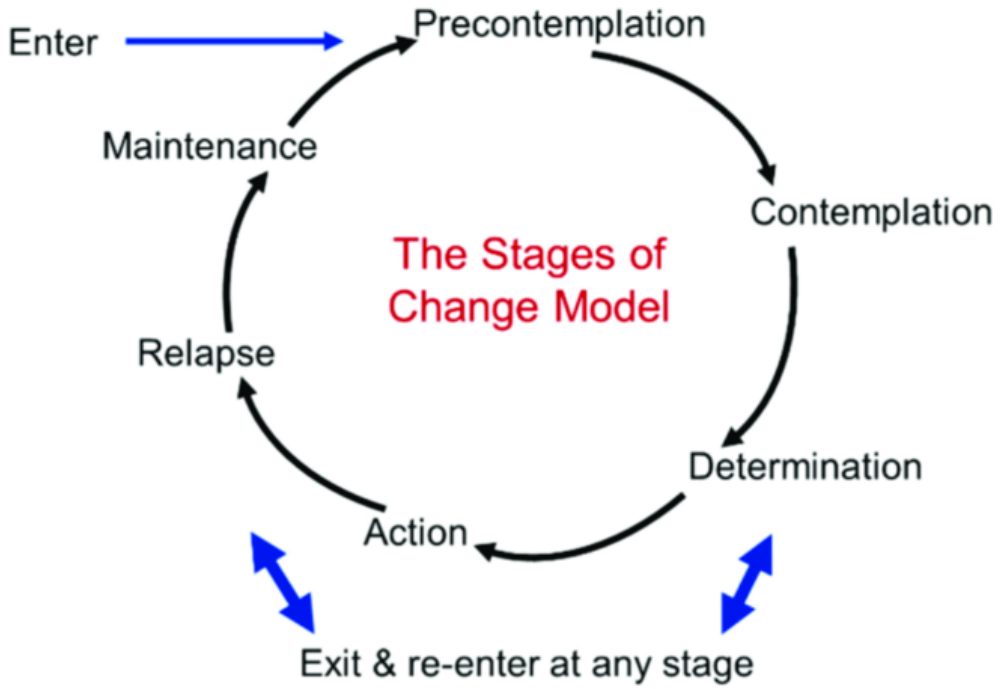
Parenting

Motivation

Engagement

Supporting to give the best potential for change to happen

Identifying when change isn't happening or possible



PARENTAL MOTIVATION FOR CHANGE:

1) Child focused care giving.	2) Adult focused care giving.	3) Child's Needs are secondary to adults.	4) Child's needs are not considered.
Carer is concerned about children's welfare; wants to meet their physical, social, and emotional needs to the extent he/she understands them. Carer is determined to act in best interests of children. Has realistic confidence that he/she can overcome problems and is willing to ask for help when needed. Is prepared to make sacrifices for children.	Carer seems concerned about children's welfare and claims he/she wants to meet their needs but has problems with own pressing circumstances and needs. Professed concern is often not translated into effective action, but carer expresses regrets about own difficulties dominating. Would like to change but finds it hard. May be disorganised, does not take enough time, or pays insufficient attention; may misread 'signals' from children; may exercise poor judgement.	Carer is not concerned enough about children's needs to change or address competing demands on their time and money. This leads to some of the children's needs not being met. Carer does not have the right 'priorities' when it comes to child care; may take an indifferent attitude. There is lack of interest in the children and in their welfare and development.	Carer rejects the parental role and takes a hostile attitude toward child care responsibilities. Carer does not see that they have a responsibility to the child and can often see the child as totally responsible for themselves or believe that any harm that befalls the child is the child's own fault and that there is something about the child that deserves ill treatment and hostile parenting. May seek to give up the responsibility for children.

