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Sir Stuart Carlton, Director of Children's Services, North Yorkshire Council
Richard Flinton, Chief Executive, North Yorkshire Council
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Tim Forber, Chief Constable, North Yorkshire Police
Kilvinder Vigurs, Regional Probation Director
Heather Pearson, North Yorkshire Safeguarding Children Partnership Executive Chair

Dear North Yorkshire Safeguarding Children Partnership

Joint targeted area inspection of North Yorkshire

This letter summarises the findings of the joint targeted area inspection (JTAI) of the multi-agency response to unborn children and those aged 0 to 7 who are victims of domestic abuse in North Yorkshire.

This inspection took place from 3 to 7 February 2025. It was carried out by inspectors from Ofsted, the Care Quality Commission (CQC), His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) and His Majesty's Inspectorate of Probation (HMIP).

Context

This inspection focused on the multi-agency response to unborn children and children aged 0 to 7 years who are victims of domestic abuse. The evaluation of strategic arrangements in the local area took a broader look and considered the multi-agency response to children of all ages.

The inspectorates recognise the complexities in providing a multi-agency response to children and families when there is more than one victim and where there may be risks in addition to domestic abuse. Consequently, risk assessment and decision-making have several challenges for partners, not least that the impact on the child is sometimes not immediately apparent.

A joint inspection of the multi-agency response to children who are victims of domestic abuse will highlight the significant challenges to partnerships in improving practice. We anticipate that these JTAIs will identify learning for all agencies and will contribute to the debate about what 'good practice' looks like.



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Headline findings

Unborn children, and those aged 0 to 7 who are victims of domestic abuse in North Yorkshire, are seen, understood and safeguarded by professionals and key people in their own communities. North Yorkshire is a large and complex county where children live in coastal, holiday towns with seasonal poverty, on the outskirts of neighbouring cities, in small towns (including an army garrison the size of a small town) and many attend small rural schools. The response to domestic abuse in a place of this scale is consistent in its localism, informed by clear and decisive strategic intent and delivered by skilled practitioners who understand the impact of domestic abuse on young children. The implementation of the North Yorkshire domestic abuse strategy 2024-28 heralds a dynamic approach that exemplifies the required overarching, yet granular, solution. Mature and reflective partnerships are delivering high-quality services focusing on prevention and early identification and community-wide support. For a very small number of children, there are areas for further improvement, and key partnerships have co-produced plans in place to drive any necessary change.

For adult and child victims, from unborn babies to age seven, professional networks respond together and predominantly in a timely way to the risks posed by perpetrators of domestic abuse. This includes those that pose high and persistent risks, who are known to the police and probation services, and who move within and outside of North Yorkshire. Prevention and early support, alongside good use of legal remedies including non-molestation orders, domestic violence prevention orders and anti-stalking legislation, supports victims, and holds perpetrators to account, before escalation to additional forms of domestic abuse for many families. Health practitioners in most clinical and specialist services are well attuned to the signs of domestic abuse. They are sensitive and curious, especially with women in the early stages of pregnancy. The quality of practice, especially direct work with children across early help and statutory social work, including assessment of risk, is highly effective.

While most services are effective and performing well, there are some areas of practice that are not as strong across the whole partnership. Children aged 0 to 7 are not always seen as victims of domestic abuse, with an undue emphasis on protecting them by focusing on adults. Information is not always shared between the professionals best equipped to shape risk assessments and safety planning. Schools and early years settings often receive notice that children have been victims of domestic abuse after the start of the school day, hampering teachers' ability to support children at this crucial time. At a strategic level, bespoke data sets to more



fully understand the impact of commissioned services, and the low uptake of multi-agency training, have been recognised as priority areas by the partnership.

What needs to improve?

- How the experiences of child victims of domestic abuse aged 0 to 7 are consistently captured across the partnership.
- The extent to which children are recognised as victims of domestic abuse in their own right across the partnership.
- The timeliness and consistency of information-sharing across the partnership to inform risk assessments and safety planning.
- The accessibility and take-up of multi-agency domestic abuse training by practitioners, and how well learning is applied in practice.
- The effective use of data to enhance scrutiny, monitoring and evaluation of services to support victims of domestic abuse.
- The timeliness of Operation Encompass notifications to schools and early years providers.

