

## Policies, Procedures, Guidelines and Protocols

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Local Ref (optional)		
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Who is the document aimed at?	All employees of Shropshire Community Health NHS Trust	
Author	Claire Hughes/ Anthony Archambault	
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4		
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## Contents

1.0 Introduction.....	2
2.0 Purpose.....	2
3.0 Definitions.....	2
3.1 Domestic Abuse.....	2
3.2 Female Genital Mutilation (FGM).....	3
3.3 Honour Based Violence (HBV).....	3
3.4 Forced Marriage.....	4
4.0 Duties.....	4
4.1 Chief Executive.....	4
4.2 Director with Safeguarding Responsibility.....	4
4.3 Named Doctor for Safeguarding .....	5
4.4 Head of Safeguarding.....	5
4.5 Safeguarding Team.....	5
4.6 Staff.....	5
5.0 Roles and Responsibilities of Staff.....	5
5.1 Domestic Abuse.....	5
5.2 Female Genital Mutilation (FGM).....	8
5.3 Honour Based Violence (HBV) and Forced Marriage.....	10
6.0 Domestic Violence Disclosure Scheme (Clare's Law) .....	11
7.0 Multi-agency Risk Assessment conference (MARAC) .....	11
8.0 Multi Agency Public Protection Arrangements (MAPPA).....	12
9.0 Consultation.....	12
10.0 Dissemination and Implementation.....	13
11.0 Monitoring Compliance.....	13
12.0 Care Quality Commission.....	13
14.0 References.....	13
15.0 Associated documents.....	14

## **1.0 Introduction**

Domestic abuse can affect anybody, regardless of their gender or sexual orientation and it occurs across all of society, regardless of age, race, religion, wealth or geography. Domestic abuse also encompasses Female Genital Mutilation (FGM), Honour Based Violence (HBV) and Forced Marriage.

The effects of Domestic Abuse on victims, children and families are one that without the right help, support and justice can potentially have a devastating impact on all, its affects are not just physical but impact on emotional wellbeing, health, and work. It can then impact on housing and income and relationships with families and friends.

This policy has been written to support Shropshire Community Health NHS Trust staff in their identification and assessment of the impact of domestic abuse, and to clarify the Trust's expectations around their responses to victims, perpetrators, and their families.

Any member of Shropshire Community Health NHS Trust staff may identify a victim of domestic abuse and would be required to assess the victim, taking into consideration any children or vulnerable adult affected by the domestic abuse. This may require signposting to Domestic Abuse support services or making a referral to Children's Services or Adult Safeguarding.

## **2.0 Purpose**

The purpose of this Policy is to ensure all Shropshire Community Health NHS Trust staff are aware of their responsibilities in identifying domestic abuse, assessing risk, and supporting victims of Domestic Abuse and their families.

This document has been written to ensure all Trust staff follow safe and effective processes when managing domestic abuse situations.

## **3.0 Definitions**

### **3.1 Domestic Abuse**

The Domestic Abuse Act (2021) provides a legal definition of Domestic Abuse. The behaviour of one person to another is defined as Domestic Abuse if the individuals involved are aged 16 years and over, they are personally connected, and the behaviour is abusive. The Act defines abusive behaviour as consisting of any of the following, physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse or psychological, emotional, or other abuse. The abuse can be a single incident or course of conduct (Domestic Abuse Act 2021).

The Domestic Abuse Act (2021) also recognises children as victims of Domestic Abuse when they see hear or experience the effects of Domestic Abuse and they are related to either of the parties involved.

The Government definition of controlling and coercive behaviour is defined by the Home Office (2015) as follows:

Controlling behaviour: 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: a continuing 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 2015)

For the purpose of this policy, a child is defined as “anyone who has not yet reached their 18th birthday (HM Government 2018).

Domestic abuse also encompasses Female Genital Mutilation (FGM) and Honour Based Violence and Forced Marriage.

