Safeguarding Adults: Enfield Local Practice Guidance

Domestic Abuse against Adults with care and support needs.

1. INTRODUCTION

This guidance contains links (underlined in blue) to internet pages that practitioners may find helpful so is best viewed electronically.

This local practice guidance supplements the London-Wide Multi-Agency Adult Safeguarding Policies & Procedures (November 2025) and reflects the local practice for cases involving domestic abuse against adults at risk.

Practitioners who are working with adults at risk experiencing domestic abuse should read the following:

'Adult safeguarding and domestic abuse: A guide to support practitioners and managers' (second edition) produced by Local Government Associations and Directors of Adult Social Services.

Resources available may change over time – this guidance should be reviewed every two years but please also check the London Borough of Enfield Domestic Abuse webpages for updated contact details and other information.

Adults at risk may be the victims of domestic abuse or be affected by it occurring within their household. This can have serious effects on a person's physical and mental wellbeing. Professionals need to be aware of their duty under the Wellbeing principle in the Care Act (2014) and the wide-reaching detrimental effect on all aspects of a person's life as a result of this form of abuse.

It is important to consider the additional barriers that adults at risk may face, including practical/ financial barriers to leaving the abusive situation and the implications of an informal carer being abusive. Adults at risk may not be aware of resources available or feel that generic domestic abuse services could not support their needs so be reluctant to engage with them. Consideration will need to be made for extra support in care and protection planning, to enable them to maintain their personal safety.

Children living in a home where domestic abuse is present have been proven to be harmed by it (even if the abuse is not directly perpetrated toward them) therefore a referral to Children's Services must always be made where there are children in the household.

Staff should make a point to access specialist training and refresh this on a regular basis.

All work in dealing with risk and safeguarding should consider the six Making Safeguarding Personal principles of Prevention, Participation, Empowerment, Partnership working, Proportionality and Accountability. Decision making should be clearly recorded to reflect these principles in any form of safeguarding work.

This Practice Guidance covers:

- The National definition of Domestic Abuse.
- Advice on determining if a Safeguarding Adults Enquiry is the approach to take to an allegation of domestic abuse.
- Responding to Domestic Abuse with adults at risk – including advice on safe contact and Mental Capacity.
- Advice on working with alleged perpetrators of domestic abuse.

- Domestic Abuse cases where the perpetrator lacks capacity.
- Information about Enfield MARAC
- Information on Legal Options
- Information on the Domestic Violence Disclosure Scheme
- Some contact details for local & national resources which may support adults at risk experiencing Domestic Abuse.

NATIONAL DOMESTIC VIOLENCE DEFINITIONS

The cross-government definition of domestic violence and abuse is:
'Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass but is not limited to psychological; physical; sexual; financial; and emotional.'

Controlling behaviour
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
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.

Section 76 of the Serious Crime Act 2015 provides for a new offence criminalising controlling or coercive behaviour in an intimate or family relationship where the behaviour has a serious effect on the victim. The new offence would not apply where the behaviour in question is perpetrated by a parent, or a person who has parental responsibility, against a child under 16 (*subsection (3)*). This is because the criminal law, in particular the child cruelty offence in section 1 of the Children and Young Persons Act 1933 as amended by section 66 of the Act, already covers such behaviour. *Subsections (8) to (10)* provide for a limited defence where the accused believes he or she was acting in the best interests of the victim and can show that in the particular circumstances their behaviour was objectively reasonable.

This defense would not be available where a victim has been caused to fear violence (as opposed to being seriously alarmed or distressed). This defence is intended to cover, for example, circumstances where a person was a carer for a mentally unwell spouse, and by virtue of his or her medical condition, he or she had to be kept at home or compelled to take medication, for his or her own protection or in his or her own best interests. In this context, the person's behaviour might be considered controlling, but would be reasonable under the circumstances.

DETERMINING IF THE SAFEGUARDING ADULTS PROCESS IS SUITABLE.

The 3-stage-test as defined in the Care Act 2014 remains the determining factor around if a situation should be addressed through the Safeguarding Adults Enquiry process.