Strengths

- The mature and respectful relationships between statutory and community partners in the North Yorkshire Safeguarding Children Partnership (NYCSP), the Domestic Abuse Local Partnership Board (DALPB) and the Community Safety Partnership (CSP).
- The effective use of a practice model in children's social care and early help as a vehicle for giving families the skills and insight they need to protect their children from domestic abuse.
- The quality of direct work with children to help them understand what is happening to them and their family.
- The preventative work undertaken to help adults resolve conflict over how to parent, for example when children have undiagnosed special educational needs.
- The early identification of potential risks to unborn children from perpetrators of domestic abuse.
- How partner agencies identify and respond to the vastly different communities across North Yorkshire without losing sight of the strategic priorities for the county.
- The wide range of statutory partnership services, commissioned services and community and voluntary services that provide support to children who are victims of domestic abuse, their families and to adult victims and perpetrators.



- The understanding of the risk posed by adults and appropriate risk management of domestic abuse by the Multi-Agency Public Protection Arrangements (MAPPA) and through Multi Agency Risk Assessment Conferences (MARAC).
- The proactive use of the Domestic Violence Disclosure Scheme (known as Clare's Law) by North Yorkshire Police to assert parents' rights to know information as well as their right to ask.
- The promotion of evidence-based prosecutions by the police during criminal investigations to support and protect adult victims of domestic abuse and their children.
- The quality and impact of multi-agency quality assurance and auditing.

Main findings

When professionals contact, or make referrals to, the multi-agency safeguarding team (MAST), they mostly capture the voice and experience of what children who are aged 0 to 7 are 'saying' to them, when they are victims of domestic abuse. Similarly, domestic abuse is recognised in all its forms, including coercive control, stalking and online abuse. This focus and perspective inform decisions about the best way to support these children. In some health services, such as maternity, there is child-focused recording of the impact of domestic abuse. A research-based and empathetic approach based on 'what the mother experiences, the baby experiences' captures the impact of domestic abuse on unborn children very well.

Not all agencies recognise children as victims of domestic abuse, nor view the impact of such through the eyes of the child. In some Urgent and Emergency care, and Emergency departments, where domestic abuse is not the main presenting factor, there is often a lack of professional curiosity in the context of a busy clinical environment. The probation service does not always recognise children as victims of domestic abuse when it should, unless children witness or are physically harmed. For a small number of children, this means that they are not referred to the MAST at the earliest opportunity.

Social care staff in the MAST, North Yorkshire's 'front door', understand the impact of domestic abuse for children well. They thoughtfully consider the information they gather from other professionals, and children's family history, to help inform their analysis and rationale for decision-making. It is positive that there is probation representation in the MAST, adding vital information about adult perpetrators and associated risks to children. However, when very young children are victims of domestic abuse, MAST screening does not routinely gain information from all relevant agencies, particularly from the most appropriate health colleagues, for example what impact a parent's mental health is having on their ability to parent or manage conflict. The health representative in the MAST is not routinely involved in joint decisions about where to solicit the most pertinent information. This includes a

small number of decisions when strategy meetings should have been convened when children have been harmed.

There are positive multi-agency relationships between professionals working in the MAST. This supports communication and information-sharing about children including their identity, ethnicity and how they communicate. It helps to identify children's needs and risks from domestic abuse and to trigger preventative support in line with North Yorkshire's strategic imperative to help families early and prevent adults and children becoming victims of domestic abuse.

Daily, multi-agency domestic abuse screening meetings in the MAST encourage professional challenges and reflection on the best way to support families. Similarly, daily group discussions about more complex situations and families minimise the need for parents and children in crisis to repeat their story unnecessarily. This helps to inform decisions about risk to children, including whether escalation to a strategy discussion is required.

The sharing of information with the people who make referrals once decisions have been made varies in timeliness and quality. For example, schools, adult mental health services and GPs do not consistently receive outcome letters following referrals into MAST.

Following domestic abuse incidents, the police send Operation Encompass domestic abuse notifications to schools. This process has not yet been extended to include early years settings and health visitors. While schools value and recognise the significance of this safeguarding process, not all notifications reach them early enough in the school day. This is impacting on how quickly schools and early years settings can give children the support they need.

