This Policy supersedes the following document which must now be destroyed

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# Domestic Abuse Policy

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1 **Introduction**

1.1 Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (the Trust/CNTW) are committed to ensuring patients and carers receive appropriate care and support from employees. All Trust employees must be aware of the actions that should be taken in all cases of disclosures of domestic abuse.

1.1.1 Domestic abuse is a crime which takes place behind closed doors. No single agency or individual can see the complete picture of the life of a victim, but all may have crucial insights that are critical to their safety.

1.1.2 The Trust is committed to promoting the health and well-being of clients and staff and, as such, recognises that domestic abuse is a crime, which adversely affects the health of individuals, families and communities. Staff who have concerns regarding themselves or colleagues can further contact the Safeguarding and Public Protection Team for advice and support in a confidential manner. The Trust is therefore committed to ensuring that domestic abuse is recognised, and that both clients and staff are provided with information and support to minimise risk.

2 **Purpose**

2.1 The purpose of this Policy is to;

- Raise awareness as to the nature of domestic abuse
- Guide staff through their responsibilities when a disclosure of abuse is made
- To ensure that as domestic abuse is disclosed the immediate action is to protect the victim (and children if living in the same household) to prevent further abuse from taking place
- Provide a clear framework of actions should the indicators of risk necessitate a referral through the Multi Agency Risk Assessment Conference (MARAC) process
- To ensure people who disclose that they are perpetrating domestic violence or abuse are offered a referral to Specialist Services

3 **Duties and Responsibilities**

3.1 **Chief Executive**

3.1.1 The Chief Executive on behalf of the Trust retains ultimate accountability for the Health, Safety and Welfare of all patients, carers, staff and visitors; however, key tasks and responsibilities will be delegated to individuals in accordance with the content of this Policy.
3.2 Executive Director of Nursing and Chief Operating Officer

3.2.1 The Executive Director of Nursing and Chief Operating Officer in their capacity as the Board of Directors nominated Lead for Safeguarding Public Protection will assume responsibility on behalf of the Board of Directors for all aspects of Safeguarding and Public Protection within the Trust. They will ensure that the Trust complies with all multi-agency management arrangements to ensure compliance with this Policy.

3.2.2 The Executive Director of Nursing and Chief Operating Officer will also be made aware of the results of any audits, inspections / assessments made both internally and externally and any change within safeguarding public protection of a strategic nature.

3.2.3 The Executive Director of Nursing and Chief Operating Officer briefs the Board of Directors on all aspects of safeguarding public protection and the performance of the Trust in relation to national standards and targets.

3.3 Associate Director - Safer Care

3.3.1 The Associate Director - Safer Care as author of this Policy is responsible for updating and reviewing the Policy as new legislation, national and local developments occur.

3.3.2 The Associate Director - Safer Care has responsibility for and takes the lead role for MARAC supported by the Safeguarding and Public Protection Team.

3.3.3 The Associate Director - Safer Care on behalf of the Trust, comments on the MARAC Policy and Procedures when required.

3.3.4 The Head of Safeguarding and Public Protection shall ensure the Incident and Claims Department are included in any communication when any serious and untoward incident falls under the categories listed within the Trust’s Incident Policy - CNTW(O)05.

3.3.5 The Associate Director - Safer Care will nominate or be the author of Local Domestic Homicide Reviews on behalf of the Trust as required.

3.3.6 The Associate Director - Safer Care is responsible for ensuring the MARAC development and provision of in-house / external MARAC Training that meets the needs of the Trust’s staff and also consults with Northumbria Police influencing the development of the Inter-Agency Training Programme.

3.3.7 The Associate Director - Safer Care provides the Trust Board and the Safeguarding and Public Protection Group with regular updates on the progress being made and any areas which require further development.

3.3.8 The Associate Director - Safer Care has a responsibility to advise and support all employees who have concerns regarding domestic abuse.

3.4 Associate Directors/Heads of Department

3.4.1 It is the responsibility of all Managers to ensure that this Policy is implemented and that all employees comply with this Policy.
3.5 **Employees**

3.5.1 Every member of staff owes a duty of care to protect all children and adults from domestic abuse, regardless of the setting in which the care takes place. It is every employee’s responsibility to be aware of the content of this Policy and how it applies to them.

3.5.2 Employees need to understand their roles and responsibilities for domestic abuse and promoting the welfare of children and adults.

3.6 **The Board of Directors**

3.6.1 The Board of Directors will assume the following roles and responsibilities in respect of MARAC within the Trust:

- Receive quarterly reports of all safeguarding incidents, incorporating domestic abuse including any lessons and themes
- Receive Domestic Homicide Review Reports and any associated recommendations
- Receive an annual report in respect of all of the above

3.7 **Safeguarding and Public Protection Group**

3.7.1 The Safeguarding and Public Protection Group will receive regular reports on MARAC activity across the Trust, including any Domestic Homicide Reviews undertaken.

4 **Definitions of Domestic Abuse**

4.1 Throughout this Policy the term ‘domestic abuse’ is used instead of ‘domestic violence’ wherever possible, as the latter is often misconstrued as being physical abuse only.

4.2 Domestic abuse is:

4.2.1 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 their gender and sexuality. This can encompass but it not limited to the following types of abuse:

- Psychological
- Physical
- Financial
- Sexual
- Emotional

4.2.2 ‘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.

4.4 This definition includes so-called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage. It is made clear that victims are not confined to one gender or ethnic group.

4.5 This Policy is applicable to all victims of domestic abuse. Domestic abuse is predominantly perpetrated by men against women, however, it can be perpetrated within same sex relationships, by women against men, and by other family members such as older children against their parents or the extended family / community as in cases of honour based violence (HBV). It will also be useful for staff dealing with sexual exploitation such as the boyfriend model of child sexual exploitation, and vulnerable adult sex workers.