However, if it is determined that an adult does not have care and support needs but is still a survivor of, or at risk of, domestic abuse, professionals should still signpost to relevant community organisations and provide Domestic Abuse helpline numbers to support the adult. It is not acceptable to simply not respond – domestic abuse is linked to a number of very poor physical and mental health outcomes so, by offering that small support, you may be preventing them becoming a adult with care and support needs in the future.

Another factor is the ability of the adult to protect themselves, it should be noted that the ability to call the Police after an abusive incident is not, in and of itself, a demonstration of being able to protect oneself. The ability to leave one's home for example may protect the individual from a further physical assault but they have still suffered emotional and probably financial consequences because of someone else's abusive

behaviour.

As mentioned below, when considering an incident of possible domestic abuse, please look at any history of concerns and perform relevant checks. Domestic abuse is best looked as at a pattern of behaviours rather than as single events.

It is not uncommon for allegations of domestic abuse to be withdrawn or minimised by the adult at risk. It remains always very important to take the adult at risk's desired outcomes into account but the professionals involved should also make a judgement based on the risks involved, mental capacity of the adult at risk and past history.

Please note throughout that the August 2019 ADASS report Making Decisions on the Duty of Make Enquiries states that:
'...if a person [with capacity and not under duress] declines safeguarding support and/or a S42 enquiry that is not the end of the matter. Consideration should be given to ways in which the risk to the adult could be managed or mitigated.'

This should be done by considering what measures the adult at risk will actually agree to and agree with. It may be as simple as passing on the Solace Women's Aid number or, for example, asking support workers to ensure that the adult's mobile is always charged so that she can request help if needed. Consideration could be given to additional support around general finances (if this is a factor), expanding the adult at risk's social/ support networks or increasing independence in some other way.

Where someone has been subject to an allegation (or made one themselves) of Domestic Abuse and, upon further discussion, stated it did not occur or given a different account (and the professionals in the case have judged the risks and any capacity issues mean that this is a proportionate response) then the case may be closed in line with their wishes. However, the worker involved must ensure that they have been given appropriate numbers for both social care and specialist domestic abuse support so that, if they are minimising or lying due to fear of repercussions from their abuser, they have this in the future.

Other options such as requesting a GP or social care review or referral to some other agency may also be appropriate at this point.

It should also be noted that minimisation and withdrawal of allegations is very common in domestic abuse cases. This can be for a variety of reasons – including that the adult does not understand what options are available to them and what support they would receive following the accusation. Professionals must be very clear with adults about what their choices may actually be so that they can make an informed decisions. Adults may also not recognise that certain behaviour is abusive given their previous life experience and expectations; whereas an outside professional sees clear abuse and risk. It is important that conversations around these complex issues are respectful and sensitive but also direct and clear.

If the adults involved do not have care and support needs, then there are a variety of helplines and organisations that they can contact. Please support them to access Enfield Council's Domestic Abuse recourses. You can also seek advice from Community Safety colleagues.

RESPONDING TO DOMESTIC ABUSE AGAINST ADULTS AT RISK

All safeguarding adults concerns relating to alleged abuse by current or former partners or family members could be termed as domestic abuse. Though they should consider the difference between intended and unintended harm, practitioners should also be aware of the dangers of the 'rule of optimism' which describes when practitioners focus on positives, apparent compliance and strengths of the carers (typically this phrase is used in Children and Families work so literature refers to parents) rather than reflecting on the risks to the adult at risk or child.

If domestic abuse is occurring, there are a range of safety planning measures which can be considered and specialist support services. As mentioned above, and in all general guidance for risk management or safety

planning, measures considered should be those that the adult at risk will agree to and comply with (if they have capacity to do so). Please note that some experts do not recommend family or couples mediation or therapy in the case of abuse since there is a risk of the abuser controlling the narrative and using the situation to perpetuate abuse.

Exposure to domestic abuse is always abusive to children, though the impact may vary. Professionals have a duty to refer to children's services, regardless of consent from the adult survivor and whether or not they accept help for themselves.