There is a consistent approach to supporting both male and female victims of domestic abuse. Adult victims of domestic abuse are provided with an appropriate response from the police and children's social care, including timely arrests of male and female perpetrators and the immediate, allied offer of advice and support services.

Adult victims of domestic abuse receive an extensive range of timely and effective support from professionals across the partnership. Children aged 0 to 7 are primarily protected through support for their parents or carers. This support is amplified when acute services have access to hospital IDVAs (Independent Domestic Violence Advocates) or named domestic abuse practitioners. Importantly, staff in clinical health settings understand that risk doesn't end when relationships end. This approach extends to the specialist stalking prevention team in the police force, supporting the arrest of prolific perpetrators of online and personal harassment in the critical window following victims leaving their abusers.



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Police officers and staff recognise the need to complete public protection notices (PPNs) to include children, following extensive training and senior officers leading by example. Sharing PPNs is timely for most children. Most police officers identify and focus on what situations are like for children and include those in PPNs. Domestic abuse officers work seven days a week and review incidents promptly, which leads to timely support for victims. Every frontline police officer has a service directory on their mobile device which helps them to signpost victims of domestic abuse to local and national support such as the National Centre for Domestic Violence, triggering early use of non-molestation orders to keep victims safe.

In addition, when Building Better Relationships (the cognitive behavioural programme for male offenders) is included within probation work, the Domestic Abuse Safety Officer role makes early contact with victims or new partners to make them aware of the support they can receive alongside that offered to the perpetrators of abuse.

Information-sharing between probation and the adult alcohol and drug recovery service is a strength in North Yorkshire, allowing risks and needs to be better understood by both agencies, and translated into more effective safety planning.

Children and families receiving early help and social work support benefit from highly effective multi-agency working, which allows adult and child victims of domestic abuse to be safer. The strength-based model of practice is well embedded across the partnership. All partners understand this model and purposefully utilise scaling that jointly assesses risks to children in multi-agency meetings. As a result, decision-making is a joint process that identifies the person or people who will make the most meaningful relationship with families a priority. Early help professionals and social workers complete particularly impressive work to engage children in difficult conversations regardless of age and learning ability. They skilfully identify circles of safety for children and what makes them feel afraid using bears and buttons, stories and senses.

Early help assessments are thorough where there are concerns about domestic abuse. They include information from relevant professionals working with the child and family. Assessments of risk are dynamic and respond with agility to changing circumstances. Family networks are central to safety planning when children return to their parents' care, and early help teams around the family, including schools, health visitors and early years, nurture these safe networks well.

Domestic Violence Disclosure Scheme (known as Clare's Law) applications are progressed quickly by police and are well understood across the partnership. For complex cases, a multi-agency panel is often used, and this supports safe disclosure. The police are proactive, and particularly successful, in upholding the 'right to know'

about harmful adults rather than relying on the 'right to ask'. Similarly, when a victim doesn't feel able to proceed with a prosecution, the force actively pursues evidence-led prosecution or seeks Domestic Violence Protection Notices (DVPNs) to protect children.

Unborn babies at risk of harm from domestic abuse are identified at the earliest opportunity, across the partnership. The completion of multi-agency pre-birth assessments and multi-agency discharge planning meetings help to establish current and future risks and inform good safety planning. There is appropriate escalation to legal gateway meetings and use of pre-proceedings as a part of the public law outline when risk of significant harm is identified. Families are supported to learn, change and develop so that children who are victims of domestic abuse can remain at home, but in a safer environment. That said, if the risks remain, are too great or adults are unable to modify their behaviour, assertive action is taken with active use of a 'bottom line' that families understand.

Male perpetrators of domestic abuse, including fathers and partners (and ex-partners), have the opportunity to be involved in assessments, to help raise their awareness of the negative impact domestic abuse has on children. Unfortunately, they do not always take this opportunity, resulting in undue reliance on victims being held accountable for children's safety.