4.6 Domestic abuse impacts negatively on children and/or adults at risk of abuse/neglect whether they are abused directly by the perpetrator and/or by hearing, witnessing or intervening in incidents

4.7 As described Domestic Abuse is defined from aged 16 and above. For those under 16 Adolescent to parent violence and abuse (APVA) may be referred to as ‘adolescent to:

Parent violence (APV) ‘adolescent violence in the home (AVITH)’, ‘parent abuse’,
‘child to:
Parent abuse’, ‘child to parent violence (CPV)’, or ‘battered parent syndrome’. Home Office Information guide: adolescent to parent violence and abuse (APVA) April 2015 (see Appendix 11)

4.8 It is important to recognise that APVA is likely to involve a pattern of behaviour. This can include physical violence from an adolescent towards a parent and a number of different types of abusive behaviours. Violence and abuse can occur together or separately. Abusive behaviours can encompass, but are not limited to, humiliating language and threats, belittling a parent, damage to property, stealing from a parent and heightened sexualised behaviours. However, some families might experience episodes of explosive physical violence from their adolescent with fewer controlling, abusive behaviours. Although practitioners may be required to respond to a single incident of APVA, it is important to gain an understanding of the pattern of behaviour behind an incident and the history of the relationship between the young person and the parent.

4.9 It is also important to understand the pattern of behaviour in the family unit; siblings may also be abused or be abusive. There may also be a history of domestic abuse, or current domestic abuse occurring between the parents of the young person. It is important to recognise the effects APVA may have on both the parent and the young person and to establish trust and support for both.

5 Who is affected?

5.1 Domestic abuse affects an estimated 363,000 people in England and Wales each year or one in four people within their lifetimes. It has serious short-term and long-lasting effects on the health and well-being of victims and their families and can result in death. Domestic abuse is a major public health concern and can affect the lives of women, children and men emotionally, behaviourally and physically.
5.2 The Crime Survey for England and Wales (CSEW) estimates of domestic abuse are based on a relatively broad definition covering male and female victims of partner or family non-physical abuse, threats, force, sexual assault or stalking.

5.3 The latest statistics show that:

- 8.2% of women and 4% of men were estimated to have experienced domestic abuse in 2014 / 15, equivalent to an estimated 1.3 million female and 600,000 male victims
- 27.1% of women and 13.2% of men had experienced any domestic abuse since the age of 16

5.3.1 These figures were equivalent to an estimated 4.5 million female victims of domestic abuse and 2.2 million male victims between the ages of 16 and 59 (House of Commons Briefing Paper, Woodhouse and Dempsey, Number 6637, May, 2016)

6 **Civil and Criminal Remedies for Victims of Domestic Abuse**

6.1 Section 76 of the Serious Crime Act 2015 came into force in December, 2015 and criminalises patterns of coercive or controlling behaviour where they are perpetrated against an intimate partner or family member. A number of other criminal offences can apply to cases of domestic violence - these can range from murder, rape and manslaughter through to assault and threatening behaviour.


6.3 **Occupation Orders**

6.3.1 An Occupation Order is a Court Order which governs the occupation of a family home. It can be used to temporarily exclude an abuser from the home and surrounding area and give the victim the right to enter or remain. In certain circumstances, the Court may attach a Power of Arrest to the Occupation Order.

6.4 **Non-Molestation Orders**

6.4.1 A Non-Molestation Order is a Court Order which prohibits an abuser from molesting another person they are associated with. Molestation is not defined in the Act but has been interpreted to include violence, harassment and threatening behaviour. An Order contains specific terms as to what conduct is prohibited and can last for, however, long is deemed appropriate by the Court. Breach of a Non-Molestation Order is a criminal offence.

6.5 The Protection from Harassment Act 1997 (as amended) provides both civil and criminal remedies. These include Non-Harassment and Restraining Orders.
6.6 Domestic Violence Protection Orders

6.6.1 Domestic Violence Protection Orders (DVPO’s) were rolled out across England and Wales from March, 2014. Under the Domestic Violence Protection Order Scheme, the Police and Magistrates can, in the immediate aftermath of a domestic violence incident, ban a perpetrator from returning to their home and from having contact with the victim for up to 28 days. The scheme comprises an initial temporary notice (Domestic Violence Protection Notice, DVPN), authorised by a Senior Police Officer and issued to the perpetrator by the Police, followed by a Domestic Violence Protection Order that can last from 14 to 28 days, imposed at the Magistrates’ Court. Domestic Violence Protection Orders are designed to help victims who may otherwise have had to flee their home, giving them the space and time to access support and consider their options.

6.7 The crime and Disorder Act 1 (1998) (20) (as amended by the Police Reform Act 2002 (21) and Police and Justice Act 2006) (22) promotes the practice of partnership working to reduce crime and disorder, including domestic abuse, and places a statutory duty on several ‘Responsible Authorities’ to develop and implement plans to tackle problems in their area. In doing so, these authorities are required to work in partnership with each other and a range of other local public, private, community and voluntary groups and with the community itself. Section 117 of the Crime and Disorder Act 1998 places a statutory duty on Responsible Authorities to take account of the community safety dimension in all of their work.

6.8 All policies, strategies, plans, budgets and service delivery need to be considered from the standpoint of their potential contribution to the reduction of crime and disorder.