7-Minute Briefing – Joint Targeted Area Inspection (JTAI)

Multi-agency Response to Children who are victims of Domestic Abuse

1 What are JTAIs?

JTAIs are an inspection of multi-arrangements for:

- the response to all forms of child abuse, neglect and exploitation
- the quality and impact of assessment, planning and decision making in response to referrals
- protecting children and young people at risk of a specific type (or types) of harm, or the support and care of children looked after and/or care leavers (evaluated through a deep dive investigation)
- the leadership and management of this work
- the effectiveness of local safeguarding arrangements

2 Who undertakes JTAIs?

JTAIs are conducted jointly by the following inspectorates: Ofsted, Care Quality Commission (CQC), Her Majesty's Inspectorate of Constabulary (HMIC) and Her Majesty's Inspectorate of Probation (HMIP).
All four inspectorates will jointly assess how well the LA, the police, health, probation and youth offending services work together to identify, support and protect vulnerable children.

3 What notice do you get?

A JTAI can take place at any time - there are no advance notification dates.
There will be a notification period for the local partnership of nine working days before the inspectors come on site. During that time the inspectors will be provided with child-level data; a list of children for the deep dive theme; case file documents and other information to support the inspection.

4 What information is considered?

The inspection will use the following information to evaluate children's experiences:

a. Case Sampling and tracking
b. Observation of practice and interviews
c. Information from individual agencies

Inspectors will triangulate evidence by meeting with children, parents and carers and talking to practitioners and/or managers (in person or by phone)

5 What is the Deep Dive?

The 'deep dive' evaluates the experiences of children and young people at risk of a specific type (or types) of harm. Inspectors may request additional information to assist the deep dive. Future deep dive themes are issued by Ofsted

6 Timescales

The JTAIs Multi-agency response to Serious Youth Violence.

- **Week 1:** Inspectors notify the local leaders of the inspection 10 working days before the fieldwork begins & request information to support the inspection.
- **Week 2:** The local area evaluates children's experiences and provides audits to the inspection team.
- **Week 3:** Fieldwork; inspectors gather evidence & Inspection findings are fed back to the local partnership

7 Feedback and Report

Verbal feedback will be given at the end of the on-site inspection (end of week 3). By the end of week 9 the inspectors findings will be written up in a letter addressed to the senior leaders in the local partnership. The findings will be in the form of a narrative rather than graded judgements and will include strengths and areas for development and any areas of priority action.

Information / Links:

Joint inspections of the response to children who are victims of domestic abuse - GOV.UK

JTAI reports

Aim

Southwark Safeguarding Children's Partnership

SSCP: Multi-Agency Domestic Abuse Audit

1. A multi-agency audit of twenty children open to Southwark CSC, to assess the multi-agency collaboration between Police, CSC, Probation services, and Health services, as well as their cooperation with Education, Early Years providers, and Community Organisations to support victims, reduce risk and increase safety.

   The audit aimed to understand how children in Southwark affected by DA are **identified**, how agencies **assess risk**, and how partnerships **work together** to safety plan and achieve positive outcomes

2. A targeted audit and quality conversation in respect of seventeen children who have been discussed at **MAPPA and MARAC** over the last 4 months

Methodology

Southwark Safeguarding Children's Partnership

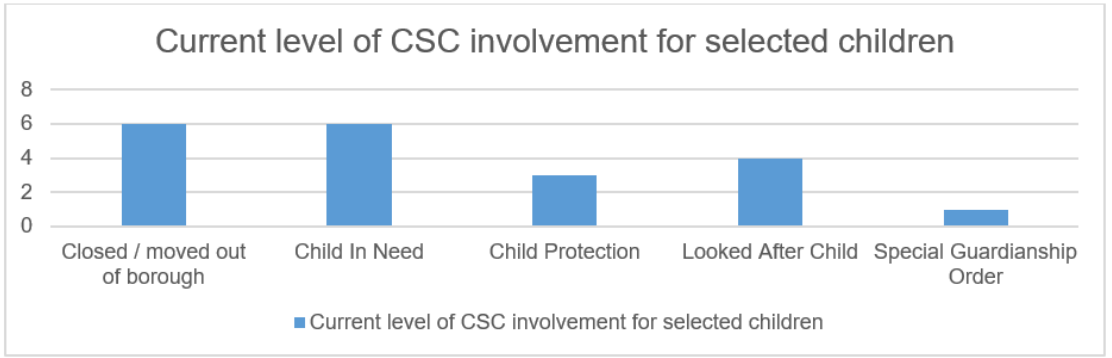
SSCP: Multi-Agency Domestic Abuse Audit

Southwark Children's Social Care (CSC) partners identified all Southwark children known to them during a six-month period from Feb-August 2024, where DA was identified as the primary concern.

