

## TRUST-WIDE POLICY DOCUMENT

# DOMESTIC ABUSE

Policy Number:	SA12
Scope of this Document:	All Staff
Recommending Committee:	Safeguarding Assurance Group
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2020 – Version 5

*Striving for perfect care  
and a just culture*

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## DOMESTIC ABUSE

### Further information about this document:

Document name	<b>DOMESTIC ABUSE SA12</b>
Document summary	<p><b>This policy covers the following key issues:</b></p> <p>Compliance with statutory duties under the Department of Health Handbook for Health Professionals 'Responding to Domestic Abuse' – 2005</p> <ul style="list-style-type: none"> <li>• All Trust staff to have an increased awareness and access to training on domestic abuse and how to respond</li> <li>• Roles, responsibilities and accountability in relation to statutory duties to safeguard and promote the welfare of children where domestic abuse is identified</li> <li>• Enable staff to ask appropriate questions about domestic abuse as part of their assessment process</li> <li>• Enable managers and staff to provide support and guidance to staff and service users who disclose domestic abuse</li> <li>• Ensuring appropriate and effective management of allegations of domestic abuse against a health care professional</li> <li>• Clarity about information sharing</li> </ul>
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To be read in conjunction with	<ul style="list-style-type: none"> <li>• SD21 Policy &amp; Procedure for the Care Programme Approach</li> <li>• SD17 Policy &amp; Procedure for Safeguarding Adults from Abuse</li> <li>• SD13 Policy &amp; Procedure for Safeguarding and Protection of Children</li> <li>• IT10 Policy &amp; Procedure for Confidentiality and Data Sharing</li> </ul>
<b>This document can be made available in a range of alternative formats including various languages, large print and braille etc</b>	
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Version 5	Executive Director of Nursing & Operations	2020

## SUPPORTING STATEMENTS

This document should be read in conjunction with the following statements:

### SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child/adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child / adult;
- knowing how to deal with a disclosure or allegation of child / adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child / adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

### EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, sex, race, religion and belief (or lack thereof), sexual orientation, gender reassignment, pregnancy and maternity and marital and civil partnership status. The Equality Act also requires regard to socio-economic factors.

The trust is committed to promoting and advancing equality and removing and reducing discrimination and harassment and fostering good relations between people that hold a protected characteristic and those that do not both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDa principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

## Contents

Index	Page No
1. PURPOSE AND RATIONALE .....	6
2. OUTCOME FOCUSED AIMS AND OBJECTIVES .....	7
3. SCOPE .....	8
4. DEFINITIONS (Glossary of Terms).....	8
5. DUTIES .....	12
6. PROCESS .....	16
7. CONSULTATION .....	18
8. TRAINING AND SUPPORT .....	18
9. MONITORING .....	18
10. EQUALITY AND HUMAN RIGHTS ANALYSIS.....	18
11. IMPLEMENTATION PLAN .....	
12. ADDITIONAL APPENDICIES .....	24
13. REFERENCES AND BIBLIOGRAPHY.....	25

## 1. PURPOSE AND RATIONALE

This document explains:

- (a) why this policy is necessary (rationale);
- (b) to whom it applies and where and when it should be applied (scope);
- (c) the underlying beliefs upon which the policy is based (principles);
- (d) the standards to be achieved (policy);
- (e) how the policy will be met through working practices (procedure).

- 1.1 Mersey Care NHS Foundation Trust endorses the Government's view that abuse and violence within the domestic context amounts to a fundamental breach of trust and contravenes an individual's right to feel safe both in their home and within a personal relationship (DoH 2005).
- 1.2 90% of domestic abuse cases are committed by men against women or any family member. However men can also experience domestic abuse by women and domestic abuse can also occur within same sex relationships; therefore this policy and guidance will be applied consistently and fairly to all service users, carers and employees regardless of their gender, race, nationality, age, disability, religion or beliefs, transgender or sexual orientation. Advice, guidance and help will be given as required. To provide information on support services and resources available (DoH 2005).
- 1.3 Mersey Care NHS Foundation Trust recognises the negative impact on the physical and mental health and the emotional wellbeing of those exposed to Domestic Abuse.
- 1.4 Mersey Care NHS Foundation Trust also recognises the serious, adverse effect that such abuse tends to have on children who live in an abusive/violent household and the potential for both short and long term damage to their health. Within this context the Trust acknowledges their safeguarding and child protection responsibilities. Children Act 1989 & 2004. Local Safeguarding Children's Partnership (LSCP) procedures, Mersey Care NHS Foundation Trust Policy SD13 Safeguarding and Protection of Children/SD17 Safeguarding Adults.
- 1.5 Mersey Care NHS Foundation Trust is therefore committed to ensuring that domestic abuse is recognised, and that service users, carers and staff are provided with information and support to minimise risk. To underpin this, the Trust will engage with partner agencies in working towards the reduction of domestic abuse.
- 1.6 Mersey Care NHS Foundation Trust is committed to working in partnership with both statutory and voluntary agencies on strategies designed to examine risk posed to victims of domestic abuse; in order to risk assess and provide multi-agency responses for victims to ensure their safety and the safety of their children.

