

Livewell Southwest

**Domestic Abuse- Clinical Practice including
Multi Agency Risk Assessment Conference**

Version No.1.1

Notice to staff using a paper copy of this guidance

The policies and procedures page of Intranet holds the most recent version of this guidance. Staff must ensure they are using the most recent guidance.

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Asset Number: 788

Reader Information

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Document Review History

Version no.	Type of change	Date	Originator of change	Description of change
0.1	Develop new policy	05.08.14	Integrated Lead for Safeguarding Adults and Children.	Version 1.4 very out of date. Begin a new version with updated information.
0.2	Expanding detail.	19.08.14	Integrated Lead for Safeguarding Adults and Children.	Amendments following 1 st consultation process
0.3	Including comments and detail from consultation	29.08.14	Integrated Lead for Safeguarding Adults and Children.	Change in detail and definitions. Change of style.
0.4	Definition changes following review at Integrated Safeguarding Committee.	28.10.14	Integrated Lead for Safeguarding Adults and Children.	Definition changes
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1.1	Inclusion for Options, Harbour and CASH	29.12.14	Integrated Lead for Safeguarding Adults and Children.	Including detail for those services following agreement with service leads.

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Section A

Supporting Information

This section outlines the importance of responding to people experiencing domestic abuse and where possible supporting them to take action to protect themselves and their children. It tells you what domestic abuse is and it sets out the duties and responsibilities of staff in working to address domestic abuse.

Domestic Abuse- Clinical Practice including Multi Agency Risk Assessment Conference.

1. Domestic Abuse

1.1 Domestic abuse can be experienced between any adult over the age of sixteen regardless of their personal circumstances. It is rarely a one off incident and should instead be seen as a pattern of coercive, abusive and controlling behaviour through which the abuser seeks power and control over another adult. Typically the abuse involves a pattern of this behaviour which tends to get worse over time. It can be an act or pattern of acts of assaults, threats, humiliation coercion, and intimidation or other abuse that is used to harm, punish or frighten the adult. This can include stalking and harassment.

1.2 The abuse can begin at any time, in the first year or after many years of life together. It may begin, continue or escalate after a couple have separated and may take place in the home and in a public place. This can encompass but is not limited to:

- Psychological.
- Physical.
- Sexual.
- Financial.
- Emotional.
- It includes violence described as 'honour based' violence as well as female genital mutilation and forced marriage.

1.3 The Context

1.3.1 It is challenging and can be dangerous for someone to report domestic abuse and it is therefore chronically under-reported with no reliable national figure of prevalence.

1.3.2 However, there are some facts that speak for themselves in setting the context for this policy and our work with people experiencing domestic abuse and those who have survived it. These are drawn from Women's Aid, developed in 2013.

- Domestic abuse accounts for 10% of emergency calls to the police.
- 31% women and 18% men have experienced domestic abuse since the age of 16 years. This amounts to 5 million women and 2.9 million men.
- On average, two women a week are killed by a male partner.
- 90% of people experiencing sexual violence, knew their perpetrator and 65% of those were partners or ex partners.
- The prevalence of domestic violence is greater among young women (under 24 years), and those who have a long-term illness or disability.
- Children are affected both directly and indirectly by domestic abuse and there is a

strong correlation between domestic abuse and child abuse suggesting overlap rates of 40-60%.

- 30% of domestic abuse cases begin in pregnancy.
- 75% of domestic abuse incidences result in physical injury or mental health consequences for women.
- 35% of households who experience a first assault will experience a second within five weeks.
- 76% of domestic homicide occurs at the point of separation.

1.3.3 For Plymouth we know that:

- Plymouth Domestic Abuse Service receives an average of 220 referrals per month
- During a six month period in 2013 a total of 4744 domestic abuse related incidents and crimes were reported.
- Children were present on 752 occasions.
- In June 2014 there were 404 children in Plymouth subject to a child protection plan with 164 of those in families with a history of domestic abuse.
- Domestic abuse occurs between adults aged sixteen and above in relationships regardless of wealth, geography, age, ethnicity, gender, sexual orientation and ability. It occurs across all sections of society.

