

## Checklist for the Review and Approval of Procedural Documents

To be completed and attached to any document which guides practices when submitted to the appropriate committee for consideration and approval.

	Yes/No/Unsure	Comments
<b>Title of Document</b>		Domestic Violence / Abuse Policy
Could this policy be incorporated within an existing policy?	No	
Does this policy follow the style and format of the agreed template?	Yes	
Has the front sheet been completed?	Yes	
Is there an appropriate review date?	Yes	
Does the contents page reflect the body of the document?	Yes	
Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes	
Are all appendices appropriate and/or applicable?	Yes	
Have all appropriate stakeholders been consulted?		
Has an Equality Impact Assessment been undertaken?	Yes	
Is there a clear plan for implementation?	Yes	
Has the document control sheet been completed?	Yes	
Are key references cited and, supporting documents referenced?	Yes	
Does the document identify which Committee/Group will approve it?	Yes	

### Individual Approval

This document is approved for forwarding to the committee/group.

Name		Date	
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### Committee Approval

This document has been approved and can be forwarded to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.

Name	Integrated Governance Committee	Date	17/10/2018
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# Brent, Harrow and Hillingdon Federation of Clinical Commissioning Groups

## Domestic Violence / Abuse Policy

### DOCUMENT HISTORY

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## VERSION CONTROL

Plan Version	Status	Comments	Date	Author
V 0.1	Draft	New plan	Aug. 18	DPs
V1.0	Final			

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## **1. Introduction**

Brent, Harrow and Hillingdon (BHH) Clinical Commissioning Groups (CCGs) are committed to promoting a zero tolerance of Domestic Violence and Abuse (DVA). They will ensure that the working environment promotes the view that DVA is unacceptable and will not be tolerated. BHH CCGs are committed to supporting employees who are experiencing DVA and providing guidance for employees and managers to address the occurrence of domestic abuse and its effects on the workplace. The CCGs acknowledge that DVA is a significant problem which has a devastating impact on victims and their families. BHH CCGs recognise that domestic abuse can affect an individual's work performance and that as an employer we have a responsibility for the health, safety and welfare of staff at work and seek to provide support to those affected.

Where a member of staff is a convicted perpetrator of domestic violence and abuse, the CCG will address this through the appropriate Regulatory Code of Conduct and Human Resources policies.

DVA is a significant safeguarding issue for adults and children. There can be added vulnerabilities for adults with care and support needs. The Care Act 2014 identifies Domestic abuse as a form of recognized abuse for adults with care and support needs. The Children Act 1989 and 2004 identifies hearing or witnessing domestic abuse as potential significant harm to children and young people. BHH recognises their duty of care to respond to child safeguarding issues, if it becomes apparent that a child of an employee who is a victim of domestic abuse and thereby may be at risk of harm.

DVA is a key public health issue and treating related physical injuries and addressing mental health needs, it costs the National Health Service in the region of £1.7 billion per annum (Walby, 2009). DVA is a criminal act and a fundamental breach of trust and human rights, and contravenes an individual's right to feel safe, both within their home and within a personal relationship. This policy demonstrates the principle that domestic violence and abuse is unacceptable behaviour and that everyone has a right to live free from fear and abuse (Human Rights Act, 1998). It recognises the need to share information and work in partnership with other agencies with greater experience of domestic abuse in order to reduce the risk of harm to victims.

BHH CCG staff members must know how to make a referral to their safeguarding team in their respective boroughs and whom to contact to discuss whether or not a referral would be appropriate.

## **2. The Policy aims:**

- Enable employees experiencing problems at work arising from domestic violence and abuse to be supported.
- Ensure confidentiality and sympathetic handling of situations at work arising from domestic violence and abuse
- Provide guidance for managers on how to support victims of domestic violence and abuse
- Raise awareness and understanding in Provider's organisation of the effects of domestic violence and abuse in Children and Adults at Risk.

### **3. Purpose**

This policy sets out the key arrangements and systems the CCGs must have in place for safeguarding and promoting the welfare of Children and Adults at Risk of DVA. This policy ensures that both victims and perpetrators of DVA are aware of the support that is available within BHH CCGs. It also provides guidelines to line managers when supporting staff who are affected by DVA.

### **4. Application and Scope**

This policy applies to all employees and workers of BHH, including all staff (temporary or permanent) within the CCGs involved in commissioning or delivery of services and also the independent practitioners who deliver services on behalf of BHH.

For ease of reference, all employees and workers who fall under these groups will be uniformly referred to as “CCGs staff” in this document.

### **5. Legislation**

The policy has been written taking account of the legal requirements of the following regulations:

- Code of Conduct (or appropriate Codes) for NMC/GMC/GDC/HPC
- Racial Harassment and Hate Crimes Policy & Procedure
- The Domestic Violence, Crime and Victims Act amended 2012
- The Care Act 2014
- The Children Act 1989 and 2004
- The Serious Crime Act 2015
- The Sexual Offences Act 2003
- Female Genital Mutilation Act 2003
- Home Office ‘Domestic Violence & Abuse’  
(<https://www.gov.uk/domesticviolence-and-abuse>)
- Forced Marriage (Civil Protection) Act 2007
- Human Rights Act 1998

### **6. Definition of Domestic Violence and Abuse**

The Home Office definition: Domestic abuse is any incident or pattern of incidents of controlling, coercive or threatening behavior, 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 the following types of abuse:

- psychological
- physical
- sexual
- financial
- Emotional

This includes violence within teenage intimate partner relationships, abuse of older women, including abuse by adult children, the wider extended family, and carers: (women at both extremes of the age spectrum are more vulnerable), violence or abuse between adults who are or have been in a relationship together, or between family members, regardless of gender or sexuality.