6.9 Domestic Violence Disclosure Scheme (Clare’s Law).

The Domestic Violence Disclosure System (DVDS) also known as ‘Clare’s Law’ started in England and Wales in March 2014. The DVDS gives members of the public a formal mechanism to make enquiries about an individual who they are in a relationship with, or who is in a relationship with someone they know, where there is concern that the individual may be violent towards their partner. Members of the public can make an application for disclosure, known as ‘the right to ask’. Anybody can make an enquiry, but information will only be given to someone at risk or a person in a position to safeguard the victim. This scheme is for anyone regardless of gender or sexuality.

Partner agencies can also request disclosure is made of an offender’s past history when it is believed someone is at risk of harm.

If a potentially violent individual is identified as having convictions for violent offences or information is held about their behaviour which reasonably leads the police and other agencies to believe they pose a risk of harm to their partner, the police will consider disclosing the information which can be made legal if the risk is proportionate.

7 Enabling Victim Disclosures and making Safe Enquiries

7.1 It is important to understand that victims of abuse may be reluctant to disclose what is happening to them, but having a conversation can help them to understand their situation better and build up trust. Domestic abuse victims are likely to feel constantly anxious and afraid and that fear will include talking to others about what is happening.

7.2 There are many reasons why victims won’t, or feel they can’t, make a disclosure (E.g. fear, retaliation, denial, minimisation, embarrassment, being judged). Where there are inequalities (e.g. age, disability, ethnicity, sexuality etc.) it can make it harder. It is very important to build up trust to enable a possible future disclosure.
7.3 Always be alert to the possibility than an individual is experiencing domestic abuse and be prepared to offer support or signposting. The Trust's Safeguarding and Public Protection Team triage worker can be contacted for advice and support via the completion of a web based incident report.

7.4 Be aware of the signs that could indicate abuse is taking place - abuse is broad. There may not always be physical injury. Look out for other signs such as controlling behaviour (e.g. partner always present during appointments; won’t allow the person to talk for themselves; person has limited access to money; person seems isolated from sources of support such as family and friends; person is tense and ‘clock-watching’ etc.). There may also be environmental indicators (e.g. broken furniture, holes in doors / walls, tense atmosphere in the home).

7.5 Understand how coercive and controlling behaviours may inhibit people disclosing or revealing the extent of domestic abuse. Domestic abuse causes fear and fear reinforces the victim to act, but often in ways that placate the perpetrator and so the victim may appear uncooperative.

7.6 Follow the principles of safe enquiry and take protective measures to ensure that any discussions with potential victims of abuse are conducted in a safe and confidential environment without disruptions. The standard routine domestic abuse question is to be completed and documented within core clinical assessment documents.

7.7 Ask DIRECT questions about the abuse but only ask when the victim is ON THEIR OWN and in a PRIVATE place. Don’t assume someone else will ask at another time as it may be the victim’s only opportunity to tell someone about what’s happening to them.

7.8 If interpreters are needed, ensure professional interpreters are used - NEVER use family members, children or friends where abuse is known or suspected.

7.9 Keep good records of any discussions and record what’s said in the victim’s own words. Record any interventions and advice offered.

7.10 Be clear with the victim about confidentiality.

7.11 Never assume that someone else will take care of the domestic abuse issues.

7.12 You should seek confirmation that other professionals/agencies have acted in a way which you would expect. You may be the victims' first and only contact. Remember that victims can deny abuse is happening and minimise the risk and/or harm for many reasons, but this is often because of the level of coercion and control being placed on them by their abusive partner.

7.13 Domestic abuse commonly escalates and increases in severity over time. Separation does not ensure safety; it often increases the risk.

7.14 If the victim is at the stage of wishing to separate from their abuser, ALWAYS consult with Domestic Abuse Specialist Agencies for safety planning advice in your area.

8 What to do if Domestic Abuse is suspected/disclosed (See Appendix 1)

8.1 Victims of domestic abuse are most at risk of increased life threatening abuse when they start to disclose abuse or try to leave an abusive relationship. The person who is experiencing the abuse is ultimately the only one who can predict the risk they face and the likelihood of further abuse.

8.2 Always use the SafeLives Dash risk checklist when assessing a victims levels of risk.
8.3 Make sure you familiarise yourself with the questions in the Risk Indicator Checklist (see Appendix 2). The questions cover many areas including: the current incident and level of injury; victim’s level of fear, isolation, mental health; attempts to separate; conflict over child contact; victim’s concerns over stalking and harassment; pregnancy / recent birth; escalation of abuse; and a series of questions about the perpetrator including: jealous / controlling behaviour; use of weapons; threats to kill; attempts to strangle / choke; sexual abuse; threats from a third party; history of hurting others and mistreatment of animals; financial issues; perpetrator’s use of drugs, alcohol, mental health, suicide threats, response to previous bail conditions, criminal record etc.

8.4 The purpose of the SafeLives Dash risk checklist is to give a consistent and simple tool for practitioners who work with adult victims of domestic abuse in order to help them identify those who are at high risk of harm and whose cases should be referred to a MARAC Meeting in order to manage their risk and develop a safety plan. If you are concerned about risk to a child or children, you should make a Children’s Safeguarding Referral to ensure that a full assessment of the child’s safety and welfare is made.

8.5 Once you have completed the SafeLives Dash risk checklist, the number of ‘yes’ ticks will determine whether or not the victim needs to be referred to MARAC.

8.6 If the SafeLives Dash risk checklist comes out with 14 yes ticks or more it meets the criteria for a referral to MARAC. Remember, if there are not 14 ticks or more but you still think the victim is at serious risk of harm or death, you can still refer to MARAC on professional judgement.

8.7 If the SafeLives Dash risk checklist meets the MARAC threshold then the completion of the MARAC Process Referral is required. (See Appendix 8).