2. The Purpose

2.1 The purpose of this policy is to describe the arrangements for practice so that staff can work safely and proactively with people to reduce the impact of domestic abuse.

- It will clarify roles and responsibilities of practitioners and their managers, supporting them to a consistent response.
- Ensure that awareness of domestic abuse is a standard part of health assessment.
- It guides practice around Multi Agency Risk Assessment Conference (MARAC).
- Will assist staff in their decision making, to ensure the safety of adults and children experiencing domestic abuse.
- The policy does not describe what to do if a staff member discloses domestic abuse to a colleague or is referred to the Multi Agency Risk Assessment Process. A separate Human Resources policy for staff can be found on Intranet.

2.2 Here are some **Definitions** that may help you in your work.

<p>Domestic Abuse (this term replaces the use of ‘domestic violence’)</p>	<p>Any incident or pattern of incidents of controlling, coercive or 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 can encompass but is not limited to psychological, physical, sexual, financial or emotional abuse.</p>
<p>Controlling Behaviour</p>	<p>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.</p>
<p>Coercive Behaviour</p>	<p>An act or pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten another adult.’</p>
<p>Honour Based Violence</p>	<p>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.</p>
<p>Forced Marriage</p>	<p>A Forced Marriage is a marriage conducted without the valid consent of one or both parties and where duress is a factor. It is now a specific offence under s121 of the Anti-Social Behaviour, Crime and Policing Act 2014 and comes into force on 16 June 2014. Prior to the introduction of the new offence, prosecutors have dealt with cases using</p>

	existing legislation such as false imprisonment, kidnapping and offences of violence where this is a feature of the offending.
Female Genital Mutilation	Female genital mutilation also known as female genital cutting and female circumcision, is the ritual removal of some or all of the external female genitalia.
Family Members	Family members are defined as: mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws, common-law or step-family. It is clear that adults experiencing abuse are not confined to one gender or ethnic group.
Adult	An adult is defined as any person aged eighteen or over. However, domestic abuse occurring between people over 16 is classed as 'adult'.
Child	Any person under the age of eighteen.
Routine Enquiry	Where a service user is asked as a routine part of assessment and using a specified set of questions, whether they are experiencing domestic abuse. The answer is recorded in the health record and support offered as appropriate.
MARAC	A Multi-Agency Risk Assessment Conference which draws together a number of agencies such as the police, housing, children services and health. The purpose is to share information to enable the protection of adults and children who have been experiencing domestic abuse.
Domestic Abuse, Stalking and Honour Based Violence (DASH) Risk Identification Checklist.	A common checklist for identifying and assessing risk related to domestic abuse.

2.3 And the **Philosophies and Values** we hold that make our practice effective

- This policy supports staff to deliver on the PCH intention to keep people safe, well and at home. It fits with the strategic aims of good leadership at all levels within the system that works together to safeguarding people. It intends to guide practice such that staff can deliver excellent and high quality practice to the people who use our services.

- Any form of abuse is unacceptable. The person describing their experience of abuse should be believed and treated with dignity. The response should be culturally sensitive.
- Responsibility for abuse is located with the perpetrator, not the person experiencing the abuse.
- People experiencing domestic abuse should be given time and space to make choices and be supported, whatever decision they make.
- Careful thought should be given for people who may have communication difficulties e.g. learning disabilities, cultural barriers, speech, language and hearing difficulties. The appropriate approved translation service or format for information should be used.
- Any response by practitioners must ensure that the safety of people experiencing domestic abuse and any children in the household are a primary consideration.
- People living with domestic abuse will not necessarily want to end their relationship, and may decide to remain with or return to an abusive partner. This is their choice and should be respected. However, any child protection issue must be prioritised and progressed with child protection procedures implemented and followed where there are concerns for the welfare of the child/children. This is not a choice that someone experiencing domestic abuse can make.
- Child protection policies and procedures should be fully explained to parents to enable their worries to be addressed. When child protection concerns are raised, appropriate support should be given to the parent.
- Staff should be aware that raising child protection concerns can increase the danger and risk of further abuse for the family. However, this does not override the responsibility of staff to report child protection concerns Safeguarding Children Policy