The impact of domestic abuse can range from loss of self-esteem to loss of life and includes so called ‘honour’ based violence, Female Genital Mutilation and Forced Marriage. Whilst the majority of abuse is perpetrated by men against women, domestic violence and abuse may also be carried out by women against men and within same sex relationships.

Domestic abuse happens in all communities, regardless of gender, age, disability, gender reassignment, race, religion or belief, sexual orientation, marriage or civil partnership and pregnancy. When dealing with domestic abuse it is important to recognise differences between all protected characteristics (Equality and Diversity Act 2010).

**For more information on the different types of abuse see Appendix 1**

**6.1 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.

**6.2 Coercive behaviour** is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.” This definition includes so-called ‘honour’ based violence, female genital mutilation /cutting (FGMC), stalking and forced marriage and is clear that victims are not confined to one gender or ethnic group.

<http://www.homeoffice.gov.uk/crime-victims/reducing-crime/domestic-violence>

### **6.3 Honour Based Violence**

The terms “honour crime” or “honour based violence” or “izzat” embrace a variety of crimes of violence (mainly, but not exclusively, against women), including assault, imprisonment and murder where the person is being punished by their family or community. They are being punished for actually, or allegedly, undermining what the family or community believes to be the correct code of behaviour, the person shows they have not been properly controlled to conform by their family and this is to the “shame” or “dishonour” of the family.

### **6.4 Forced Marriage**

A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. Forced Marriage has become a criminal act in the UK. The Anti-Social Behaviour, Crime and Policing Act 2014 made it a criminal offence to force someone to marry. This includes: taking someone overseas to force them to marry (whether or not the marriage takes place), marrying someone who lacks mental capacity or breaching a Forced Marriage Protection Order.

### **6.5 Female Genital Mutilation**

The World Health Organisation (2018) defined Female Genital Mutilation (FGM) as “procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons”. FGM is against the law in the UK, and the cultural context in which it takes place is complex. It is vital that practitioners who come into contact with women, children and their families from communities that practise FGM have adequate knowledge and understanding of the issues to be able to respond appropriately and meet their needs and also to act within contemporary law and policy. Anyone knowing or suspecting that a girl is to be, or has been, subjected to FGM should make a referral to Children's Services Department or call 999 in an emergency.

FGM is against the law in the UK and has been a criminal offence since 1985. The Female Genital Mutilation Act was amended in 2003 and it is now also illegal to practice FGM in this country and to take a female abroad for FGM. From June 2015 it is an offence to fail to protect a person from FGM and any concerns that a young person under 18 years of age or a vulnerable adult is at risk of FGM should be referred to Children/Adult Social Care. It is

also a mandatory requirement for statutory agencies that all cases of actual FGM in a young person under 18 years or a vulnerable Adult must be reported to the Police.

For more information on FGM see:

<https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>

## **6.6 Stalking**

Stalking is a pattern of repeated and persistent unwanted behaviour that is intrusive and creates fear, it is when one person becomes fixated or obsessed with another and the attention is unwanted. Stalking within an abusive relationship is very common and often the perpetrator may use the workplace to support stalking behaviour. For example the perpetrator may follow the victim to work, watch or spy on the victim or try to monitor the victim via electronic devices or try to contact the victim via email, texting or telephone. Stalking is a crime and any concern related to stalking which is highlighted in the workplace should be taken seriously. The victim should be advised to report stalking to the Police.

## **6.7 Black and minority**

People from all ethnic groups experience domestic violence. Black and minority ethnic survivors often face additional challenges in getting support, escaping abuse and receiving justice for the abuse they have experienced (Women's Aid, Survival and Beyond: The Domestic Abuse Report 2017).

## **7. Domestic Violence / Abuse and Workplace**

It is important to promote the understanding that everyone has the right to a life free from abuse of any form. BHH CCG strive to create a working environment that promotes the view that violence against people is unacceptable and that such violence will not be condoned. CCG staff who is alleged perpetrator must also be aware that his / her conduct outside of work could lead to disciplinary action being taken (see 7.1)

### **7.1 Staff who are experiencing or (are alleged) perpetrators of DVA**

1:4 women will be affected in their adult lifetime (the NHS employs 700,000 women). 1:6 men will be affected in their adult lifetime (the NHS employs 300,000 men). 1 in 5 children witness domestic abuse and many are negatively affected by this. It is important to promote the understanding that everyone has the right to a life free from abuse in any form. Domestic abuse can have an impact on the performance at work of the individual and therefore has a direct effect on quality of service provision.