## 2. OUTCOME FOCUSED AIMS AND OBJECTIVES

- 2.1 Mersey Care NHS Foundation Trust recognises that the effects of domestic abuse can not only impact on mental wellbeing, but also on punctuality, attendance, health and safety, work performance and productivity. Mersey Care NHS Trust is committed to the welfare of its employees and seeks to support and assist any employee who is experiencing problems related to domestic abuse.
- 2.2 Mersey Care NHS Foundation Trust recognises that domestic abuse is not only unacceptable but it is also a crime, (Domestic Violence, Crime and Victims Act 2004 – Amended 2012). It also seeks to raise awareness of domestic abuse and develop a workplace culture where domestic abuse is recognised as unacceptable (DoH 2005).
- 2.3 Mersey Care NHS Foundation Trust recognises and accepts its responsibilities in accordance with the Health and Safety at Work Act 1974, and Good Employment Practice.
- 2.4 Mersey Care NHS Foundation Trust is in no way attempting to interfere with the private lives of its employees; however, it is concerned with:
- Its responsibility to deliver a service of the highest quality and safety standards to our employees.
  - Commitment to the care for the health and safety of both the employee experiencing domestic abuse and their colleagues and protection of both from the perpetrator of the abuse entering a Mersey Care NHS Trust site. Promoting good health and good employment practice amongst our employees; maintaining an efficient workforce and to provide relevant information and resources.
- 2.5 It is Mersey Care NHS Foundation Trust's policy that every employee who is experiencing domestic abuse has the right to raise the issues with their employer/manager, in the knowledge that the matter will be treated effectively, sympathetically and confidentially. However, there may be the usual exceptions to confidentiality in cases of public protection and safeguarding children.
- 2.6 Mersey Care NHS Foundation Trust is aware that those experiencing domestic abuse may have performance problems such as absenteeism or lower productivity as a result of domestic abuse. When addressing performance and safety issues, the Trust will make reasonable efforts to consider all aspects of the employee's situation and/or safety.
- 2.7 To demonstrate Mersey Care NHS Foundation Trust's commitment to, and support for, employees experiencing domestic abuse.
- 2.8 To raise awareness and provide training on domestic abuse, what forms it can take, and its likely effects on the workforce.
- 2.9 To increase awareness of managers in recognising that an employee may be experiencing domestic abuse, and to provide information about appropriate action to take.
- 2.10 To offer clear and consistent information, and establish support to employees experiencing domestic abuse.

- 2.11 Ensure confidential and sympathetic handling of the situation. Domestic abuse affects people regardless of their gender, race, disability, sexual orientation, transgender, religion, age, marital status or belief.
- 2.12 An assessment which incorporates assessment for domestic abuse into routine assessment of all service users and carers, alongside Mersey Care NHS Foundation Trust's risk assessment process
- 2.13 To ensure service users and carers receive clear information / signposting and potential referral to appropriate domestic abuse services.
- 2.14 Under the Children Act 1989 & 2004 which is the legal framework underpinning the Mersey Care NHS Trust Safeguarding & Protection of Children Policy & Procedure (SD13) Policy for the Protection of Adults (SD17); all staff are responsible for ensuring that children and adults are safeguarded and domestic abuse enquiry at assessment may lead to increased safety for a number of children and adults. Children who witness domestic abuse are at risk of physical and psychological abuse and therefore a referral to Children's Social Care is required in all cases (Working Together 2018)
- 2.15 The National Institute for Health and Care Excellence guidance covers services for domestic violence and abuse in adults and young people (aged 16 and over). It includes identifying and supporting people experiencing domestic violence or abuse, as well as support for those who carry it out. It also covers children and young people (under 16) who are affected by domestic violence or abuse that is not carried out against them. It describes high-quality care in priority areas for improvement (NICE 2016) <https://www.nice.org.uk/guidance/qs116>

### **3. SCOPE**

- 3.1 Every member of staff has an individual responsibility for the protection and safeguarding of adults and children. All levels of management must understand and implement the Trust Domestic Abuse Policy and Procedure. These procedures are for all staff working within Mersey Care NHS Foundation Trust. Staff seconded to Mersey Care NHS Foundation Trust, are expected to follow these procedures. Any volunteers, students / trainees employed by Mersey Care NHS Foundation Trust must identify their status when talking about clients to professionals in other agencies.
- 3.2 This policy is based on the belief that staff are committed to the welfare of service users, carers and colleagues and children in the course of their daily work.

### **4. DEFINITIONS (Glossary of Terms)**

- 4.1 The cross-government definition of domestic violence and abuse is:  
any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. This includes issues of concern to black & minority ethnic (BME) communities, such as so called honour base violence (HBV), female genital mutilation (FGM) and forced marriage. (HM Government 2013)