8.8 If the Risk Indicator Checklist does not meet the MARAC threshold (less than 14 ticks and professional judgement does not indicate otherwise) you will need to discuss the checklist with SAPP locality lead to discuss the need to submit a referral under professional judgement as well as continuing to monitor and assess the risk.

8.9 Discuss basic safety planning with the alleged victim.

8.10 Ensure they know where to go for help if they need it and signpost / refer to Specialist Support Services if needed and consider a referral to a Local Domestic Violence Organisations. (See Appendix 5 and 6). If a referral is being made to MARAC then the local process for making referrals to the Independent Domestic Abuse Service needs to be followed. A referral is not automatically made to this service when a MARAC referral is submitted. Please refer to SAPP locality lead if you are unsure.

8.11 Share information with other relevant agencies with the victim’s consent (e.g. you may be able to help them access housing options advice, training and employment options, legal advice etc.).

8.12 Ensure recording in progress notes is clear for future workers who may become involved.
8.13 Be clear with the victim about confidentiality. You should always try and seek consent to make the referrals but for high risk victims, you can still refer to MARAC without consent if they are high risk. Inform the victim that police may decide to investigate crimes without consent if deemed to be required. All disclosures of crimes will be ‘crimed’ by police if not already reported.

8.14 The victim may be the partner or a family member of the person who is in receipt of services. It remains the responsibility of the professional who is initially notified of the abuse to consider the above steps and the safety of the victim. Relevant factors to consider would be the level of risk, the sharing of information with other agencies, whether the person would be classed as an ‘adult at risk’ (previously known as a ‘vulnerable adult’), and whether they consented to any referral. A Safeguarding Adults referral should be considered alongside a MARAC referral where the victim is identified as an ‘Adult at Risk’. Carers who are victims of domestic abuse are deemed as ‘Adults at risk’ and referrals made where required. Advice on such cases can be sought from the SAPP Triage Worker by completing a web-based incident report.

9 What are the Legal Grounds for sharing Information where Consent is not given?

9.1 Disclosures to Multi-Agency Risk Assessment Conference (MARAC) are made under the Data Protection Act 1989 and the Human Right Act 1989. Information can be shared when it is necessary to prevent a crime, protect the health and / or safety of the victim and / or the rights and freedoms of those who are victims of violence and / or their children. It must be proportionate to the level of risk of harm to a named individual or known household.

9.2 The Trust has signed the Northumbria/Cumbria Police MARAC information Sharing Protocol using the principles of the Section 115 Crime and Disorder Act 1998. Permission should always be sought before sharing information. If however you feel a victim is at immediate risk of serious harm permission should be overridden and the Police contacted.

9.3 Whilst personal information held by NHS organisations should be properly protected there is a growing expectation that information will be shared between Health Bodies, Public and Local Authorities and the Police Service where it is appropriate to do so. Sharing information is a key element in the delivery of high quality cost effective and seamless public services. Please refer to the Trust’s Information Sharing Policy - CNTW(O)62.

10 Multi-Agency Risk Assessment Conference (MARAC)

10.1 The main aim of the MARAC is to increase safety, health and well-being of victims – adults and any children. In a MARAC local agencies will meet to discuss the highest risk victims of domestic abuse in their area. Information about the risks faced by those victims, the actions needed to ensure safety, and the provisions available locally is shared and used to create a Risk Management Plan involving all agencies.

10.2 MARAC meet regularly to draw up a safety plan for victim, children and sometimes perpetrator, this is attended by a Safeguarding and Public Protection Lead Practitioner. Cases discussed at MARAC have been referred to the Detective Inspector of Northumbria/Cumbria Police Safeguarding Unit by statutory and voluntary agencies. People referred have usually met the MARAC criteria.

10.3 MARACs and Trust employees: Identification of domestic abuse can fall largely to our staff as they are ideally placed to deal with cases of domestic abuse due to the
ongoing relationship with their patient. MARAC will seek better protection from further abuse for those victims who disclose domestic abuse to you and are at high risk of being seriously injured or killed. MARACs have been proven to reduce repeat victimisation through co-ordinating resources locally, therefore have improved the quality of life for victim and children. The sharing of information at a MARAC regularly contributes to enhancing Risk Management Plans for staff safety/protection.

10.4 Does the victim need to know they are being discussed at MARAC?

10.4.1 Whether you discuss the MARAC with your patient will depend on whether you referred the case to MARAC. If you are the Referring Agency it is good practice to discuss the referral with the victim if it is safe to do so. You will need to use your professional judgement to decide whether it is safe. If you ARE NOT the Referring Agency you should check with the referring agency before contacting your client to gather relevant information to ensure it is safe to do so. The perpetrator is unaware that they are being discussed within a MARAC.

10.5 What cases are discussed?

10.5.1 The highest 10% risk cases of domestic abuse are discussed in MARAC. These will have been identified by a practitioner using the Risk Indicator Checklist.

10.6 The Police MARAC Co-ordinators send a research request list every two weeks to the Safeguarding and Public Protection Team to provide research reports on victims, perpetrators and children that are known to the Trust in order for information to be discussed at the following MARAC Meeting. (See Appendix 7 for the MARAC process).

10.7 The Trust’s Safeguarding and Public Protection Lead Practitioner will take any relevant information about the family to the MARAC that will help assess the risk or inform a safety plan. This might include information about recent visits, any contact details, your professional opinion on general health and development, recent attitudes/behaviours of the family.

10.8 All involved agencies are fully informed and contribute to assist the family in a co-ordinated manner. There is a clear action plan, clear pathways for continued communication and improved outcomes for the children.