From this group, twenty children were selected across the following age groups:

Unborn children | Children under 2 | Children aged 2-4 | Children aged 5-7 | Children aged 16-18

Children were selected based on being known to at least two agencies with a broadly equal distribution across multi-agency partners, children were selected ensuring a balanced distribution by ethnicity and level of CSC involvement.



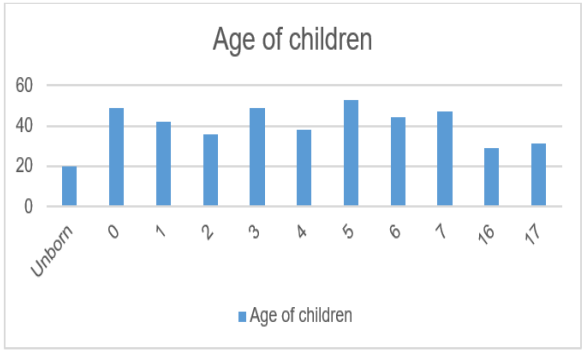
Wider Context

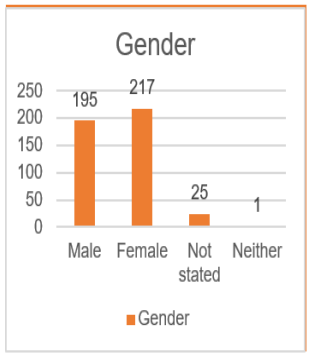
Southwark Safeguarding Children's Partnership

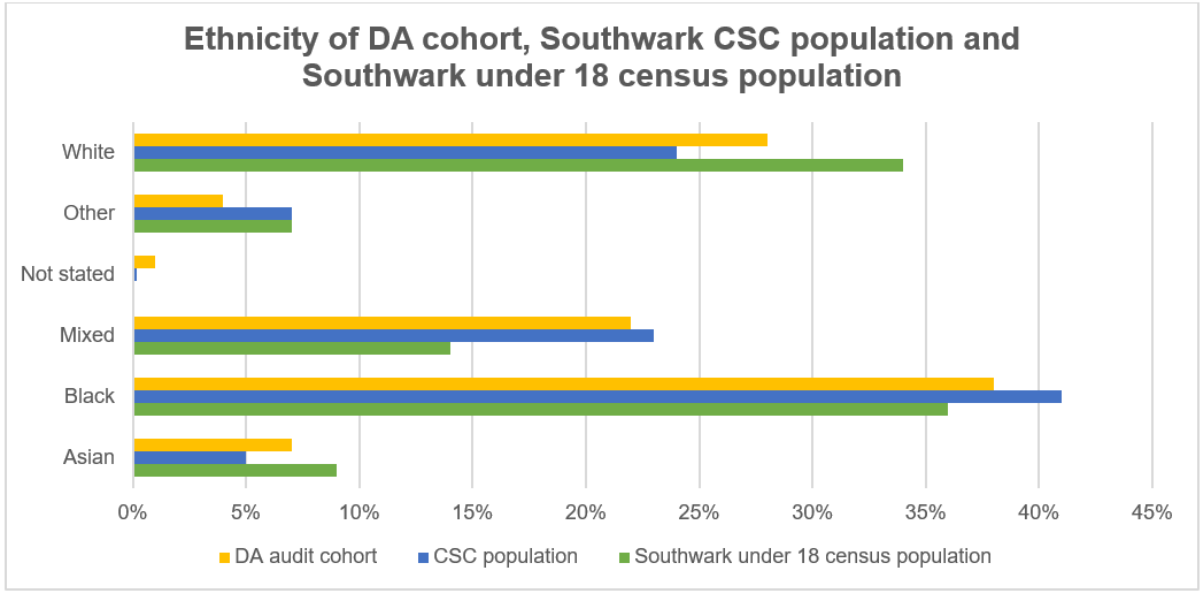
SSCP: Multi-Agency Domestic Abuse Audit

In Southwark, DA and Violence Against Women and Girls (VAWG) accounted for approximately 17% of all contacts and referrals into csc in 2023/24 and 28% of children assessed by CSC had DA as an assessment factor.

