

## **DOMESTIC VIOLENCE WORKSHOPS 14 JANUARY 2011**

### **Children's Services**

#### **Group D**

132. What percentage of referrals are DV?
133. What are the national figures?
134. 33 seems low number of DV referrals
135. What other level of needs
136. Do we need criteria?
137. Physical abuse under DV
138. Doesn't get re-coded – secondary code
139. Recorded to show DV
140. Perception of outcome difference
141. Referred as physical abuse – out as DV
142. Is the right level of work going on with families
143. Early identification – do preventative work
144. What are our universal services?
145. Children's Centres – work around prevention
146. Adult DV need clarity – difficulties in getting it right.
147. Where does adult DV get picked up - lead into Harbour
148. Adult Outreach – other systems / male perpetrator / signposted through team
149. Fits in with link in adult services – different elements
150. Significant funding from Stockton Safer Partnership will be reduced which will impact on other services
151. What is the impact on children's services?
152. Major concerns with teams if commissioning monies reduce
153. Children's Centres more targeted – link with families / better engagement
154. Families have difficulties managing money – could increase pressures on families.
155. Voluntary Agencies difficulty in throughput/assessment no route back in
156. Using resources efficiently
157. Not spending time writing referrals to each other
158. Early identification : Health Visitors / Midwives / 1:1 work with mothers
159. Outreach services / children's service s- Are we making best use of services we have.
160. Outreach services get picked up by children's centres
161. Family Intervention Project / Parenting Programmes / Raise Awareness / Courses to build self-esteem / coffee mornings
162. Issues – PCT Health Visitors / School Nurses
163. PCT funding working with schools with young people before they get into a relationship.
164. Work in CAF
165. MAPPA MARAC – more highlighted – what it is / refresh

*continued .. ..*

### **Group C**

- 166. Probation CPPE3 Form goes into First Contact
- 167. Is 200 normal? Similar in regional areas?
- 168. What percentage of crime / violent crime related to DV?
- 169. Children's Centres missed hard to reach – looking at reconfiguring now
- 170. Information Sharing - What other agencies is this information shared with
- 171. Need to make it smarter
- 172. How to get the best out of commissioned services
- 173. Salary costs – outsourced work

### **Group B**

- 174. Targeted work already in another town
- 175. October / November figures different compared with Police
- 176. Check figures with Mike Cane – could be codes used
- 177. How do we know things aren't falling through the cracks
- 178. An active case doesn't necessarily come up on First Contact.
- 179. A closed case doesn't go back.
- 180. Liz Abbott – compare codes / referrals with Mike Cane
- 181. Not clear that information is going back to Police
- 182. A number of small instances reported to SW – not necessarily to First Contact.  
Is there a need for logging into First Contact.
- 183. Not professionals inputting data
- 184. EDT are qualified and experienced
- 185. Children's Centres missing out preventative
- 186. Harbour – do pre CAF
- 187. Early Intervention Grant

### **Group A**

- 188. Do numbers show DV on child as a victim? – if not new referral goes straight to SW
- 189. DV high priority in CTB
- 190. Identify internal weaknesses in communication
- 191. DV team in Assessment Team now
- 192. Should everything be logged with First Contact
- 193. Pressure on Harbour
- 194. 2000 children in need
- 195. Are young people who are perpetrators of DV on siblings / parents picked up as a family problem?
- 196. Look at mental health issues
- 197. Tested through Inspections
- 198. Decisions to be made on Commissioned Services
- 199. More targeted services going through Children's Centre Services
- 200. Align budgets - young people and corporate – integrated approach to Harbour for delivery
- 201. Adult referrals going through should be the same as children
- 202. Waiting lists for children is high - 7-9 months waiting list
- 203. Target mental health / drugs / alcohol
- 204. Outreach services - 1:1 - intervention and family intervention

*continued .. ..*

### **What works well?**

205. Priority for CTB

### **What does not work well?**

206. Identifying DV cases from total referrals.

207. Data inputting issue?

### **What is missing?**

208. Sharing of personal data.

209. Knowing what data is available which could help with initial assessments i.e. Police data identifying alcohol as an element in DV cases. Contact Sgt Keith Daley / Inspector Mike Cane.

210. Are all agencies trained in recognising DV e.g. Ambulance Service/Bin men/Fire Service - source of referral.

211. Referrals from other services e.g. neighbour / victim

212. Link with PAMMA/MARAC

213. ID of VA in system – signposting

214. Interface with Adult Services and Child Services

215. Priority DV on Children's Board.

216. Reduce impact of DV on children and their families