10.9 The Safeguarding and Public Protection Lead Practitioner will then feedback to the Trust practitioner of the negotiated Action Plan and Risk Factor Issues that need to be implemented. The Safeguarding Team will ensure that an alert ‘Flag and Tag’ is identified on RiO indicating victim/perpetrator status. Disclosure statements if shared are also included within RiO progress notes by the MARAC Lead Nurse Safeguarding and Public Protection Lead Practitioner.

10.10 Any concerns in regard to information sharing needs to be discussed with the Safeguarding and Public Protection Team.

11 Cases where Children are involved (includes Unborn Babies through to Young People Aged under 18)

11.1 You should make a Children’s Safeguarding Referral for any child, including an unborn baby, who is living with domestic abuse.

11.2 Remember that children are always impacted by domestic abuse. They are at risk of significant harm by direct abuse, as well as from hearing, witnessing or intervening in
incidents. This can be dealt with under Multi-Agency Safeguarding Children Procedures. (See the Trust’s Safeguarding Children Policy - CNTW(C)04).

11.3 It is also important to remember that children and young people who are subject to sexual exploitation or who go missing may do so as a consequence of domestic abuse. Links should be made to multi-agency Missing, Sexually Exploited and Trafficked (MSET) processes. The Trust’s Safeguarding and Public Protection Team will triage any concerns you may have via completion of a web based incident report if you suspect a child or young person may be being exploited.

Children and young people can also be abusive and violent towards parents and carers. Adolescent to parent violence and abuse (APVA) may be referred to as ‘adolescent to parent violence (APV)’, ‘adolescent violence in the home (AVITH)’, ‘parent abuse’, ‘child to parent abuse’, ‘child to parent violence (CPV)’, or ‘battered Parent syndrome’ The Home Office APVA Information Guide can be found at:-


There is currently no legal definition of adolescent to parent violence and abuse however it is increasingly recognised as a form of domestic violence and abuse and dependent on the age of the child and it may fall under the government definition of Domestic Abuse (aged 16 to 18 years). It is important to recognise the effects APVA may have on both the parent and the young person and to establish trust and support for both. The majority of reported cases to the police are of adolescent to parent violence involved a son-mother relationship. If a parent or carer discloses that they are experiencing abuse then trust staff should seek to identify risk factors early and work together with the family to provide early support to avoid crisis situations.

11.4 Make sure you see the child/young person and the parent and they are given the opportunity to be seen on their own;

- Making it easy for the parent/carer to talk about their experiences
- Be supportive, reassuring and non-judgemental
- You should never assume that someone else will take care of the violence and abuse issues – you may be the parent/carers first and only contact
- Always complete a web based incident if a disclosure is made. For those children and young people under 16 years of age a referral to Children’s and Adult Social care is required with the parent/carers consent. The Police must also be contacted if you have immediate concerns regarding a parents/carers safety

11.5 If the child is aged 16 or 17 you can also use the Risk Indicator Checklist for a young person who is experiencing familial and relationship abuse, including stalking and ‘honour’-based violence. If assessed as high risk on the DASH RIC then a referral must also be made to MARAC. You must still make a children’s safeguarding referral even if a referral is made to MARAC for a high risk 16-17 year old.

12 Good Practice for Victims

12.1 Complicated matters: a toolkit addressing domestic and sexual violence, substance use and mental ill-health” is a resource stemming from the Stella Project Mental Health Initiative; The e-learning programme of the same name which is freely accessible here: http://elearning.avaproject.org.uk
12.2 It is expected that all Trust employees will be able to signpost and/or support victims of domestic abuse should a disclosure be made to them spontaneously or following questioning.

12.3

- CNTW Domestic violence self-help guidelines can be found at:-
  CNTW - Domestic Violence and Abuse leaflet
- The easy read version can be found at:-
  CNTW - Domestic Violence and Abuse - Easy Read Version

This has been specially designed by clinicians and people with learning disabilities to be easily understood using simple language and pictures

13 Perpetrator Disclosures

13.1 Be alert to and be prepared to receive and clarify a disclosure about domestic abuse from an abusive person. However, remember that the majority of abusers will deny or minimise the abuse which they are perpetrating (e.g. by saying they have only hit their partner once, that the violence was mutual, out of character, or blamed on their intoxication).

13.2 Remember that any form of abuse is unacceptable and perpetrators often try and manipulate professionals as well as using children as a tool through which they can abuse the victim. Keep the perpetrator at the centre of professional attention and intervention. A perpetrator's need to exercise control over the victim will increase (not decrease) with professional intervention and they may attempt to manipulate child protection proceedings and staff.

13.3 Some perpetrators may also try and present themselves as victims. Try and distinguish between self-defence and abuse. If you are unsure in any way, seek advice from a Specialist Domestic Abuse Service such as Wearside Women in Need (0800 066 5555) or from the national RESPECT website, as they have tools / advice to help you distinguish who is the perpetrator and who is the victim.

13.4 Before seeking to clarify a disclosure from an alleged perpetrator, staff should first of all take into account their own safety, the safety of any children, the safety of the victim and the safety of any other potential victims (such as ex-partners or extended family members).

13.5 Staff should also give consideration to the ‘Lone Working Policy’ where a potential risk is identified for staff members, particularly when it is known that domestic abuse is a feature. Information sharing between agencies is especially important when referring to services who undertake home visits to allow for their agency to risk assess and put steps in place in line with their Lone Working Policy.

