

# Sandwell Child to Parent Abuse (CPA) Information Guidance



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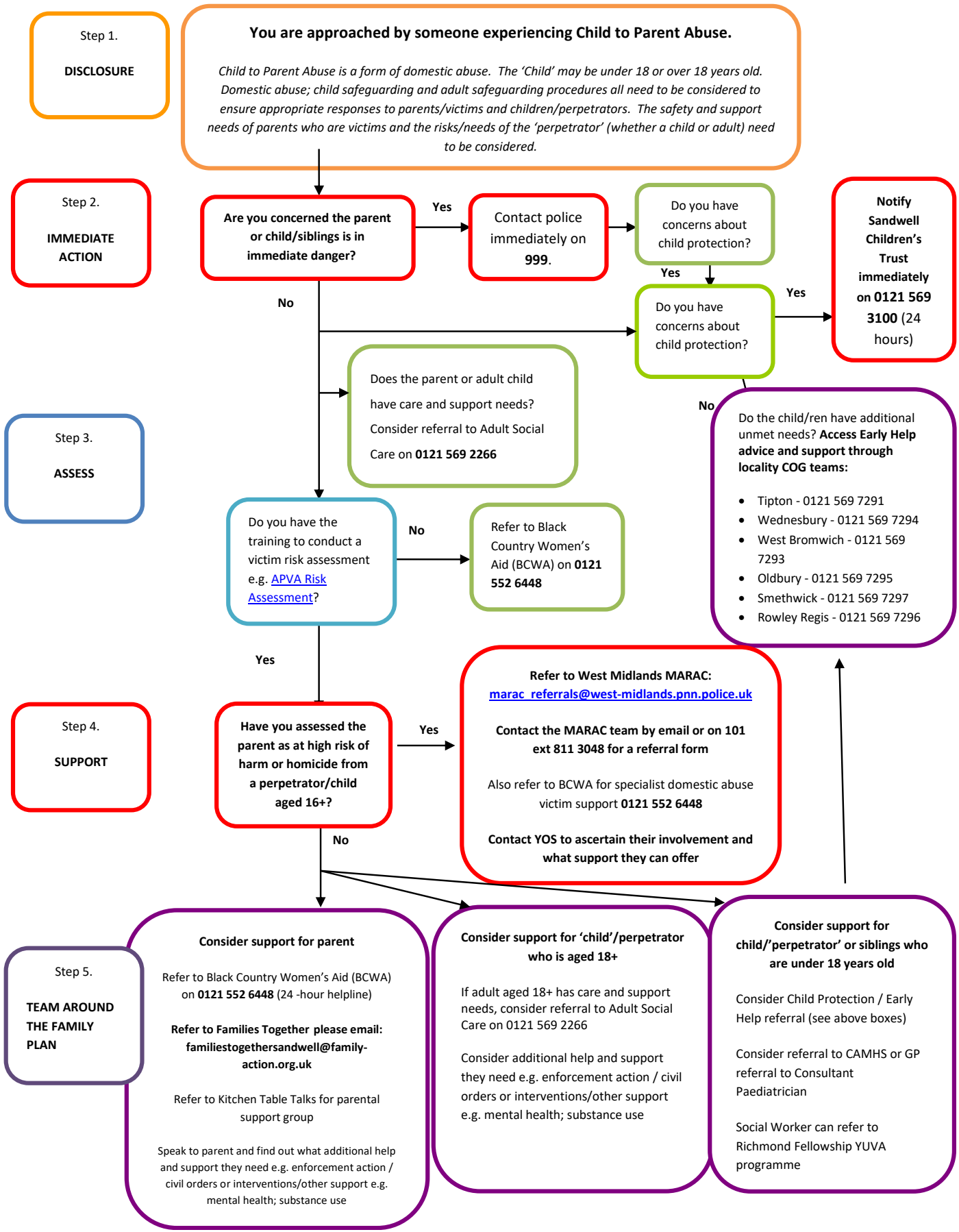
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# SECTION 1: MULTI-AGENCY RESPONSE

## Introduction

This local guidance was designed to complement national guidance and inform organisational and multi-agency responses to Child to Parent Abuse (CPA) in Sandwell. This kind of abuse can also be known as Adolescence to Parent Violence and Abuse (APVA) or Child to Parent Violence and Abuse (CPVA) but for this document it will be discussed as Child to Parent Abuse (CPA).

## What is Child to Parent Abuse?

- 1.01. There is currently no legal definition of Child to Parent Abuse (CPA). However, it is increasingly recognised as a form of domestic abuse<sup>(1)</sup> and, depending on the age of the 'child', it may fall under the government's 2021 statutory definition of domestic abuse, which identifies that the 'behaviour of a person "A" towards another person "B" is domestic abuse if "A" and "B" are each aged 16 years, or over, are "personally connected" to each other and the behaviour is abusive.' The full statutory definition is outlined below in Appendix B and further details are [here](#).
- 1.02. The guidance in this document is relevant for CPA caused by a 'child' of any age. Child and adult safeguarding responses will need to be considered in conjunction with domestic abuse pathways to ensure a Whole Family response which improves the safety of parent victims and responds to the needs of the 'child' causing the abuse.
- 1.03. The 'child' who is the offender may be a child under 18 years of age or an adult 'child' aged 18 years or over, and it is important that the needs of the parent victim and 'child' causing the abuse are considered to ensure an appropriate and safe response. It is acknowledged that the term 'perpetrator' can be problematic when used for children or vulnerable adults as they may also be victims in their own right or have specific disabilities and/or physical/learning needs which need to be considered. It is recognised that children who are victims themselves can still act in a way which is abusive, however, referring to them as perpetrators indicates a greater level of intent and accountability.
- 1.04. It is important to recognise that CPA is likely to involve a *pattern of behaviour*. This can include physical violence from a 'child' towards a parent and a number of different types of abusive behaviours, including damage to property, emotional abuse, and economic/financial abuse. Violence and abuse can occur together or separately. Abusive behaviours can encompass, but are not limited to, humiliating language and threats, belittling a parent, damage to property and stealing from a parent and heightened sexualised behaviours. Patterns of coercive control are often seen in cases of CPA, but some families might experience episodes of explosive physical violence from their 'child' with fewer controlling, abusive behaviours. Although practitioners may be required to respond to a single incident of CPA, it is important to gain an understanding of the pattern of behaviour behind an incident and the history of the relationship between the 'child' and the parent.
- 1.05. It is also important to understand the triggers and pattern of behaviour in the family unit; siblings may also be abused or be abusive. There may also be a history of domestic abuse, or current domestic abuse occurring between the parents of the

'child'. It is important to recognise the effects CPA may have on both the parent and the 'child' and to establish trust and support for both, where appropriate.

## Responding to parents/victims and children/offenders

- 1.06. SafeLives data has shown that young people accessing services who cause harm to family members can do so through the same broad categories of behaviour seen in other forms of domestic abuse: physical violence was the most prevalent, with 57% of young people causing physical harm and nearly a quarter (24%) demonstrated jealous and controlling behaviour.
- 1.07. Dynamics and motivations behind these behaviours may be different to partner abuse but it is important that a child or adult using abusive behaviour against a parent receives a safeguarding response, which may include referral to MARAC (Multi-agency Risk Assessment Conference, explanation of this process in 1.24) if the perpetrator is aged 16 years or over, regardless of whether there is any police action taken. Responders should use their discretion and professional judgement when addressing cases of CPA.
- 1.08. The parent victim should also receive appropriate domestic abuse response and support. The provision of an understanding, respectful and professional first response is vital in determining the future resolution of this family crisis. Parents say that one of the most important forms of help and support is being listened to and believed. See the information in Section 2 of this document on the recommended responses by Sandwell organisations including police, health professionals; social workers; education; housing and youth offending.
- 1.09. CPA may be linked to child mental health concerns, medical needs or to underlying SEND needs (which include cognition and learning difficulties, SLCNs, ASD and SEMH Needs.) There should be consideration as to whether the child needs a referral to CAMHS (Child Adolescent Mental Health Services) to identify whether there are any undiagnosed Mental Health conditions, and/or a referral to a consultant paediatrician to explore physical/medical needs and/or to Inclusion Support (via the child's school) to explore the possibility of SEND needs that may be influencing the behaviours.
- 1.10. Any professionals working with a family around CPA needs an understanding of Attachment Theory and the effect of Domestic Abuse on Child Development.