There are two key partnerships to address the risks posed by the most serious and harmful offenders in North Yorkshire. MAPPa is a well-established partnership, which demonstrates a shared accountability for keeping people safe in North Yorkshire. Good use is made of the forum to manage high-risk domestic abuse perpetrators above the statutory requirements. Multi-agency tasking and co-ordination (MATAc) meetings also work well, coordinating a sophisticated partnership response to serial perpetrators of domestic abuse. Sitting beneath the response to those that pose the highest risk, MARAC meetings are used to discuss a significant increase in the number of adults they consider a risk, largely due to earlier and better identification by the police. The increased volume is being managed well and information-sharing across partners has improved as a result. Across all three of these forums, although children are kept safer because of support for their parents, the voices of children are often missing. Children aged 0 to 7 are not always seen as victims and the partnership has yet to formally evaluate the effectiveness of MARAC.

A public health approach to awareness raising, aligned with the North Yorkshire domestic abuse strategy and in alliance with the voluntary sector, is particularly effective in reaching the diverse communities in the county, for example transient families on holiday and the large number of military families, both serving and retired. All parents, regardless of who the victim is, are capably supported to attend and contribute to multi-agency meetings when there are concerns about their children.

Specialist trauma-informed therapeutic services have a positive impact on families when there is ongoing domestic abuse, and when the children have been on child protection plans for some time with modest improvement in their circumstances. A particular strength is how therapy helps parents to understand the impact of domestic abuse on very young children rather than allowing some of them to pathologise the child as the cause of abusive relationships. Beyond clinical therapy, families benefit from a range of programmes that focus on the underlying causes of domestic abuse including parental conflict and making positive choices. Statutory perpetrator programmes, however, have low take-up and completion rates.

Children and families are at the heart of the practice model in North Yorkshire. An extensive range of methods are used to make sure that they are heard, and their authentic voice is captured across the partnership. Although the voice of the child does not always shine through in some records, those tasked with keeping children safe take them seriously and believe what they say.

Lived experience practitioners, IDVAs in hospitals, advocates, refuge workers, commissioned services and the community sector work directly with adult victims and some children, to understand the impact of domestic abuse and the support needed for them and their children to make sense of it and overcome it where possible.

Children whose parents are in the armed forces make good use of a range of specialist help and support from the Army Welfare Service, which is highly skilled and sensitive to children as victims in their own right.

Specific, coordinated support for children aged 0 to 7 who are victims of domestic abuse is limited. The commissioned support service has not been contracted to provide direct support to children under the age of 10. The mental health in schools' teams operate in only a quarter of the county, and the 0-19 service lacks capacity to extend its support. However, young children are included in holiday and play schemes through the community sector, identified as pressure times for increases in domestic abuse. Community safety hubs and early help services respond quickly to the needs of their communities, and children are protected by being surrounded by people who know them and understand the trauma they have experienced.

Information-sharing within the partnership is not consistently effective. Police do not always share information relating to arrests and investigation progression with children's social care. In addition, children not directly involved in domestic abuse incidents, for example half siblings or children not living in the home, are not always considered in multi-agency discussions. The probation service does not always share its risk assessments with other agencies involved in safeguarding activity.

While all children aged 0 to 7 who are victims of domestic abuse have a safety plan in place, the quality of these plans is inconsistent. The key information in the plans is comprehensive and iterative, but they are not always shared with the people who are best placed to offer protection. For example, these include GPs when parents attend different surgeries, and adult mental health practitioners when parents start, or renew, relationships.

Police investigations usually consider appropriate lines of enquiry, with a good level of oversight from supervisors. Evidence-led prosecutions are being considered appropriately by officers when victims do not feel safe enough to do that for themselves.

Women and child victims of domestic abuse are protected effectively when they are provided with safe accommodation in a refuge. Commissioned services provide a range of support for women and children, including group work for women and a play therapist. This supports women to gain confidence and move on to their own accommodation, with commissioned support continuing through this difficult transition. Although this offer is extended to male victims of domestic abuse, take-up is limited.

Strong partnership working across North Yorkshire and some good, commissioned services offer a range of support for short- and long-term safety. This provision meets the partnership's duty to provide safe accommodation for families. An emphasis on keeping children in a familiar environment whenever possible, through the effective use of family networks, helps survivors build confidence and avoid isolation. The scarcity of safe, commissioned accommodation, especially for larger families, is a perennial issue locally as it is across the country, where additional options are needed. This is a planned and resourced priority for North Yorkshire.