The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional



- 4.2 **Controlling Behaviour** is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.
- 4.3 **Coercive Behaviour** is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. This is not a legal definition.
- 4.4 **Honour Based Violence** - There is no specific offence of "honour based crime". It is an umbrella term to encompass various offences covered by existing legislation. Honour based violence (HBV) can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code. It is a violation of human rights and may be a form of domestic and/or sexual violence. There is no, and cannot be, honour or justification for abusing the human rights of others.
- 4.5 **Female Genital Mutilation** is a collective term for procedures which involve the removal of all or part of the external female genitalia for cultural or other non-therapeutic purposes. It is medically unnecessary, extremely painful and has significant health consequences for women/girls who experience it. FGM is typically performed on girls between the ages of 4 – 13 years but is also performed on new born babies and young women before marriage or pregnancy. Within the United Kingdom, FGM in any of its forms has been classed as a criminal offence since the Prohibition of Female Circumcision Act was passed in 1985. In 2003, The Female Genital Mutilation Act superseded this and it became, for the first time, an offence for UK nationals or permanent residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is still legal. This is incorporated in the Serious Crime Act 2015.
- 4.6 **A Forced Marriage** is where one or both people do not (or in some cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. The Anti-social Behaviour, Crime and Policing Act 2014 make it a criminal offence to force someone to marry. This includes:
- Taking someone overseas to force them to marry (whether or not the forced marriage takes place)
  - Marrying someone who lacks the mental capacity to consent to the marriage (whether they're pressured to or not)
- Breaching a Forced Marriage Protection Order is also a criminal offence
- The civil remedy of obtaining a Forced Marriage Protection Order through the family courts will continue to exist alongside the new criminal offence, so victims can choose how they wish to be assisted
- 4.7 Any person can be a victim/survivor of domestic abuse including women, men and people in same sex relationships. Domestic abuse can have a dramatic impact on individuals, their children and families.
- 4.8 It is recognised that domestic abuse is frequently hidden
- 4.9 **Department of Health Definition of Domestic Abuse**
- 4.10 Abuse occurring between family members or those in an intimate relationship (Working Together 2018)

- 4.11 Victims/survivors of domestic abuse are at their most vulnerable and at greatest risk of significant harm when they attempt to leave or soon after leaving an abuser. It is vital that all Health/Social Care professionals recognise this heightened period of risk in any service provision and operational practice that is developed.
- 4.12 As many as 1 in 4 women and 1 in 6 men will become victims of domestic abuse at some point during their life. Research also shows that almost half of all female homicides are committed by a current or former partner with three women a week being killed because of domestic abuse (Women's Aid 2014).
- 4.13 It has been estimated that domestic abuse costs the public £23 billion per annum. This includes the cost to the criminal justice system, to the health service, to social care and to housing. These are reported cases; they will, therefore, be underestimates of the true figures.
- 4.14 Domestic abuse is not restricted to specific areas of class or age. The more isolated and economically dependent a victim/survivor is on their perpetrator, the greater the risk of serious harm.
- 4.15 Victim/survivors who are from ethnic minority groups which include gypsies and travellers; face additional barriers and discrimination when accessing services. Some people do not speak English as their first language. Religious or cultural beliefs might forbid divorce. Culture should never be accepted as an excuse for abuse. Migrant women might fear losing the right to stay in this country if they separate from an abusive partner. Their partner might use this threat as part of the abuse. They might also fear that their partner's immigration status might be threatened. (DoH 2005)
- 4.16 Domestic abuse often begins or intensifies during pregnancy and on average; a female victim/survivor will be assaulted 35 times before seeking help (Home Office 2000; CEMACH 2004).
- 4.17 **Domestic violence disclosure scheme (DVDS)**  
From 8 March 2014, the domestic violence disclosure scheme was implemented across England and Wales.

#### **Right to ask**

Under the scheme an individual can ask police to check whether a new or existing partner has a violent past. This is the 'right to ask'. If records show that an individual may be at risk of domestic violence from a partner, the police will consider disclosing the information. A disclosure can be made if it is legal, proportionate and necessary to do so.

#### **Right to know**

This enables an agency to apply for a disclosure if the agency believes that an individual is at risk of domestic violence from their partner. Again, the police can release information if it is lawful, necessary and proportionate to do so.

All staff should seek further advice and guidance regarding this from their direct line manager, safeguarding ambassador or Safeguarding Team.

- 4.18 **Domestic violence protection notices and orders**  
Domestic violence protection orders (DVPO/DVPN's) have been implemented across England and Wales from 8 March 2014.

Domestic violence protection orders are a new power that fills a gap in providing protection to victims by enabling the police and magistrates to put in place protection in the immediate aftermath of a domestic violence incident.

With DVPOs, a perpetrator can be banned with immediate effect from returning to a residence and from having contact with the victim for up to 28 days, allowing the victim time to consider their options and get the support they need.

Before the scheme, there was a gap in protection, because police couldn't charge the perpetrator for lack of evidence and so provide protection to a victim through bail conditions, and because the process of granting injunctions took time. Now a breach of a DVPO is a criminal offence.

#### 4.19 **Types of Domestic Abuse and Examples**

- 4.20 Physical - Shaking, smacking, punching, kicking, presence of finger or bite marks, starving, tying up, stabbing, suffocation, throwing things, using objects as weapons, female genital mutilation, 'honour violence'. Physical effects are often in areas of the body that are covered and hidden.
- 4.21 Sexual - Forced sex, forced prostitution, ignoring persons wishes and boundaries about sex, refusal to practice safe sex, sexual insults, knowingly infecting partner with a sexually transmitted disease, preventing breastfeeding, forceful impregnation by stopping contraception when partner does not want children, digital penetration, groping and sending unwelcome sexually explicit photos, videos and messages.
- 4.22 Psychological - Intimidation, insulting, isolating a person from friends and family, criticising, denying the abuse, treating them as an inferior, threatening to harm children or take them away, forced marriage.
- 4.23 Financial - Not letting a person work, undermining efforts to find work or study, refusing to give money, asking for an explanation of how every penny is spent, making them beg for money, gambling, not paying bills, making joint claims for benefits and taking and spending all the money and encouraging/coercing non abusive partner to taking loans, credit cards etc and perpetrator spending all the money.
- 4.24 Emotional - Swearing, undermining confidence, making racist remarks, making a person feel unattractive, calling them stupid or useless, and eroding their independence and self worth (DOH 2005).