3. The Duties of staff in delivering the policy

- 3.1 **All Managers** are responsible for adherence to policy and ensuring that the clinical practice around domestic abuse is undertaken on a regular basis as per this policy. A nominated Deputy Locality Manager is the Operational Lead and represents PCH on the Plymouth Domestic Abuse Operational Group.
- 3.2 **Line Managers and Supervisors** are responsible for adherence to policy and supporting staff to understand and work within policy. They are responsible for escalating concerns, and supporting their staff to do so. They are responsible for highlighting good practice and sharing that good practice so that learning may be disseminated across PCH.
- 3.3 **Clinical Staff** are responsible for their clinical practice and operating within the scope of this policy. Staff members remain accountable for their own professional judgement and clinical practice.

Section B

You suspect that your client is experiencing domestic abuse. What happens now?

Remember that practitioners have a responsibility to acknowledge that domestic abuse can occur for any of their service users and when domestic abuse is suspected, have a duty to act to determine whether the adult is ready to disclose abuse and make a plan about what happened next.

This section helps you to know what it is that you are looking out for and when to ask people about their experiences. It reminds you about safeguarding adults and safeguarding children aspects of the work.

Identifying and acknowledging the presence of domestic abuse?

What to look out for:

4. Examples of domestic abuse

4.1 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 (i.e. breasts and abdomen).

4.2 Sexual

Forced sex, forced prostitution, ignoring religious prohibitions about sex, refusal to practise safe sex, sexual insults, preventing breastfeeding.

4.3 Psychological

Intimidation, insulting, isolating an adult from his or her friends and family, criticising, denying the abuse, treating people as inferior, threatening to harm children or take them away, forced marriage.

4.4 Financial

Not letting an adult work (most usually women), undermining efforts to find work or study, refusing to give money, asking for an explanation of how every penny is spent, making the adult beg for money, gambling, not paying bills.

4.5 Emotional

Swearing, undermining confidence, making racist remarks, making an adult feel unattractive, calling her or him stupid or useless, eroding independence.

4.6 If you suspect domestic abuse has occurred for an adult **who does not have the mental capacity to make a decision** to act to keep him or herself safe, then this becomes a safeguarding adult's issue. You should complete a mental capacity assessment and access the PCH [Safeguarding Adults Policy](#) on this link.

4.7 A safeguarding adult alert can be made on 01752 668000, choosing option 2. Advice can be sought from your supervisor or line manager including the Deputy Locality Manager who is the Lead Officer for Safeguarding Adults in your locality.

4.8 For all adults, the most important action you can take is to ask the question.
Remember:

- Don't assume that someone else will ask the question.

- Never ask when somebody else is present, try to see the adult on their own.
- Ensure privacy and do not rush the person you are speaking to.
- Think of your conversation as the beginning of a process and not a one-off event.

4.9 If you are unsure about whether to talk to a service user about the possibility that domestic abuse is occurring or you hold information and are unsure how to act then talk to a colleague, your supervisor or your line manager. The management structure within your locality has a responsibility to ensure that clinical practice is supported and practitioners have access to advice and guidance.

4.10 You may be the first person that the service user has disclosed to; therefore you are key in identifying the risks and ensuring that the service user is supported to appropriate help. Evidence suggests that where a person has not disclosed before, that they will usually disclose to a healthcare practitioner. This puts us in a leading role in the sense of asking the question and making a routine enquiry.