## Prevalence of CPA in Sandwell

- It is difficult to identify the scale and extent of CPA in Sandwell. Whilst victims may report or seek help from police or other agencies, the contact or referral may not be recorded as CPA. Instead, it may be recorded as domestic abuse or under other violence or abuse categories.
- Like other forms of domestic abuse, CPA will also be under-reported and therefore recorded data will not accurately reflect the scale of the problem.
- In the Home Office [Domestic Homicide Reviews Paper](#) 2016. It was identified that out of the 40 cases they analysed 6 of them involved a son killing his parent in one of the cases it was the father as opposed to the mother.
- CPA has featured in Sandwell Domestic Homicide Reviews ([DHR in 2012](#) & published 2015. There has been a recent DHR in 2020 however this is yet to be published) and Safeguarding Adult Reviews, where parents have been murdered by their adult children, sometimes where there has been a history of violence and abuse towards the parent since childhood or adolescence.
- [National research from Oxford University](#) indicates that CPA is increasing and has been exacerbated by lockdown during the COVID pandemic

## Some things to bear in mind:

- Like other forms of domestic abuse, incidents of CPA reported to the police /agencies are under-reported and likely to be much higher
- Parent victims are understandably reluctant to disclose or report violence from their child
- Parents can feel isolation, guilt and shame surrounding their child's behaviour towards them, and fear that their parenting skills may be questioned and that they will be blamed or disbelieved
- Many parents worry that their child may be taken away from them and/or criminalised
- Parents may not know where to get support or those who seek help find that appropriate help and support is not always available, or they receive mixed responses
- Parents report mixed responses which often confirm their fears of being blamed, held to account or disbelieved.
- Police response to criminalise the child or remove the child from the family home may not be what the parent wishes
- There are some situations where a criminal justice response may be appropriate in the interests of safety, and the parent(s) may support the removal of their child or even ask for it
- Appropriate housing may need to be considered and where this is not always available, agencies should ensure that adequate safeguarding is in place and that the right safety plans are put in place
- Children/abusers may not understand the impact of their actions. They may also choose not to disclose due to guilt or fear of the social care and justice system
- Children/abusers may have significant diagnosed or undiagnosed learning difficulties or mental health needs that impact on their behaviours

## How to Respond to CPA: General Advice for all Practitioners

- 1.11. All agencies need to respond in a multidisciplinary and holistic way that recognises both the child and the adults safeguarding needs. The response should be a whole family approach.
- 1.12. Agencies should be wary of closing a case where CPA is a feature due to non-engagement and that any decision made has included an assessment of risk and a safety plan if necessary.

### Child Safeguarding

- 1.13. It is important that a child using abusive behaviour against a parent receives a safeguarding response. The statutory guide to inter-agency working to safeguard and promote the welfare of children, 'Working Together to Safeguard Children' sets out what professionals and organisations need to do to safeguard children. Responders should also use their discretion and professional judgement when addressing cases of CPA.  
<http://www.workingtogetheronline.co.uk/chapters/contents.html>
- 1.14. Children may need support from a wide range of local agencies. Where a young person could benefit from coordinated support from more than one agency (e.g. education, health, police) there should be an inter-agency assessment. This can be achieved through the completion of an early help assessment, which should identify what help the young person requires to prevent their needs and behaviour escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989. For further information please [click here](#)
- 1.15. Where practitioners complete an early help assessment and it identifies risks that meet the threshold for a statutory intervention from children's social care or where there is an instance of risks being apparent from the outset a Multi-Agency Referral Form should be submitted to the Multi-Agency Safeguarding Hub via [Access\\_Team@sandwellchildrenstrust.org](mailto:Access_Team@sandwellchildrenstrust.org) please use the Sandwell Threshold document to make this decision [Sandwell thresholds/Levels of need document](#)

### Children with Special Educational Needs and Disabilities (SEND)

- 1.16. Most children with developmental disabilities are not any more violent or aggressive than other children. However, some children may feel a lot of frustration related to their developmental disability. This frustration is sometimes shown through aggressive behavior. Other children have conditions that are more directly connected to aggressive behavior. For example, children with oppositional defiant disorder are often annoyed and angry and argue with adults in order to gain control. There are many reasons children with developmental disabilities may have aggression problems. It is important to remember that everyone has times when they get frustrated or angry and children should be taught that frustration is normal. It is best to try to understand the reasons behind the aggression and violence. Knowing this will help parents and health professionals work toward reducing the problems; teaching the child ways to cope with frustration should be a part of this plan. (for further info on SEND please [click here](#))
- 1.17. The care providers of children with SEND sometimes lack understanding and insight into the specific needs of their child and may not be able to adapt their parenting style. This can lead to children not receiving attuned parenting and result in



increased frustration and or aggression. It is important to recognise that some children with disabilities who act aggressively often do not have intent to cause harm or do not always have the ability to rationalise the behavior with which they are presenting. These children should not, in most instances, be considered to be causers of CPA and should be responded to according to their disability needs.

- 1.18. Most children under the age of 18 with SEND will be attending an educational establishment for their education. Educational establishments need to understand the link between SEND and violence and aggression that could be presenting as CPA and ensure a referral to the inclusion support team is made for further support and guidance.

### Adult Safeguarding

- 1.19. It is important that a parent victim or perpetrator who is an adult with care and support needs receives a safeguarding response. Sandwell adopts the pan-West Midlands [adult safeguarding policy and procedures](#). Where an adult is believed to have care and support needs, and is at risk of harm or abuse, a safeguarding referral should be submitted to Adult Social Services for the area where the abuse is believed to have occurred. In Sandwell, a PAN1 referral form should be submitted to [Sandwell\\_Enquiry@sandwell.gov.uk](mailto:Sandwell_Enquiry@sandwell.gov.uk) , or call 0121 569 2266 for further guidance. For adults who do not meet threshold for a referral, Sandwell's Vulnerable Adult Risk Management (VARM) guidance should also be considered – at the time of writing we are still awaiting finalised VARM document so not able to include it in the guidance.

### Safety Planning

- 1.20. Safety planning is a practical process that practitioners can use with anyone affected by domestic abuse. It should be a core element of working in partnership with victims and other agencies, considering the outcomes of risk assessment and risk management. Safety planning involves more than assessing potential future risk; it can help create psychological safety, space to recover and freedom from fear. Other members of the household's responses to questions about what they do when there is violence or abuse should be considered in safety planning. Risk assessments can assist safety planning and should aim to:
- help to understand the parent's fear and experiences as well as the fears of the young person;
  - use and build on existing positive coping strategies;
  - provide a safe physical space to recover;
  - link to the relevant assessment framework being used by the agency and provide a holistic approach to safety and well-being;
  - be part of a continuous process and ensure that safety planning links into the overall plan for the victim and is not completed as an isolated process;
  - ensure safety plans are tailored to the individual. A 'one size fits all' approach is ineffective and potentially dangerous.
- 1.21. When formulating a Safety Plan all key agencies need to be involved and invites should expand to agencies such as schools, CAMHS and Housing or any other agencies that can support the family, this will ensure all relevant agencies that are involved are aware of the issue and the safety plan. There is an expectation that all agencies invited should attend.



An example of a risk assessment tool which can be used to assess the risk to the victim from Child to Parent Violence and Abuse is here:



apva\_ric\_screening\_tool.docx

## Potential Interventions to consider:

### Early Help

- 1.22. Sandwell considers an Early Help response to be the most beneficial way of intervening with CPA when the offender is a child (under 18) and is likely to be the most successful way of trying to prevent an escalation where the family will need a statutory intervention, which can be traumatic for children and families. Sandwell's definition of Early Help is an approach to working with children and families who do not meet the threshold for social care intervention but require a multi-agency approach that supports families to improve their situation. It is important to recognise that Early Help Assessments can respond to complex situations, however when risk is identified which amounts to a safeguarding concern this should be referred to social care as identified in the Safeguarding section outlined above (threshold document embedded within this section).
- Where concerns are more complex and require intervention under level 3 but which don't meet threshold for level 4 intervention (safeguarding) from children's social care, it is recommended that you speak to your local Community Operating Group (COG) (contact details provided in Appendix A) to gain further advice and guidance regarding your referral and the best route to support for the family. A targeted approach is provided by the COG through a team of Targeted Family Support Worker's. A COG is a locality-based problem-solving forum where a range of partner agencies meet to share information and devise joint action plans around families with the aim of providing early help and intervention. The six COGs (one in each town) are designed to streamline the multi-agency approach for Early Help, making effective use of partner resources and therefore provide better outcomes for victims and families in Sandwell.

### Sandwell's Multi-Agency Safeguarding Hub

- 1.23. (MASH) is an integrated approach where agencies are co-located with access to their respective information systems to identify the risks to children at the earliest opportunity and to respond with the most effective interventions. The MASH enables the Multi-Agency Safeguarding Team to use intelligence effectively to carry out joint, confidential, targeted screening of notifications relating to children with multiple needs including those children and families affected by domestic abuse and CPA. It consists of Children's Social Care, Targeted Services, Police, Health, Education, Probation, Housing, and Women's Aid. It incorporates screening of domestic abuse notifications to identify the risks to children and adults. The purpose of the MASH is to deliver the best safeguarding decisions which ensure timely, necessary and proportionate interventions, improving the outcomes for vulnerable children, adult victims and families.

