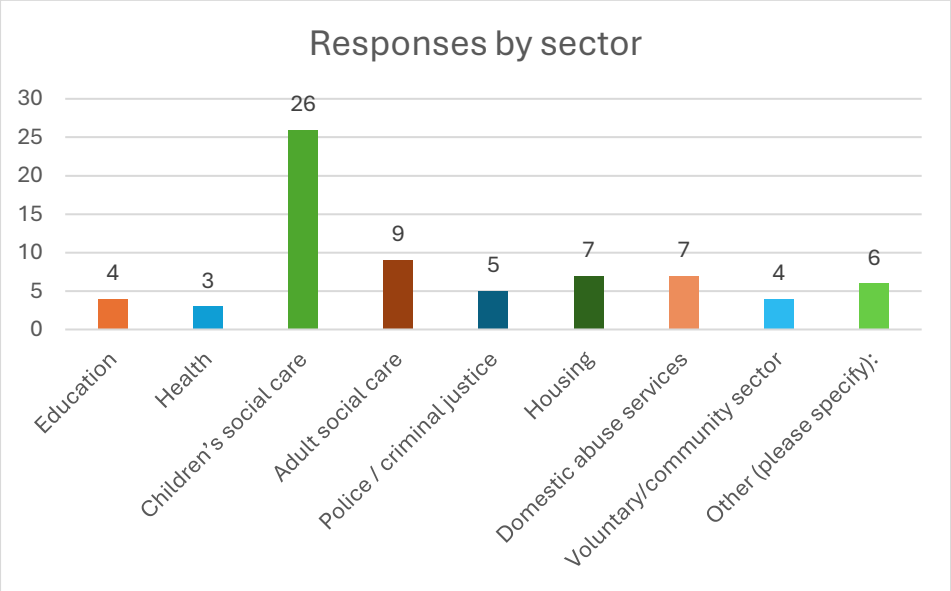
CPCA Professionals Survey – Key Findings

1.Respondent Details

There were 71 responses to the survey across a broad range of services, the highest proportion being from children's services (26 - 37%). The graph, below, shows the full range of services who responded to the consultation. Those who answered other were from Early Help, Family Hubs and Youth Justice Service.



77.5% of those, who responded, stated that they worked directly with families affected by CPCA.

2. Workforce Confidence

Respondents generally felt confident in identifying risk of harm in CPCA cases with over half stating they were either very confident (12.5%) or confident (41%), and none stating that they were not at all confident.



Over half also felt they were confident in responding appropriately (very confident (11%), confident (45%)).



3. Support Pathways

In terms of where people first access support, the most common pathway was schools (55%), followed by social care (32.5%), police (28%), Early Help (25.5%), Health (22.5%) or the voluntary sector (14%).

The key barriers preventing families accessing support were perceived to be fear of social care (85.9%), stigma/shame (80%), lack of awareness (60.5%) and fear of criminalisation (58%).

Lack of services was also a key barrier (42.5%) together with thresholds being too high to access support (24%).

4. What support or provision is missing in Cleveland?

The survey suggests that the biggest gap in Cleveland is the absence of a coordinated, specialist CPCA support offer.

Respondents consistently called for a clear referral pathway, dedicated CPCA practitioners, whole family therapeutic support, earlier intervention, improved mental health provision, neurodiversity-informed services and greater professional awareness and training.

A recurring message was that support should focus on understanding the causes of behaviour and helping both the child and the parent, rather than relying on crisis responses or criminalisation.

4. Key Themes

4.1 Lack of a Dedicated CPCA Service. The strongest theme is the absence of a specialist service specifically addressing child-to-parent violence and abuse. Respondents repeatedly highlighted:

- No identified CPCA service;
- No dedicated provision or pathway;
- Lack of specialist agencies supporting both parents and children;
- Desire for established programmes such as RYPP to be available locally;
- Need for a clear lead agency and coordinated response.

4.2. **No Clear Referral Pathway –** Respondents highlighted uncertainty about where to seek support.
Key issues included:

- Parents being passed between services;
- Lack of information about available support;
- No clear professional pathway for referrals;
- Inconsistent responses across agencies;
- Families reaching crisis point before support is accessed;
- Lack of understanding from families as to where support can be accessed.

4.3. **Insufficient Support for Parents and Carers.** Respondents frequently stressed that support is often focused on the child, with limited provision for parents experiencing abuse or recognition of the harm that children cause to parents with it frequently being minimised or dismissed by services.
Missing support includes:

- Dedicated parent support workers;
- Advice and guidance without judgement;
- Support groups and peer networks;
- Practical de-escalation training;
- Safety planning and ongoing emotional support.

4.4. **Need for Whole-Family Approaches.** A consistent message was that CPCA should not be viewed in isolation.
Respondents called for:

- Family therapy;
- Systemic family practice;
- Holistic family interventions;
- Support for both the child causing harm and the parent experiencing harm;
- Interventions tailored to family circumstances.

4.5. **Shortage of Therapeutic and Mental Health Support.** There was significant concern about limited therapeutic provision and long waiting lists. Identified gaps included:

- Access to CAMHS;
- Specialist counselling and therapy;
- Emotional regulation support;
- Trauma-informed interventions;
- Support for anxiety, unmet needs, and underlying emotional difficulties;
- Psychology services for children and families.