4.11 Good communication helps to safeguard people. When you are communicating with the adult about domestic abuse or if they are making a disclosure:

- Ensure that you use an interpreter or language line if required. Domestic abuse occurs within family relationships and so it is essential that the interpreter is not a member of the family. Consideration should be given to the gender of the interpreter, taking into consideration the wishes of the person experiencing the domestic abuse.
- Be open and honest and do not promise to keep anything a secret. Make sure people understand your responsibility to safeguarding adults at risk and children.
- Agree how they would like to act, what support they require and seek their consent to share the information. If they do not give that consent and there are children who may be at risk, then seek advice from their line manager, supervisor or the Safeguarding Children Team on 01752 435064.
- This is a link to the [Domestic Violence Multi-agency Information Sharing Protocol 2011](#). PCH is a partner in this protocol.
- Remember that you can share information without consent if it is in the public interest, in order to prevent a crime or to protect others from harm. Support can be sought from your line manager and further information can be found in the [Information Governance Strategy](#) and [Information Sharing Pocket Guide](#).

5. Routine Enquiry as part of the Universal Health Visiting Service

5.1 What this means is that Mothers in contact with the Health Visiting Service are asked whether they are experiencing domestic abuse.

5.2 The Health Visiting Service undertake routine enquiry as part of their Universal delivery. This is a standard set of questions that can be located for that service, on SystemOne in the tab journal.

- 5.3 Opportunities for asking the question present at the following points in the pathway:
- The ante-natal visit.
 - The first 0-6 weeks.
 - Contacts between 3 to 4 months.
 - 9-12 month review.
 - 24 to 30 month review.
- 5.4 The questions are asked at the earliest point in the universal pathway but, are not asked if the partner, other adult or older children are present. A general principle for the service is that professional judgement should be used to ensure that every opportunity is taken to progress routine enquiry. Where possible, the question should be asked if the mother has visible injuries.
- 5.5 There are occasions when the Health Visitor cannot ask the question because the partner, other adult or older children are present but their professional judgement indicates that domestic abuse may be a factor for that Mother. In this instance, to simply return at another point is unlikely to provide an opportunity to see that Mother without the partner present. The Health Visitor can liaise with the General Practitioner and other professionals working with the family to inform their own assessment should they be in a position where they have the opportunity to enquire. They can also seek supervision within the service or seek advice from the Safeguarding Children Team on 01752 435064.
- 5.6 For services that use the Care Programme Approach assessment process, routine enquiry is made regarding historical or existing abuse. This is very general but is an opportunity to explore in more detail whether the service user is experiencing domestic abuse. Livewell Southwest intends to roll our routine enquiry for all services during 2014/15.

6. Recognising and progressing any child protection concerns.

- 6.1 Livewell Southwest has a Safeguarding Children Policy that describes when to be concerned about a child physical and emotional well-being and advises who to talk to about that and how to make a referral to Children's Social Care. It can be accessed here [Safeguarding Children Policy](#). This policy should also be used if a child discloses domestic abuse between adults living in or visiting the family home.

Section C

Helping the Adult Decide What to do Next

The first thing you should do is provide the adult with a copy of this leaflet; [Plymouth Domestic Abuse](#)

The adult will want to do one of three things:

- Take no action.
- Just talk.
- Take action.

This section guides your practice. It tells you about MARAC. It also tells you about how to use Claire's Law, an opportunity to be proactive and potentially prevent domestic abuse.

Remember that all practitioners have a responsibility to take action to respond appropriately to the individual's needs and respect their wishes.

7. Working with the Service User to Determine the Level of Support they will accept

- 7.1 Where there are no child protection concerns and no risk of imminent harm, respect the wishes of service users who do not want to take further action at the time of disclosure.
- 7.2 Where there are child protection concerns, progress these, seeking advice as appropriate. Safeguarding Children Policy
- 7.3 Seeking help can be frightening and not everyone who experiences domestic abuse feels able to change the situation. Remember that talking about domestic abuse can be a first step and it may take some time before people feel confident enough to seek help. People will usually want one of the following:
- No action at all.
 - Just to talk about it and to manage the situation as best they can.
 - To take steps to be safe. This might include reporting to the Police.