- There were 439 children in the original data pool or 315 families, which consisted of children known to CSC within the six-month period, aged from unborn to 7 and 16 and 17.







Audit Tool

Southwark Safeguarding Children's Partnership

Southwark Council

SSCP: Multi-Agency Domestic Abuse Audit

Health Services	
60	Are you aware of domestic abuse in relation to this child and their family?
61	Were experiences of domestic abuse explored as part of routine discussion or enquiry during appointments?
62	How this information disclosed? E.g a partner agency or child disclosure?
63	Was previous history considered when exploring DA?
64	What has been the response to this information from your agency?
65	Is your agency involved in multi-agency meetings around this child?
66	Has your agency completed a risk assessment e.g DARA/ DASH in relation to domestic abuse? What was the outcome?
67	What conversations have been had with the victim of domestic abuse about the risk of domestic abuse to themself and the impact on children? Please provide examples.
68	What support services have been offered to both parents in relation to DA?
69	Health visitor / School nurses – Have you received an Operation Encompass referral.
70	What support services have been offered to the child in relation to DA?

70	What support services have been offered to the child in relation to DA?
71	Was a MARAC referral completed?
72	Is the child / young person's voice captured in the records? How is this demonstrated?
73	Has the previous history been considered in relation to this family?
74	Is there evidence of professional curiosity? Please provide examples.
75	Is there an agreed safety plan?
76	Do you think the health professional has / had a good understanding of the child's needs, the risks to them and strengths within their immediate and wider family network? Please provide examples.
77	If you made a referral to any service, did you hear back from them?
77	Do you think the practitioner has helped the child and their family to access the support they needed, taking into account their background, identity and any barriers to accessing support? Please provide examples.
78	Do you know what type of accommodation this child is living in? e.g family owned, family private rented, social housing, temporary accommodation.
79	Has the child and their family received a timely response from your agency?
80	How would you grade your agency's overall work with this family? Inadequate, requires improvement, good, outstanding

Multi-agency
Police
Children Services
Health Service
Education
Probation
Service User/Family Feedback

November 2024

N=20 - 11 identified as being reg with Southwark GP - 6 Reviews completed

GP practice returns

Southwark Safeguarding Children's Partnership

Southwark Council

SSCP: Multi-Agency Domestic Abuse Audit

11 identified as being registered with Southwark GP - 6 Reviews completed

Case 1	Section 17 requested noted DV as context for information request. Mother attended for a post natal review- noted 'well supported, enjoying baby, mood is good'- not clear routine enquiry. Father not listed/registered
Case 2	Section 47, reason not noted on audits, Wider family noted as known to CSC, outcome from S47 unknown
Case 3	Child under CAMHS/community paeds, ADHD known. Information request CSC (type not recorded), patient not seen since 2018
Case 4	Practice aware, baby in care, had undertaken routine enquiry, disclosed by foster mother
Case 5	Historic CSC involvement 4 years ago under previous practice, no information in notes/shared by multi-agency in relation to domestic abuse Contacted CSC- CIN case closed, known to the Strengthening Families Service
Case 6	Section 47 request, information also shared by HV, mother seen regularly by GP and MH, reported IDVA support the year prior, wider support known, good relationship with SW, no directed question/enquiry in relation DA

What are we coding/adding to problem lists? How are we seeking voice of family/child?

Southwark Safeguarding Children's Partnership

SSCP: Multi-Agency Domestic Abuse Audit

Evaluation Criteria 1: Practitioners and support staff see the impact of domestic abuse through the eyes of the child