### Multi Agency Risk Assessment Conference

- 1.24. MARAC is a meeting where information is shared on the highest risk domestic abuse

cases where both victims and perpetrators are aged 16 years or over. A MARAC perpetrator can be a partner from an intimate relationship, a sibling, parent, adult child, grandparent, in-law or step family member. Representatives attend from local police, probation, health, children's services, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors. After sharing all relevant information about a victim, representatives discuss options for increasing safety for the victim and turn these options into a co-ordinated action plan. The primary focus of the MARAC is to safeguard the adult victim and ensure there is appropriate consideration of safeguarding children. Sandwell MARAC will also identify domestic abuse perpetrators for referral to multi-agency domestic abuse offender management arrangements to manage the behaviour of the perpetrator.

### **Child Adolescent Mental Health Service (CAMHS) (Referrals from professionals only)**

- 1.25. CAMHS is for children and young people who have complex mental health problems. CAMHS also aim to support the families of children and young people who have mental health needs. When someone is referred to them, they will meet with them to find out what their mental health needs are. If they feel someone can benefit more from another service, they can help them get in touch with that service. If they feel they can help someone, they will discuss different kinds of treatment and support with the young person and their family. CAMHS can help someone using different kinds of therapies and can help someone using medication. Therapies include talking-based therapy, creative therapy, and family therapy. They are very aware that children and young people are still developing, and so we encourage positive childhood development as part of their support. CAMHS have several different kinds of staff in their team. They have psychologists, psychiatrists, community psychiatric nurses, occupational therapists, family therapists, social workers, and primary mental health workers. Having this range of staff means they are more able to care for someone's individual needs.

### **Multi Systemic Therapy (Referrals by professionals only).**

- 1.26. Multisystemic Therapy (MST) is an intensive family and community-based intervention for children and young people aged 11-17, where young people are at risk of out of home placement in either care or custody due to their offending or having severe behaviour problems. The key goals of MST are to break the cycle of anti-social behaviours by keeping young people safely at home, in school, and out of trouble. MST therapists aim to:
- work intensively with parents or carers to empower them with the tools and resources to manage the young person's behaviours;
  - increase young people's engagement with and success in education and training;
  - promote positive activities for parent and young person;
  - reduce young people's offending and/or anti-social behaviour;
  - improve family relationships;
  - tackle underlying problems in the young person or parent, including substance misuse.

### **The Family Solutions Team (FST) (N.B. Internal referrals from SCT only)**

- 1.27. The Family Solutions Team (FST) is part of Sandwell Children's Trust. FST works across all services including Social Care and Early Help services. The Team

offers a crisis response intervention across these services and responds within 24 hours to referrals where a child appears to be on the edge of care due to family relationship break down situations, as well as offering longer term support.

The team is made up of qualified social workers and a Social Care assistant as well as Business Support. The team also has a Play Therapist who works across all services. There is a Team Manager who supports the team's work as well as managing referrals. The Team works predominately with 10-17-year olds however do occasionally work with younger children.

The Team's primary focus is to prevent children and young people being admitted into Care via Section 20 of the Children Act. FST work directly with families and their children to try to improve family relationships and use relationship based social work methods focusing on family strengths.

The team also supports the Trust's other services to explore and work towards returning children and young people back to the care of family and connected persons if safe to do so.

FST accept referrals from other Trust services and do not accept direct referrals from outside of the trust or self-referrals.

The Family Solutions Team also encompasses the Family Group Conference (FGC) service which is an independent accredited service. The service is accredited by the Family Rights Group. (FRG). The FGC team helps families and their support networks to come together to address welfare concerns and help children stay within their family networks if possible. The FGC service has no influence or involvement with social work decision making and is focused on helping families to make their own plans and decisions when there are concerns about a child's safety or welfare. The FGC process can take up to 6 weeks from the time of referral to the actual meeting taking place.

The FGC team also assist families to come together at times of crisis via an Emergency Network Meeting to try to safely enable children to remain within their family networks if the Trust is considering action to remove them from the care of parents/carers. This meeting can be set up within 24 hours of referral and be followed up with a full FGC at a later stage.

The child's case must be open to the trust and must be referred by the child's social worker.

## **Black Country Women's Aid (BCWA)**

1.28. BCWA are an independent charity supporting victims of domestic abuse and sexual violence. Their specialist services include:

- Domestic Abuse support in the community and refuge.
- Forced Marriage and Honour Based Violence support, advice and guidance for people who are at risk or have experienced FM or HBV.
- Rape and Sexual Violence Services, for all adults and children who have experienced rape, sexual violence or childhood sexual abuse.
- Stalking and Harassment support for women and girls over the age 13
- Children Support Services, for children and young people who have experienced domestic abuse, rape and sexual violence and child sexual exploitation.
- Modern Slavery support, inclusive of refuge and outreach support for victim of modern slavery and human trafficking.
- Therapeutic services for survivors of trauma & abuse.

BCWA Domestic Abuse Service provide specialist support for adults over the age of 16 regardless of gender, this is inclusive of intimate relationships and familial abuse including child to parent abuse. The Domestic Abuse Service is made of trained Independent Domestic Abuse Advisors (IDVA's) & Domestic Abuse Advocates (DAA's) offering one to one support, risk management, support & safety planning, practical support & advice and guidance to both victims, and professionals. Our trained team will assess the immediate risk to victims and their long-term support needs. Where required they will lead on multi agency discussions and make safeguarding referrals in to local MARAC's and MASH's were deemed. BCWA work partnership with Children's and Adults Social Care as well as other local support services and agencies.

BCWA accept referrals from professionals and victims. Professionals can refer in directly to [idva@blackcountrywomensaid.co.uk](mailto:idva@blackcountrywomensaid.co.uk) via the referral form or alternatively signpost victims to our SPOC (single point of contact) where they can make a self-referral or seek advice and guidance via the 24-hour helpline on 0121 552 6448. They can also access advice via the Text or WhatsApp on 07384 466 181 (9am-9pm weekdays) or access the web chat via [www.blackcountrywomensaid.co.uk](http://www.blackcountrywomensaid.co.uk) 10am – 2pm weekdays.

## Families Together Programme

- 1.29. The Families Together Programme recognises that there are many difficulties families will experience which could lead to family conflict and develop into more severe problems if left unresolved. Families Together is a unique programme designed to support men, women and children to recognise and overcome domestic abuse, enabling families to develop their awareness, confidence and self-esteem. Ultimately supporting families to feel safer and have the tools to improve their family relationship. Topics covered by the programme include:

- Recognising Abuse
- Introduction to Self-esteem
- Self-esteem, Coping and Psychological Wellbeing
- Effects of Abuse on Children and Parenting Skills
- Power of Positive Talk
- Communication
- Me and My Identity
- The “Boy Code”
- Understanding Anger and Conflict
- Assertiveness
- Boundaries and Trust
- Keeping Safe
- Losses and Gains
- Healthy Relationships

Referrals are accepted from any professional working in Sandwell and Families are also able to self-refer. For more information or to send a referral to the team please email: [familiestogethersandwell@family-action.org.uk](mailto:familiestogethersandwell@family-action.org.uk)

### **Richmond Fellowship YUVA Programme (Referrals by Social Workers only)**

- 1.30. Richmond Fellowship are providing a service where they will engage with young people (11-18 years old) who have used or are using violence or abuse towards their parent or carer. The service will consist of two elements, direct interventions with young people in a 1-1 capacity (10 weeks), and the who's in charge element of support for parents (8 weeks - this can be delivered in group or 1-1 and joint sessions will be integrated with YP throughout) [www.darichmondfellowship.org.uk](http://www.darichmondfellowship.org.uk)

## **SECTION 2 – ORGANISATIONAL RESPONSES**

### **How to Respond to CPA: Health professionals**

- 2.01. CPA has been recognised as a challenge facing Healthcare professionals by NICE (National Institute of Clinical Excellence). As such, it is crucial that staff fully understand this complex area of abuse
- 2.02. Healthcare professionals to take into consideration the triggers and drivers for the behaviors and link these in with child development

#### **The impact of abuse on a parents' health**

- 2.03. As with domestic violence and abuse from an ex/partner, abuse from a child or young person can also cause health and wellbeing issues such as anxiety, depression, stress, loss of sleep, physical injury – all of which may necessitate admission to hospital. It may result in parents self-medicating with drugs and alcohol as a coping mechanism. Those who experience CPA often suffer a great deal before seeking support. This is often linked to feelings of failure in the parenting role, and the shame and stigma of having an abusive child.
- 2.04. Research by Against Violence and Abuse (AVA) and Families, Drugs and Alcohol (ADFam)\* with parents who had experienced CPA clearly showed that GPs were a common first port-of-call for parents looking for help, and a Parentline Plus survey (2010)\*\* found that 57% of parents sought help from their GP. However, the research also identified four factors which can inhibit disclosure: shame, guilt, fear and the lack of a sufficiently trusting relationship with the service.
- 2.05. General practice nurses may also pick up this issue as part of their regular health checks with patients as routine contact can help build a level of trust with the patient.
- 2.06. Stigma plays a key, paralysing role in stopping families from looking for help and must be recognised by health professionals. Health professionals who visit the family home, such as midwives or health visitors, or a school nurse (where there are older children in the family), should be alert to the signs of CPA and know how to respond. Identified cases of CPA should always be treated as a safeguarding issue.
- 2.07. CPA may also be picked up at other community settings such as children's centres. The checks undertaken by health visitors when children reach two and a half years old could provide an opportunity for engagement between the health visitor and a victim where a disclosure could be made, or signs of abuse be identified.