7.4 No Action at All

- 7.4.1 If people do not want any action at all, then (unless there are child protection concerns or you feel they are at risk of imminent harm) then that is their choice. Give them this leaflet; Plymouth Domestic Abuse. The general advice is always to encourage and support the person to report to the police and you should without placing any pressure, follow that advice.

7.5 Just to Talk

- 7.5.1 If people simply want to talk about their situation and to manage the situation as best they can, then it may be within your role to provide that regular and ongoing support. If not (and for the majority of practitioners it is unlikely to be so) you can, with informed consent make a referral to a service that can offer support. This is a link to the Plymouth Domestic Abuse Support Services and you should also give them a copy of this leaflet; Plymouth Domestic Abuse
- 7.5.2 Always respect the wishes of the individual. If they do not want to take any action at this time and providing that there are no children at risk or the adult at risk of imminent harm, just listen. An appropriate response at this stage may allow them to do something at a later date. It is sometimes useful to build up a crisis plan with the individual to help them feel in control of their life. Leaving the perpetrator can feel a huge issue and is a point of significant risk. Breaking safety down into a list of actions may raise confidence and provide the first stepping stones to moving away from an abusive situation.

7.5.3 It could include suggestions such as:

- Identify a safe place where they can quickly and easily use the phone.
- Advise them to always carry a list of emergency numbers and to use 999 to keep themselves safe if at risk of imminent harm.
- Where possible, advice they keep an 'emergency' credit on their mobile phone.
- Leave an extra set of keys for the house or car with someone they trust.
- Keep the keys, any medication, the crisis fund, important documents, passport, driving license birth certificate etc. and a set of clothes for themselves and the children, packed in a bag so that they can quickly get it and take with them. Do not forget personal photographs, mementoes, children's special toys etc. This bag can be kept with a 'safe' person for safety.
- Make plans for pets should the individual/family need to flee quickly.
- Decide what to tell the children and think about what support they will need.

7.6 To Take Steps to be Safe

7.6.1 Remember, when an adult decides to leave an abusive relationship or report a perpetrator to the police, they are at the most significant point of risk.

7.6.2 For people who wish to receive help to be safe and which may include a police response for the perpetrator and there is no risk of imminent harm then they should be supported to telephone the **Devon and Cornwall Police** on their **non-emergency number 101**. Where the situation is high risk then professionals can make urgent referrals to the police on: plymouthppulst@devonandcornwall.police.pnn.uk It is essential that a referral is also made to **Plymouth Domestic Abuse Service (PDAS)** which exists to support women and men affected by domestic abuse. The service includes a women's refuge and can support immediate and longer term safety planning. **They can be contacted on 01752 252033**. Making the decision to leave is a critical point and is the reason why we ask all adults to consider a safety plan, and advise them that PDAS will help with this. All staff should encourage and support the adult to contact PDAS.

7.6.3 If the individual is ready to leave then help them to think about:

- Do they have somewhere to go?
- Help them to contact Plymouth Domestic Abuse Services (PDAS) on 01752 252033 or Police Domestic Abuse Unit 101 (non-emergency number).
- Discuss options such as refuge accommodation or bed & breakfast, staying with family and friends.
- Check whether or not they need immediate police protection and/or legal advice.
- The adults safety and that of any children is of paramount importance.

7.6.4 If the staff member has completed the Domestic Abuse Stalking and 'Honour-based Violence (DASH) Risk Identification Checklist (RIC) then they can complete an

assessment and as appropriate make a referral to Plymouth Multi Agency Risk Assessment Conference (MARAC) on this [MARAC referral form](#). Once complete, the form should be emailed to PCHLSW.SafeguardingAdultsforPCH@nhs.net where it will be triaged before being sent to plymouthppulst@devonandcornwall.police.pnn.uk. A referral to MARAC is a referral to share information in order to prevent serious harm or murder. It is not a referral for additional services or for an urgent response from the police. Those referrals must be made separately to a referral to MARAC.