#### 4.25 **Examples of the Impact of Domestic Abuse on Individuals**

- 4.26 Physical effects - Bruising, recurrent sexually transmitted infections, broken bones, burns or stab wounds, death, gynaecological problems, tiredness, general poor health, poor nutrition, chronic pain, miscarriage, maternal death, premature birth, babies with low birth weight/stillbirth/injury/death, self-harming behaviour.
- 4.27 Psychological effects - Fear, increasing likelihood of misusing drugs, alcohol or prescribed anti-depressants, depression/poor mental health, wanting to commit or actually committing suicide, sleep disturbances, post traumatic stress disorder, anger, guilt, loss of self-confidence, feelings of dependency, loss of hope, feelings of isolation, low self-worth, panic or anxiety, eating disorders.

#### 4.28 **Examples of the Impact of Domestic Abuse on Children**

- 4.29 Physical effects - Bruising, broken bones, burns or stab wounds, death, neurological complications, tiredness and sleep disturbance, general poor health, stress-related illness (asthma, bronchitis or skin conditions), enuresis/encopresis (double incontinence), running

Away and leading to potential homelessness, eating difficulties, teenage pregnancy, gynaecological problems, self-harm, damage to unborn child in pregnancy.

- 4.30 Emotional effects - Fear, panic, guilt and anxiety, depression/poor mental health, introversion or withdrawal, thoughts of suicide or running away, post-traumatic stress disorder, anger, aggressive behaviour and delinquency, substance misuse, loss of self-confidence, assumes a parental role, hyperactivity, tension, low self-esteem, sexual problems or sexual precocity, suicide, eating disorders, difficulty in making and sustaining friendships, truancy and other difficulties at school. Witnessing or being aware of abuse within the home has also been identified as negatively impacting on a child's psychological wellbeing. (Edleson J. 1999; DOH, 2005; Guidance for Safeguarding Children Abused through Domestic Violence/Abuse, LSCB, 2007; Adoption & Education Act 2002, HM Government)

#### 4.31 **ACES**

ACE's describe a wide range of stressful or traumatic experiences that may occur as a child is growing up. These include:

- domestic abuse
- substance abuse
- familial mental health
- physical abuse
- emotional abuse
- sexual abuse
- Neglect
- loss due to separation or divorce of parents or bereavement
- incarceration of a family member
- Cumulative and prolonged stress in a child's body and brain profoundly alters the development of their brain, immune system and resistance to disease.
- Research demonstrates that ACE's have short and long term consequences on health (physical and emotional) and educational outcomes

ACE's also increases susceptibility to exposure to risk and criminality.

## 5. DUTIES

### 5.1 **Board of Directors**

The Board has ultimate responsibility for ensuring that an effective system for managing any risks associated with safeguarding adults exists within the Trust and that all staff working in the Trust are aware of, and operate within the policy. The Board will assure itself of compliance with this policy through the accountability arrangements delegated to the Quality Committee and via consideration of an annual report prepared by the Safeguarding Adult Leads/Named Nurse for Safeguarding Children.

### 5.2 **Executive Director of Nursing & Operations**

The Executive Director of Nursing & Operations is the Board member with individual responsibility for ensuring that a policy and procedure for effective safeguarding of adults exists; that it is implemented effectively; that all staff are aware of and operate within the requirements of the policy and that systems are in place for the effective monitoring of the standards contained within the policy.

### 5.3 **Quality Committee**

The Quality Committee is an established part of the governance structures of the Trust which has the responsibility to ensure that safeguarding of adults arrangements are managed appropriately across the organisation. The Committee ensures that the policy framework is appropriate and receives assurances in relation to compliance with the requirements of this policy through receipt of reports, audit activity and from the review mechanisms established by the Medical Director.

### 5.4 **Deputy Director of Nursing and Strategic Lead for Safeguarding**

The Deputy Director of Nursing and Strategic Lead for Safeguarding reports directly to the Executive Director of Nursing & Operations and has overall responsibility for the strategic delivery of the policy arrangements within the Trust. This post holder is the Trust's link to the respective Adult and Children Safeguarding Boards and ensures that the strategic direction provided by the Boards is translated into practice in the form of effective multi-agency working and strong local procedural arrangements.

### 5.5 **Associate Director of Social Care and Nominated Officer for Safeguarding in Forensic Services**

The Strategic Lead for Social Care has responsibility to ensure the effective, efficient and safe operational delivery of safeguarding arrangements for adults and children across the trust. Assurances are provided via the monthly Safeguarding Assurance Group. They are also the Nominated Officer for Safeguarding across Forensic Services.

### 5.6 **Safeguarding Assurance Group**

The Group will support the Executive responsible for Safeguarding in providing assurance to the Board or one of its committees on all matters relating to Safeguarding within the trust. In particular the Group will:

- (a) Support the generation of the annual reports to the Board (or delegated committee) in relation to safeguarding both children and adults;
- (b) Make recommendations to the Board on safeguarding issues
- (c) ensure compliance with safeguarding/protection of children and vulnerable adults, standards for OFSTED, Care Quality Commission, Local Safeguarding Children's Boards, Safeguarding Adult Boards and any other inspectorate;
- (d) Ensure the production, implementation and review of LSCB and LSAB action plans devised as a result of Serious Case Reviews/Safeguarding Adult Reviews and internal Serious Untoward Incidents when there is a safeguarding dimension.