\*Adfam – between a rock and a hard place [https://adfam.org.uk/files/docs/Between\\_a\\_rock\\_and\\_a\\_hard\\_place\\_-\\_Project\\_report.pdf](https://adfam.org.uk/files/docs/Between_a_rock_and_a_hard_place_-_Project_report.pdf)

\*\*Parentline Plus survey 2010:

[http://www.familylives.rg.uk/media\\_manager/public/209/Documents/Reports/When%20family%20life%20hurts%202010.pdf](http://www.familylives.rg.uk/media_manager/public/209/Documents/Reports/When%20family%20life%20hurts%202010.pdf)



### Things to consider:

#### Encouraging disclosure from parents

- Encouraging disclosure of CPA is essential. Parents affected by the issue may have taken a long time to come to acknowledge the problem they are facing, thus making the challenge of verbalising this behaviour to others even greater. Parents need to be encouraged to understand that the services they access are safe places where they can disclose CPA;
- Avoid making assumptions (for instance assuming that because someone is a parent they always have control over their child's behaviour or that the behaviour is always a direct result of parenting style);
- Make asking about CPA part of your routine screening. Bear in mind, though, that many parents will not conceptualise what they are going through as domestic violence and abuse. They may think about CPA in completely different terms and you might need to use different language when asking about it.

#### Questions you could use instead might include:

- Does your child ever frighten you?
- What happens when your child is angry?

## Responses for Different Health Practitioners

- 2.08. The Parentline Plus survey (2010) found that 57% of parents experiencing aggression from their child first sought support from GPs and 37% from CAMHS (Child and Adolescent Mental Health Services). It is crucial that health practitioners know how to appropriately recognise and respond to CPA.

### Things to consider: Healthcare professional responders

#### GPs and GPNs

- Display posters in waiting areas that explain this is a safe place to disclose abuse of any kind;
- Give patients the option of selecting which member of staff they would prefer to speak to;
- Be mindful that a patient experiencing abuse may not disclose (especially when the abuse is from their own child). Understand how abuse from a child may impact on a person's psychological and mental well-being and look for indicators that this may be happening;
- Make sure you see the patient on their own.

#### Midwives

- See the patient on their own.
- All women must be asked about domestic abuse at least three times during the antenatal/postnatal period as a normal part of the health history at key times – first trimester of pregnancy, the third trimester and during the puerperium;
- Act immediately on disclosure and respond to risks;
- Consider the needs of the perpetrator as this can increase the safety of the victim;
- Work to clear local protocols and be aware of local services and referral



pathways;

- All Midwives should be trained in identification of domestic abuse. This should include CPA;
- Routine Enquiry is a means of supporting diagnosis and assessment of patients' needs to ensure they receive the most appropriate treatment and care. It does not matter whether there are any signs or indications of abuse, but it is important to create a safe and supportive environment for patients to disclose their personal experience of abuse, if they choose to do so;
- Increased detection will afford survivors the opportunity to access support and services, allowing for earlier intervention and improved health outcomes.

### Health Visitors

- Carry out a risk assessment to make sure it is safe for you to enter the house (follow lone working procedures);
- Look for warning signs in the home or during contacts that abuse may be happening; contacts are important as they may pick something up in a children's centre session;
- Speak to the parent on their own;
- Refer any concerns to the relevant area. This may include:
  - Social care child at risk or siblings;
  - Child protection or Child in Need may be appropriate;
  - School nurse;
  - Common Assessment Framework;
  - May meet the criteria for troubled families;
  - Local Voluntary agencies such as Black Country Women's Aid
  - Police.
- Liaise with other Health Care Professionals whom the young person or parent may be receiving support from.

### School Nurses

- Recognise your ideal position and opportunities to notice early signs or symptoms of abuse/abusive behaviour;
- Be aware of factors which may contribute to a young person becoming abusive;
- Provide regular drop-in sessions and be a consistent point of contact for young people to speak to;
- Work with the pastoral care team to deliver key messages through PSHE on respectful and healthy relationship skills, lessons and policies across the school;
- It is important that all relevant school nursing team members are aware of CPA and can provide support to other school staff to assist them with safeguarding children from all forms of abuse in line with statutory guidance in [Keeping Children Safe in Education](#).
- Consider using existing contacts established through the delivery of the healthy child programme and public health interventions as an opportunity to identify young people who may be involved in CPA;
- Work with other health professionals, social care, education and police to provide support for the young person and the family involved in CPA – including safeguarding leads.

### **CAMHS (Child and Adolescent Mental Health Services)**

- Understand the complex nature of dual diagnoses (mental health and substance misuse) and the intersections with abuse (not as an excuse but a vulnerability issue);
- Take into consideration that ADHD symptoms can often overlap with complex trauma
- Address the needs of the young person and their family whilst simultaneously addressing risk; any assessment should be holistic and consider the whole family and not just the child causing the abuse.
- Engage with other relevant services (education, youth justice etc.) and agree lead, ensure information is passed on in a timely manner and referrers are informed of case closures.
- Evaluate child protection issues as well as acknowledging young person's use of abusive behaviour;
- Use a strength based empathic response;
- Using diagnoses to explain parental abuse can be problematic as it allows adolescents and parents to use labels of disorders as justifications for violent behaviours (Hemphill 1996).

### **Health Professionals**

- Making it easy for the victim to talk about their experiences;
- Be supportive, reassuring and non-judgmental;
- You should never assume that someone else will take care of domestic violence and abuse issues – you may be the victim's first and only contact;
- Always be prepared to work in partnership with other organisations that have been set up to ensure a victim's safety;
- Always adhere to your Trust's domestic abuse policy and implement what you learn in training.
- Always consult with Safeguarding Team within your organisation

## How to Respond to CPA: Education

- 2.09. CPA may impact on all agencies working with children and young people. In terms of safeguarding, education staff have a responsibility for their students, who may be the young person exhibiting such behaviours, or siblings or other young people in their institution who may be a target of associated behavioural issues. It should be also remembered that whilst young people may be presenting with problems with their own behaviour, often co-existing behaviours or outcomes from this may be exposing them to increased levels of risk of harm to themselves e.g. through truancy, association with negative peer groups, breakdown in family communication, substance misuse, retaliation, or self-harm.
- 2.10. This issue is relevant to both primary and secondary education as the onset of patterns of CPA can be as early as eight or nine. It is important that Further Education establishments also have a response to this issue as it can continue through adolescence and sometimes into adulthood.
- 2.11. Young people responsible for CPA may be identified within schools in a variety of ways, often through other issues, including problematic behaviours towards peers and / or school staff, non-attendance, non-engagement with school activity, unfinished assignments, substance misuse problems, bullying, depression etc. Many of these markers may also identify families where adult domestic violence and abuse and/or child abuse is on-going or has occurred in the past.
- 2.12. It is important that teachers and support staff working in alternative provisions and pupil referral units are also aware of CPA and know how to identify the triggers and behaviors that may identify that abuse is happening within the home.
- 2.13. Education Reps within the local authority should also be well trained and informed on CPA to be able to safeguard children who do not attend educational provision, such as children who are missing from education (CME) or where children are not in educational provision due to a parent's decision to electively home educate their children (EHE)

### Identification & Disclosure

- 2.14. Disclosures within school may come in a variety of ways via the young person themselves, peers, siblings or parents. Parents may present as fearful, ashamed, guilty or intimidated by their child. A consideration of possible CPA should be included in any assessment when making parents accountable for child's behaviour i.e. absenteeism. Many parents will not wish to criminalise their child and will often minimise the seriousness of behaviours or be unwilling to discuss the issues for fear of a blaming response. It is important for practitioners to believe victims, whether young people or parents, take their concerns seriously and validate the impact on them. Initial safety concerns or basic safety planning should always be addressed. School nurses are often able to build trusting relationships with school children and their families, and so may be the first professional to become aware of a problem within the family. This should be addressed in the same way as they would any other safeguarding issue.
- 2.15. Educational provisions should consider a referral to inclusion support. It is likely that many children displaying CPA behavior will have associated SEND needs. Identifying and addressing SEND needs may help parents and professionals to make sense of the presenting behaviours and plan their response dependent on the need.
- 2.16. Within schools, pupil referral units etc., as with all other child protection concerns, in-school procedures should be adopted with referral to child protection leads and onward multi-agency referrals /co-working as appropriate.