The effects of domestic abuse are often invisible and therefore not obvious to managers and colleagues and victims are often reluctant to discuss their situation with their employer or work colleagues. Some signs which might indicate that they are experiencing such problems such as but not excluding the follow;

- Changes in behaviour including uncharacteristic depression, anxiety, distraction or displaying problems with concentration
- Poor attendance or high absenteeism without an explanation
- Inappropriate or excessive clothing (designed to hide bruising or scars)
- Receiving upsetting telephone calls, text messages, emails etc; or being the victim of vandalism or threats.

It is important to remember that not all victims behave in the same way, and the signs listed may not be applicable in all cases. Similarly, it is important to note that staff who demonstrates some of the characteristics noted will not always be victims of domestic abuse.

If a member of CCG staff discloses or has been alleged to be a **perpetrator** of DVA, the safeguarding leads need to be informed and HR Adviser/ Manager so internal procedures or even disciplinary processes can be considered; this may include informing the police. For a clinician, the concern is managed as an 'allegation against a professional' as per London Child Protection procedures [http://www.londoncp.co.uk/chapters/alleg\\_staff.html](http://www.londoncp.co.uk/chapters/alleg_staff.html).

The Local Authority Designated Officer needs to be informed.

There are three parts to the process:

- HR investigation- to review employment matters such as suitability for the post
- Police investigation – to investigate any crime
- Social care – investigate alleged incident of abuse.

The member of staff alleged to have been the abuser, will be provided with information about the services and support available to them.

See Brent policy on 'Managing Allegations Against Professionals.'

## 7.2 Support for staff

The impact on health professionals working with individuals, who are experiencing domestic violence and abuse must not be underestimated. It is important for staff to engage in regular clinical supervision, to support the delivery of good practice and to access a safe place for reflection on practice. If CCG staff would like to obtain support with this or think that it may be affecting their work, or think that they may be at risk at work, they can discuss this with their line-manager, Occupational Health or the Employee Assistance Programme.

Employee Assistance Programme is available for all CCG staff.

See Appendix 2 in page 21.

Other ways in which staff experiencing domestic abuse can be supported by their managers in BHH such as;

- Be available and approachable to employees experiencing domestic abuse
- Listen, reassure and support individuals
- Respond in a sensitive and non-judgemental manner
- Discuss the specific steps that can be taken to help this person stay safe in the workplace
- Sign post employee to seek the advice of other relevant agencies

If there are children in the abusive relationship Children's Social Care may need to be informed – CCG staff must take advice from the Safeguarding Team in the relevant CCG.

## 8. Children at Risk of DVA

**If you have any concerns or suspicions about the welfare of a child/young person who is under the age of 18 years, including any unborn children you MUST refer to Children and Young People's Services in the respective borough.**

The guidance on safeguarding children states: *"Where there is evidence of domestic violence/abuse, the implications for any children in the house hold should be considered, including the possibility that the children may themselves be subject to violence or other harm. Conversely, where it is believed that a child is being abused; those involved with the child and family should be alert to the possibility of domestic abuse within the family".*

The risk to children should be assessed whether the person experiencing domestic violence and abuse is living with the perpetrator or not and /or whether the child experiencing domestic violence and abuse themselves.

The risks the person experiencing domestic violence and abuse, and any related or dependent children or young people, are increased at the time around separation and at subsequent contact. You must consider the effect of domestic violence and abuse on all ages of children less than 18 years of age.

### **8.1 Children and young people witnessing domestic abuse**

Witnessing domestic abuse is really distressing and scary for a child, and causes serious harm. Children living in a home where domestic abuse is happening are at risk of other types of abuse too. Children can experience domestic abuse or violence in lots of different ways.

They might:

- see the abuse
- hear the abuse from another room
- see a parent's injuries or distress afterwards
- be hurt by being nearby or trying to stop the abuse

### **Teenagers experiencing domestic abuse**

Domestic abuse can happen in any relationship, and it affects young people too.

They may not realise that what's happening is abuse. Even if they do, they might not tell anyone about it because they're scared of what will happen, or ashamed about what people will think.

Around 1 in 5 children have been exposed to domestic abuse.

**Source:** Radford, L. et al (2011) [Child abuse and neglect in the UK today.](#)

### **8.2 The impact of DVA on Children**

The risks to children living with domestic violence include

- Direct physical or sexual abuse of the child. Research shows this happens in up to 60% of cases; also that the severity of the violence against the mother is predictive of the severity of abuse to the children;
- Emotional abuse and physical injury to the child from witnessing the abuse:
- Hearing abusive verbal exchanges between adults in the household;
- Hearing the abusive partner verbally abuse, humiliate and threaten violence;
- Observing bruises and injuries sustained by their mother;
- Hearing their mother's screams and pleas for help;
- Witnessing their mother being taken to hospital by ambulance;
- Attempting to intervene in a violent assault;
- Being physically injured as a result of intervening or by being accidentally hurt whilst present during a violent assault.
- Negative material consequences for a child of domestic violence:

Children who witness domestic violence suffer emotional and psychological maltreatment (Note: Section 31 Children Act 1989: impairment suffered from seeing or hearing the ill treatment of another [amended by the Adoption and Children Act 2002]).