All cases of domestic abuse involving adults at risk need to be managed under the four-stage process set out in the Pan-London Multi Agency Adult Safeguarding Policies & Procedures.

At the point of referral to the Local Authority, or delegated mental health team, all possible steps will need to be taken to support the adult at risk so that they are able to protect themselves from further abuse and reduce repeat victimisation.

It should be noted that not all adults at risk will want to take such steps or even necessarily recognise their experiences as abuse. This may be reflected in how they describe their experiences. When asking about abuse, where possible and appropriate, practitioners should use specific language to understand what is happening. For example, 'X stopped me leaving the room' could cover a number of scenarios from standing in front of someone to a serious assault, or 'it got out of hand but it's alright now' may actually be minimising a serious event.

It may also be that adults at risk are not willing to take certain steps that practitioners would recommend or acknowledge abuse which is known or strongly suspected to be taking place. However, each conversation that practitioners have with them, educating around their options and/or recognising that their situation is abusive, supporting and believing them, may give them confidence to disclose or act at a later date. It will give the adult at risk tools to use in the future and an increased faith in services. Practitioners should not feel that any of these discussions are wasted.

As always, practitioners should ensure that they are clear that they cannot guarantee confidentiality if the adult at risk discloses risk or abuse to other adults at risk or children.

It is always good practice to review past allegations of abuse and a general history of an adult at risk when an allegation is received. However, in cases of domestic abuse, it is particularly important to ensure a good understanding of past professional interventions and allegations – to look at patterns or provide context to your approach.

Working with the adult at risk and those organisations which can provide specialist support, a risk assessment and risk management plan should be agreed; in many cases this will form part of the safeguarding plan. This should consider whether a referral to the Multi Agency Risk Assessment Conference (MARAC) is an appropriate enquiry pathway.

Advice on Safe Contact.

When contacting the adult at risk, consideration needs to be made with regards **to the safest way** to make this contact. There is a wealth of evidence that perpetrators of domestic abuse become more abusive when they feel that their control over the situation is threatened (rather than less abusive because they are aware they are being monitored). Statistically risks of domestic homicide increase when the survivor is in the process of leaving the home.

Safe contact could be achieved by going through another professional that the adult at risk already has contact with. This could be via the GP, another health service, day activities, or educational services if they have children. Every effort should be made not to alert the person alleged to have caused harm that a safeguarding concern has been made – this means professionals should be very careful about language used in voicemail messages, letters sent to the home address or even e-mails until it has been determined this is safe.

This may lead to a delay in initial contact with the adult at risk. In this case, please record the reasons for this clearly on Eclipse or Rio.

Where possible, a separate mobile telephone number for the individual should be sought. This will also help if a referral to Independent Domestic Violence Advocates is made (as they will not call a telephone number that the perpetrator might answer).

It can take time to establish trust with a professional and staff should bear this in mind. Questions to an adult at risk should be specific and asked in a safe environment where the alleged perpetrator is not present. Going through the Safe Lives Dash risk checklist may be appropriate as these specific questions give a clear indication of risk but staff should always recall that professional judgement is an important element of assessment - an older adult may not score highly due to the absence of certain elements more common to a younger person but be at extreme risk due to other factors like physical frailty.

It can be difficult when the alleged perpetrator is the main carer of an adult at risk (or also closely related to the main carer) to speak confidentially with the adult at risk. However, it is vital that this is arranged through whatever means are available.

Practitioners should not make assumptions that other family members (or occupants of the household) are safe to contact or sympathetic – even if they have not been directly named as abusive. It may be that they are also subject to abuse or that, for a variety of reasons, they feel that certain behaviour is acceptable due to their own life experiences.

Abusive behaviour is never acceptable – regardless of an individual's family role or historical expectations. It is also important to note that though individuals may describe certain behaviours as cultural; domestic abuse is recognised by all sections of our community as unacceptable.