### 5.7 **Safeguarding Adult/Prevent Lead**

The Safeguarding Adult Lead holds responsibility to lead on all aspects of the health service contribution to the safeguarding of adults and the promotion of their welfare within Mersey Care NHS Foundation Trust. The Lead is responsible for assuring the Board of Mersey Care NHS Foundation Trust that a high quality evidence-based safeguarding service is being provided within Mersey Care NHS Foundation Trust. They will provide professional and clinical leadership and be a source of expertise on matters relating to safeguarding adults for the Trust, local healthcare providers and other local agencies and organisations. They have the day-to-day operational responsibility for safeguarding adults.

## 5.8 **Named Nurse for Safeguarding Children**

The Named Nurse for Safeguarding Children is the Trust's lead for dealing with any allegations against professionals relating to children and is the nominated link for all formal contacts with the respective Designated Officer Local Authority (DOLA).

## 5.9 **Named Doctor for Safeguarding Children & Adults**

The named doctor for Safeguarding Children and Adults is responsible for reporting to the Medical Director on all issues in relation to Safeguarding.

### **Domestic Abuse Specialist Nurse**

The domestic abuse specialist nurse reports to Named Nurse for Safeguarding Children. This role has responsibility for the oversight of all domestic abuse issues/concerns relating to the safeguarding of children, young people and adults. The Domestic Abuse Specialist Nurse attends all Multi Agency Risk Assessment Conference (MARAC) meetings in Liverpool in conjunction with a Specialist Safeguarding Practitioner.

## 5.10 **Specialist Practitioners for Safeguarding**

The Safeguarding Team provide training, consultancy and advice on all matters related to adult and children's safeguarding issues and members of the Team are available as a Trust resource for practitioners, service users and their carers, Monday to Friday 9am-5pm.

## 5.11 **Divisional Leads**

Division Leads have a responsibility to ensure that all staff employed within their service are familiar with the provisions and procedures associated with this policy and that staff have attended training identified as being commensurate with their role.

## 5.12 **Managers**

### 5.13 The key employees that can support managers may include staff such as:

- Chaplaincy
- Key professionals involved with Safeguarding Children/Adults
- Staff support/Counselling services
- Occupational Health service
- Human Resources (any allegations that a Trust employee is an alleged perpetrator of domestic violence/abuse would be managed under the Safeguarding of Adults Trust Policy (SD17)
- Concerns at work about patient care/business misconduct Freedom to Speak Up (Whistleblowing) (HR06)
- Disclosure and Barring Service Checks (DBS) (HR16)
- Staff Side/Trade Unions

### 5.14 **Managers should:**

- Allow time off to visit solicitors and other agencies under Mersey Care NHS Foundation Trust, Flexible Working Policy
- Consider an advance of salary if financial difficulties are being experienced
- Consider requests to change working hours or temporary measure including changes in work site



- Ensure that security measures have been considered for staff who work alone.
- Ensure your own safety as well as that of other colleagues
- Ensure that no personal details of the individual are divulged including work place details
- Ensure that confidential counselling is made available to employees experiencing domestic abuse; managers are encouraged to be supportive of this
- It must be recognised that leaving an abusive person is a process, not an event.
- Managers should refer staff who are identified as perpetrators of abuse to the Safeguarding Adult Lead/Named Nurse for Safeguarding Children and Senior Manager in Human Resources, who will invoke the appropriate multi and single agency procedures.
- Make employees aware that domestic abuse is a crime and can lead to criminal convictions, and would be disclosed on Enhanced DBS checks undertaken by employees. It may also lead to being barred or deemed unsuitable to work with vulnerable adults/children by the Independent Barring Board (IBB), under the Safeguarding of Vulnerable Groups Act 2006.

#### 5.15 **All Staff**

- 5.16 The duties contained within this policy apply to contracted, substantive, temporary, seconded and volunteer staff. All members of staff have a duty and a personal responsibility to share concerns of a safeguarding nature in relation to children and adults. All members of staff have responsibility for raising any concerns relating to Domestic Abuse reporting. Implementation of the requirements of Domestic Abuse guidance and associated procedures via Trust's Adult & Children Safeguarding Policy and Procedures.
- 5.17 To increase awareness of managers in recognising that an employee may be experiencing domestic abuse, and to provide information about appropriate action to take.
- 5.18 To offer clear and consistent information, and establish support to employees experiencing domestic abuse.
- 5.19 Ensure confidential and sympathetic handling of the situation. Domestic abuse can be an issue for people whatever gender, race, disability, sexual orientation, transgender, religion or belief.
- 5.20 Under the Children Act 1989 & 2004 which is the legal framework underpinning the Mersey Care NHS Trust Safeguarding & Protection of Children Policy & Procedure (SD13) policy for the Protection of Adults (SD17); all staff are responsible for ensuring that children & vulnerable adults are safeguarded and domestic abuse enquiry at assessment may lead to increased safety for a number of children and adults. Children who live with domestic abuse are at risk of physical and psychological abuse and therefore a referral to Children's Social Care should be considered in all cases.