### **3.2 Female Genital Mutilation (FGM)**

Female genital mutilation is a procedure where the female genitals are deliberately cut, injured, or changed, but there's no medical reason for this to be done. Female genital mutilation comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons (World Health Organisation 2018). FGM is illegal in England and Wales under the Female Genital Mutilation Act (2003). It is a form of child abuse and violence against women.

### **3.3 Honour Based Violence**

Honour based violence (HBV) is a form of domestic abuse which is perpetrated in the name of so called 'honour'. There is no statutory definition of 'honour'-based violence, but the Crown Prosecution Service use the following definition: “an incident or crime involving violence, threats of violence, intimidation, coercion or abuse (including psychological, physical, sexual, financial or emotional abuse) which has or may have been committed to protect or defend the honour of an individual, family and/or community for alleged or perceived breaches of the family and/or community's code of behaviour.” (Crown Prosecution Service 2019).

Honour Based Violence can take many forms including, honour killing, forced marriage, rape, forced suicide, acid attacks, mutilation, imprisonment, beatings, death threats, blackmail, emotional abuse, surveillance, harassment, forced abortion and abduction (Safelives 2017).

HBV can exist in any culture or community where males are in position to establish and enforce women's conduct, examples include Turkish; Kurdish; Afghani; South Asian; African; Middle Eastern; South and Eastern European; Gypsy and the travelling community (this is not an exhaustive list). Males can also be victims, sometimes because of a relationship which is deemed to be inappropriate, for example, if they are gay, have a disability or if they have assisted a victim.

### **3.4 Forced Marriage**

A forced marriage is where one or both people do not consent to the marriage and pressure or abuse is used. It is illegal in the UK and is a specific offence under s121 of the Anti-Social Behaviour, Crime and Policing Act (2014). Forced Marriage is recognised as a form of violence against women and men, domestic/child abuse, and a serious abuse of human rights. The pressure put on people to marry against their will can be physical (including threats, actual physical violence, and sexual violence) or emotional and psychological.

Financial abuse can also be a factor. In some cases, people may be taken abroad without knowing that they are to be married. When they arrive in that country, their passport and/or travel documents may be taken to try to stop them from returning to the UK.

An arranged marriage is not the same as a forced marriage. In an arranged marriage, the families take a leading role in choosing the marriage partner, but both parties are free to choose whether to enter into the marriage or not.

## **4.0 Duties**

### **4.1 Chief Executive**

All health care organisations have a duty to plan arrangements to safeguard and promote the welfare of children and young people, and to co-operate with other agencies to protect individual children and young people from harm.

The UN Convention on the Rights of the Child includes the requirement that children live in a safe environment and be protected from harm. Statutory guidance on planning arrangements to safeguard and promote the welfare of children under Section 11 of the Children Act (2004) was published in August 2005, with health organisations having a duty to cooperate with Social Services under section 27 of the Children Act (1989).

The Human Rights Act (1998) sets out the fundamental rights and freedoms that everyone in the UK is entitled to. It incorporates the rights set out in the European Convention on Human Rights (ECHR) into domestic British law.

The Care Act (2014) acknowledges domestic abuse as a category of abuse that particularly affects adults with care and support needs, including older people.

These duties are an explicit part of NHS employment contracts, with Chief Executives having responsibility to have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children within organisations.

### **4.2 Director with Safeguarding Responsibility**

The Executive Director Lead for Safeguarding takes leadership responsibility at Board level, for the organisation's safeguarding arrangements.

### **4.3 Named Doctor, Safeguarding Children**

The role of the Named Doctor, Safeguarding Children is to support other professionals to recognise the needs of children and safeguard them from possible abuse or neglect.

### **4.4 Head of Safeguarding**

The Head of Safeguarding has a key role in promoting good professional practice within their organisation, providing expert advice and guidance for staff, and ensuring safeguarding training is in place. They also work in closely with Designated Safeguarding professionals in NHS Trusts and other partner agencies as part of the Safeguarding Partnership. The Head of Safeguarding provides leadership to the Safeguarding Team.

#### 4.5 **Safeguarding Team**

The Safeguarding team have a key role in supporting the Head of Safeguarding in promoting good professional practice within the organisation, providing expert advice, guidance, and training for professionals in relation children and vulnerable adults. This includes domestic abuse issues that affect children and adults.