- 2.17. As part of the Early Help offer in Sandwell educational establishments should consider completing an Early Help Assessment with the family where CPA may be an emerging issue.
- 2.18. Training should be introduced within Educational Provisions to ensure staff understand what CPA is and how to identify and respond to it.

### Implications for Education

- 2.19. Schools should address CPA as they would any other safeguarding issue, in line with the statutory guidance in [Keeping Children Safe in Education \(2021\)](#)
- 2.20. Schools should take into consideration how any fixed term exclusions or permanent exclusion will compound the issue of CPA and ensure appropriate safeguards are in place to minimise this.

## How to Respond to CPA: Children's Social Care

- 2.21. Whether or not CPA is ultimately identified as the responsibility of Children's Services, the provision of an understanding, respectful and professional first response is vital in determining the future resolution of this family crisis. Parents say that one of the most important factors in their help is to be listened to and believed.
- 2.22. There may have been many years and incidences of abuse or violence before help is sought. Parents are known to hold off for reasons of shame, stigma and a fear that their other children will be removed as a response. Alternatively, families may have sought help from many other services without success and this is now seen as a last resort.
- 2.23. Parents seeking help may present as weak, desperate, frustrated, angry or completely composed. There is no "typical victim" with CPA as with any other type of abuse. The majority of families are seeking a long-term solution whereby they are able to remain together, even if the initial request for help is for the removal of the child to ensure safety and provide respite. In this respect, CPA differs from intimate partner violence. The restoration of healthy, respectful family relationships should be the ultimate goal.
- 2.24. As CPA often co-exists with a raft of other issues it is important to be clear what these are. Different issues will indicate possible routes of referral and may determine the most appropriate help. Many adoptive families are known to encounter issues because of the child's previous experience of trauma. A recent study found that violence and abuse was an issue in as many as 30% of adoptive families, and that in 3% of adoptive families this was serious enough to lead to adoption breakdown\*\*\*\*. Other issues include poor mental health, involvement in violence outside the home, substance misuse, and learning or physical disabilities. By far the biggest single factor has been found to be experience of domestic violence and abuse.
- 2.25. Based on professionals' reported experiences, if interventions are not found, there is a high risk of family breakdown, serious injury, damage to property, poor mental health for all concerned, and long-term risk to the safety and wellbeing of the young person, who may be made homeless, become marginalised in society and go on to perpetuate abuse against a partner in the future.

\*\*\*\*<https://www.gov.uk/government/publications/beyond-the-adoption-order-challenges-intervention-disruption>

### Questions to ask: Social Care Responders

- Immediate safety: Are all family members safe in the current situation? How can their safety be maintained? Is there current domestic abuse from an adult in the house? Are there other issues that must take priority to maintain safety?
- What is it that the parent(s) are describing? Do you need to see the family home to get a full picture of the damage or threat?
- Young people may minimise, blame or simply deny abuse when interviewed. A pattern of manipulative and controlling behaviour is a feature of CPA and this must be considered in assessing the situation. They may counter-charge parents with assault and may have physical injuries to support their case. What is the whole picture here?
- What is it that the parent(s) want? What are they actually asking for? What help have they already sought or received? Is a referral to BCWA needed for support for the adult victim?
- If the family is requesting removal of the young person, it is likely they are experiencing high levels of threat and risk. Can they be helped to find a respite solution within the wider family, or is care the only option?
- If there is a history of domestic violence and abuse between the young person's parents, professionals should be alert to a possible long- term pattern of coercive control over the parent that was abused. Invite the view of the victim in the first instance and think carefully about the suitability of potential placements within the family.
- Sandwell Children's Trust have access to services such as MST and FST which can directly address the issue of CPA.
- What can be done if there is no available service or knowledge locally? What training can be sought?

### Questions for Managers and Officers

- What is the level of knowledge of CPA within the Children's Trust?
- Is staff training available?
- Are there statistics available regarding the incidence of referral?
- Where are referrals coming from?
- Are there joint protocols between services?
- Are there bespoke services available locally?
- Are specialist fostering, and adoption services fully trained in appropriate responses?
- Is there a culture of moving families through services as quickly as possible, or is it possible for practitioners to spend time developing therapeutic support for individuals?

### Further points of consideration:

- 2.26. This is not an issue of poor parenting. As such, referral to non-specialist parenting courses is an inappropriate and potentially damaging response.
- 2.27. Unnecessary criminalisation of the young person should be avoided, though it may be necessary for the police to be involved to maintain safety. This is in itself a controversial issue, particularly in localities where police and criminal justice protocols have not been agreed for CPA. However, if there have been acts of serious violence, prosecution may be appropriate.
- 2.28. CPA is a whole family issue. Nevertheless, if the young person does not initially engage, significant support can and should be provided to parents and siblings.

- 2.29. There is a significant need for an early response to CPA. Early Help Support should be utilised and implemented when CPA has been identified as being an issue within the family. A holistic approach is needed, and a full family assessment completed so each member of the family can have their needs met.
- 2.30. The absence of a defined Children's Services response can, but should not, lead to a sense that "this is someone else's problem". The issue of CPA falls neatly within the remit and responsibility of the Children's Trust.

## How to Respond to CPA: Adult's Social Care

- 2.31. Safeguarding Adults means protecting an adult's right to live in safety, free from abuse and neglect, regardless of the identity of the individual committing the abuse. An adult at risk is any person who is aged 18 years or over and at risk of abuse or neglect because of their needs for care and or support. Where a child is causing a risk of harm to an adult family member, and the adult is unable to protect themselves due to the impact of their care and support needs, the local authority adult services department should be notified so that safeguarding enquiries can commence. CPA will generally be considered a form of domestic abuse, alongside categories recognising the specific characteristics of the abuse (such as physical, psychological or sexual).
- 2.32. In accordance with the Care Act 2014, an adult at risk is any person who is aged 18 years or over and at risk of abuse or neglect because of their needs for care and or support. If this perceived vulnerability is impacting on the adult's ability to respond appropriately to protect themselves from abuse or neglect, submit a safeguarding referral to the Adult Social Care department for the local authority where the abuse is believed to have occurred. If the episode occurred in Sandwell, professionals should submit a PAN1 referral form (information of how to refer in appendix A). If the adult is not at risk from the alleged violence or abuse, but is in need of care and support, please contact Sandwell Enquiry via email or on 0121 569 2266 to outline the situation, and an appropriate response will be progressed, often signposting or referring to relevant partner agencies, such as BCWA, Sandwell Children's Trust or housing services.
- 2.33. Working within the Care Act (2014) legislation Sandwell Local Authority will:
- Make enquiries, or ensure others do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect
  - An enquiry will establish whether any action needs to be taken to stop abuse or neglect, and if so, by whom
  - Arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry
  - Cooperate with our partners and agencies in Sandwell in order to protect adults experiencing or at risk of abuse/neglect
- 2.34. Where possible, permission should always be sought from the adult before referring to Adult Services. Exceptions could include where contacting the adult to seek permission could increase the risk of harm, or where there are high risks associated with delaying the referral whilst permission is sought. In accordance with the Mental Capacity Act 2005, there is a presumption that all adults are capable of using the available information to make their own decisions and are at liberty to decline safeguarding intervention should



they choose to do so, providing this does not leave children other vulnerable adults at risk of harm. Where there are concerns about an adult's ability to make the specific decision of whether to be referred to Adult Social Services, because of the impact of an impairment or disturbance of the mind or brain, a referral should be made in the adult's best interests, if the referrer believes the adult's cognitive impairment is the reason the person cannot understand, retain or use the relevant information to decide whether to work with Adult Social Services.