Remember that the purpose of a Safeguarding Adults Enquiry (under Section 42 (2) of the Care Act (2014) is to (as far as possible):

- establish the facts about an incident or allegation;
- ascertain the adult's views and wishes on what they want as an outcome from the enquiry;
- assess the needs of the adult for protection, support and redress and how they might be met;
- protect the adult from the abuse and neglect, as the adult wishes;
- establish if any other person is at risk of harm;
- make decisions as to what follow-up actions should be taken with regard to the person or organisation responsible for the abuse or neglect
- enable the adult to achieve resolution and recovery.

These aims may be met via a Police Enquiry/ MARAC referral or another form of enquiry. The format is less important than the outcome and safety planning is likely to be key.

The London Borough of Enfield has separate guidance on Forced Marriage and Honour-based violence – however, it should be recognised that this is also a form of domestic abuse and the same issues may apply.

Mental Capacity to engage in Safeguarding Adults processes.

Capacity of the adult at risk to take part in the safeguarding adults process and their safeguarding plan is essential. Capacity should be considered using the Mental Capacity Act 2005. Practitioners will also need to judge whether decisions could be considered 'unwise decisions' which the person has capacity to make, or decisions that are not made freely, due to coercion and control.

Where there is duress or control then the adult cannot be said to be making the decision freely regardless of their capacity. The ADASS/ LGA 'Adult safeguarding and domestic abuse: A guide to support practitioners and managers' reminds us that:

'Recent case law has clarified that there is scope for local authorities (using the principle of inherent jurisdiction) to commence proceedings in the High Court to safeguard people who do not lack capacity, but whose ability to make decisions has been compromised because of constraints in their circumstances, coercion or undue influence'. Support and advice is available to all teams if they are considering

It should also be noted that capacity to make a decision depends on the understanding that the adult at risk has of their options. Care should be taken to ensure that they understand the options available both in terms of advocacy, legal recourse and the support social services can offer. This might mean seeking additional information or providing that information in a more accessible format. Decision making should be supported where possible.

Advice can be sought from the London Borough of Enfield's Mental Capacity Manager around these assessments.

The adult at risk (regardless of capacity in this area) should be offered the support of an advocate and the opportunity to identify, describe and understand the risk for themselves. Their wishes should be central to the safeguarding process. Independent Mental Capacity Advocates (or other non-specialists) can work with specialist domestic abuse advocates (such as IDVAs) to effectively support adults at risk. Domestic Abuse advocates are very skilled in supporting with safety plans and advising about injunctions etc so their involvement is recommended.

As mentioned above, it is very important that service users are making informed and appropriately supported decisions around what they want the next steps to be. Practitioners should be informed of what options are available locally when they visit to support discussions.

No one practitioner in isolation is able to effectively address the needs of adults at risk being subject to or witnessing domestic abuse. Links need to be made into specialist services and practitioners needs to ensure they have an awareness of the issues which domestic abuse victims face, particularly when they have additional vulnerabilities.

Measures put in place to manage risk should always be reviewed in any Safeguarding Adults case. However, this may be particularly important in a domestic abuse case where many of the actions may be taken by the individual rather than professionals so there is a greater risk of them not being completed. Since domestic abuse tends to be a long-term issue within relationships and families, more than one review may be considered necessary.

Key factors to be aware of are:

- All work must follow the principles of safe contact and be conducted in a safe environment.
- Practitioners must be aware that victims of abuse may be reluctant to disclose their experiences but that they may find conversations help them understand their circumstances and options better. It may be that they do not act on this information for some time but this does not mean that the conversation has not been useful.
- Practitioners must be aware of the options and support systems available locally so that they can support adults at risk with their decision making.
- Always ask direct questions to avoid misunderstanding and minimising – again, in a safe environment.
- Keep excellent records of such conversations and interventions to inform future practitioners.
- Practitioners must avoid the 'rule of optimism' and work to have a true picture of risk.
- Ask for support and advice from the appropriate teams/ advocacy.

WORKING WITH PERPETRATORS OF DOMESTIC ABUSE

Specialist training should be undertaken before assessing perpetrators of domestic abuse or providing interventions to address abusive behaviour. Practitioners without that skill based should focus their

interventions on the safety of adult victims and children, and signpost perpetrators to specialist services or colleagues.