- 7.6.5 If you make a referral to MARAC then the person representing PCH at MARAC will be required to attend the MARAC meeting and present your referral. This means speaking at the meeting to summarise the referral and the reasons that it has been submitted. Your line manager should be informed of your referral to MARAC.

7.7 Collaboration at the Multi-agency Risk Assessment Conference (MARAC)

- 7.7.1 Plymouth holds a MARAC once every month (see more in the next section).
- 7.7.2 The MARAC is a meeting that draws together a number of agencies such as the police, housing, children services and health. The purpose is to share information to support the multi-agency approach to the protection of adults and children who have been experiencing domestic abuse. It is about medium to high risk cases with the purpose of preventing serious harm and murder. It is not a planning meeting. Any care planning or risk assessment must take place outside of the MARAC meeting and most often will be a multi-agency activity.
- 7.7.3 The Health Visiting Service sends a representative to MARAC to share information about children up to the age of eighteen. The representative will also present MARAC referrals, made by PCH staff in children's services. Details of who the MARAC Children's representative is can be sought from the safeguarding adults office on 01752 434742.
- 7.7.4 Adults and older adults experiencing domestic abuse are referred to MARAC by a range of agencies and information about them is shared at the meeting. Each month there are people who use the services of PCH, on that list. Equally, information about perpetrators of domestic abuse who are in receipt of PCH Services is shared at MARAC. A Community Mental Health Team Manager attends MARAC to share information about all adults. This includes those adults that are in receipt of services from Options. It does not include adults in receipt of services from Harbour which, either sends a written information sharing report directly to MARAC or sends a representative to the meeting.
- 7.7.5 If you make a referral to MARAC about an adults then the Team Manager (as above) will attend the MARAC meeting and present your referral. Details of who the MARAC Adults representative is can be sought from the safeguarding adults office on 01752 434742.

7.8 Claire's Law or the Domestic Violence Disclosure Scheme (DVDS)

- 7.8.1 This is a scheme that can be used by any member of the public and staff working in Livewell Southwest can support the people using our services to access the scheme. The DVDS is something that can be accessed to provide information that may keep safe potential victims of domestic abuse. It is a rare opportunity to be proactive and potentially prevent domestic abuse.
- 7.8.2 The scheme is more commonly known as 'Clare's Law' and commemorates Clare Wood a young mother, who was strangled and set alight by her violent ex- partner, at her Salford home in 2009. Clare had met the perpetrator through Facebook and was unaware of his history of violence against women, which included kidnap at knifepoint, threats and intense harassment. Following her death Claire's family campaigned for a change in the law to support actual, and potential, victims of domestic violence.
- 7.8.3 The aim of this scheme is to give members of the public a formal mechanism to make inquiries about an individual they are in a relationship with or someone they know, and there is a concern that the individual may be violent towards their partner. This is known as the 'right to ask.'
- 7.8.4 If police checks show that the individual has a record of violent behaviour, or there is other information/intelligence to indicate that the person is at risk, the police will consider sharing this information with the person(s) best placed to protect the potential adult.
- 7.8.5 The scheme aims to enable potential victims to make a more informed decision on whether to continue a relationship, and provides further help and support to assist individuals when making that informed choice.
- 7.8.6 A disclosure under this Scheme is the sharing of specific information about an individual with the person making the application or a third person for the purposes of protecting a potential adult from domestic violence.
- Anyone can make an application about an individual who is in an intimate relationship with another person and where there is a concern that the individual may harm the other person.
 - Any concerned third party, such as a parent, neighbour or friend can make an application not just the potential adult;
- However,
- A third party making an application would not necessarily receive the information about the individual concerned. It may be more appropriate for someone else to receive the information such as the adult or another person who is best placed to protect the potential adult.
 - Professional persons such as health professionals or support organisations representatives will also advise of concerns via the process described in this

briefing.