They tend to have low self-esteem and experience increased levels of anxiety, depression, anger and fear, aggressive and violent behaviours, including bullying, lack of conflict resolution skills, lack of empathy for others and poor peer relationships, poor school performance, anti-social behaviour, pregnancy, alcohol and substance misuse, self-blame, hopelessness, shame and apathy, post-traumatic stress disorder - symptoms such as hyper-vigilance, nightmares and intrusive thoughts - images of violence, insomnia, enuresis and over protectiveness of their mother and/or siblings.

### 9. Adult at Risk of DVA

The Care Act 2014 defines adult at risk as a person over the age is 18 years and who:

- Has a need for care and support
- Is experiencing, or at risk of, abuse or neglect and;
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

It is recognised that some victims of domestic abuse and forced marriage may face additional vulnerability factors and that these should be taken into consideration when offering help and support.

### 10. Sexual orientation

Domestic abuse in the lesbian, bisexual, gay and transgender (LGBT) community is also a serious issue. About 25% of LGBT people suffer through violent or threatening relationships with partners or ex-partners which are about the same rates as in domestic abuse against heterosexual women.

Lesbian and bisexual survivors often face additional challenges in getting support, escaping abuse and receiving justice for the abuse they have experienced (Women’s Aid, Survival and Beyond: The Domestic Abuse Report 2017).

The sexual inequality at the heart of domestic abuse intersects with other forms of discrimination, such as racism, homophobia, and disability discrimination (Women’s Aid, Survival and Beyond: The Domestic Abuse Report 2017). All victims should be able to access appropriate support. There are important differences between male violence against women and female violence against men, namely the amount, severity and impact.

Women experience higher rates of repeated victimisation and are much more likely to be seriously hurt or killed than male victims of domestic abuse.

Further to that, women are more likely to experience higher levels of fear and are more likely to be subjected to coercive and controlling behaviours.

Staff must to be aware of the difficulties amongst professionals when asking and responding to questions about domestic violence and abuse particularly with men. The same consideration of risk factors should be used for both male and female victims. If there are any concerns about the level of risk, the professional should seek advice and support from their manager or the safeguarding team.

### 11. Duties and Responsibilities

NWL CCGs Chief Nurse / Director of Quality	The Chief Nurse is responsible for overseeing the implementation and impact of this policy and for making recommendations for change (through the management structure).
Managing Directors (MD)	MD in each of the Borough has overall accountability for ensuring that the CCG has appropriate strategies, structures, policies and procedures in place to safeguard anyone who is experiencing DVA and that the commissioned provider services comply with relevant

	national legislation and discharge their duties effectively.
All staff of BHH	<p>Staff are responsible for actively co-operating with managers in the application of this policy to enable the CCG to discharge its legal obligations. Staff have a responsibility to play a part in the prevention, detection and reporting of DVA. As such, responsibilities include:</p> <p>Following the DVA policies and procedures at all times.</p> <p>Working collaboratively with other agencies to safeguard and protect the welfare of people who use services.</p> <p>Identifying training needs in respect of policies and bringing them to the attention of their line manager.</p> <p>Attending training / awareness sessions when provided.</p> <p>Safeguarding is a fundamental part of the commissioning strategy ensuring systems and processes are in place in all parts of the commissioning cycle; commissioners must make sure contracts are clear and detailed in respect of the service specification and provider duties in respect of DVA.</p>
Human Resource Management	HR will be responsible for the provision of advice and/or support and will assist in the signposting and referrals to relevant safeguarding agencies and support mechanisms available. These may include Occupational Health, access to confidential counseling and other wellbeing services.

## 12. All Provider Organisations

All providers have a duty of care for the people for whom services are provided. The duty includes having relevant policies and practices to prevent abuse occurring. If abuse does occur, staff must record information and a referral must be made to respective social services in the borough. Health professionals will need to be fully trained to be aware of the possible signs and risks of all forms of domestic violence and abuse in order to identify it effectively and provide meaningful help and support. The NICE guidelines on domestic violence and abuse (2014), recommendation five clearly states that: 'health services should create an environment for disclosing domestic violence and abuse. This should include information about the support on offer for those suspected of, or affected by domestic violence and abuse and be clearly displayed in waiting areas and other suitable places.'

### 12.1 Early Identification

Early intervention to prevent domestic violence and abuse can protect victims from immediate harm and have other indirect positive consequences. For example, reduce the number of people requiring treatment for mental ill health or substance misuse, reduce the incidence of family breakdown, reduce the risk of significant harm to children and a decline in the number of missing and looked after children.

### 12.2 Selective enquiry

If health professionals notice any of the above indicators they should (if safe to do so) ask the individual directly about their experiences of domestic violence and abuse. Avoid asking any questions in the presence of partners, children (over two years of age) or other family members as this likely to increase risk. It is preferable where concerns have been identified to see an individual alone. Staff may need to consider an alternative place of safety, for example, a clinic base.

It is imperative that health professionals weigh up the risk of potential harm against the potential benefits of discussing DVA at that contact. If the service user does not speak English always ensure a professional interpreter is used. Family or members of the local

community should not be used in cases where there may be domestic violence/abuse as this may increase the risk to the person affected by DVA.