#### 4.6 **Staff**

Health Professionals are in a strong position to identify safeguarding concerns regarding children and adults and where appropriate should provide support or signpost to relevant support services. This may include make a referral to children's or adult safeguarding or the Police.

All members of staff that come into contact with children and young people have a duty to safeguard and promote their welfare and should know what to do if they have concerns about safeguarding issues, including child protection. This responsibility also applies to staff working primarily with adults who have dependent children that may be at risk because of their parent/carer's health or behaviour.

Staff also have a duty to identify vulnerable adults and where appropriate either refer to domestic abuse support services or refer an adult with care and support needs to the Local Authority Safeguarding Adult team or contact the Police.

To fulfil these responsibilities, it is the duty of healthcare organisations to ensure that all their staff have access to appropriate safeguarding training, supervision, and support to facilitate their understanding of the clinical aspects of safeguarding and information sharing.

### 5.0 **Roles and responsibilities of SCHT staff**

#### 5.1 **Domestic Abuse**

All staff should be able to respond to a disclosure of domestic abuse with sensitivity and know how to direct people to specialist services. If staff are unclear, then they should seek advice from a member of the Safeguarding Team.

All health practitioners, whether working in hospital or community settings have a professional responsibility to ask patients in a sensitive manner (alone and in private) about their experience of domestic abuse (if signs of domestic abuse or other concerns are suspected). The roles and responsibilities will vary dependent upon the role of staff in the organisation, their level of safeguarding training and experience in responding to concerns about domestic abuse.

Health Visitors, School Nurses and Family Nurses should be able to undertake **a routine enquiry** about domestic abuse, assess the safety risk, offer a referral to specialist domestic violence services and be able to maintain liaison with specialist services. This should be in line with the National Institute for Clinical Excellence (NICE) guidance on Domestic Violence and Abuse (NICE 2016).

Staff may become aware of domestic abuse in a number of ways. Although not an exhaustive list, this may include:

- A child or adult making a disclosure of domestic abuse
- Physical signs of domestic abuse (injuries or bruises)
- Changes in a child or adult's behaviour or mood
- Becoming aware of domestic abuse in an adult relationship (for example, through Harm Assessment Unit Notifications from the Police)
- Observing worrying behaviours towards a child or vulnerable adult

Staff must be knowledgeable about the signs, symptoms and risk factors relating to domestic abuse and must consider the risk wherever there are concerns that:

- an adult may be the victim of domestic abuse
- a child or young person may be witnessing domestic abuse between adults within their family
- a child or young person may be witnessing domestic abuse between people linked to the family
- a child or young person may be a victim or perpetrator within peer relationships

**If the concern is about a child who is a victim of or witnessed domestic abuse, staff should:**

1. Ensure any immediate (health) needs are met.
2. Assess the risk of harm to the child and/or the victim and any children linked to the alleged perpetrator of domestic abuse. If there is an immediate risk of harm staff should report the concerns to the Police. In addition, a referral should be made via First Point of Contact (FPOC) to Children's Social Care (contact details can be found on the Safeguarding Team webpage).
3. Complete a shortened Datix if a referral has been made to Children's Social Care.
4. Document all concerns regarding potential domestic abuse and actual disclosures of domestic abuse on the affected child/ren's records and Mother/Father's record (where appropriate) and also consider siblings if known.
5. Add an alert to RiO for risk of domestic abuse.
6. Consider the role of the perpetrator. If the perpetrator is a member of staff, inform your line manager and refer to the SCHAT Policy for Managing Allegations Against Staff Who Work with Children & Young People which can be found on the Trust website. If the member of staff works with children, a referral will need to be made to the Local Authority's Designated Office (also known as LADO) in Children's Services. This referral should be made via FPOC.
7. Contact the Safeguarding Team if further advice or support is needed.