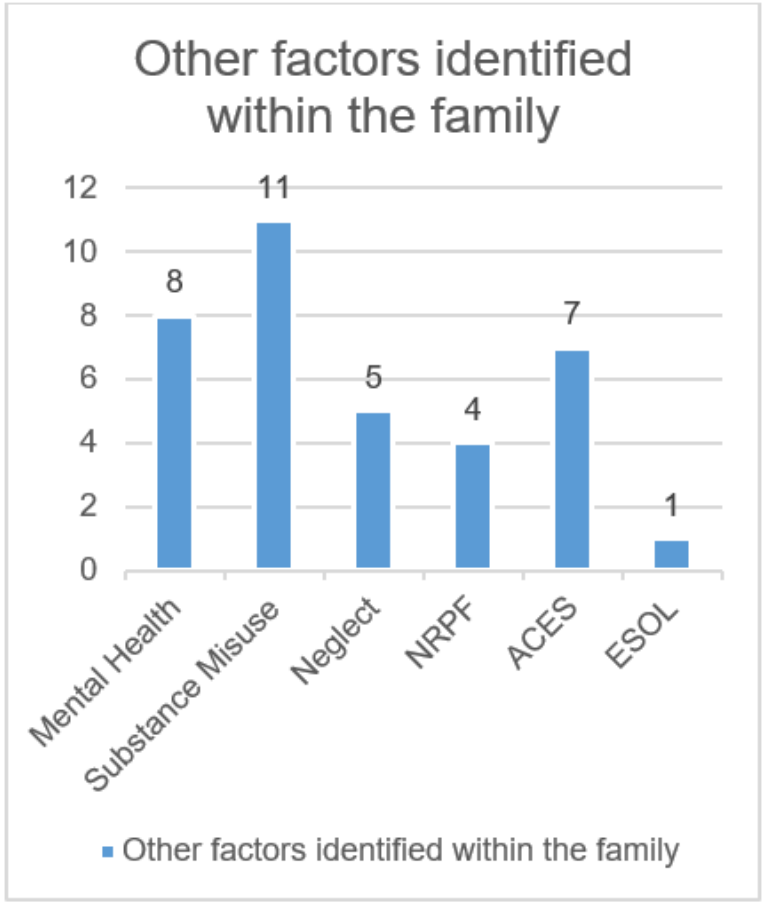
In 18/20 of the children identified all the agencies working with the child and their family were aware of concerns around DA

There is clear evidence of the professional network having a good understanding of DA, particularly in relation to the various types of abuse (physical, emotional, sexual, financial, and in relation to immigration)

Professionals were also able to consider the complex interplay between DA ***and other factors***

There is evidence of professional curiosity about the day-to-day life of children and the impact of DA on them

Overall, there is good evidence of health professionals making routine enquires in relation to DA, - only 1 GP report routine enquiry on one occasion, there were times when the family had not been seen to ask the question.



Southwark Safeguarding Children's Partnership

Southwark Council

SSCP: Multi-Agency Domestic Abuse Audit

EC3: Practice is based on a good understanding of children's needs, the risks to them, and strengths within their immediate and wider family networks. Practitioners help children and families to access the support they need, taking into account their background, identity and any barriers to accessing support.

Referrals were extensive and varied depending on the needs assessed.

SALT, CAMHS, Audiology, place2be, MH, CGL, parenting support via FEH, NROF, black women's project, immigration, pause, outreach workers