### **12.3 Routine enquiry**

Routine enquiry is the practice of regularly/routinely asking service users if they are experiencing any forms of domestic violence or abuse and should be incorporated into all assessments. Evidence suggests that most women do not mind being questioned about domestic violence and abuse and in fact welcome being asked, especially when it is explained that it is a standard question for all women. It is important that all Staff is confident in inquiring about domestic violence and abuse. Routine enquiry should be incorporated into ALL assessment processes within the CHC Team.

### **13. Disclosure by the service user**

CCG Staff must recognize that an appropriate response to service users experiencing violence and abuse is of paramount importance. Staff should be sympathetic, supportive and non-judgmental when a disclosure has been made. Those who experience domestic violence and abuse will often not have spoken to anyone about what has been happening to them and may be particularly wary of statutory services becoming involved. Women who do eventually disclose their experience of violence typically describe a history of long-standing and escalating violence and abuse, and also remark on how much they wanted to be able to talk about what was going on, if only someone had asked them.

### **14. Multi-Agency Risk Assessment Conference (MARAC)**

MARAC is the multi-agency forum of organisations that manage high-risk cases of domestic abuse, stalking and 'honour'-based violence. MARAC meetings take place in each local authority, usually chaired by the police, where statutory and voluntary sector partners work together. MARAC considers cases identified as 'high risk' and develops a coordinated safety plan to protect each victim. This might include the actions agreed for any children, adults, and for perpetrators.

At the heart of a MARAC is a working assumption that no single agency or individual can see the complete picture of the life of a person at risk, but all may have insights that are crucial to their safety, as part of the coordinated community response to domestic violence. Safeguarding staff can refer to the MARAC if the risk of domestic abuse is found to be high.

#### **14.1 Community Multi-Agency Risk Assessment Panels (or High Risk Panels)**

Community Multi-Agency Risk Panels are one type of multi-agency working on complex and high risk cases, often where agencies spend significant amounts of time responding to difficult, chaotic or problematic behaviour or lifestyles that place the person, and possibly others, at significant risk. Panels can be created with all necessary partners, both statutory and third party and will vary depending on local need of the case in question. Any situation calling for multi-agency action could be discussed at panel meetings. The panel will support agencies in their work to lower and manage risk for both individuals and the wider community. The purpose of the Panel is to agree a risk reduction plan that is owned and progressed by the most relevant agency with the support of necessary partners.

### **15. Confidentiality:**

If a member of staff discloses that they are a victim of domestic abuse, they can be assured that the information they provide will be confidential and will not be shared with other colleagues without their permission. As far as possible, information will only be shared on a need to know basis. All records concerning DVA will be kept strictly confidential. Improper

disclosure of information i.e. breaches of confidentiality by any member of staff will be taken seriously and maybe subject to disciplinary action. It is essential for creating the conditions in which individuals feel comfortable disclosing DVA.

It is however important to understand and to explain to service users – **that there are limits to confidentiality**. Confidentiality cannot be assured to CCG staff who may disclose that they are a perpetrator of domestic abuse. Also, where children and adults are at risk, safeguarding and protection will always take precedence over confidentiality. The Crime and Disorder Act 1998, additionally also allows for the disclosure of information to the police, local authority, health authority or probation.

## 16. Information sharing

General Data Protection Regulation and Data Protection Act (2018) goes further in empowering organisations to process personal data for safeguarding purposes lawfully, without consent where appropriate. The new amendment provides a lawful ground for the processing of special category personal data – without consent if the circumstances justify it – where it is in the substantial public interest, and necessary for the purpose of: (i) protecting an individual from neglect or physical, mental or emotional harm; or (ii) protecting the physical, mental or emotional well-being of an individual.

Where that individual is:

- a child or an adult at risk
- under 18 or,
- having needs for care and support,
- experiencing or at risk of neglect or any type of harm
- unable to protect themselves.

The amendment still expects the **possibility** of obtaining consent, unless it would prejudice the safeguarding purpose (i.e. the protection of the individual). The question must be whether the use of the personal data is **proportionate** to the lawful aim. The law intends any justifiable step to protect individuals at risk to be considered as being in the substantial public interest.

### 16.1 Main grounds in UK legislation which require the sharing of information

Requirement	Legal authority
Prevention and detection of crime	s.115 Crime and Disorder Act 1998
To protect vital interests of the data subject; serious harm or matter of life or death	Schedule 8, DPA 2018
For the administration of justice (usually bringing perpetrators to justice)	Part 3 & Schedule 8 DPA 2018
For the purposes of the prevention, investigation, detection or prosecution of criminal offences or the execution of criminal penalties, including the safeguarding against and the prevention of threats to public security.	Part 3 s.31 & 35 DPA 2018
Child protection. Disclosure to Children’s Social Care or the Police	Children Act 1989 & 2004

In accordance with a court order	(requests to share information must show why it is relevant for the purpose for which they are requested, including a Court Order)
Overriding public interest	Common law
Right to life: Right to be free from torture or inhuman or degrading treatment	Human Rights Act, Articles 2 & 3
Prevention of Abuse and Neglect	The Care Act 2014
Person lacks the mental capacity to make the decision regarding consent	Mental Capacity Act 2005