13.5 RESPECT (0808 802 4040) take calls from men and women who are violent/abusive towards their partners in heterosexual or same-sex relationships. They also provide advice to frontline staff working with perpetrators; as well as victims wanting to find out what help is available for their abusive partner. Advice for frontline workers about working with domestic abuse perpetrators can include:
• Which interventions are safe and most effective
• How domestic violence perpetrators may manipulate frontline workers in order to exercise power and control over their partners
• Why anger management courses, mediation and couples counselling are not appropriate interventions for domestic violence perpetrators
• Contact details for local Domestic Violence Perpetrator Programmes and explain how they work. (See Appendix 6 Local Services for referrals and Support Services)

14 Support for Staff after Domestic Abuse Disclosure

14.1 Staff may require emotional support after domestic abuse disclosures. Managers are responsible for making this available either through themselves or by negotiating clinical or safeguarding supervision as appropriate.

15 Guidance for Managers in dealing with Employees who are experiencing Domestic Abuse

15.1 It is the Trust’s intent that every employee who is experiencing domestic abuse has the right to raise the issues with their employer, in the knowledge that the matter will be treated effectively, sympathetically and confidentially. Guidance for Managers and employees (see Appendix 8 and 9)

15.2 Impact on Work

15.2.1 Domestic abuse will have an impact on performance at work and therefore has a different effect on the quality of service provision. Indicators which may identify abuse are lateness, physical and emotional exhaustion, absenteeism, work performance, behavioural changes. In addition to the detail of possible signs of abuse mentioned earlier, other indicators may include the following:

• Low self-esteem, withdrawn or quiet due to feelings of isolation
• Unusual number of calls from home and strong reaction to these calls
• Comes to work late, needs to leave early, secretive about home life
• Partner may attempt to limit their work or social contacts
• Partner may ridicule them in public
• Partner exerts unusual amount of control over their life

15.3 Guidelines for Support

15.3.1 All requests for assistance and support must be treated seriously and sympathetically and you should establish if the employee is happy talking to you or if they would prefer to speak to someone else.

15.3.2 Ensure that you speak to the employee somewhere that is private where you cannot be overheard or cannot be interrupted.

15.3.3 Listen and do not pressurise to take action.
15.3.4 Give a positive message that domestic abuse is a serious crime and every individual has the right to live a life free from abuse in any form.

15.3.5 Ask the employee what they want to do, if anything and respect their decision.

15.3.6 Ask the employee if they want to report it to the Police and / or need to see a GP or referral to the Trust Occupational Health Provider for medical attention / counselling.

This, of course must be their choice.

15.3.7 Give information about Support Services available including local refuges and / or help-lines.

15.3.8 Be prepared to offer the same standard of support, on all occasions, no matter how many times the same employee approaches you. Remaining in an abusive relationship is part of the nature of the domestic abuse.

15.4 **Guidelines for Management Support**

15.4.1 Provide a confidential and sympathetic response to staff who may be suffering through domestic abuse.

15.4.2 Allow time off to visit solicitors and other agencies.

15.4.3 Assure staff that their managers would actively consider with them their individual needs regarding leave in order to avoid domestic abuse.

15.4.4 Consider requests to change working hours or temporary measure including changes in work site.

15.4.5 Ensure that security measures have been considered for staff who work alone.

15.4.6 Ensure your own safety as well as that of other colleagues.

15.4.7 Ensure that no personal details of the individual are divulged including work place details.

15.4.8 Ensure that confidential counselling is made available to employees suffering domestic abuse.

15.4.9 Managers should refer staff who are the perpetrators of abuse to appropriate confidential support/counselling if requested. In addition if there is a conflict between the post held and the criminal allegation against them, the disciplinary procedure should be invoked.

15.4.10 Establish how the employee suffering domestic abuse wishes to be contacted, contacting them at home may not be appropriate.

15.5 **Employees experiencing Domestic Abuse should consider**

15.5.1 Informing their Line Managers if they are involved in a domestic situation which impacts on their work.

16 **Identification of Stakeholders**
16.1 This is an existing Policy under review with additional/changed content that relates to operational and/or clinical practice, and was therefore circulated to the following for a **four week** consultation period to the following:

- North Locality Care Group
- Central Locality Care Group
- South Locality Care Group
- North Cumbria Locality Group
- Corporate Decision Team
- Business Delivery Group
- Safer Care Group
- Communications, Finance, IM&T
- Commissioning and Quality Assurance
- Workforce and Organisational Development
- NTW Solutions
- Local Negotiating Committee
- Medical Directorate
- Staff Side
- Internal Audit

17 **Training**

17.1 All Trust staff have access to Safeguarding and Public Protection training.

18 **Equality and Diversity Impact Assessment**

18.1 In conjunction with the Trust’s Equality and Diversity Lead this Policy has undergone an Equality and Diversity Impact Assessment which has taken into account all human rights in relation to disability, ethnicity, age and gender. The Trust undertakes to improve the working experience of staff and to ensure everyone is treated in a fair and consistent manner.

18.2 Domestic abuse in heterosexual relationships has been of increasing public concern in the UK since the 1970s; domestic abuse in same sex communities has only more recently become apparent. A number of factors may be seen to have contributed to the great invisibility of same sex domestic abuse, including fears of making such problems within communities already considered problematic in a homophobic society.

18.3 This Policy offers a number of specialist potential contacts for helpful organisations (Appendix 9), however, the Trust’s Safeguarding Team will continue to endeavour to raise awareness about domestic abuse in same sex relationships enabling the Trust to portray its organisation as accessible to those experiencing domestic abuse in same-sex relationships.

19 **Implementation**

19.1 Taking into consideration all the changes associated with this policy, it is considered that a target date of **January 2020** is achievable for the contents to be implemented.
within the organisation.

19.2 The Safeguarding and Public Protection Group will receive the outcomes of Policy monitoring and agree with the Associate Director - Safer Care any action planning if gaps are identified.