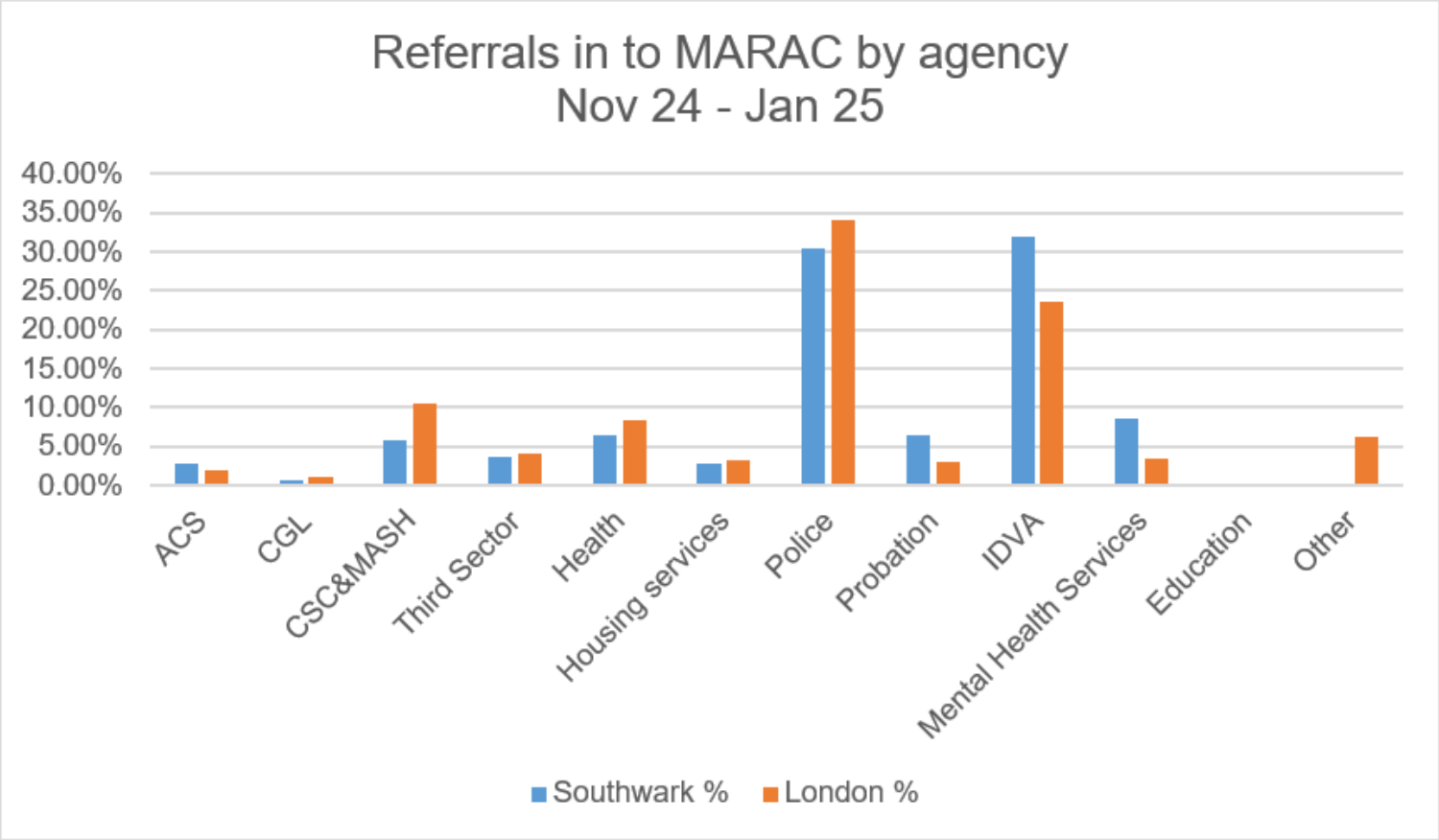
60% had support via IVDA

Police intervention resulted in seven perpetrators (35%) being charged with offences relation to DA, including battery and ABH, in addition two restraining orders and three non-molestation orders were obtained and advice was given to a further four families about obtaining non-molestation orders.

MARAC

Southwark Safeguarding Children's Partnership

SSCP: Multi-Agency Domestic Abuse Audit



For MARAC there were 229 referrals made in this time, of which 111 victims had identified children, and when taking in to consideration siblings, there were fifty-seven families presented during this had period.

Summary

- Children who are v/s of DA receive a timely response across the multi-agency partnership. They are supported by professional network that has a good understand of how DA can present, associated risk factors and the impact on children.
- Audits found that the use of risk assessments including DASH and CAARDA-DASH amongst CSC and health partners was significantly lower, and this is an area of improvement.
- Children and their families are provided with extensive support, which considered their needs, risks, background, and identity, referrals were made across the multi-agency network, and was varied and tailored to families' various needs
    - Schools were instrumental in providing tailored support to children particularly in relation to emotional and therapeutic support
- Sixty percent of v/s were referred to IDVA services, the majority of these were provided a timely response and with clear safety planning and support. Sixty-five percent of the families had been referred to MARAC- current plan for MARAC training across the borough
- There was good evidence of direct work and recording the voice of children within records
    - engaging fathers in work around DA was a significant area of weakness with 78% percent of fathers denying or refusing to engage with social work assessments and plans, this is further compounded by a lack of programmes for perpetrators within the borough.