It is important to recognise that some perpetrators of domestic abuse can themselves have care and support needs. If this is the case, then these needs should be assessed and provided for separately; this information should be shared with the coordinator for the adult at risk's safety plan.

Where the perpetrator is also an adult at risk, there should be parallel recording on their own record (with some discretion around language where things are not proven) to inform future work and risk assessment with that person. Safeguarding contexts in recording should be used so that these records can be searched for in future (although the Rio system makes this difficult – using the words Safeguarding Adults should make it possible to search progress notes for relevant information).

It is also important, where the adult at risk/perpetrator has capacity, that adults at risk are shown boundaries and consequences around their behaviour so that they can learn to moderate it. It may be that Police are more likely to see incidents as a social care management responsibility where the alleged perpetrator has care and support needs but legal action may be necessary to protect other people.

Any restrictions placed on an adult with care and support needs will need to be legally defensible – this may involve DOLS/ LPS or applications to the Court of Protection as appropriate. However, these interventions would all require a capacity assessment to begin and if the individual has capacity then such orders would not be agreed. Inherent Jurisdiction may be explored (please see 'Legal Options' section below).

Escalating behaviour may also leave adults at risk of legal action or retaliation - and carers and family members at risk of abuse. Therefore, early input around abusive behaviours is key and a clear view on capacity is important to determine what interventions may be useful.

Referrals around psychological and psychiatric support may also be explored with the individual's health team as appropriate.

There also exist programmes designed to support perpetrators of domestic abuse to change their behaviour. To participate in such a programme, the adult will need to be able to consent and engage with the programme and commit a large amount of time. It may be possible to support adults with additional needs within such programmes. The availability of these programmes may vary – for more information about what is available right now, please call the Domestic Abuse Co-ordinator for the borough.

WORKING WITH PERPETRATORS WHO MIGHT LACK MENTAL CAPACITY IN THIS AREA.

Challenging situations arise when an adult is perpetrating violence, or other abusive behaviour, against others but lacks capacity to understand the impact of their actions and therefore be responsible for them. It is important to be clear about what areas specifically the adult lacks capacity in (at this time) by assessing this – remembering that this capacity may change over time. The fact that someone is an adult at risk does not mean that they are not responsible for (or shouldn't face consequences around) their actions - those they live with (or are cared for by) also have a right to safety and live without abuse. These capacity assessments can be challenging and staff having difficulty with this should contact the Mental Capacity Manager at the London Borough of Enfield.

Where an adult with care and support needs is genuinely lacking capacity around abusive behaviour, then work with them, as the perpetrator, will be very different as it will focus on behavioural support and other care management work. However, the impact of that behaviour on the survivor (both emotional and practical) will be much the same as if they did have capacity and this should not be discounted.

Although the survivor may not be an adult with care and support needs, in such circumstances, a safeguarding process may be appropriate as a way to support safety planning. A carer should be offered a Carer's Assessment and support in their own right to allow them to continue to care (if safe for all concerned

and appropriate). Ongoing plans should also contain some contingency plans for if the carer is ever unable to care in an emergency as the presence of violent or abusive behaviour makes this more likely.

As with any safeguarding and/or domestic abuse case, all risks will need to be considered – including by looking at links with existing support networks, health colleagues and possible MARAC referral. Links may also need to be made with Children's services if appropriate.

Enfield MARAC.

If risks in a case are very high or there is evidence of escalation – as identified through professional judgement or via the Safe Lives Dash risk checklist – the case should be referred to the Enfield Multi-Agency Risk Assessment Conference (MARAC). It should be noted that the Safe Lives Dash checklist also includes some general MARAC guidance. It is a very helpful document but is targeted at the general population so some questions may not be relevant for an adult at risk. If the adult that a practitioner is working with has a lower score on the checklist then this should not discourage them from referring to MARAC if their professional judgement is that this is needed.