## How to respond to CPA: Housing

- 2.35. Domestic abuse is notoriously difficult to identify when it occurs within the family home. This can become even harder if the abuse is child to parent abuse. However, housing providers have unique entry to the 'hidden' spaces occupied by individuals experiencing abuse, through regular contact with residents: carrying out repairs and community development activities. Therefore, housing staff are trusted and accessible to tenants and so need to be aware of what they can do in these cases.
- 2.36. Below are some points to consider if housing staff come across this form of abuse:

### Things to consider: Housing responders

- Firstly, if staff suspect this kind of abuse could be happening it should be reported back to the line manager/ safeguarding lead or specialist team/lead within the organisation:
- If staff have immediate safety/ safeguarding concerns for any individuals, they should follow their responsibilities under the safeguarding policy/procedure. Ensure this is recorded and appropriate onward referrals are made to the relevant agencies i.e. Children Services. Furthermore, ensure this is reviewed periodically to ensure appropriate action is taken. The Social Care Institute for Excellence (SCIE) have produced guidance for housing staff for Adult Safeguarding which is useful in these cases:  
<http://www.scie.org.uk/publications/guides/guide53/frontline-housing/index.asp>
- If staff are in a property and witness or suffer abuse themselves, they must first report this to the police and then line management in order to safeguard the victim and also themselves. Staff should ensure this is recorded and reviewed by a manager or Safeguarding Lead within the organisation;
- Most housing providers have an IT system which can flag/put a caution alert to advise staff/contractors that they must not visit this property alone. This will vary
- depending on what Health and Safety policies and procedures their organisation has in place but should ensure that steps are taken to protect staff and appropriate risk assessments are carried out;
- Within housing these cases will ordinarily be dealt with by either a specialist Community Safety or Anti-Social Behaviour Team (ASB) or Neighbourhood Managers/Housing Officers. The cases need to be recorded and categorised on the case management systems as domestic abuse;



- Staff should follow their domestic abuse policies and procedures and as with all cases the nature of the individual's circumstances and what the individual experiencing abuse wants needs to be taken in to account. The recommended risk assessment is the national Domestic Abuse, Stalking, Harassment and Honour Based Violence (DASH) [Risk Identification Checklist](#) so onward referral can be made to the appropriate support service, which may include the local Multi-Agency Risk Assessment Conference (MARAC).
- Staff need to be aware that someone experiencing abuse from their child may be reluctant to take any action and be fearful of working with housing staff. They may be scared that their child could be removed from the home or that their tenancy itself could be at risk. Housing staff need to be sensitive and non-judgmental at all times in order to ensure the right outcome for tenants;
- Staff need to attend domestic abuse training that covers CPA, so they are confident in completing the appropriate risk assessment and working with partner agencies;
- Housing staff need to recognise that the abuse may be reported by a concerned or disgruntled neighbour. They may report what is happening as ASB or noise nuisance and want staff to take action against the victim's tenancy. This needs to be managed delicately as the safety of the person experiencing abuse is paramount and needs to be managed effectively in order to try and resolve the situation rather than the focus be on enforcement or punitive actions;
- Housing staff have a responsibility to the community as a whole so if a tenant is not engaging with services and failing to prevent visitors or household members causing nuisance and distress to others, staff need to consult with partner agencies (listed below) to raise the issue and agree what the next course of action should be. In the most extreme circumstances this could be enforcement action, but this needs to be carefully considered before being pursued. In some cases, enforcement action can be extremely influential in stopping the abusive behaviour as the child does not want to see their parent homeless, but this is not always the case so this needs to be discussed on a case by case basis. Any decisions made need to be accurately recorded, in conjunction with partners and in line with the organisation's policies and procedures;
- Staff also need to think about whether the young person is, or has been, a victim of abuse themselves. Staff should check if there are any previous ASB reports for the family or interaction with revenues or rent arrears. Staff should check if the young person has observed domestic abuse from their parent/ carer and are now exhibiting similar behaviours. Staff should consider what support the young person might require. Onward referral to other agencies (such as those listed below) is essential;
- Staff need to focus on family-based intervention and mediation, where it is safe and appropriate to do so and understand that enforcement action of any type is a last resort. This includes injunctions, Notice of Seeking Possession (NoSP's) and ultimately possession.

- 2.37. In order to ensure appropriate family-based interventions and mediation are accessed housing staff must work in partnership with other agencies and partnerships/forums including:
- MARAC
  - ASB multi-agency meetings
  - Police
  - Children/ Adult services
  - Probation
  - YOS
  - Troubled Families Team/Team Around the Family
  - Education
  - Health
  - Advocacy/support services e.g. BCWA
  - Drug/alcohol services
  - Community Mental Health Team (CMHT)
- 2.38. Housing providers may have housing stock in a number of boroughs/areas, so it is imperative that they have these links within all the areas they work in.
- 2.39. Housing staff need to be aware of specialist support available in the area they are operating in. They must understand that typical domestic abuse/anger management programmes are not appropriate. As already stated, this is a complex area of abuse, where abusers are highly likely to have been victims, or indeed, still be victims. Specialist programmes are available and the websites for these are listed at the back of this document.
- 2.40. Housing staff should undertake appropriate training around CPA to improve knowledge in this area and know how to respond accordingly

### Legal remedies

- 2.41. Civil Injunctions – Anti-social Behaviour If an injunction under the Crime and Policing Act is sought either by the housing provider or an individual a copy needs to be provided to local police and other agencies that are involved so they are aware and can respond accordingly. It is vital that the police register the injunction on the Police National Computer so that any officer checking the system will have access to it. Positive requirements may also be attached to an injunction to assist rehabilitation of the abusive individual. The person suffering abuse needs to be encouraged to report breaches both to the police (where a power of arrest is granted) and to their Housing Provider. Housing staff must understand that there may be a reluctance to do so and therefore if staff become aware of a breach or it is reported by a neighbour ensure that this information is fed back to the police and other appropriate agencies.
- 2.42. Possession Action – via the County Court for tenants who have a secure, assured or assured short hold tenancy of their home. However, as stated above, this will only be used as a last resort.

## Housing Solutions

- 2.43. This will probably not be appropriate in most cases and an individual will want to maintain a relationship with their child but in the most extreme cases housing staff need to be aware of the following options:

### Homelessness

(Part 7 of the Housing Act 1996)

- 2.44. The victim has the right to approach any local authority as a result of ceasing to occupy accommodation because of violence from another person or threats of violence from another person which are likely to be carried out.
- 2.45. They will be assessed in line with the following criteria:
- Are they eligible for assistance?
  - Are they homeless?
  - Are they 'Priority Need'?
  - Are they intentionally homeless?
- 2.46. A local authority owes a clear duty to provide suitable accommodation to those vulnerable people who find themselves homeless as a result of fleeing domestic violence. Victims cannot be referred back to their 'home' authority if they would be at risk of violence.
- 2.47. An advice and factsheet about homelessness can be found on Sandwell Councils website: [https://www.sandwell.gov.uk/downloads/file/26350/know\\_your\\_housing\\_-\\_homeless\\_advice\\_factsheet](https://www.sandwell.gov.uk/downloads/file/26350/know_your_housing_-_homeless_advice_factsheet)
- 2.48. In some circumstances, if the individual is placed into emergency accommodation, the individual making the application may be entitled to make an application for **dual Housing Benefit** to ensure rent is covered for both homes. A referral to your Welfare Benefits advisor or a local financial support agency is advisable.

## Management Transfers

- 2.49. Housing providers depending on their size will have either a policy and procedure on granting management transfer in high risk cases within their own stock or a senior manager will make this decision based on the circumstances

## Target Hardening and Sanctuary Schemes

- 2.50. Housing providers may have a budget to improve/ enhance security and this should be considered on a case by case basis.
- 2.51. Sandwell Council have a target hardening service in place which always comes with the offer of appropriate additional support.

## How to Respond to CPA: Police

### Reluctance to report to police

- 2.52. As with any victim of domestic abuse, parental victims cannot easily sever ties. They are legally obliged to care for a child under 16 and cannot force them to leave home without making other arrangements. Even once the child is 16 or has left home, they are still parents biologically, legally and emotionally, which makes it difficult to report their own child.
- 2.53. They may not want to criminalise the child because of the potential impact on their future. A tendency for police and other agencies to see parents as responsible for their children's behaviour can also be a factor discouraging parents from reporting abuse. In many families, however, other children do not offend. In addition, parents who are being abused, particularly physically, may not be able to manage the child's behaviour, or ensure attendance at school, without putting themselves at risk of further harm.

### Police action

- 2.54. It is important for officers to be aware that the young person may have complex needs, such as mental health issues and that there may be a requirement to work with health and social care professionals to support the young person. It is also important that officers recognise the seriousness of this type of abuse. It can be difficult to identify in families where there are other problems and violence is more generalised, but it is a distinct form of domestic abuse, which generally requires a different approach.
- 2.55. In some cases, arrest or temporary removal may be the appropriate response. In others, parents may want someone in authority to speak with the child, but not want them prosecuted or criminalised. They are more likely to engage with other services than the police, because contacting the police is often viewed as a punishment rather than a source of help.
- 2.56. Restorative justice may also be an option if considered appropriate to the particular case, but this should be carefully considered to ensure it does not increase risk to the victim. The main objective for officers should be to deal with the situation in a way which will not only stop the incident but also prevent repetition. Most families want to end the violence, but not the relationship. The key to this is signposting the appropriate services and putting in place any referrals required. This may include multi-agency referrals, particularly where parent abuse is part of a wider problem within a family.
- 2.57. Police should be professionally curious and consider the possibility of CPA where the parent is a victim of domestic abuse by their child, whether they are a young person under the age of 18 or an adult.