- 7.8.7 It is important to remember that anyone can make an application to the police about an individual who is in an intimate relationship with another person and there is a concern that the individual may present a risk of harm to their partner. This leaflet; Plymouth Domestic Abuse tells the adult all about the scheme and how it works. This is a leaflet for people who are concerned that someone they know may be at risk of domestic abuse; Plymouth Domestic Abuse and this is the leaflet that the police will send to the person about whom the disclosure has been made Plymouth Domestic Abuse
- 7.8.8 All applicants will be advised to make their application by calling 101. If it is believed there is an immediate risk of harm to someone the matter will be dealt with as an emergency.
- 7.8.9 There will be occasions when Livewell Southwest is approached by the Police to provide information that is being sought under the DVDS. All such enquiries should be directed to the data protection sharing office 01752 435111.

Section D

In this section you will find information about:

- MARAC and how it works in PCH.
- Domestic Abuse Notifications.
- Record Keeping and Training.

8. MARAC Internal PCH Process

8.1 On a monthly basis PCH and Harbour receives notification of those adults referred to MARAC about whom information is to be shared.

8.2 Actions following receipt are:

Children

- For Harbour the Administrator will review the case list, forwarding detail of any children of adults open to Harbour to the relevant clinician.
- In PCH the Safeguarding Adult Administrator (SAA) will within two working days inform the staff members working with children listed on the MARAC referral (because they are connected to the referred adults) that their family member is being presented at MARAC and on what date.
- This communication will be inputted to SystmOne by the SAA.
- The staff member will then be expected to make direct contact with and inform the Health Visitor representative for MARAC of the information that they wish to be shared at the meeting. Individual clinicians are unable to attend the MARAC meeting to present their own referrals or share information about their clients.
- The Health Visitor representative will feedback information shared at the meeting.
- Actions may also be agreed at the MARAC meeting and it is the responsibility of the Health Visitor representative to ensure that the actions are completed within one week and confirmation sent directly to the relevant coordinator.
- All actions above should be inputted to SystmOne.

Adults

- For Harbour the Administrator will review the case list, forwarding detail of any adults open to Harbour to the relevant clinician.
- In PCH (including Options) the Safeguarding Adult Administrator (SAA) will, within two working days inform staff members working with adult and older adult survivors and perpetrators of domestic abuse that their client is being presented at MARAC and on what date.
- If just one staff member is involved with the adult or perpetrator the information will be sent directly to that person.
- If a number of staff members are involved, including a member of medical staff, the notification will be sent just to the Care Coordinator and the Responsible Medical Officer.
- The staff member will then be expected to make direct contact with and inform the representative for MARAC of the information that they wish to be shared at the meeting. Individual clinicians are unable to attend the MARAC meeting to present their own referrals or share information about their clients.
- The MARAC representative will feedback information shared at the meeting.
- Actions may also be agreed at the MARAC meeting and it is the responsibility of the MARAC representative to ensure that the actions are completed within one week and confirmation sent directly to the relevant coordinator.

- A full copy of the minutes will be saved by the SAA on the confidential MARAC drive.
- All actions above should be inputted to SystmOne.

9. MARAC Special Notes on SystmOne

9.1 Children

- The SAA will place a special MARAC note on SystmOne to denote that the child is affected by domestic abuse. The note will name the perpetrator and the adult experiencing the abuse.
- This special note will remain on SystmOne until the child is aged eighteen at which date the clinician involved would then decide if the warning remained relevant and whether the individual remained vulnerable to abuse and whether the warning should remain into adulthood.