If there is no immediate risk of harm (and in addition to the above) staff should consider the age of the child and if aged 16 or 17 year old:

8. Support the victim to report incidents to Police.
9. Consider completing a referral for the Multi Agency Risk Assessment Conference (MARAC). You will need to discuss consent to make a referral to MARAC. However, a referral can be made without consent if there is significant risk of harm. The Safeguarding Team can provide advice and guidance if you do not have consent. Staff will need to consider capacity with older children aged 16 and 17 years old. Further information on making a referral to MARAC is detailed later in this Policy and on the Trust Safeguarding webpage.
10. Consider signposting or referral to local support services. This may include, Shropshire Domestic Abuse Service, Freedom Programme, West Mercia Women's Aid, Independent Domestic Violence Advisor (IDVA), refuges or emotional well-being services. Further details are available on the Trust Safeguarding Team webpage.
11. Consider signposting or referral to National helplines and support services.
12. Specific consideration should also be given to pregnant women and whether they may benefit from a referral to the Supporting Women with Additional Needs meeting via Midwifery services.

**If the concern is about an adult who is a victim of domestic abuse, staff should:**

1. Ensure any immediate health needs are met.
2. Assess the risk of harm to the adult from domestic abuse. If there is an immediate risk of harm staff should report the concerns to the Police. If the adult is vulnerable and has care and support needs, a referral should be made via FPOC, to Local Authority Safeguarding Adult team (contact details on Trust Safeguarding Team webpage).
3. Complete a Datix if a referral has been made to via FPOC to the Local Authority Safeguarding Adult team.
4. Document all concerns regarding potential domestic abuse and actual disclosures of domestic abuse on the progress notes on RiO. Also consider children if known.
5. Add an alert to RiO for risk of domestic abuse.
6. Consider the role of the perpetrator. If the perpetrator is a member of staff, inform your line manager and refer to the Policy on Managing Allegations Against Staff Who Work with Children & Young People which can be found on the Trust website.
7. Contact the Safeguarding Team if further advice or support is needed.



If there is no immediate risk of harm (and in addition to the above) staff should consider:

8. Supporting the victim to report incidents to Police.
9. Consider completing a referral for the Multi Agency Risk Assessment Conference (MARAC). You will need to discuss consent to make a referral to MARAC. However, a referral can be made without consent if there is significant risk of harm. The Safeguarding Team can provide advice and guidance if you do not have consent. Further information on making a referral to MARAC is detailed later in this Policy and on the Trust Safeguarding webpage.
10. Consider signposting or referral to local support services. This may include, Shropshire Domestic Abuse Service, Freedom Programme, West Mercia Women's Aid, IDVA, refuges or emotional well-being services. Further details are available on the Trust's Safeguarding Team webpage.
11. Specific consideration should also be given to pregnant women and whether they may benefit from a referral to the Supporting Women with Additional Needs meeting via Midwifery services

## 5.2 Female Genital Mutilation (FGM)

FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother; and/or death.

It is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. Trust staff need to be mindful that girls may be more susceptible to FGM in the time between primary and secondary school. It is often performed by someone with no medical training, using instruments such as knives, scalpels, scissors, glass, or razor blades. Girls are rarely given anesthetic or antiseptic treatment and are often forcibly restrained.

### If the concern is about a child:

1. If staff become aware that a girl has had FGM or there are plans for her to have FGM, then a referral should be made to the Police to secure her protection. In addition, a referral should also be made (via FPOC) to Children's Social Care (contact details can be found on the Safeguarding Team webpage)
2. If staff become aware of any female adult who has had Female Genital Mutilation and they have female children within their family, staff should consider the risks to the child or any other female child within the immediate family unit or extended family. Even if the Mother had decided that she will not subject her female child to FGM, staff should consult with the Safeguarding Team and consideration given to making a referral to Children's Social Care.
3. Staff also need to be aware of the mandatory reporting duty under Section 5B of the Female Genital Mutilation Act (2003), which stipulates that all regulated health and

social care professionals in England and Wales must report 'known' cases of Female Genital Mutilation in children under the age of 18 which they identify in the course of their professional work to the police. FGM is illegal and should be reported to the Police via the 101 non-emergency number.