This is a meeting co-ordinated by the Police with attendance from Probation, Health services, Mental Health services, Drug and Alcohol support services, Children and Families social services, Housing, Independent Domestic Violence Advocates, the Enfield MASH and other organisations as and when. The meeting looks at information those agencies hold on both the survivor of the abuse and the perpetrator. The discussion focuses on how to manage risks.

A MARAC referral automatically results in contact being made by an IDVA – if safe contact is possible. This supports with risk assessment and they will work on a safety plan with the adult (if they agree). The IDVA is also a highly specialised professional in the domestic abuse field so their insight and recommendations may be very useful to both the adult and practitioners.

Different professional perspectives can be very helpful in identifying intelligence and resources which can inform safety planning or Safeguarding plans. It also ensures that the risk is recorded with other agencies who may be (or may become) involved. The referral form can be found here and sent to the contact details below.

The Enfield MARAC meeting also considers requests made under the Domestic Violence Disclosure Scheme (see below).

LEGAL OPTIONS

Specialist legal advice is available through organisations such as Solace Women's Aid; particularly where there are complex issues such as no recourse to public funds and immigration / visa concerns.

The Court of Protection may use its powers where an adult lacks capacity and requires an order of the court to protect them. Urgent orders can be requested at very short notice if the needs arise – for example there is a concern that the adult at risk may be removed from the country.

As mentioned above, there is limited case law but some scope for local authorities using the principle of inherent jurisdiction to commence proceedings in the High Court to safeguard people who do not lack capacity but whose ability to make decisions has been compromised because of constraints in their circumstances, coercion or undue influence.

Please always consult with the London Borough of Enfield's Legal Services when you feel that any form of court order is (or may shortly become) necessary. Evidence of the adult's capacity or lack thereof in specific areas is likely to be a key requirement to move forward so this is another reason to ensure that these assessments are completed and kept up-to-date. A chronology of concerns and action may also be key so should be prepared (if possible before the discussion with Legal Services but this may not be practical in an

emergency situation) – when preparing this, please remember how recording systems have changed overtime and consider where historic information may be kept.

If you have concerns that a carer is abusing their status when holding a Lasting Power of Attorney then a referral should be made to the Office of the Public Guardian. It is good practice to check that the person really does hold the Lasting Power of Attorney as there have been examples of people claiming this or misunderstanding what their LPA covers (e.g. Property and Welfare or Health and Welfare).

Where there is a financial element to abuse, and the adult lacks capacity to manage their own finances, then please consider if a Deputyship Order by either a trusted family member/friend, or the Local Authority itself (the Court of Protection can also appoint in certain circumstances), should be made. This would allow another individual to support with money management whilst operating under a legal framework with supervision from the Court of Protection and writing an annual reprot.

There are a range of other protective measures in law that adults with capacity can be supported to explore such as:

Domestic Violence Protection Notices and Orders, which are served to the perpetrator by the Police and may restrict them from entering or being in the adult's home (even if it is the perpetrator's home too) or stop the perpetrator from making the adult leave their home.

Restraining Orders are made by a court in relation to a criminal case – whether the case is upheld or not.

Injunctions – these can be applied for under Civil law and prevents the perpetrator from certain behaviours or compels them to do certain things (as defined by the injunction). A power of arrest can be attached to the injunction. There are a variety of forms of injunction.

Non-molestation orders are a specific form of injunction which prohibits the perpetrator from harassing or intimidating the adult or any children living with them. It is a criminal offence to breach such an order.

There are other forms of injunction available and it is advised that further advice from Solace Women's Aid or Legal Services is sought if practitioners believe such an order is required. These orders are applied for (usually) by the adult at risk and they would therefore require mental capacity to do so. If the Local Authority is looking to put an injunction on their behalf due to capacity issues or under inherent jurisdiction then they should consult with Legal Services.

DOMESTIC VIOLENCE DISCLOSURE SCHEME.

Practitioners should be able to request information from the Police under the usual information sharing agreements but members of the public may wish to know about the Domestic Violence Disclosure Scheme (otherwise known as Claire's Law). When the individual is an adult at risk, practitioners should be undertaking information sharing with the Police and discussing with them what, if any, disclosure should be made and how best to do this.

