SBC Community Safety Select Committee - Scrutiny Review of Children affected by Domestic Abuse (HDFT)

- **How do health visitors identify at-risk individuals / families?**

  0-19 practitioners at all contacts complete and / or review the holistic health needs assessment including routine and selective inquiry regarding any possible domestic abuse when safe to do so ie no child over the age of 2 is present, individual is alone.

  If routine and selective enquiry was not able to be asked at the previous contact, the plan would be to ask at the next available opportunity.

  If there was any historic or intelligence shared regarding potential risk, the Health Visitor would arrange for a contact to take place outside the family home through discussion and supervision with their line manager and safeguarding.

  0-19 practitioners are made aware of high-risk Vulnerable child and Adult and domestic abuse notifications through the CHUB and there are high priority reminders to the child's systm one record.

  HDFT are also notified of domestic abuse incidents through PITSTOP.

- **How confident do they feel about spotting signs of domestic abuse?**

  All 0-19 practitioners are trained (level 3 safeguarding children) to be able to recognise signs and indicators of domestic abuse.

  Even if no disclosures are made, 0-19 practitioners have a safeguarding single point of contact where supervision and advice can be sought in respect of concerns.

  0-19 practitioner ask questions re domestic abuse as part of a wider holistic health needs assessment.

- **Are health visitors aware of how to report domestic abuse?**

  Staff could contact our safeguarding single point of contact where supervision and advice can be sought re next steps / potential referrals.

  We have good links with HARBOUR for advice and support.

  We have the DASH risk assessment that staff can be supported to undertake to inform onward referrals.

- **How does the Trust promote reporting routes?**

  Reporting routes are shared via training, during 1:1 safeguarding supervision sessions, through safeguarding supervision.

- **Who / what is the responsible person / role within your organisation regarding written safeguarding policies / training / submitting referrals?**

  HDFT head of safeguarding is responsible for our Domestic Abuse policy.

  Delivery of training at HDFT is the responsibility of the Specialist Nurses and Named Nurses in accordance with the Intercollegiate Document.

0-19 staff can also attend external training delivered by partner agencies.

Any staff member within the 0-19 service can make a referral if they suspect Domestic Abuse.

- **Data on the number of domestic abuse-related referrals made by health visitors in the last three years.**

  We do not capture individual data like this. We would be able to see regarding the volume of referral made by the 0-19 service but not for specific reasons.

- **How are staff supported in relation to domestic abuse (e.g. training course options and any available date on the uptake of these)?**

  Domestic Abuse is threaded through all of our Level 3 safeguarding training in addition to the stand-alone Domestic Violence training.

  We have our safeguarding single point of contact for any staff member to discuss imminent safeguarding concerns.

  We have 4x4 supervision which takes place on a quarterly basis, but staff are also able to access face to face supervision with a Specialist Nurse Child Protection if they have concerns about a family.

- **Working with SBC and its partners with regards domestic abuse – how does this operate; is this effective; is there anything that could strengthen current arrangements?**

For Pitstop to be part of the new front door

To consider receiving operation encompass notifications but these would be for information to inform cumulative risk only so would need to unpick impact of this

- **Any views on key areas of future focus relating to this scrutiny topic (e.g. existing challenges that need to be addressed)?**

  As above

Harrogate and District NHS Foundation Trust
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