4. In all cases, staff should document all concerns/information on RiO, and an alert added for FGM

**If the concern is about an adult:**

1. There is no requirement for automatic referral of an adult woman with FGM to Adult Safeguarding or the Police. Staff should be mindful that any disclosure may be the first time that a woman has ever discussed her FGM with anyone. Guidance published by HM Government (2020) states that a referral to the police must not be introduced as an automatic response when identifying an adult woman with Female Genital Mutilation and each case must be assessed on an individual basis.
2. **However, if the adult is vulnerable and/or has care and support needs**, then consideration should be given to making a referral via FPOC to the Local Authority Safeguarding Adult team.
3. Staff should seek advice from the Safeguarding Team and consider offering support to women by referring to an NHS Female Genital Mutilation clinic or other services as appropriate.
4. If a woman discloses, she has adult daughter(s) over 18 who has already undergone Female Genital Mutilation (even if the daughter does not want to take her case to the police), it is important to establish when and where this took place. This should lead to enquiries about other daughters, cousins, or girls in the wider family context.
5. If staff become aware of any female adult who has had FGM and they have female children under 18 within their family, staff should consider the risks to the child or any other female child within the immediate family unit or extended family. Even if the Mother had decided that she will not subject her female child to FGM, staff should consult with the Safeguarding Team and consideration given to making a referral to Children's Social Care.
6. In all cases, staff should document all information/concerns on RiO, and an alert added for FGM.

### **5.3 Honour Based Violence and Forced Marriage**

**If the concern is about a child:**

1. Assess the risk of harm to the child and any children linked to the perpetrator of the Honour Based Violence/Forced Marriage. If there is an immediate risk of harm, staff should report the concerns to the Police to secure the immediate protection of the child. In addition, a referral should be made (via FPOC) to Children's Social Care (contact details can be found on the on Safeguarding team webpage).
2. Complete a shortened datix if a referral has been made to Children's Social Care

3. Document all concerns regarding Honour Based Violence or Forced Marriage on the progress notes on RiO for the child and consider any siblings who may be at risk.
4. Add an alert to RiO for risk of Honour Based Violence and Forced Marriage
5. If the risk is not deemed to be immediate, staff should discuss the concerns with a member of the Safeguarding Team and consider making a referral to Children's Services. Staff should seek advice from the Safeguarding Team before informing any family members of the referral as this could put the child at further and/or immediate risk of significant harm.
6. Contact the Safeguarding Team if further advice or support is needed.

**If the concern is about an adult:**

1. Assess the risk of harm to the adult from Honour Based Violence/Forced Marriage. If there is an immediate risk of harm staff should report the concerns to the Police. If the adult is vulnerable and has care and support needs, a referral should be made via FPOC to the Local Authority Adult Safeguarding team as appropriate (contact details on safeguarding team webpage). Staff will need to consider mental capacity of the adult victim.
2. Complete a datix if a referral has been made via FPOC to the Local Authority Safeguarding Adult Team.
3. Document all concerns on the progress notes on RiO.
4. Add an alert to RiO for risk of Honour Based Violence and Forced Marriage
5. Contact the Safeguarding Team if further advice or support is needed.

If there is no immediate risk of harm (and in addition to the above) staff should consider:

6. Supporting the victim to report incidents to Police
7. Discuss completing the MARAC referral form with the victim and gain consent to make a referral to MARAC. Referrals can be made without consent if risk is significant. Please discuss this with a member of the safeguarding team.
8. Consider signposting or a referral to local support services. This may include refuges or emotional well-being services.
9. Consider signposting or a referral to National helplines and support services such as Karma Nirvana that also provide advice and support for victims of Honour Based Violence and Forced Marriage.

## **6.0 Domestic Violence Disclosure Scheme (Clare's Law)**

The Domestic Violence Disclosure Scheme (otherwise known as Clare's Law) aims to provide a formal mechanism for inquiries to be made about a partner if their current partner is worried that they may have been abusive in the past. If police checks show that the partner has a record of abusive behaviour, or there is other information to indicate that they may pose a risk, the police will consider sharing this information with the Partner making the enquiry. For further information please see link on the Safeguarding webpage.