#### 5.21 **Supporting Procedure**

#### 5.22 **Providing support for employees**

- 5.23 Be available and approachable for those employees experiencing domestic abuse; all requests for assistance and support must be treated seriously and sympathetically; and you should establish if the employee is comfortable speaking to you or if they would prefer to speak to someone else
- 5.24 To listen, reassure and support individuals; ensure you speak to the employee somewhere that is private, that you cannot be overheard or interrupted
- 5.25 To keep information confidential (subject to requirements of child, adult and public protection and vetting and barring)

- 5.26 To respond in a sensitive and non-judgmental manner
- 5.27 To discuss the specific steps that can be taken to help this person stay safe in the workplace and at home via safety planning.
- 5.28 To ensure the employee is aware of the options available to them
- 5.29 To encourage the employee to seek the advice from other relevant agencies; if they choose not to, respect their decision. However, all allegations, discussions and decisions must be recorded /documented and placed in the employee's personal file.

## **6. PROCESS**

### **6.1 Objectives regarding service users**

- 6.2 Ensure that the issue of domestic abuse is understood by Mersey Care NHS Foundation Trust staff, to be a feature of mental health distress in the lives of a substantial number of service users and carers.
- 6.3 Assessment of domestic abuse should take place at point of referral, assessment or disclosure; whichever is the most appropriate. Staff will only ask at any stage of the process if it is safe to do so. This will usually mean asking to see the service user alone or asking referrer if there is any history or current abuse. Staff should never raise the subject of domestic abuse if anybody else, including family/partner and friends are present. The exception to this would be a professional interpreter, independent from the victim and family and they are too used at all times. We do not use family or friends as interpreters.
- 6.4 To ensure confidentiality at all times speaking to victims regarding domestic abuse, always ask the victim in a safe manner whether they're aware of any recording devices on them.
- 6.5 The MeRIT/[DASH](#) risk assessment is a multi agency tool for assessing the Management of Domestic Abuse disclosure which can be found on Safeguarding SharePoint page. Guidance on completing the MeRIT/[DASH](#) assessment is provided on Safeguarding SharePoint page. Following disclosure, an appropriate member of staff should complete the MeRIT/[DASH](#) risk assessment. Management of the disclosure is dependent on the assessment score and may require a MARAC (Multi-Agency Risk Assessment Conference) referral. A MARAC referral is made when a victim scores GOLD on the assessment or professional judgement after a discussion with a member of the safeguarding team.
- 6.6 Definition of MARAC (Multi Agency Risk Assessment Conference) – A MARAC is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing agencies, Independent Domestic Violence Advisors (IDVAs), probation and other specialists from the statutory and voluntary sectors. After sharing all the relevant information they have about a victim, the representatives discuss options for increasing the safety of the victim and turn these into a co-ordinated action plan. The primary focus of a MARAC is to safeguard the adult victim. The MARAC will also make links with other agencies to safeguard children and manage the behavior of the perpetrator. At the heart of the MARAC is a working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety. The victim does not attend the meeting but is represented by an IDVA who speaks on their behalf and ensures their voice is heard.



- 6.7 When it is safe to do so, the member of staff will ask the service user if they have ever experienced domestic abuse, physical, emotional or sexual. He/she will explain that it is a routine question put to all service users and that no action will be taken without the service users consent unless there are child/adult and public protection concerns.
- 6.8 It is not the role of Mersey Care NHS Foundation Trust staff to offer in depth support regarding domestic abuse but to involve other agencies that have more experience in this area. Staff will have access to useful numbers to get advice; Mersey Care NHS Foundation Trust staff do not have to become experts in domestic abuse but skilled at inquiring into abuse, brief safety planning and signposting to domestic abuse services.
- 6.9 Staff should utilise the support provided by the Protection of Adults Policy & Procedure (SD17), and the Safeguarding & Protection of Children Policy & Procedure (SD13) [www.merseycare.nhs.uk](http://www.merseycare.nhs.uk) in conjunction with this policy.
- 6.10 If the abuse was in the past more than 3 months ago, staff can ask if the service user had any support or services involved and whether that would still be helpful. Advice and information can be given.
- 6.11 If the abuse is current, discuss options available such as completing MeRIT/DASH and possible referral to MARAC. Referral to domestic abuse or other supporting agencies and identify any safeguarding risks to children and refer to Children's Social Care via MARF (multi agency referral form) or telephone if at immediate risk. Complete Safety plan and offer support to victim to report to police.
- 6.12 The disclosure of domestic abuse must always be recorded in Mersey Care NHS Foundation Trust service user case records, both manually and electronically. Any decisions made regarding information sharing/referral and their rationale must be clearly recorded. Staff should inform their line manager and take advice from their nominated Safeguarding Ambassador or Safeguarding Team.
- 6.13 **Safety Planning**
- 6.14 Reassure the service user that she/he had done the right thing by reporting the issue, and that there is help available. Discuss with them whether she/he has any safety/strategy plans in place already and how they will be helpful in the first instance.
- 6.15 If there is an immediate serious risk/danger, staff should liaise with their manager, Safeguarding Ambassador, senior on call, Domestic Abuse Specialist Nurse, Safeguarding Team, and discuss the available options. Consider involving the police in the interests of public protection.
- 6.16 If children are involved, staff must discuss their safety and whether Children's Social Care are involved already or whether they need to be contacted immediately and police. If a decision is made not to refer, the reason for this must be clearly stated and recorded in the clinical record. Staff are advised to always discuss this with line manager, Safeguarding Ambassador or Safeguarding Team.
- 6.17 If the service user is not in immediate risk/danger, discuss the options that are available with him/her, offering to contact local domestic abuse services if required. Give service users access to the telephone for the opportunity to contact the services themselves.