9.2 Adults and Older Adults

Special notes will only be placed on the electronic health record where there is:

- An open or closed episode of care to any member of staff or service in Livewell Southwest and Harbour.
The SAA will place a special MARAC note on SystmOne and IAPTUS to denote that the adult is either an adult experienced abuse or perpetrator of domestic abuse. The note will name the perpetrator and the adult experiencing the abuse as well as any children involved in the relationship. The same special note will be placed on HALO by the Harbour Administrator.
- The special note will be placed on both the survivor's electronic record and that of the perpetrator.
- This special note will remain on SystmOne/HALO/IAPTUS for one year at which date, it will be removed unless the person is subject to a further MARAC referral during that period.
- Once a MARAC special note is removed the perpetrator will have a Public Protection warning placed on SystmOne/HALO/IAPTUS. The purpose of this is to inform risk management planning for future care.
- Sometimes, the person can be both victim and perpetrator at different times.

Contraception and Sexual Health Service

- The Safeguarding Adult Administrator will send the MARAC case list to the CASH Administrator who will review the list and place the special notes (as above) onto Lillie.
- If CASH staff require access to MARAC records, these may be accessed from the PCH adult representative at MARAC via the Safeguarding Adults Office.

10. Domestic Abuse Notifications

- 10.1 Any domestic abuse incident which is attended by the Police and where children are present within the house is reported to the Safeguarding Children Team within Plymouth Community Health Care. These notifications are received daily from the police 121a notification Information Sharing Officer.
- 10.2 The receipt of the information is recorded by the safeguarding children administration team on SystmOne. It is recorded as a Safeguarding Event, against the child's name or for unborn children, the mother's name.
- 10.3 If an **open episode** is identified on SystmOne, the 121a notification will be sent by secure email to the relevant team:
- 10.4 It is vital that staff access SystmOne prior to planned contact with children and families so that they are aware of new information and can include that in risk assessment and management.

11. Record Keeping

- 11.1 For a reminder about the high standard of record keeping expected by Livewell Southwest please see [Clinical Record and Note Keeping Policy](#)
- 11.2 Entries related to domestic abuse into the health record are expected to be at the same standard as every other aspect of care and the health record.
- 11.3 Make an immediate factual clear and concise entry into the health record, demonstrating transparent decision making.
- 11.4 If the service user shows you any marks on their body and tells you that they have been made by the perpetrator then make a clear record of those on a body map with a written description in the record, of what you can see. Examples may be bruising or burn marks. You should record:
 - What you can see.
 - The size colour and shape of the mark.
 - Is it healing or does it appear fresh.
 - Where it is on the body, face or head.
- 11.5 Livewell Southwest is in the process of transferring existing clinical information systems into a single electronic record on SystmOne. Until that time, all activity should be included as a contact on existing systems and included in the written record (for those services that have written records).

12. Training Implications

- 12.1 Domestic abuse sits within the safeguarding framework for adults and children. It is essential that staff members are properly trained to deliver high quality practice.
- 12.2 All staff members who are employed by Livewell Southwest will attend PCH Level One Adult Safeguarding Training and Level One Safeguarding Children Training at induction and as part of a mandatory annual update.
- 12.3 All clinical staff members who work with people over the age of eighteen will attend PCH Level Two Adult Safeguarding Training within three months of their employment commencing and repeat this every three years during the period of their employment.
- 12.4 All Clinical staff members working with people across the full age range will attend PCH level Two Safeguarding Children Training within three months of their employment commencing and repeat this every three years during the period of their employment.
- 12.5 All professionally qualified staff working with children aged up to the age of eighteen who require Level 3 Safeguarding Children Training will attend Level 3 within 6 months of attending Level 2 and then attend Level 3 on a three year cycle.

13. Monitoring and compliance

- 13.1 The policy will be monitored by the Integrated Safeguarding Lead for Adults and Children and reviewed on a two year basis.

All policies are required to be electronically signed by the Lead Director. Proof of the e-signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Professional Practice, Quality and Safety.

Date: 27 November 2014