## **7.0 Domestic Abuse Protection Notice (DAPN) and Domestic Abuse Protection Order (DAPO)**

The Domestic Abuse Act (2021) makes provision for a new civil Domestic Abuse Protection Notice (DAPN) to provide immediate protection to victims following a domestic abuse incident, and a new civil Domestic Abuse Protection Order (DAPO) to provide flexible, longer-term protection for victims. The use of DAPN and DAPO will provide victims with protection from all forms of domestic abuse, these include non-physical abuse, as well as controlling or coercive behaviour. For more information, please see the links on the Safeguarding Domestic Abuse webpages

## **8.0 Multi Agency Risk Assessment Conference (MARAC)**

A Multi Agency Risk Assessment Conference (MARAC) is a monthly meeting between representatives from different organisations to discuss the safety, health and wellbeing of people experiencing domestic abuse and violence, and to establish a safety plan for the high-risk victims of domestic abuse and their children.

Shropshire Community Health NHS Trust is represented at MARAC by Leads in Public Health Nursing (Telford & Wrekin) and the Health Rep in COMPASS (Shropshire). The MARAC Leads are responsible for communicating the relevant information to and from the health professionals who have caseload responsibility for the child/family being heard at MARAC. This is irrespective of whether the health professional has current active involvement. Following MARAC, the MARAC Lead records pertinent information shared at MARAC on RiO and once the agreed actions have been received from the MARAC Coordinator at West Mercia Police, these will also be added to RiO.

The MARAC Lead will also ensure an alert is added to RiO to indicate domestic abuse. The alerts are rated as follows. A high alert is where the child lives with the Offender or/and victim or has direct contact with the Offender. A medium alert is added where the child lives with/or has direct contact with the victim, away from the Offender, and the victim has been assessed by Social Care and the Police to be able to be a protective factor for the children. A low alert is added where the child lives with neither the Offender nor the victim, however they do or could have direct contact with either party in the future.

Multi-Agency Risk Assessment Conference (MARAC) takes place once a month and is a multi-agency forum for agencies to share information. The voice of the victim is represented by the Independent Domestic Violence Advocate, and a risk-focused, coordinated safety plan can be drawn up to support the victim and any associated children or other adults at risk. Both MARACs in Shropshire and Telford have representation from Shropshire Community Health NHS Trust.

### **Who should be referred to MARAC?**

Any professional who has a serious concern that a person is being harmed through Domestic Abuse, should refer the case to MARAC. These do not always need to be considered 'high risk'. Using information available from records, conversations with the victim and using professional judgement, a MARAC referral form should be completed, informing the victim that you are doing so.

There will be occasions where the context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. This could reflect

1. extreme levels of fear
2. cultural barriers to disclosure
3. immigration issues or language barriers, particularly in cases of 'honour-based' violence.

The judgement would be based on the professional's experience and/or the victim's perception of their risk. Even if there are only one or 2 questions answered, this case will still be considered to be heard at MARAC. Remember this process is in place to share information across agencies with an aim to protect and safeguard Victims and their children.

#### **How to refer to MARAC?**

1. Staff should complete a MARAC referral form based on as much information available to them. The form is available from the Trust Safeguarding webpage.
2. The form should be submitted via secure email to:  
Telford: [marac.telford@westmercia.pnn.police.uk](mailto:marac.telford@westmercia.pnn.police.uk)  
Shropshire: [marac.shropshire@westmercia.pnn.police.uk](mailto:marac.shropshire@westmercia.pnn.police.uk)
3. Staff should complete a shortened Datix.
4. Staff should consider if a discussion with Children Social Care is required.

**Please note:** Staff will be invited to attend MARAC to present their referral MARAC form and to inform any subsequent discussions.

### **9.0 Multi Agency Public Protection Arrangements (MAPPA)**

Some perpetrators of domestic abuse may be subject of MAPPA arrangements. MAPPA is not a statutory body in itself but is a mechanism through which agencies can discharge their statutory responsibilities and protect the public in a coordinated manner.