## **7. CONSULTATION**

- 7.1 This policy has been developed with the consultation within the Safeguarding Adult Lead, the Head of Forensic Social Care/Nominated Officer, (Secure Division), the Forensic Social Worker
- 7.2 for Safeguarding (Specialist LD Division), Named Nurse for Safeguarding Children, Domestic Abuse Practitioner and Specialist Safeguarding Practitioners, Head of Social Care / Strategic Lead and Operational Lead for Safeguarding and Deputy Director for Nursing and Quality.

## **8. TRAINING AND SUPPORT**

- 8.1 Training will also be provided for key Trust employees to enable them to support staff. The training will encompass the specific issues relating to people from the eight equality strands. It will acknowledge the particular barriers that asylum seekers and people from different cultures face. Domestic violence/abuse awareness training is encompassed in the Trust e-learning (Level 1) Safeguarding Adults & Children Training. It forms part of Level 2 Safeguarding Children & Adults e-learning training. It is also covered in Level 3 Safeguarding Adults & Children training as per Inter Collegiate Guidance for Safeguarding Children 2019 & Inter Collegiate Guidance for Safeguarding Adults 2018).

## **9. MONITORING**

- 9.1 The policy standards will be audited by the Safeguarding Team every three years or sooner if dictated by Government legislation and guidance.
- 9.2 Findings of the Audit will be presented to the Safeguarding Assurance Group
- 9.3 This policy will be reviewed every 3 years.

10.

## Equality Impact Analysis – Relevance screening

A **screening** process can help judge relevance and provides a record of both the **process** and **decision**. Screening should be a short exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality, and
- whether or not it is necessary to carry out a full equality impact analysis

<b>Division/Programme:</b> Corporate	<b>Service area/Project:</b> Safeguarding Team
<b>Lead person:</b> Leigh Tindsley	<b>Date:</b> 24.07.2020

### 1. Title: Domestic Abuse Policy

Is this a: <Tick as appropriate>

Change to an existing Strategy / Policy

☒

New Strategy/policy

☐

Change to Service(s) / Function (s)

☐

Other

☐

If other, please specify:

### 2. Summary of the intended outcome of the strategy, policy, Service(s) for function(s) being assessed. Please also detail if this links to a corporate equality objective:

To Ensure that there is compliance with statutory duties under the Dept of Health Handbook for Health Professionals Responding to Domestic Abuse.

### 3. Who will be affected

staff, patients, service users

#### 4. Relevance to equality

All the Trusts policies, projects, strategies, services and major developments affect patients, carers, service users, employees or the wider community. These will also have a greater or lesser relevance to equality and diversity.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, carers, disability, gender reassignment, race, religion or belief, sex, sexual orientation, pregnancy and maternity and any other relevant characteristics (for example socio-economic status, social class, income, military veterans, unemployment, residential location or family background and education or skills levels).

Questions	Yes	No
Is there any indication or evidence (including from consultation with relevant groups) that different groups have different needs, experiences, issues and priorities in relation to the proposed policy or proposal?		
Is there potential for or evidence that the proposed policy or proposal will affect different population groups differently (including possibly discriminating against certain groups)?		
Have there been or are there likely to be any public concerns (including media, academic, voluntary or sector specific interest) about the policy or proposal?		
Could the proposal affect how our services, commissioning or procurement activities are organised, provided, located and by whom?		
Could the proposal affect our workforce or employment practices?		
Does it relate to an area of work with known inequalities ?		
Is there a greater impact on any protected group (that is not consistent with the policy aims?)		
Is there potential for or evidence that the proposed policy or proposal will discriminate or not promote equality of opportunity or promote good relations between different groups?		
Is there an opportunity to further advance and promote equality?		
Is there a communications issue?		
Is there a sensitivity issue regarding the needs of different cultures?		

	Community and Mental Health Services	
Is there an impact on the Trusts ability to achieve national targets or to satisfy inspection body standards?		
Is there a risk of loss of reputation, service restriction or loss of confidence in the Trust?		

If you have answered **no** to the questions above please complete **section 6**

If you have answered **yes** to one or more of the above and;

- Believe that the policy or proposal is equality relevant, please complete **section 5** and carry out a full Equality Impact Analysis
- Believe you have already considered the impact of your proposal on equality and diversity and there is little or no relevance, please go to **section 4**
- Believe that whilst the policy or proposal is equality relevant, a full Equality Impact Analysis is not necessary at this stage, please go to **section 4**

#### 4. Considering the impact on equality and diversity

If you have answered yes to one or more of the screening questions and believe that the policy or proposal is not equality relevant or that a full equality impact analysis is not required at this stage, please provide specific details for all three areas below:

##### • How have you considered equality and diversity?

(**think about** the scope of the proposal, who is likely to be affected, equality related information, gaps in information and plans to address, consultation and engagement activities (taken place or planned) with those likely to be affected)

##### • Key findings

(**think about** any potential positive and negative impact on the different protected characteristics, potential to promote strong and positive relationships between groups, potential to bring groups/communities into increased contact with each other, perception that the proposal could benefit one group at the expense of another)

##### • Actions

(**think about** how you will promote positive impact and remove or reduce negative impact)

**5. If the policy or proposal is equality relevant, you will need to carry out a full Equality Impact Analysis**

Date to scope and plan your equality impact analysis:	Community and Mental Health Services
Date to complete your equality impact analysis:	
Lead person for your equality impact analysis: (Include name and job title)	<Name> <Job Title>