Early years providers and schools are aware of where to find relevant guidance and related resources, for example through the NYCSP website, through named professionals and a range of relevant training. They use the knowledge gained through this training on domestic abuse to ensure that they have effective systems in place to identify children as victims. Providers have a range of methods to collect the child's voice appropriate to children's age, educational needs, or disabilities. Schools and early years providers' professional curiosity and knowledge of the children in their settings is valued by local partners. When invited, they are fully involved in, and contribute to, multi-agency meetings including strategy meetings, core groups and child protection meetings, but they are not always given this option. Relationships are strong, particularly between early years and education providers and social care practitioners. There is regular contact and effective sharing of information supporting children to keep school as their safe place.

A well-considered, streamlined governance structure focused on the response to domestic abuse serves North Yorkshire well. The DALPB reports directly to the CSP, ensuring that adult services and the wider community are actively involved at a strategic level. In tandem, the NYCSP executive, and wider operational group, correctly identify trends in the scale and manifestation of domestic abuse for children aged 0 to 7 and adult victims. These key bodies thrive on symbiosis rather than duplication, with the right people in each group actively contributing with appropriate levels of seniority. Consequently, commissioning through the North Yorkshire Office for Policing, Fire, Crime and Commissioning (OFPCC) is targeted and responsive to the needs of local communities. Pooled budgets and creative use of joint bidding help gain access to meaningful external investment as a direct result of the energy and relationships within these key partnership groups.

Representation of community groups, experts by experience and commissioned services at a strategic level, alongside statutory partners, is well embedded in North Yorkshire and invites both challenge and a multi-agency perspective on problem profiling in the county at both a local and strategic level. Contributions and involvement in identifying, monitoring and informing services are well-informed by learning from local and national reviews and policy changes. This extends to vibrant sub-groups that shape practice and learning across the partnerships. Even closer alignment of the DALPB, NYCSP and CSP through regular meetings of the scrutineer and chairs is an area of focus for the coming year.

The intelligent use of data and gathering the right information at a local and wider level is a key area in the North Yorkshire domestic abuse strategy. A dashboard designed to deliver the right information, at the right time, is in the early stages of development following local government reorganisation into a single-tier authority in 2023. In the interim, there are inconsistencies. The scrutiny of data in relation to the 30% of families that are not identified as male perpetrator on female victim is under-developed, and the promotion of services for LGBT parents is not being developed in alignment with strategic needs analysis.

One key issue is that the partnerships rely heavily on police data that does not identify children as victims in line with the Domestic Abuse Act. This steers responses that trend towards support for adult victims and not children aged 0 to 7. Quality assurance and monitoring in some parts of the partnership also follow this approach.

However, North Yorkshire Police has a dedicated domestic abuse analyst with good local knowledge. The force recently produced a problem profile, which adds granularity to current trends, including the impact on children. Alongside an external public health review of how the entire system responds to domestic abuse in North Yorkshire, partners are well placed to deliver the right services.

The design of services is informed by children and families, and research and intelligence about what works despite the challenges of engaging such a young cohort of children. For example, the Growing up in North Yorkshire bi-annual survey reaches 3,500 children under the age of seven. By focusing on what makes them happy or afraid, and where they feel safe, this valuable information feeds into a comprehensive needs assessment. This sits alongside learning from Child Safeguarding Practice Reviews and domestic abuse homicide and suicide reviews. Agile service design is underpinned by strong and prolific multi-agency auditing, practice learning sessions, effective use of advocacy, including for young children, and the involvement of experts by experience in commissioning and evaluation.

The practice and learning sub-group of the NYCSP is dynamic and organises training events that are contemporary and aligned with strategic priorities, featuring survivors and national experts. The take-up of these opportunities is limited to small numbers and its effectiveness is hampered by a lack of ring-fenced time for practitioners to attend. Consequently, the impact of the training on offer is limited.

However, staff in most partner agencies report high-quality, internal training linked to the impact of domestic abuse, parental conflict and trauma on adult and child victims. This includes the Yorkshire Ambulance Trust and Acute Trusts. Probation staff are provided with additional skills and training to deliver pre-sentence work in the military courts as another example.