## Checklist for officers dealing with an incident of child to parent violence and abuse:

### DO:

- Remember this is domestic abuse (and general domestic abuse considerations apply);
- Show understanding;
- Speak to both the parent and young person (and other family members such as siblings or grandparents) separately to understand what the appropriate response might be;
- Signpost appropriate services e.g. health and social care;
- Consider whether other referrals need to be made. For example, to:
  - Public protection specialists or local policing staff: they may have existing knowledge;
  - Consider referrals to community and Neighbourhood staff, this may be the local beat officer, police community support officer or schools liaison officer or school nursing service. A [risk assessment](#) should be completed, and referral made to a MARAC where appropriate for further multi-agency support.
  - Are other children at risk in the house? If so, you will need to make a referral to Children's Services;
  - Is there an adult victim or perpetrator of CPA with care and support needs? If so, you will need to make a referral to Adult Social Care Consider referral of adult victim(s) of CPA to BCWA?
  - The child using the violence will need a safeguarding response, so a referral to your local MASH/Safeguarding team is a must;
  - Notify the school nursing service, inclusion support, CAMHS etc. to gather information around medical history if the child has SEND needs and/or mental health issues it is likely they may already be engaged with these services.
  - If the abuser is a child under the age of 18 then do the relevant Youth Offending Team need to be contacted?

### DON'T:

- Assume that this is a parenting issue—the parent is the victim in this situation;
- Joke or make light of the situation;
- Underestimate how difficult it is for the parent to report the incident and for the child who may be an abuser to accept responsibility;
- Wait until something more serious happens before taking action.

## How to Respond to CPA: Youth Justice

- 2.58. For a long time, youth justice professionals have reported high occurrences of family violence, and in many cases Child to Parents Abuse. As stated earlier in this document, this is an extremely complex area of work.

### Things to consider: Youth Justice responders

- Firstly, pay attention to short term crisis management – is a safety plan in place? If not, you should consult with your line manager about the most appropriate person to complete this with the family, and complete one as soon as possible. Are other children at risk in the house? If so, you will need to make a referral to Children’s Services; Is the victim an adult with care and support needs? If so, you will need to make a referral to Adult Social Care
- Ensure that the case is discussed in the Risk, Safety and Wellbeing (RSW) multiagency management forum. Then a decision can be made about the appropriate referral route. i.e., MST (Multi Systemic Therapy) All cases with CPA should be discussed with the MST team even subsequently decided this is not the appropriate route., FST (Family Solutions Team) should be considered where family breakdown is a concern and Kitchen Table Talks as emotional support for parents.
- Has the young perpetrator been a victim of abuse themselves? Have they observed domestic abuse from their parent/ carer, and are now exhibiting similar behaviours?
- The parent will be extremely nervous about reporting this abuse and discussing it with others. Condry and Miles’ research (2012) indicates that this is because they do not want the child to be removed from the home. Therefore, you will need to focus on family-based intervention and mediation, where it is safe and appropriate to do so; is a referral to BCWA for support for the adult victim(s) needed)?
- There will be occasions where the violence is such that the situation is dangerous, and the police must be called. This is the right thing to do and will need to be reiterated to the parent. It should also form part of a safety plan;
- Research indicates that the most effective way of addressing this abuse is working with the family as a whole. This will mean that if the family has a YOS (Youth Offending Service) worker and separate Parenting worker, you will need to come together and work with the family. Where other professionals are involved, call a multi-agency meeting and work out how you are going to work with the family as a coordinated plan to address this abuse;
- Typical domestic abuse/anger management programmes may not be appropriate. As already stated, this is a complex area of abuse, where abusers may have been victims themselves, or still be victims. Please see Appendix A for a list of agencies that can be referred to for support. The Youth Justice Board has also put together a [webpage](#) which contains links to further programmes and support for child to parent abuse. The materials are freely available and include fully manualised programmes. The website is also listed at the back of this document. In Sandwell support would be implemented through Multi Systemic Therapy



(MST) or Family Solutions Team (FST),

- Youth Offending Service (YOS) workers should collaborate closely with the YOS police officer to prevent the young person being arrested wherever possible. Police involvement may be necessary, but arrest should be avoided, and action should follow the principles of some LAC (Looked After Children) protocols which seek to minimise the criminalisation of young people. Any issues regarding any breach of a young person's Court Order should be considered in supervision prior to action.
- A parenting order should NOT be used where this abuse is occurring. Condry and Miles' research (2013) found evidence that where a parent is subject to a parenting order and is experiencing abuse, the order can become a further form of control and lead to further abuse. In court where the young person is 16 or under the magistrate will need a good reason not to impose a parenting order. Detailed explanation of the issue in PSR's is essential. Close collaboration between parenting/family teams to ensure support must be provided and included in the Pre-Sentence Report (PSR).

### **When a young person is arrested for violence against the parent:**

- 2.59. If it is a minor assault/criminal damage, the YOS should liaise with the police to consider the use of a Youth Caution with Conditions. The condition could be to complete a programme of work with the young person to address the abusive behavior.
- 2.60. Consider use of a Referral Order and recommend that completion of an intervention programme and family-based mediation work forms part of the contract.
- 2.61. Where a Community Order is the appropriate option, attach a Programme Requirement, and consider using a formal programme as described above. As already stated, do not recommend a Parenting Order.
- 2.62. For a Custodial Sentence, formal work can still be completed separately with the parent and young person. Then arrange family visits in custody where mediation could take place. Consider the use of ROTL (Release on Temporary License) to rebuild family relationships, where it is safe for the young person to return home.
- 2.63. Involve family/parenting support teams as soon as possible to work with the YP and the parents. Ensure the issue is fully explained in the PSR to prevent imposition of a Parenting Order and promote support for the family and YP.
- 2.64. Referral to be made to Kitchen Table Talks for parent and consideration of parent's safeguarding needs and any referrals required. E.g. referral to BCWA for support for parent victims of CPA

### **Considerations for YOS Heads of Service, Secure Estate Directors/Managers/ Governors:**

- 2.65. Do you have a local protocol for the management of Child to Parent Abuse with the



police? There is strong evidence to indicate that police responses to CPA have been poor, meaning that parents are reluctant to report further incidents. A protocol should include how you want the police to respond to a call out (i.e. when to arrest/ is a safety plan in place). The YOS police officer should be fully informed of the overarching issue and should be involved before and at arrest. When an arrest is not made, the police should consider who to refer the family to for further support, and to ensure that they do not 'fall through the gaps'.

- 2.66. How to de-escalate a situation: the use of pre-Court disposals, and what you should set up with a YOS to formally manage this should be considered (i.e. having a programme/intervention locally available as part of a pre-court disposal). A tiered response similar to protocols for callouts to residential children's homes.
- 2.67. Does a police officer with a local lead for domestic abuse sit on your Health and Wellbeing Board?
- 2.68. Do you know how many cases within your YOS/ establishment are experiencing Child to Parent Abuse? Are your staff asking the question and recording it? Where are they recording it, and is it translating into supervision plans?
- 2.69. Do you have organisation operational guidance and policy in relation to CPA and YOS?
- 2.70. What current training is in place for staff and what training needs to be implemented to ensure a better understanding of CPA and the response needed for it?
- 2.71. Establish a person within the YOS to lead on the issue where possible to provide specialist advice. Within Sandwell this will be the Deputy YOS Manager

### Risk Assessment with Young People

There are specific factors to consider when working with child to parent abuse (see example of Risk Assessment Checklist embedded on page 5:

Environmental factors:

- Is there a history of domestic abuse within the family unit?
- Is the young person in an abusive intimate relationship?
- Is there a need for adult services' involvement in the family?
- Is the young person being coerced into abusive behaviours?
- Is the young person displaying heightened sexualised behaviours?
- Is the young person associating with peer groups who are involved in offending or older peers?
- Are Children's Services currently involved with the family?
- Should a risk assessment be conducted on the siblings to see if they are at risk of violence and/or contributing to the violence?
- Is the young person isolated from people and services that could support them?
- Is there a risk that the young person is being bullied?
- Are there BAME issues that need to be considered or that may affect a victim's disclosure?

### Emotional self-regulation

- Does the young person have difficulties in forming relationships?
  - Does the young person have mental health issues, self-harm or suicidal tendencies?
  - Is the young person disengaged from education?
  - Is the young person misusing substances?
  - Does the young person display an obsessive use of violent games or pornography?
  - Does the young person have poor coping skills or engage in risk taking behaviours?
- Does the young person they identify their behaviour as abuse?