<b>6. Governance, ownership and approval</b> Please state here who has approved the actions and outcomes of the screening		
<b>Name</b>	<b>Job title</b>	<b>Date</b>

For use by the Equality Impact Analysis Sub Group:

<b>Governance, ownership and approval</b> State here which members of the Equality Impact Analysis Sub Group Quality assured the actions and outcomes from the equality impact analysis relevance screening.		
Name	Job Title	Date

## 11. Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their area of responsibility
Monitoring			
Engagement			
Increasing accessibility			

## 12. ADDITIONAL APPENDICIES

### **Domestic Abuse Links & Contacts**

#### **Liverpool Area – In an emergency phone 999**

##### **Social Services:**

Liverpool Careline Tel: 0151 233 3700(Children) or 0151 233 3800 (Adults) (24 hrs)

##### **Helplines:**

National Domestic Violence Helpline Freephone: 0800 200 0247

NSPCC National Helpline Freephone: 0800 800 5000

Worst Kept Secret Freephone: 0800 028 3398

(Confidential telephone support which does not appear on landline phone bills)

Mankind Initiative (men only) Tel: 01823 334244

Male Advice & Inquiry Line Tel: 0808 801 0327

National LGBT+ Domestic Abuse Helpline – 0800 999 5428

Samaritans (24/7 service) – 116 123

Forced Marriage – 0800 5999 247

##### **Support Agencies:**

Barnardo's – Keeping Children Safe Tel: 0151 709 0540

(Direct work with children who have been abused or bereaved in Liverpool area)

NSPCC Tel: 0844 8920264

(Work with women and children who have experienced domestic Violence/abuse. Also offer No Xcuses programme for perpetrators)

Parents Like You Tel: 0151 207 5200

RASA Tel: 0151 666 1392

(Rape & Sexual Abuse Centre for Women on Merseyside)

Liverpool Domestic Abuse Service Tel: 0151 263 7474

South Liverpool Domestic Abuse Service Tel: 0151 494 2222

Women's Aid 0808 2000 247

#### **Sefton Area – In an emergency phone 999**

##### **Social Services:**

Sefton Area Children's Services Tel: 0345 140 0845

##### **Support Agencies:**

NSPCC Tel: 0844 8920264

SWACA (Sefton Women's & Children's Aid) – Offers practical and emotional support in various ways, ie Helpline, refuge, 1:1 support, solicitors surgeries, welfare and benefits advice:

Sefton Victim Support Tel: 0151 922 7015

Southport Victim Support Tel: 01704 885 277



**Knowsley Area – In an emergency phone 999**

**Social Services:**

Knowsley Children's Services 0151 443 2600

**Support Services:**

Knowsley Domestic Violence Support Services Tel: 0151 548 3333

St Helens Women's Aid Tel: 01925 220 541 (24 hr helpline)

St Helens Drop-in Service Tel: 01744 638 023

Teenage Pregnancy Unit (Refuge) Tel: 01744 634 437

Victim Support Knowsley Tel: 0151 547 4177

**Wirral Area – In an emergency phone 999**

**Social Services:**

Office hours Tel: 0151 606 2006

Out of hours Tel: 0151 677 6557

**Support Services:**

Merseyside Victim Support Tel: 0151 298 2848

Out of hours (National) Tel: 0845 303 0900

Wirral Domestic Violence Support Helpline Tel: 0151 643 9766 (24 hrs)

**Mersey Care NHS Trust Safeguarding Office**

0151 250 5203 (office hours only)

All referral forms are available on the Mersey Care NHS Foundation Trust SharePoint Page

**DASH Checklist** <http://www.dashriskchecklist.co.uk/>



Merit Form Liverpool  
Revised March 2020 \

### **13. References and Bibliography**

- Edleson, J – Children’s Witnessing of Adults Domestic Violence in the Journal of Interpersonal Violence, 14 839-870 (1999)
- Department of Health – Working Together to Safeguard Children (2018)
- HM Government - Adoption & Children Act (2002)
- HM Government – Anti-Social Behaviour, Crime and Policing Act (2014)
- Children’s Act 1989. <http://www.legislation.gov.uk/ukpga/1989/41/contents>
- Children’s Act 2004. <http://www.legislation.gov.uk/ukpga/2004/31/contents>
- HM Government – Health and Safety at Work Act (1974)
- Home Office – Domestic Violence, Crime & Victims Act (2004)  
Amended (2012)
- HM Government Policy up date – Ending Violence against Women & Girls (2013)
- CEMACH - Confidential Enquiry into Maternal & Child Health (2004) (Why Mothers Die 2000-2002)
- Department of Health – Responding to Domestic Abuse – Handbook for Health Professionals (2005)
- Liverpool Safeguarding Children Board – Guidance for Safeguarding Children Abused through Domestic Violence/Abuse (2007)
- Liverpool Safeguarding Children Board – Safeguarding Children Inter-agency Procedures Manual (2014)
- Office of National Statistics (ONS) – Crime Statistics, Focus on Violent Crime & Sexual Offences 2012/2013
- Women’s Aid Annual Survey 2014
- Nice Guidance Domestic Abuse 2016 <https://www.nice.org.uk/guidance/qs116>

### **Supporting Documents**

Mersey Care NHS Foundation Trust – Policy & Procedure for the Protection of Adults (2017)

Mersey Care NHS Foundation Trust – Policy & Procedure for the Safeguarding and Protection of Children (2020)