### **17. Implementation**

This policy will be available to all staff for use in the circumstances described on the title page. All managers are responsible for ensuring that relevant staff within the CCG's have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

### **18. Training and Development**

The policy will be available on the intranet and disseminated to directors and managers' across the BHH to share with their staff. Domestic violence and abuse awareness will continue to be included within mandatory safeguarding adult and children training. Managers are to encourage staff to attend multi-agency domestic violence and abuse training that is available in each borough through the local authority. It has been determined that there are no added specific training requirements associated with the implementation of this policy. Domestic Abuse is already included in Level 1, Level 2 and Level 3 Safeguarding Training for CCG staff. The Safeguarding Team is trained to give expert advice regarding DVA concerns.

### **19. Policy Monitoring**

This policy will be implemented and monitored through the CCGs approved Governance frameworks with scrutiny and assurance being undertaken by the Integrated Governance and Quality Committees (meeting jointly) and reported to the CCG Governing Bodies. All CCG managers are responsible for the implementation of this policy within their area.

## 20. References and further reading

Co-ordinated Action Against Domestic Abuse. <http://www.safelives.org.uk/>

Department of Health (2005) Handbook for Health Professionals. London.

Department of Health, Responding to Domestic Abuse: a handbook for health professionals.

Department of Health (March 2010). The Report of the Taskforce on the Health Aspects of Violence Against Women and Children. London.

[http://www.health.org.uk/sites/default/files/RespondingtoViolenceAgainstWomenAndChildrenTheRoleofTheNHS\\_guide.pdf](http://www.health.org.uk/sites/default/files/RespondingtoViolenceAgainstWomenAndChildrenTheRoleofTheNHS_guide.pdf)

Department of Health (2012) document "Striking the Balance' Practical Guidance on the application of Caldicott Guardian principles to Domestic Violence and MARACS."

Call to End Violence Against Women and Girls: Strategic Vision 2010 HM Government

Call to End Violence Against Women and Girls Action Plan 2011 HM Government

NICE guidelines (2014) [PH50]. Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively, February 2014.

[www.nice.gov.uk](http://www.nice.gov.uk)

Professionals should use the RCP leaflet

<http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/deprivationlibertysafeguards.aspx>

NHSE safeguarding Tools

<http://brentccg.nhs.uk/safeguarding/safeguarding-adults?lang=en>

Allegations against professionals:

[http://www.londoncp.co.uk/chapters/alleg\\_staff.html](http://www.londoncp.co.uk/chapters/alleg_staff.html).

Working Together to Safeguard Children 2018.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/729914/Working\\_Together\\_to\\_Safeguard\\_Children-2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf)

## Appendix 1 Types of Domestic Abuse

Domestic abuse can be a single incident or a series of incidents and can include:

**Verbal:** Shouting at the victim, using derogatory comments towards the victim, name calling, blaming, criticising.

**Psychological;**

Intimidation, threats to harm, threats to kidnap children, blackmail, destruction of pets, property, mind games and stalking.

**Physical;**

Inflicting or attempting to injure, grabbing, pinching, biting, kicking, stabbing, weapons, withholding medications, food, funds.

**Sexual;**

Marital rape, acquaintance rape, forced sex after physical beating, fondling, forced prostitution.

**Financial;**

Maintaining control of earned income, withholding money and running up debt in the victim's name.

**Emotional;**

Undermining or attempting to undermine the victims' sense of worth, constant criticism, name, breaking promises, harming or making threats to harm pets.

**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.

**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. (Home Office 2013).

## Appendix 2 Resources to Support Staff member

- The Care first are an independent who are experienced in helping people to deal with all kinds of practical and emotional issues such as Wellbeing, family matters, relationships, debt management, workplace issues, and much more. The service is free and available 24 hours a day, 7 days a week, 365 days a year and is accessible by phone: 0800 174319 or email [www.carefirst-lifestyle.co.uk](http://www.carefirst-lifestyle.co.uk)
- Women can call the free 24-hour National Domestic Violence Helpline run in partnership between Women's Aid and Refuge: Tel: 0808 2000 247.
- Men can call the Men's Advice Line free on: Tel: 0808 801 0327 (Monday-Friday 9am-5pm) or ManKind on: Tel: 01823 334 244.
- Broken Rainbow UK provides support to lesbian, gay, bisexual and transgender people experiencing domestic violence. In an emergency, call **999**.

### Appendix 3 DVA Services and useful contact details in London Borough of Brent

#### **Violence against women and girls:**

**Advance:** Advance is an independent, client-led charity. We support all adult survivors (male and female), their children and teenage girls. Contact Advance:

Monday to Friday 10am to 6pm on 07398 454898. Email on [brent.admin@advancecharity.org.uk](mailto:brent.admin@advancecharity.org.uk)

In an emergency, always call 999.