4.6. **Limited Early Intervention and Prevention.** Respondents felt services were often reactive rather than preventative.
Areas highlighted were:

- Need for early identification of CPCA;
- Prevention work with young people;
- Earlier family support before crises develop;
- Support for younger children and those at risk of exploitation or serious harm.

4.7. **Support for Neurodiverse Children and Additional Needs.** A substantial number of responses linked CPCA to unmet neurodevelopmental needs. Specific gaps included:

- ADHD and autism assessment pathways;
- Support for Foetal Alcohol Spectrum Disorder (FASD);
- Positive behaviour support;
- Services for children with learning disabilities and neurodiversity;
- Better understanding of the relationship between neurodiversity and aggressive behaviours.

4.8. **Training and Awareness for Professionals.** Many respondents felt professionals lack knowledge and confidence in recognising and addressing CPCA. Suggested improvements included:

- Specialist CPCA training;
- Better recognition of abusive behaviours;
- Increased awareness across schools, youth settings and community services;
- Consistent understanding that CPCA is a form of domestic abuse.

4.9. **Reducing Stigma and Criminalisation.** Respondents expressed concerns that parents often avoid seeking help because they fear:

- Being blamed;
- Being judged as poor parents;
- Their child being labelled a "perpetrator";
- Their child being criminalised or removed from the home.

4.10. There was strong support for approaches that:

- Focus on understanding underlying causes;
- Avoid stigmatising language;
- Build trust and encourage help-seeking.

4.11. **Better Community and Youth Provision.** Several responses identified wider community factors and a lack of positive opportunities for young people. Suggested improvements included:

- Youth clubs and safe spaces;
- Mentoring programmes;
- Positive activities;
- Life-skills education;
- Healthy relationships' education;
- Affordable family activities, which strengthen relationships.

5.What would most improve outcomes for families?
The survey suggests that factors most likely to improve outcomes for families are earlier intervention, access to a dedicated specialist CPCA service, a clear and accessible support pathway and a whole family therapeutic approach.

Respondents also emphasised the importance of better mental health provision, increased awareness and training, stronger multi-agency working and reducing the stigma, which prevents families from seeking help early. At the heart of many responses was a desire for consistent, relationship-based support, which helps both parents and children before problems escalate to crisis point.

Key Themes

5.1 Earlier Intervention and Timely Support. The strongest theme was the need for families to receive help earlier, before situations escalate into crisis.
Respondents highlighted:

- Early intervention and early help services;
- Support while waiting for assessments and specialist interventions;
- Earlier identification of CPCA;
- Preventative rather than reactive responses;
- Lower thresholds for accessing help.

5.2 Dedicated Specialist CPCA Services - Many respondents felt outcomes would improve significantly if there was a specialist service specifically for CPCA.
Suggested features included:

- A dedicated commissioned CPCA service;
- Specialist multi-disciplinary teams;
- Access to programmes such as the Respect Young People's Programme (RYPP);
- A trusted service outside of statutory agencies such as social care and police;
- Intensive, wraparound support tailored to family needs.

5.3 Clear Pathways and Easier Access to Support. Respondents noted confusion about where to seek help.
Suggested Improvements included:

- A clear referral pathway;
- A single point of contact or “one-stop shop”;
- Better signposting and information;
- Consistent responses from police and partner agencies;
- Greater awareness of available services.

5.4 Whole-Family Support Approaches. There was a strong consensus that support should address the needs of the entire family, not just the young person.
Key elements included:

- Family therapy;
- Whole-family interventions;
- Systemic family practice;
- Support for siblings as well as parents and children;
- Relationship rebuilding and improving family communication.

5.5 **Improved Mental Health and Therapeutic Support.** Respondents repeatedly identified access to therapeutic services as critical.
Desired improvements included:

- Quicker access to CAMHS;
- Therapeutic interventions for parents and children;
- Emotional regulation support;
- Psychological support;
- Mental health support within schools;
- Better support for co-occurring issues such as substance misuse.

5.6 **Better Support, Education and Training for Parents.** Many responses highlighted the need to equip parents with practical skills and confidence.
This included:

- Parenting support;
- Behaviour management strategies;
- De-escalation techniques;
- Advice and practical tools;
- Support to establish boundaries;
- Helping parents understand the reasons behind their child's behaviour.

5.7 **Improved Professional Knowledge and Awareness.** Respondents felt outcomes would improve if professionals had a better understanding of CPCA.
Suggested improvements included:

- Professional training;
- Increased awareness across agencies;
- Better recognition of abusive behaviours;
- Greater understanding of family dynamics and hidden harms;
- More professionals with specialist CPCA expertise.

5.8 **Reducing Stigma and Fear.** A recurring theme was that shame, blame and fear prevent families from seeking support.
Respondents called for:

- Non-judgemental services;
- Reduced stigma;
- Greater public awareness of CPCA;
- Reassurance about the consequences of seeking help;
- Support that avoids criminalising children while still addressing harmful behaviour.

5.9 **Better Multi-Agency Working -** Several respondents highlighted the importance of stronger partnership working.
They identified a need for:

- Improved communication between agencies;
- Better information sharing;
- Coordinated responses from health, education, social care and police;
- Reliable multi-disciplinary support networks.