20 Monitoring Compliance

20.1 To ensure the following:

- At the time of research requested by the Police MARAC Coordinator, all service users past and present are researched and necessary information is provided to the MARAC Meeting in all cases

- RISK/ALERTS on RiO and progress notes are completed after every MARAC Meeting for those service users known to CNTW

- All Risk Indicator Checklists completed by Trust practitioners are checked within the health records by the Safeguarding and Public Protection Lead Practitioner regarding next steps

- A web based Incident Form will be completed when a service user is active to CNTW after the MARAC Meeting has taken place

21 Fair Blame

21.1 The Trust is committed to developing an open learning culture. It has endorsed the view that, wherever possible, disciplinary action will not be taken against members of staff who report near misses and adverse incidents, although there may be clearly defined occasions where disciplinary action will be taken.

22 Fraud, Bribery and Corruption

22.1 In accordance with the Trust's CNTW(O)23 – Fraud, Bribery and Corruption Policy, all suspected cases of fraud and corruption should be reported immediately to the Trust’s Local Counter Fraud Specialist or to the Executive Director of Finance.
23 Associated Documentation

- CNTW(C)04 – Safeguarding Children Policy
- CNTW(C)06 – Non-attendance (DNA – did not attend) Policy
- CNTW(C)07 – Promoting Engagement Policy
- CNTW(C)16 – Positive/Safe-Management Violence/Aggression Policy
- CNTW(C)24 – Safeguarding Adults at Risk Policy
- CNTW(C)25 – Multi-Agency Public Protection Arrangements (MAPPA)
- CNTW(C)31 – Clinical Supervision Policy
- CNTW(C)34 – Mental Capacity Act Policy
- CNTW(HR)04 – Disciplinary Policy
- CNTW(HR)10 – Attendance and Sickness Absence Policy
- CNTW(HR)11 – Flexible Working Policy
- CNTW(O)01 – Management and Development of Procedural Documents
- CNTW(O)21 – Security Management Policy
- CNTW(O)29 – Confidentiality Policy
- CNTW(O)62 – Information Sharing Policy
## Equality Analysis Screening Toolkit

<table>
<thead>
<tr>
<th>Names of Individuals involved in Review</th>
<th>Date of Initial Screening</th>
<th>Review Date</th>
<th>Service Area / Locality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christopher Rowlands</td>
<td>Jan 2020</td>
<td>Jan 2023</td>
<td>Trust-wide</td>
</tr>
<tr>
<td>Jan Grey</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Policy to be analysed

<table>
<thead>
<tr>
<th>CNTW(C)54 Domestic Abuse Policy V04</th>
<th>Is this policy new or existing?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Existing</td>
</tr>
</tbody>
</table>

### What are the intended outcomes of this work? Include outline of objectives and function aims

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (the Trust / CNTW) is committed to ensuring patients and carers receive appropriate care and support from employees. All Trust employees must be aware of the actions that should be taken in all cases of disclosures of domestic abuse.

Domestic abuse is a crime which takes place behind closed doors. No single agency or individual can see the complete picture of the life of a victim, but all may have crucial insights that are critical to their safety. The purpose of this Policy is to:

- Providing guiding principles for staff dealing with domestic abuse.
- Increase safety and improve health by recognising that domestic abuse is a crime that adversely affects the health of individuals, families and communities.

The Trust is committed to promoting the health and well-being of clients and staff and, as such, recognises that domestic abuse is a crime, which adversely affects the health of individuals, families and communities. The Trust is therefore committed to ensuring that domestic abuse is recognised, and that both clients and staff are provided with information and support to minimise risk.

### Who will be affected? e.g. staff, service users, carers, wider public etc

All Staff

### Protected Characteristics under the Equality Act 2010. The following characteristics have protection under the Act and therefore require further analysis of the potential impact that the policy may have upon them

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability</td>
<td>No Impact</td>
</tr>
<tr>
<td>Sex</td>
<td>No Impact</td>
</tr>
<tr>
<td>Race</td>
<td>No Impact</td>
</tr>
<tr>
<td>Age</td>
<td>No Impact</td>
</tr>
<tr>
<td>Gender reassignment (including transgender)</td>
<td>No Impact</td>
</tr>
</tbody>
</table>

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
CNTW(C)54 – Domestic Abuse Policy – V04.2- Apr 2020
<table>
<thead>
<tr>
<th>Sexual orientation.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Religion or belief</td>
<td>No Impact</td>
</tr>
<tr>
<td>Marriage / Civil Partnership</td>
<td>No Impact</td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>No Impact</td>
</tr>
<tr>
<td>Carers</td>
<td>No Impact</td>
</tr>
<tr>
<td>Other identified groups</td>
<td>No Impact</td>
</tr>
</tbody>
</table>

**How have you engaged stakeholders in gathering evidence or testing the evidence available?**

Through standard Policy consultation mechanisms

**How have you engaged stakeholders in testing the policy or programme proposals?**

Through standard Policy consultation mechanisms

**For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:**

Through standard Policy consultation mechanisms

**Summary of Analysis** Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.

Not Applicable

**Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups. Where there is evidence, address each protected characteristic**

<table>
<thead>
<tr>
<th>Eliminate discrimination, harassment and victimisation</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advance equality of opportunity</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Promote good relations between groups</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>What is the overall impact?</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Addressing the impact on equalities</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

**From the outcome of this Screening, have negative impacts been identified for any protected characteristics as defined by the Equality Act 2010?**

If yes, has a Full Impact Assessment been recommended? If not, why not?