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

The "right to ask" also enables a third party, such as a friend or family member, to apply for a disclosure on behalf of someone they know. Again, the Police can release information if it is lawful, necessary and proportionate to do so – they will disclose to the adult who is in the relationship. If that person would require support in such a meeting due to disability, age or for some other reason then please make that very clear.

They may seek to arrange a meeting with the person applying for disclosure.

In order to make an application under the Domestic Violence Disclosure Scheme people should contact the Police. You can do this by:

- visiting a police station
- phoning 101
- speaking to a member of the Police on the street
- Or by going online at Request Information under Clare's Law.

Read further information in the Domestic Violence Disclosure Scheme guidance.

The existence of this scheme reflects the fact that violent individuals often have an escalating history of abusive relationships. This is another reason why it is important to record on the perpetrator's file if they are also an adult with needs so that knowledge of this risk is taken forward.

Safety Planning.

As with all Safeguarding work, safety planning is a key factor in working with adults experiencing domestic abuse. IDVAs and MARAC are specialist routes to support with safety planning but it is important that anyone working with the individual has an idea of what needs to be considered and is prepared to discuss this with a survivor. If the survivor or perpetrator has care and support needs then you should be prepared to discuss these (with permission) with the IDVA or at MARAC to see how adult social care can support the safety plan put in place by other agencies.

Safety planning must always be personalised and agreed with the individual as they know their own situation best. It may well be that the individual still lives with their abuser and safety planning is not as straight forward as restricting contact.

The Survivor's Handbook. Is a resource developed by Women's Aid and this includes some advice about safety planning. This may include securing or copying key documents, keeping important numbers and some cash on them and safe, ensuring they always have a way to communicate (e.g. an unknown telephone) or thinking about where in the house they might go during a physical attack. Other safety planning might include preparing to leave the relationship and considering legal options.

SPECIALIST DOMESTIC VIOLENCE SERVICES

Both local, regional and national domestic violence services should be considered based on the needs of the adult at risk. This list is far from exhaustive and practitioners should make contact with the Community Safety Unit and the Strategic Safeguarding Adults team for lists of services which are updated more frequently. More specialist resources may also be available.

A resource for women (though much will apply to others) experiencing domestic abuse has been developed by Women's Aid – The Survivor's Handbook.

Safeguarding adult concerns relating to domestic abuse of adults at risk should be made to the **Enfield Multi Agency Safeguarding Hub** tel:**020 8379 3196** or themashteam@enfield.gov.uk.

All concerns relating to children experiencing domestic abuse or living in homes where there is domestic abuse should contact **the Children's Multi-Agency Safeguarding Hub**
Click here to make a referral via the Children's Portal: www.enfield.gov.uk/childrensportal

You can also check to see if there are updated resources or agencies on the Enfield Council Domestic Abuse pages.

Solace Women's Aid
The Advice Service provides information, advice, advocacy, support and crisis intervention to women and their children who are affected by domestic and/or sexual violence.
Tel: 0808 802 5565
Website: www.solacewomensaid.org/

ManKind Inititive
This helpline provides support for male victims of domestic abuse.
Tel: 01823 334244 (Weekdays 10am to 4pm).
Website: https://www.mankind.org.uk/

The Silver Project – run via Solace Women's Aid.
The pan-London service is for women 55 years and over (including women with disabilities) affected by domestic and/or sexual violence.
E-mail: silverproject@solacewomensaid.org
Tel: 0808 802 5565 (free from landlines and most mobile phone networks)

Rape Crisis London
Rape Crisis London can offer help, information and support to women and girls who have experienced sexual violence of any kind, at any time of their lives.
Tel: **0808 802 9999 Website**: www.rapecrisislondon.org/

National Domestic Violence Helpline - Run in partnership between Women's Aid and Refuge
Tel: Free-phone, 24- hour **0808 2000 247**

National Centre for Domestic Violence – includes help with obtaining an injunction
Tel: 0800 970 20 70 or **08709 220 704** (24 hour, 365 days a year emergency)

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Health and Adult Social Care