## **Appendix A Useful Contacts for practitioners**

### **Sandwell Multi Agency Safeguarding Hub**

During Working Hours (Monday -Thursday 8am-5:30pm and Friday: 8:00am – 5pm) 0121 569 3100. Evenings and Weekends (including Bank Holidays): 0121 569 3100.

If a child or young person in in immediate danger, then call the Police on 999.



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### **Sandwell Adult Social Care (including Adult Safeguarding)**

Sandwell Enquiry (Mon-Thurs 09:00 – 17:30; Fri 09:00 – 17:00): 0121 569 2266;

[Sandwell Enquiry@sandwell.gov.uk](mailto:Sandwell_Enquiry@sandwell.gov.uk) (email address is secure). Out of hours: 0121 569 2355



Adult\_Safeguarding\_  
Concern\_Form.doc

### **Sandwell MARAC**

For all general queries around MARAC referrals and MARAC meetings email marac\_referrals@west-midlands.pnn.police.uk or call 101 ext. 811 3048



West\_Midlands\_MAR  
AC\_Referral\_Form.doc

### **Richmond Fellowship – YUVA Service**

Referral into the service can be made by social workers only with supportive information from other agencies. For further information on the programme please see attached.



YUVA Info.pdf

### **Black Country Women's Aid**

9-5 Monday to Friday. Call us directly on 0121 553 0090.

If you need advice or are seeking a refuge place outside of office hours, please call our 24 hour advice line on 0121 552 6448.



Agency-referral-form  
-IDVA.docx

### **Families Together Programme**



FINAL Referral Form;  
Families Together Pro

### **CAMHS**

Telephone: 0345 146 1800 Fax: 0121-612-8090 E-mail: [bchft.communications@nhs.net](mailto:bchft.communications@nhs.net)



SPA referral  
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**Multi Systemic Therapy Team**

Tel: 0121 569 8272 Email: [lloyd\\_mcdonald@sandwell.gov.uk](mailto:lloyd_mcdonald@sandwell.gov.uk)

**Family Solutions Team**

Contact Name Jo Burgess Email: [Jo\\_Burgess@sandwellchildrenstrust.org](mailto:Jo_Burgess@sandwellchildrenstrust.org)

**Oldbury Cog**

Telephone 0121 569 7295 E-mail [oldbury\\_cog@sandwell.gov.uk](mailto:oldbury_cog@sandwell.gov.uk)

**Tipton Cog**

Tel: 0121 569 7291 Email: [tipton\\_cog@sandwell.gov.uk](mailto:tipton_cog@sandwell.gov.uk)

**Wednesbury Cog**

Tel: 0121 569 7294 Email: [wednesbury\\_cog@sandwell.gov.uk](mailto:wednesbury_cog@sandwell.gov.uk)

**West Bromwich Cog**

Tel: 0121 569 7293 Email: [westbromwichcentral\\_cog@sandwell.gov.uk](mailto:westbromwichcentral_cog@sandwell.gov.uk)

**Rowley Cog**

Tel: 0121 569 7296 Email: [rowley\\_cog@sandwell.gov.uk](mailto:rowley_cog@sandwell.gov.uk)

**Smethwick Cog**

Tel: 0121 569 7297 Email: [smethwick\\_cog@sandwell.gov.uk](mailto:smethwick_cog@sandwell.gov.uk)

**Housing CPA Lead**

Jim Brennan Email: [Jim\\_Brennan@sandwell.gov.uk](mailto:Jim_Brennan@sandwell.gov.uk)

**Youth Offending Service CPA Lead**

Claire Martin Email: [claire\\_martin@sandwellchildrenstrust.org](mailto:claire_martin@sandwellchildrenstrust.org)

**Kitchen Table Talks support for parents**

KTT Intro for  
Parents.png

**Sandwell CPA flowchart**

Flow chart to be used to identify appropriate actions and contacts to make when CPA is identified within a family.



Sandwell CPA  
Referral Flowchart 20.

## Appendix B– Statutory Definition of Domestic Abuse

Domestic abuse is defined in section 1 of the Domestic Abuse Act 2021, and when referenced throughout the guidance should be interpreted as such. As set out in the Act, Domestic Abuse is defined as

- (1) Behaviour of a person (“A”) towards another person (“B”) is “domestic abuse” if
  - a. A and B are each aged 16 or over and are personally connected to each other, and
  - b. The behaviour is abusive.
- (2) Behaviour is “abusive” if it consists of any of the following:
  - a. Physical or sexual abuse;
  - b. Violent or threatening behaviour
  - c. Controlling or coercive behaviour;
  - d. Economic abuse (see subsection (4));
  - e. Psychological, emotional or other abuse;

And it does not matter whether the behaviour consists of a single incident or a course of conduct.

- (3) “Economic abuse” means any behaviour that has a substantial adverse effect on B’s ability to
  - a. Acquire, use or maintain money or other property, or
  - b. Obtain goods or services.
- (4) For the purposes of this Part A’s behaviour may be behaviour “towards” B despite the fact that it consists of conduct directed at another person (for example, B’s child).
- (5) References in this Part to being abusive towards another person are to be read in accordance with this section.

“Personally Connected” is defined in section 2 of the Domestic Abuse Act 2021 as:

- (1) For the purposes of this Part, two people are “personally connected” to each other if any of the following applies—
  - a. they are, or have been, married to each other;
  - b. they are, or have been, civil partners of each other;
  - c. they have agreed to marry one another (whether or not the agreement has been terminated);
  - d. they have entered into a civil partnership agreement (whether or not the agreement has been terminated);
  - e. they are, or have been, in an intimate personal relationship with each other;
  - f. they each have, or there has been a time when they each have had, a parental relationship in relation to the same child (see subsection (2)); they are relatives.
  
- (2) For the purposes of subsection (1)(f) a person has a parental relationship in relation to a child if—
  - a. the person is a parent of the child, or
  - b. the person has, or has had, parental responsibility for the child.
  
- (3) In this section—

“child” means a person under the age of 18 years;

“civil partnership agreement” has the meaning given by section 73 of the Civil Partnership Act 2004;

“parental responsibility” has the same meaning as in the Children Act 1989 (see section 3 of that Act);

“relative” has the meaning given by section 63(1) of the Family Law Act 1996.



Children as victims of domestic abuse is defined in section 3 of the Domestic Abuse Act 2021

(1) This section applies where behaviour of a person (“A”) towards another person (“B”) is domestic abuse.

(2) Any reference in this Act to a victim of domestic abuse includes a reference to a child who—

(a) sees or hears, or experiences the effects of, the abuse, and

(b) is related to A or B.

(3) A child is related to a person for the purposes of subsection (2) if—

(a) the person is a parent of, or has parental responsibility for, the child, or

(b) the child and the person are relatives.

(4) In this section—

“child” means a person under the age of 18 years;

“parental responsibility” has the same meaning as in the Children Act 1989 (see section 3 of that Act);

## GLOSSARY OR ABBREVIATIONS

ADHD – Attention Deficit Hyperactivity Disorder	IDVA – Independent Domestic Violence
ADfam - Alcohol, Drugs and Family Alliance	Advisor
ASB – Anti Social Behaviour	LAC – Looked After Child/ren
ASD – Autism Spectrum Disorder	MARAC – Multi Agency Risk Assessment Conference
APVA – Adolescent to Parent Violence and Abuse	MASH – Multi Agency Safeguarding Hub
AVA – Against Violence and Abuse	MST – Multi Systemic Therapy
BAME – Black, Asian and Minority Ethnic	NICE – National Institute of Clinical Excellence
BCWA – Black Country Women’s Aid	PSR – Pre-Sentence Report
CAMHS – Child Adolescent Mental Health Service	ROTL - Release on Temporary License
CMHT – Community Mental Health Team	RSW – Risk, Safety and Wellbeing
COG – Community Operating Group	SCIE – Social Care Institute of Excellence
CPA – Child to Parent Abuse	SCT – Sandwell Children’s Trust
CPVA – Child to Parent Violence and Abuse	SEND – Special Educational Needs and Disabilities
CME – Child Missing Education	SEMH – Social, Emotional and Mental Health
DAA – Domestic Abuse Advocate	SLCNs – Speech, Language and Communication Needs
DASH – Domestic Abuse Stalking and Harassment (Risk indicator checklist)	SPOC – Single Point of Contact
DHR – Domestic Homicide Review	VARM – Vulnerable Adult Risk Management
EHE - Electively Home Educated	YOS – Youth Offending Service
FGC – Family Group Conference	YP – Young Person
FM – Forced Marriage	
FRG – Family Rights Group	
FST – Family Solutions Team	
GP – General Practitioner	
GPN – General Practitioner Nurse	
HBV – Honour Based Violence	