**View Advance leaflet:** <https://www.brent.gov.uk/media/16409420/advance-poster.pdf>

**Advance Brent DVA referral form:** <https://www.brent.gov.uk/media/16409422/advance-brent-dva-referral-form.docx>

**MARAC referral form- Brent:** <https://www.brent.gov.uk/media/16409423/marac-referral-form-brent.docx>

#### **Other contacts in Brent:**

- National Domestic Violence 24 hour helpline: 0808 200 0247

#### Specialist Services:

- Asian Women's Resource Centre: 020 8961 5701
- Refuge – Eastern European Advocacy Service: 0203 1764770
- Iranian and Kurdish Women's Rights Organisation: 020 7920 6460
- Broken Rainbow (LGBT): 0800 999 5428
- Rape and Sexual Abuse helpline: 0808 802 9999
- Forced Marriage Unit: 020 7708 0151
- Men's Advice Line: 0808 801 0327
- Rights of Women: 020 7251 6577
- Samaritans UK: 0845 7909 090
- Women's Aid

## **Appendix 4 DVA Services and useful contact details in London Borough of Harrow**

In an Emergency Always Dial 999

National 24 Hour Domestic Violence Helpline: 0808 200 0247

Harrow Victims Support (IDVA): 0208 965 1141

Hestia Women's Aid (IDVA): 0208 864 7575 or 0776 458 2194

Harrow Housing and Assessment Team: 0208 424 1093

Hestia Harrow Domestic Abuse Support Service 0208 907 8148, (IDVA and Floating Support) Email: [idva.harrow@hestia.org](mailto:idva.harrow@hestia.org)

Hestia Harrow Domestic Abuse Refuge 0208 357 0126

Victim Support Harrow 0207 336 1768 or 0207 336 1779

Harrow Adult Safeguarding Service: 0208 420 9453

Harrow Children & Family Services: 0208 901 2690

Harrow Housing Needs Team: 0208 424 1093

Harrow Adult Substance Misuse Service: 0208 861 2787

West London Rape Crisis (Women & Girls Network): 02008 567 7347

National Stalking Helpline: 0808 802 0300

Forced Marriage Unit: 0207 008 0151

Broken Rainbow UK LGBT Helpline: 0300 999 5428

Men's Advice Line: 0808 801 0327

The WISH Centre for young people: 0208 416 7277 or 0783447979

Child line: 0800 1111

NSPCC: 0808 800 5000

Harrow Police Community Safety Unit: 0208 733 3462

Housing officer, Address: PO Box 65, Station Road, Harrow HA1 2XY Tel: 020 8424 1093  
Email: [housing.advice@harrow.gov.uk](mailto:housing.advice@harrow.gov.uk)

Domestic violence: 24 hour helpline: 0808 200 0247 Tel: 020 8736 6281

## Appendix 5 DVA Services and useful contact details in London Borough of Hillingdon

### Care2Talk

<http://www.care-2talk.co.uk/> e-mail: [info@care-2talk.co.uk](mailto:info@care-2talk.co.uk)

Call: 07564016066- Care2Talk provides a domestic violence intervention service for men and women who use (or have used) domestic abuse/violence in their intimate partner relationships, in the London Borough of Hillingdon area.

### Respect

<http://respect.uk.net/>

Tel: 0808 802 4040, Tel: 0808 801 0327 (men's helpline)

Respect is the UK membership organisation for work with domestic violence perpetrators, male victims of domestic violence and young people's violence in close relationships.

### Galop, the LGBT+ anti-violence charity. <http://www.galop.org.uk/domesticabuse/>

T: 0207 704 2040 E: [referrals@galop.org.uk](mailto:referrals@galop.org.uk)

If you are in London, the [LGBT Domestic Abuse Partnership](#) can help too. The DAP is made up of 4 LGBT agencies who each provide different services for LGBT victims/survivors of domestic abuse.

### Victim Support IDVA service

Our IDVA (Independent Domestic Violence Advocates) services are staffed by specialist caseworkers and supported by specialist volunteers.

### Ascent

<https://thewomensresourcecentre.org.uk/8653-2/>

Phone: 0207 697 3450. Ascent is a project undertaken of the London Violence Against Women and Girls (VAWG) Consortium, delivering a range of services for survivors of domestic and sexual violence, under six themes, funded by London Councils.

### National Centre for Domestic Violence (NCDV) <http://www.ncdv.org.uk/>

Phone: 0207 186 8270 or 0800 970 2070 Email: [office@ncdv.org.uk](mailto:office@ncdv.org.uk)

### Standing Together Against Domestic Violence

<http://www.standingtogether.org.uk/>

Phone: 020 8748 5717 Email: [admin@standingtogether.org.uk](mailto:admin@standingtogether.org.uk)

Standing Together Against Domestic Violence is a UK charity bringing communities together to end domestic abuse.

### Women's Aid

<https://www.womensaid.org.uk/> Phone: 0808 2000 247 Freephone 24hr National Domestic Violence Helpline [helpline@womensaid.org.uk](mailto:helpline@womensaid.org.uk)

### Refuge

<https://www.refuge.org.uk/>

Phone: 020 7395 7700

Freephone 24-Hour National Domestic Violence Helpline: [0808 2000 247](tel:08082000247)

Supporting those who have experienced violence and abuse is at the core of everything we do.