Through MAPPA arrangements, agencies share risk information related to offenders of violent and/or sexual harm. The focus is to manage the risks posed to victims and the public. Partner agencies share information and develop effective risk focused and coordinated plans to safely manage the risks to the public.

### **10.0 Consultation**

This policy has been updated and will be tabled at Quality & Safety Delivery Group for approval.

## 11.0 Dissemination and Implementation

Once ratified at Quality & Safety Delivery Group, this policy will be disseminated through both the Children & Families Service Delivery Group and Adults Service Delivery Group.

## 12.0 Monitoring Compliance

Compliance will be monitored through local internal and external audit. External audits will include the Multi-agency case file audits which are organised through the Local Safeguarding Partnerships.

## 13.0 Care Quality Commission

All NHS Trusts are required to register with the Care Quality Commission for the services they provide. As part of this registration each Trust must declare its position with regard to compliance with the Health and Social Care Act (Regulated Activities) Regulations 2008, and the Care Quality Commission (Registration) Regulations (2009). Safeguarding is covered by Regulation 11 and by Outcome 7 in the associated guidance. The Care Quality Commission may seek evidence that regulations and guidance have been complied with.

## 14.0 References

*Anti-Social Behaviour, Crime and Policing Act* (2014) Available at:

<http://www.legislation.gov.uk/ukpga/2014/12/contents/enacted>

*Care Act* (2014) Available at: <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

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<http://www.cqc.org.uk/file/4981>

*Children Act* (1989) Available at: <http://www.legislation.gov.uk/ukpga/1989/41/contents>.

*Children Act* (2004) Available at: <http://www.legislation.gov.uk/ukpga/2004/31/contents>.

Crown Prosecution Service (2019) So-Called Honour-Based Abuse and Forced Marriage: Guidance on Identifying and Flagging Legal Guidance Domestic Abuse Available at:

<https://www.cps.gov.uk/legal-guidance/so-called-honour-based-abuse-and-forced-marriage-guidance-identifying-and-flagging>

*Domestic Abuse Act* (2021) Available at:

<https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted>

*Female Genital Mutilation Act* (2003) Available at:

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<http://www.legislation.gov.uk/ukdsi/2009/9780111487006/contents>

HM Government (2018) Working Together to Safeguard Children: A Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children Available at:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/942454/Working\\_together\\_to\\_safeguard\\_children\\_inter\\_agency\\_guidance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf)

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*Human Rights Act* (1998) Available at:

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Home Office (2015) *Controlling or Coercive Behaviour in an Intimate or Family Relationship Statutory Guidance Framework* Available at:

<https://www.gov.uk/government/publications/statutory-guidance-framework-controlling-or-coercive-behaviour-in-an-intimate-or-family-relationship>

National Institute for Clinical Excellence (NICE) (2016) *Guidance on Domestic Violence and Abuse*. Available at: <https://www.nice.org.uk/guidance/qs116>

Safelives (2017) Spotlight Report # Hidden Victims Your Choice: 'honour'-based violence, forced marriage and domestic abuse Available at:

<https://safelives.org.uk/sites/default/files/resources/Spotlight%20on%20HBV%20and%20forced%20marriage-web.pdf>

UN General Assembly, Convention on the Rights of the Child (1989) Available at:

[https://www.unicef.org.uk/what-we-do/un-convention-child-rights/World Health Organisation](https://www.unicef.org.uk/what-we-do/un-convention-child-rights/World_Health_Organisation)

Female Genital Mutilation Factsheet (2018) Available at: <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>

## 15.0 Associated Documents

The following Shropshire Community Health NHS Trust Policies may be useful to read in conjunction with this policy: Safeguarding Children Policy

Safeguarding Adults Policy

Managing Allegations Made Against Staff by Children & Young People Policy

Other useful links: HM Government (2013) What is Forced Marriage? Available at:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/325920/FCO\\_FM2014\\_A6\\_web.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/325920/FCO_FM2014_A6_web.pdf)

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