Without exception, practitioners spoken to during the inspection feel fully supported by their line managers and teams when they are working to try and safeguard victims of domestic abuse.

Partners engage honestly in audits of practice. The link to current and recent research and reports gives both a helpful structure and a contemporary lens on how domestic abuse is being challenged in North Yorkshire. The audit and the thematic reports requested for this inspection were exemplary: thorough, reflective, multi-disciplinary and evaluative in considering the quality of work from the child's point of view.



Practice study: area of highly effective practice

For most children, including those yet to be born, early identification of risk, consistent and impactful support from key professionals and targeted support for adults that perpetrate domestic abuse are highly effective in creating safer homes for children to thrive. Safety planning that is clearly understood by the family and wraparound professional support have meaning on a practical level and align with child protection planning. Culture, heritage and gender are included in programmes of change to help understand behaviour patterns and effect sustainable change.

For one child, unborn at the time, a midwife raised concerns about domestic abuse. An immediate referral was made to the MAST early in the pregnancy so that information could be shared and the risk fully assessed at the earliest possible time. The family sought support from within their own community in the first instance. For this child, social workers and midwives built on the trusting relationship the parents had with these key, trusted people to build a programme of support based on a good understanding of the specific cultural needs of the family.

Strategy meetings and subsequent child protection planning included a specialist safeguarding midwife, health visitor, and a commissioned domestic abuse support service alongside the provider of a targeted programme of education for the child's father. Clear planning, analysis and evaluation, completed jointly, ensured that the desired changes had been made prior to the baby being born. In parallel, in-depth and culturally sensitive assessment pre-birth identified networks of support with the family that created a sense of safety for both parents and helped the mother grow in confidence. Once the baby was born, this support continued, and the family were able to enjoy the birth of their new child. Good information-sharing between health visitors and a hospital proved invaluable in supporting the family following the baby's birth. The family are now in a strong position to apply what they have learned and to resolve parental conflict in a non-abusive way.



Practice study: areas for improvement

For a small number of children, when information-sharing is not as strong, a focus on the complexities presented by adults draws professionals away from seeing the child as a victim of domestic abuse. This is exacerbated when professionals lack assertiveness and clarity, there are children from multiple relationships, and health provision straddles ICB borders. These elements combine to allow parents to control systems and people.

For one school-aged child, both parents are known to multiple professionals. The original referral came because of the mother being taken to hospital. From this point onwards, the focus was on the adults in the family and their needs rather than the domestic abuse that was perpetrated by both parents at separate times. Factoring in previous, abusive relationships and other family members, this child as a victim quickly became lost, and remained so throughout the assessment, planning and response of various partner agencies.

For this child, there was no one key professional, with the appropriate level of experience and curiosity, keeping them at the centre of everybody's attention. Probation officers, mental health practitioners, the police and children's social care all held, and shared, vital information between themselves. Crucially, analysis of this information in terms of domestic abuse was missing. Probation and police records contain detailed notes about previous convictions, but failed to link this with risks to this child and others in the family.

Planning necessitated a joined-up approach to monitor who was living with the child. Keeping the parents apart was a key element of the safety planning until more was known about whether they could live together safely. This plan did not actively involve school staff or consideration of what the child's educational needs meant for how he experienced and shared his feelings about the abuse he suffered. Parents relied heavily on professionals completing tasks on their behalf rather than engaging with any programme of change. Consequently, little has changed until very recently, when more senior staff have become involved and addressed the lack of progress.

Next steps

We have determined that North Yorkshire Council is the principal authority and should prepare a written statement of proposed action responding to the findings outlined in this letter. This should be a multi-agency response involving the individuals and agencies that this report is addressed to. The response should set out the actions for the partnership and, when appropriate, individual agencies. The local safeguarding partners should oversee implementation of the action plan through their local multi-agency safeguarding arrangements.



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The DCS of North Yorkshire Council should send the written statement of action to ProtectionOfChildren@ofsted.gov.uk by 9 July 2025. This statement will inform the lines of enquiry at any future joint or single-agency activity by the inspectorates.

Yours sincerely

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