### **SHARAN Project**

South Asian Women Help & Support

<http://www.sharan.org.uk/AboutUs.aspx>

Phone: 0844 504 3231 Email: [info@sharan.org.uk](mailto:info@sharan.org.uk)

### **Multi-agency Safeguarding Hub (MASH)**

**01895 556633**

If you are worried about a child or are concerned about an on-going issue involving a child please contact Hillingdon Multi-Agency Safeguarding Hub (MASH) directly on 01895 556633, or alternatively if you feel a child is in immediate danger then call the Police emergency number 999.

### **CR MARAC**

#### **MARAC - Information for professionals**

Multi-Agency Risk Assessment Conference (MARAC) is where local agencies meet to discuss high-risk victims of DV who are living within the local area.

For information regarding the MARAC process visit [www.caada.org.uk](http://www.caada.org.uk).

For a CR MARAC Referral Form and Risk Assessment and forwarding the completed form to: CR MARAC Coordinator: Vijay Odedra – [vodedra@hillingdon.gov.uk](mailto:vodedra@hillingdon.gov.uk)

### **Multi-agency Tasking and Coordination (MATAAC) - tackling repeat perpetrators**

<http://n8prp.org.uk/wp-content/uploads/2017/06/MATAAC-N8-presentation-final-11-June-2017.pdf>

Phone: 0208 246 1789

Email: [Tim.Moriarity@met.police.uk](mailto:Tim.Moriarity@met.police.uk)

### **Asiana Project**

[www.ashiana.org.uk](http://www.ashiana.org.uk) 020 8539 0427 or 020 8539 9659. Provides temporary, safe housing for South Asian, Turkish and Iranian women, aged 16- 30 experience domestic violence and threats of violence at the hands of their family or community – honour based violence – or from forced marriage.

### **Asian Women's resource Centre**

<http://asianwomenscentre.org.uk/> Phone: 020 8961 6549/ 5701

The AWRC tackles issues relating to abuse which includes domestic & sexual violence, forced marriages, honour based violence, and trafficking.

### **Perpetrators**

#### **Integrated DA Project (IDAP)**

IDAP is a nationally-accredited community-based groupwork programme designed to reduce re-offending by adult male domestic violence offenders.

<https://www.gov.uk/government/publications/multi-agency-public-protection-arrangements-mappa—2>

## APPENDIX 6 Equality Impact Assessment Tool (Equality Analysis)

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/ No	Comments
<b>1</b>	<b>Does the policy/guidance disadvantage one group or more than another on the basis of:</b>	No	
	<ul style="list-style-type: none"> <li>Race (including colour, culture, ethnicity, nationality or national origin and the travelling community)</li> </ul>	No	
	<ul style="list-style-type: none"> <li>Religion or Belief</li> </ul>	No	
	<ul style="list-style-type: none"> <li>Sex (e.g. male or female)</li> </ul>	No	
	<ul style="list-style-type: none"> <li>Marriage or Civil Partnership</li> </ul>	No	
	<ul style="list-style-type: none"> <li>Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual)</li> </ul>	No	
	<ul style="list-style-type: none"> <li>Gender reassignment (e.g. someone who 'is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex.')</li> </ul>	No	
	<ul style="list-style-type: none"> <li>Disability (e.g. learning disabilities, physical disability, sensory impairment, mental health problems etc.)</li> </ul>	No	
	<ul style="list-style-type: none"> <li>Pregnancy and Maternity</li> </ul>	No	
	<ul style="list-style-type: none"> <li>Age (children, young adolescent, older people etc.)</li> </ul>	No	
<b>2</b>	<b>Is the policy/guidance/strategy more favourably towards one group on the basis of:</b>		
	<ul style="list-style-type: none"> <li>Race</li> </ul>	No	
	<ul style="list-style-type: none"> <li>Religion or Belief</li> </ul>	No	
	<ul style="list-style-type: none"> <li>Sex</li> </ul>	No	

	<ul style="list-style-type: none"> <li>• Marriage or Civil Partnership</li> </ul>	No	
	<ul style="list-style-type: none"> <li>• Sexual Orientation</li> </ul>	No	
	<ul style="list-style-type: none"> <li>• Gender reassignment</li> </ul>	N	
	<ul style="list-style-type: none"> <li>• Disability (e.g. learning disabilities, physical disability, sensory impairment, mental health problems etc.)</li> </ul>	N	
	<ul style="list-style-type: none"> <li>• Pregnancy and Maternity</li> </ul>	No	
	<ul style="list-style-type: none"> <li>• Age (e.g. children, young adolescent, older people etc.)</li> </ul>	No	
<b>3</b>	<b>If you have identified potential discrimination in the policy/guidance are there any valid, legal and/or justifiable exceptions? Please list any exceptions.</b>	N/A	
<b>4</b>	<b>Is the policy/guidance likely to have a negative/adverse impact on any of the above group(s)?</b>	N/A	
<b>5</b>	<b>If so, how would you address the impact? Please explain.</b>	N/A	
<b>6</b>	<b>What are the associated objectives to the policy/guidance?</b>		

If you have identified a potential discriminatory impact in this document, please refer to the author(s) of the policy/guidance, together with any suggestions required to address the impact.