Manager’s signature: Jan Grey                      Date: Jan 2020
Appendix B

Communication and Training Check List for Policies

Key Questions for the accountable Committees designing, reviewing or agreeing a new Trust Policy

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this a new policy with new training requirements or a change to an existing policy?</td>
<td>Existing Policy</td>
</tr>
<tr>
<td>If it is a change to an existing policy are there changes to the existing model of training delivery? If yes specify below.</td>
<td>Yes</td>
</tr>
<tr>
<td>Are the awareness/training needs required to deliver the changes by law, national or local standards or best practice?</td>
<td>Nice Guidelines</td>
</tr>
<tr>
<td>Please give specific evidence that identifies the training need, e.g. National Guidance, CQC, NHS Resolutions etc. Please identify the risks if training does not occur.</td>
<td></td>
</tr>
<tr>
<td>Please specify which staff groups need to undertake this awareness/training. Please be specific. It may well be the case that certain groups will require different levels e.g. staff group A requires awareness and staff group B requires training.</td>
<td>Clinical staff</td>
</tr>
<tr>
<td>Is there a staff group that should be prioritised for this training / awareness?</td>
<td>As above</td>
</tr>
<tr>
<td>Please outline how the training will be delivered. Include who will deliver it and by what method. The following may be useful to consider: Team brief/e bulletin of summary Management cascade Newsletter/leaflets/payslip attachment Focus groups for those concerned Local Induction Training Awareness sessions for those affected by the new policy Local demonstrations of techniques/equipment with reference documentation Staff Handbook Summary for easy reference Taught Session E Learning</td>
<td>Training Academy</td>
</tr>
<tr>
<td>Please identify a link person who will liaise with the training department to arrange details for the Trust Training Prospectus, Administration needs etc.</td>
<td>Jan Grey Associate Director - Safer Care</td>
</tr>
</tbody>
</table>
### Training Needs Analysis

<table>
<thead>
<tr>
<th>Staff / Professional Group</th>
<th>Type of Training</th>
<th>Duration of Training</th>
<th>Frequency of Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>All new employees</td>
<td>Awareness raising of domestic abuse within induction</td>
<td>4 hours</td>
<td>Once</td>
</tr>
<tr>
<td>Level 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-registered Level 2</td>
<td>Awareness raising training</td>
<td>4 hours</td>
<td>ELearning every 3 years</td>
</tr>
<tr>
<td>Professionally registered</td>
<td>How to enquire and deal with a disclosure</td>
<td>Full day</td>
<td>Within three yearly refresher SAPP generic training</td>
</tr>
<tr>
<td>staff Level 3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Appendix C

#### Monitoring Tool

**Statement**

The Trust is working towards effective clinical governance and governance systems. To demonstrate effective care delivery and compliance, Policy Authors are required to include how monitoring of this Policy is linked to Auditable Standards / Key Performance Indicators will be undertaken using this framework.

<table>
<thead>
<tr>
<th><strong>CNTW(C)54 – Domestic Abuse Policy – Monitoring Framework</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Auditable Standard / Key Performance Indicators</strong></td>
</tr>
</tbody>
</table>
| 1. All Risk Indicator Checklists will be completed when a referral is made by CNTW into the MARAC process | The MARAC nurse acts as Single Point Of Contact (SPOC) and quality control for all CNTW MARAC referrals following relevant expressed concern by CNTW practitioners  
Safeguarding and Public Protection Lead Practitioner monitors by annual Clinical Audit | Safeguarding and Public Protection Group – Quarterly  
Quality and Performance- Quarterly |
| 2. An electronic incident form will be completed when a referral is made by CNTW into the MARAC process. | The Safeguarding and Public Protection Lead Practitioner acts as Single Point Of Contact (SPOC) and quality control for all CNTW MARAC Referrals following relevant expressed concern by CNTW practitioners.  
Safeguarding and Public Protection Lead Practitioner monitors by annual Clinical Audit | Safeguarding and Public Protection Group – Quarterly  
Quality and Performance- Quarterly |
<table>
<thead>
<tr>
<th>Auditable Standard / Key Performance Indicators</th>
<th>Frequency / Method / Person Responsible</th>
<th>Where results and any associated action plan will be reported to implemented and monitored; (this will usually be via the relevant Governance Group).</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Risk / Alerts on RiO and progress notes are completed after every MARAC Meeting for service users</td>
<td>The Safeguarding and Public Protection Lead Practitioner will complete within 48 hours of MARAC Meeting taking place <strong>Associate Director - Safer Care</strong> will monitor by 6 monthly random sample of cases</td>
<td>Safeguarding and Public Protection Group – 6 monthly</td>
</tr>
<tr>
<td>4. Any Domestic Homicide Reviews undertaken, associated recommendations and action plan are monitored</td>
<td>Standard agenda item on Bi- Monthly agenda of Safeguarding Public Protection Group and Trust Board <strong>Associate Director - Safer Care</strong></td>
<td>An overview of the completed report is provided to the Safeguarding Public Protection Group by the <strong>Associate Director - Safer Care</strong> once published. The Trust Board receive bi-monthly updates in relation to Domestic Homicide Reviews including recommendations and content provided by the <strong>Associate Director - Safer Care</strong></td>
</tr>
<tr>
<td>5. Process in place for Trust staff to undertake training in relation to Domestic Abuse / MARAC</td>
<td><strong>Associate Director - Safer Care</strong> will assist the Head of the Training Academy in the development of the training Strategy on an annual basis</td>
<td>Yearly updated strategy to be appended within Policy for all staff Safeguarding Training is included in job related statutory and mandatory training. This is reported to Trust wide Q&amp;P by the Workforce and Organisational Development Group, within the Workforce Section of Integrated Performance Report and Workforce Performance Dashboard</td>
</tr>
</tbody>
</table>